

s22

From: s47E(d)

Sent: Thursday, 11 April 2024 5:26 PM

To: s47E(d)

Cc: GOODCHILD, Tiali; ROBERTS, Belinda; s47E(d)

Subject: FW: Urgent MIR - CASS review and how the Australian system works [SEC=OFFICIAL]

Hi all

Can we please have an MIR from PHD on the Cass Review. Due to MO COB Monday 15 April 2024.

Thanks

s22

s22 (he/him)
 Departmental Liaison Officer

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The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

From: s22 @Health.gov.au>

Sent: Thursday, April 11, 2024 4:10 PM

To: s47E(d) @Health.gov.au>; s22 @Health.gov.au>

Cc: s22 @Health.gov.au>; s47F @Health.gov.au>; s47F @Health.gov.au>

Subject: Urgent MIR - CASS review and how the Australian system works [SEC=UNOFFICIAL]

Hey,

Minister Butler would like an urgent MIR on the Cass review and how the Australian system works for transgender children.

I believe Tiali Goodchild is the relevant person in the department.

Thanks

s22



Australian Government
Department of Health and Aged Care

Ministerial Information Request
MB24-000896
Version (1)
Date sent to MO: 16/04/2024

To: Minister Butler
cc: Assistant Minister Kearney

Subject/Issue: CASS review and how the Australian system works

Comments: s47F			
Contact Officer:	<i>Belinda Roberts</i>	<i>Assistant Secretary, Health Equity Branch</i>	Ph: (02) 6289 s22 Mobile: s22
Clearance Officer:	<i>Tiali Goodchild</i>	<i>Acting First Assistant Secretary, Population Health Division</i>	Ph: (02) 6289 s22 Mobile: s22

The Cass Review

- The Independent Review of Gender Identity Services for Children and Young People (The Cass Review) was commissioned by National Health Services (NHS) England and NHS Improvement in 2020 with a final report published on 9 April 2024.
- The Review was chaired by Dr Hilary Cass, former President of the UK Royal College of Paediatrics and Child Health.
- Dr Cass made recommendations about the services provided by the NHS to children and young people experiencing gender incongruence (Full Report - **Attachment A**).
- The Terms of Reference can be categorised into the following areas:
 - Quality of research data and analysis underpinning current approaches to gender affirming care.
 - Impact and effectiveness of gonadotropin-releasing hormone analogues (puberty blockers) and gender affirming drugs.
 - Viability of the assessment models used by clinicians in gender care referrals.
 - Workforce training and competency.

Key Findings and Recommendations of the Review

Quality of research data and analysis

- The Review considered 50 studies that looked at different elements of gender affirming puberty suppression. The report indicates studies generally assessed the success of puberty suppression and there was a lack of robust evidence on the long-term benefits and outcomes of these interventions.

- The Cass Review raised concerns about the quality of available clinical guidelines indicating they have not followed international standards for guideline development. As a result, assessment approaches are inconsistent.
- The Review contends of the clinical guidelines reviewed most performed poorly on 'rigour of development, applicability and editorial independence domains'.
 - This included Australia's standard, the Melbourne Royal Children's Hospital's *Australian Standards of Care and Treatment Guidelines for Trans and Gender diverse Children and Adolescents 2018*.
 - The report recommends clinicians apply an assessment framework to ensure young people referred to gender services receive holistic assessment of needs to inform care plans including screening of neurodevelopment conditions and mental health assessments.
- Further it recommended that gender services must operate to the same standards as other services seeing children and young people with complex presentations and/or additional risk factors. There should be a nominated medical practitioner (paediatrician/child psychiatrist) who takes overall clinical responsibility for patient safety within the service. In Australia the care pathways are different then in the UK. The NHS is largely a centralised model, where the government acts as the single-payer and most medical practitioners are employees of the NHS.
- In Australia, the provision of gender services is led by states and territories, who are responsible for the relevant services (**Attachment B**).
 - Specialist gender services across a number of jurisdictions provide care to young people based on a multidisciplinary approach tailored to individual circumstances and needs.
 - Decisions regarding clinical care are shared between the clinicians, the young person and their family.

Efficacy and use of puberty blockers

- The Cass Review contends the focus on puberty blockers to manage gender-related distress has overshadowed consideration of the effectiveness of other psychosocial and therapeutic interventions.
- The review has recommended standard evidence based psychological and psychopharmacological treatment approaches, including support for parents/caregivers and siblings, be better balanced with greater emphasis on using psychosocial interventions. Not to change a person's perception of who they are but explore their experience of distress and help alleviate this.
- The Cass Review determines puberty blockers are successful in suppressing puberty and bone density but found no changes in representations of gender dysphoria, body satisfaction or mental wellbeing.
- In Australia, puberty-blockers have only been indicated for use by the Therapeutic Goods Administration and are only available on the Pharmaceutical Benefits Scheme (PBS) for the treatment of certain cancers and precocious puberty.
 - When used for gender affirming care puberty blocking medicines are being prescribed off label using private scripts. This is based on a clinical decision of individuals prescribing physician. When accessed as a private prescription, these medicines attract the full cost of the medication.

