Queensland Health

# Queensland Children's Gender Service

## External Clinical Service Evaluation

Queensland
Government

Children’s Health Queensland pays respect to the Traditional Custodians of the lands on which we walk, work, talk and live.
We also acknowledge and pay our respect to Aboriginal and Torres Strait Islander Elders past, present and future.

**Queensland Children’s Gender Service External Clinical Service Evaluation**

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# Summary

The Queensland Children's Gender Service (QCGS) commenced in 2017 as Queensland's first specialised paediatric gender service, bringing together medical and mental health professionals with expertise in children and adolescents with diverse gender experiences to deliver high-quality clinical care. This is the first external evaluation of the QCGS, commissioned by Children's Health Queensland Hospital and Health Service (CHQ). It was conducted by a panel of professionals external to CHQ from across Australia with expertise and experience in child and adolescent health care and diverse gender experiences between December 2023 and June 2024. The Terms of Reference for the evaluation are contained within Appendix 1.

The following panel of professionals conducted the external evaluation:

- Psychiatrist (Queensland)
- Child and Adolescent Psychiatrist (Tasmania)
- Paediatric Endocrinologist (South Australia)
- General Paediatrician (Queensland)
- General Practitioner (Queensland)
- Research Fellow (Western Australia)
- Person with lived experience (Victoria)

In recent years, the number of children and adolescents with diverse gender experiences seeking assessment and care has increased significantly. People with diverse gender experiences face unique challenges and experience disproportionate levels of distress, which necessitates access to timely, person-centred, high-quality interventions and supports.

The panel conducting the evaluation focused on reviewing the QCGS service delivery framework and pathways of clinical care within the context of national and international guidelines[1, 2, 3] for the care and treatment of children and adolescents with diverse gender experiences. The panel also considered workforce planning and functioning, data collection methods, and portfolios of education, training, and quality assurance. The evaluation did not focus on the recent public debate and external opinion or set out to conduct an extensive literature review on the care and treatment of children and adolescents with diverse gender experiences as this was outside the Terms of Reference. A Peer Evaluation Framework was used to engage a broad range of key stakeholders in identifying practices of the service that worked well and aspects that required targeted service improvement. The panel gathered service delivery documents, service performance data and measures, quality improvement plans, staff resourcing profiles, education portfolios, and risk management plans to understand and develop an accurate profile of the service. Formal patient experience and consumer feedback was also collected to capture the insights and perspectives on the quality of care, areas for improvement, and overall satisfaction with the service from consumers and their families. The panel identified and engaged key stakeholders who had direct interactions with the QCGS through formal consultations and interviews. This included the QCGS clinical, leadership and administration team, CHQ executives, clinicians and directors of CYMHS services, private providers, regional Queensland Health clinicians, community organisations, and children, adolescents and their families who have used or are currently accessing the QCGS.

The QCGS implemented a service redesign in late 2022 following an internal review of referral and waitlist data in the context of increasing consumer demand for the service. Whilst effective strategies were identified and implemented which resulted in good throughput, the number of children and adolescents on the caseload and the waitlist has remained high for several reasons:

- There has been an ongoing, constant demand from consumers for access to gender services
- The available workforce to deliver care has reduced
- The clinical complexity has increased over time resulting in longer episodes of care
- There is limited availability of practitioners in the community willing and able to accept care after discharge from the QCGS

The QCGS has continued to face significant pressure resulting from extensive waitlists and ongoing public debate about the care and treatment of children and adolescents with diverse gender experiences. This pressure has directly impacted the service's operations, creating challenges that extend beyond the clinic itself into the wider organisation of CHQ. This has influenced morale, workflow efficiency, and psychological safety of the staff working within the QCGS. Despite these challenges, the panel observed a commendable level of dedication within the service, evident in the staff's unwavering focus and commitment to patient outcomes. However, the combination of this dedication, high workloads and external pressures have created feelings of isolation amongst clinic staff, compounded by concerns regarding personal safety. Staff members have exerted considerable effort to navigate these pressures while endeavouring to meet the clinical demand effectively and to look towards the future. Support for staff has been available and utilised, however for a number of individuals there has been significant professional and personal impact.

The QCGS is a large clinical service within the Division of Child and Youth Mental Health Services (CYMHS). As of June 2024, the service has 547 children and adolescents actively receiving care, and an additional 491 patients waiting for care. The median wait time for an initial appointment with the QCGS in June 2024 for Category 1 referrals is 25 days, Category 2 referrals is 434 days, and Category 3 referrals is 577 days. Once a patient attends an initial intake appointment, they are supported by a multidisciplinary team who provides individual advice and information along care pathways of assessment, provision of intervention where appropriate, and discharge with community supports in place. The panel analysed data produced by the service which indicated that approximately one-third of children and adolescents are discharged safely after clinical intake and assessment sessions without the need for any prescriptions for puberty blockers and/or gender affirming hormones. Approximately one-third of children and adolescents within the active caseload are undergoing further clinical management and assessment. One-third of children and adolescents who have had a comprehensive assessment from the multidisciplinary team, and have the capacity to consent, are prescribed medical treatment such as puberty blockers and/or gender affirming hormones along with ongoing support. This small audit of clinical care undertaken by the panel demonstrates the QCGS clinical pathways support a range of intervention and provide consumers with appropriate interventions based on individual clinical profiles and needs. After reviewing the clinical care pathways, the panel concluded that the service provides effective care from referral to discharge and that this care meets consumer needs and aligns with the guidelines. The data supports the need for this large cohort to have an efficient service delivery model to ensure comprehensive assessment to determine the most appropriate pathway to meet the significant demands and needs of children and adolescents with diverse gender experiences.