- Consent to prescribe puberty blockers in Australia to a person under 18 must be provided by the child's parents or legal guardian. If there is a disagreement about the diagnosis, treatment, or capacity of the minor to provide informed consent, the family court has ruled this requires an application to the court to resolve the dispute consistent with the child's best interests.

Viability of the assessment models used by clinicians in gender care referrals.

- Based on the Review's analysis of the impacts of social transition to a different gender, it found no clear evidence on the positive or negative mental health outcomes of social transition in child or adolescent transition. The review raises concerns about the broader impacts of transitional regret and risk of social isolation.
 - The Review Report recommends supporting family to recognise normal developmental variation in gender role and behaviours/expressions as a priority for clinicians in early interventions.
- The long-term outcomes and impacts of interventions of England's 9000 young people who have been through the Gender Identity Development Service (GIDS) was to be assessed by the Review through a longitudinal data linkage study. Dr Cass advises the Review did not receive the cooperation of GIDS and NHS adult gender services to undertake this analysis.
- The Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents provide a detailed outline of the roles of each member of the multidisciplinary team, for example, mental health professionals, paediatricians, adolescent physicians or endocrinologists, GPs, nurses and bioethicists and some allied health professionals.
- The MBS currently supports some items for surgical procedures if the treating practitioner deems the procedure to be clinically relevant for a patient.
 - For those undertaking gender affirming surgery, they must be over 16 years for top surgery and over 18 years for bottom surgery.
 - Medical Services Advisory Committee, which provides independent advice to Government, is assessing an application by the Australian Society of Plastic Surgeons for the public funding of patient consultations and surgical procedures for gender affirmation in adults with gender incongruence.

Workforce Training and Competency

- The Cass Review highlights the demand in young people and families seeking support for gender incongruence or access to gender affirming care far exceeds the capacity of specialist gender identity services to provide care for. The Cass Review recommends an upskill on competency and training across the broader NHS health workforce in this field to ensure young people and families have improved access to advice and support.
- In Australia, the Royal Australian College of Physicians notes treating gender incongruence in adolescents is an emerging field. In advice to Government in 2020, the RACP recommended:
 - the Australian Government, with states and territories, develop a national framework to guide improved access to and consistency of care across jurisdictions
 - increased funding for research into the long-term outcomes of care and treatment of gender incongruence to support a national database
 - development of evidence-based fact sheets informed by multidisciplinary experts to support families to support informed decision making and consent.

- In Australia, the Royal Children’s Hospital Guidelines are widely considered the standard, noting the provision of care for gender services is led by states and territories.
 - The Standards aim to maximise quality and care provision to trans and gender diverse children and adolescents across Australia.
 - The recommendations are based on available evidence including clinical consensus and were developed in consultation with professionals from multiple disciplines working with these young people across Australia and New Zealand, as well as young people and their families.
 - The Royal Australasian College of Physicians (RACP) in March 2020, in consultation with expert college bodies, wrote to the then Minister for Health noting their support for the principles underlying these guidelines and their emphasis of a holistic, multidisciplinary person-centred care approach (**Attachment C**).

Background

Cass Review Terms of Reference

- The Terms of Reference for the Review included:
 - Pathways of care for local services and clinical management for less complex expressions of gender incongruence.
 - Pathways of care into specialist gender identity services including referral criteria.
 - Clinical models and management approaches in specialist interventions.
 - Best clinical approaches for complex representations.
 - The use of gonadotropin-releasing hormone analogues (puberty blockers) and gender affirming drugs.
 - Ongoing clinical audits, data reporting and research priorities.
 - Current and future workforce requirements.
 - Exploration of the increases in referrals and why the increase in the UK has disproportionately been from those assigned female at birth.
- Off-label prescribing refers to the prescription of a registered medicine for a use that is not included in the product information approved by the Australian Therapeutic Goods Administration (TGA)

Attachments:

A: Independent Review of Gender Identity Services for Children and Young People

B: Summary of State and Territory Gender Affirming Care

C: RACP Letter to Government (March 2020 – available publicly.)

Attachment B

Summary of State and Territory Gender Affirming Care

	Age and Service Restrictions	National Criteria, including Family Court
National	There are no age restrictions for gender affirming care in Australia , regardless of jurisdiction. Jurisdictional limitations relate to the availability of services.	Trigger points for referral to the family law courts
AUSTRALIAN CAPITAL TERRITORY (ACT)	Canberra Hospital Paediatric Endocrinology Clinic (Gender Clinic) caters for children up to 16 years old . A GP referral is required. Patients are then triaged by a specialist Doctor to determine what priority they will be given. The ACT government has developed guidelines for supporting the mental health of trans and gender diverse (TGD) people.	<ul style="list-style-type: none"> • Where there is a <u>dispute or disagreement</u> between the young person, parents and/or medical practitioners as to diagnosis, treatment, or the young person's competence to consent to treatment for gender dysphoria, a court exercising family law jurisdiction may hear matters relating to the welfare of children, including medical matters. • When deciding gender affirming care, the court will make a determination as to what is in the best interests of the child. • Evidence must be given to satisfy the court that a proposed major medical procedure is in the child's best interests, and includes medical, psychological or other expert evidence. • How a court determines what is in a child's best interests is subject to a range of considerations that are provided for in the Family Law Act, and include: the views of the child; the nature of the relationship between the child and the parents; and any other matters the court thinks relevant. • This power for the court to consider matters about the welfare of a child is provided in the <i>Family Law Act 1975</i> (s. 67ZC).
NEW SOUTH WALES (NSW)	NSW Health is developing a coordinated, state-wide Specialist Trans and Gender Diverse Health Service (TGD Health Service) to provide gender affirming health care for people aged 0-25 . It will be fully rolled out by mid-2024. TGD Health Services will be delivered through a Rural and Regional Hub, and Sydney metropolitan hub, which are under development. Sydney Children's Hospitals Network will provide support at The Children's Hospital at Westmead for people under 16, and South Eastern Sydney Local Health District will support people over 16.	
NORTHERN TERRITORY (NT)	The Northern Territory does not have a publicly funded Gender Clinic service for children and young people , however there are health specialists and non-government services who may assist. Surgical interventions must be referred to interstate providers.	

QUEENSLAND (QLD)	Children and young people under 17 can access the gender service at Queensland Childrens Hospital if they live in Queensland. To use this service, you must have a referral from your GP or other medical provider.	<ul style="list-style-type: none"> • The Federal Circuit and Family Court of Australia is the usual court of choice in resolving disputes concerning the medical treatment of children with gender dysphoria, due to its experience and expertise in dealing with such applications. However, the Family Court of Western Australia also hears gender dysphoria matters, as well as State and Territory supreme courts, which may hear matters concerning the welfare of children as part of a common law <i>parens patriae</i> jurisdiction (inherent authority to intervene to protect persons unable to act on their own behalf, for example children). • Otherwise, the court has held that treatment for gender dysphoria is therapeutic – that is necessary for the treatment of a bodily malfunction, disease, or psychiatric disorder, and that, in the absence of dispute, parents can consent to treatment without the need for court intervention.
SOUTH AUSTRALIA (SA)	The Women’s and Children’s Hospital Gender Diversity Team accepts new referrals for people up to 17 years old with gender identity concerns from General Practitioners, Psychiatrists, Psychologists, and Mental Health Professionals. The team offers specialised fertility support and supports young people seeking puberty suppression and gender affirming hormones. Adolescents who are under 16, or who lack decision-making capacity, require a parent/legal guardian to be aware of the appointment and to attend with them.	
TASMANIA (TAS)	The Tasmanian Gender Services (TGS) is for people 17 years and under . Those over 17 years can access Transgender support services through the Sexual Health Service. TGS offers advice, assessment, and treatment for children and young people experiencing significant difficulties with being gender diverse.	
VICTORIA (VIC)	The Royal Children’s Hospital Melbourne (RCH) Gender Service sees children and adolescents for a new assessment up to their 16th birthday . Adolescents who are 16 years or over may be eligible to access adult services. The initial consultation for gender dysphoria for children 8 years and under will entail a review by a psychologist or child psychiatrist. They may be referred later to a paediatrician who specialises in adolescent medicine and gender diversity if required. Children and adolescents up to 16 years require a parent to attend a referral appointment regarding gender identity.	

<p>WESTERN AUSTRALIA</p> <p>(WA)</p>	<p>WA does not provide publicly funded gender affirming services for children under 17 years old.</p> <p>Oestrogen/anti-androgen and testosterone treatment can be provided to more mature adolescents with long-term stable gender identity, who have developed the capacity to give informed consent to these treatments, including appreciation of the risk of regret. This requires repeated consultations, and specific counselling regarding fertility.</p> <p>The Gender Pathways Service (GPS) is a state-wide service located within YouthLink, Youth Mental Health (North Metro Health Service), which provides specialist clinical psychology assessment for young people aged 17-24 years seeking medical and/or surgical gender affirmation treatment, who are experiencing significant barriers to accessing this through other pathways. Referrals are accepted for young people aged 17 to 24 years.</p>	
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From: s47E(d)
To: s47E(d) [ROBERTS, Belinda](#)
Cc: s47E(d)
Subject: MB24-000896 (CASS review and how the Australian system works) - please cc AM Kearney [SEC=OFFICIAL]
Date: Monday, 15 April 2024 11:54:13 AM
Attachments: [image003.png](#)

Hi team,

Grateful if AMKO can please get a copy of this MIR when it comes up later this arvo.

Thanks!

s22

Departmental Liaison Officer

Office of the Hon Ged Kearney MP

Assistant Minister for Health and Aged Care

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