The panel found the clinical practice within the QCGS to be consistent with the current national and international guidelines for treatment and care for children and adolescents with diverse gender experiences. The clinical guidelines do not outline specific clinical processes or pathways for the children and adolescents seeking support to guide clinical services. It would be helpful if the clinical guidelines were supplemented by specific information or suggestions for local pathways of care to ensure consistency. Working with the QCGS team, the panel were able to follow and understand the pathways and journeys of care for patients through the service. As these need to be refined, it would be helpful to ensure there is a simplified pathway template developed by the QCGS available to consumers and referring practitioners, alongside education and resources to support this.

The service, in alignment with the guidelines, supports the right of the child or adolescent with diverse gender experiences to express themselves and access health care. The panel found the clinical intake process, assessment, intervention, and the provision of education and information to consumers and their families was person-centred and comprehensive. In alignment with the guidelines, the service works collaboratively as a multidisciplinary team to consider multiple viewpoints and use diverse expertise from within the team in the assessment of gender dysphoria before considering the need for medical intervention. The informed consent process and the information contained within the consent forms for the commencement of puberty blockers and gender affirming hormones is comprehensive and considers the capacity of the child or adolescent and their family to provide informed consent. The risks and implications of commencing medical interventions for gender dysphoria are explained well. The process of making decisions about medical intervention is thoughtful, considered and evidence based. The panel found no evidence of children, adolescents or their families being hurried or coerced into making decisions about medical intervention.

The pressures, external factors that the service faces and shortages in available staffing do however mean there are a number of areas within the clinical process that could be strengthened:

- Access to care by reducing the waitlist and providing additional support for those waiting

- Provision of mental health support and treatment to consumers with mental health comorbidities
- Clinical communication, collaboration and sharing of formulation and management plans between all stakeholders in care such as private providers, referring practitioners and CYMHS clinicians
- More streamlined and documented service transitions between paediatric and adult gender services
- Consumers access to expert fertility counselling
- Clinical documentation methods between different electronic medical record systems
- Collection and analysis of data about medium and long-term clinical outcomes

Regardless of the debate about medical intervention and long-term effects, children and adolescents will continue to present with gender dysphoria and there must be robust systems in place to support these individuals. This was also acknowledged within UK-based *The Cass Review: Independent review of gender identify services for children and young people: Final report*[4] which emphasised the importance of providing appropriate care and support for those experiencing gender dysphoria. The QCGS alone cannot continue to take on this entire responsibility so there needs to be partnerships strengthened and formed with CYMHS, private practitioners, and Non-Government Organisations (NGOs) across the state to support this endeavour. Collaboration with these key stakeholders, along with other Hospital and Health Services (HHSs) and clinical networks, forms the vision for a statewide networked service for paediatric gender services across Queensland. The panel identified the short-term need to scope and design a statewide networked service and considered Queensland Health best to lead this by leveraging off existing paediatric, youth, and mental health clinical services around the state. To support this, key stakeholders must partner and collaborate to ensure a comprehensive and integrated approach to care is achieved.

After reviewing information and data related to the QCGS from various sources and consulting with internal and external stakeholders, the panel formulated key recommendations and findings. The primary insights from the external evaluation indicated that to achieve a sustainable and supportive clinical service:

- There is a commitment to health care services for children and adolescents with diverse gender experiences which needs to continue.
- There is considerable stress associated with the mismatch between demand and staffing, requiring an immediate uplift in clinical and administrative staff at QCGS to manage the current clinical caseload focusing on reducing the waitlist as a priority.
- The QCGS does not have the resourcing to function as a statewide service, therefore the panel suggests a networked approach be delivered by Queensland Health. A number of regional centres and stakeholders have expressed an interest in this approach and support a Queensland Health vision of statewide services to provide care closer to home for consumers. To establish this network, resources will be required to support the planning and sustainability of the network, including investment in services delivered by community organisations.

- Long-term resourcing is required within the service for staff to pursue sustainable improvement in training, education, data collection and analysis, research and evaluation. The panel acknowledges there has not been sufficient capacity for the staff to focus on these efforts given the large clinical caseload and the subsequent effects of stress and burden.
- There are opportunities for people with a lived experience to have an increased role in supporting the service.
- The panel recognises the human cost of delivering and accessing health care for children and adolescents with diverse gender experiences. It is distressing for families being on a long waitlist in the context of their own distress as well as the current societal pressure and debate. The panel recommends QCGS develop a comprehensive strategy to disseminate appropriate and accurate information about the functioning of the service to the public as well as other interested professionals. Partnerships with community organisations would support this work effectively.
- There are broader cultural issues within health services and the community which lead to stigmatising attitudes and behaviour directed at children and adolescents with diverse gender experiences and their families. The panel recommends Queensland Health, supported by CHQ, demonstrates an ongoing commitment to the delivery of gender services through public media and communications strategies, as well as disseminates appropriate informative material to support health care workers deliver safe care to individuals with gender diverse experiences.

While we have said that this evaluation did not attempt to enter the polarised debate about the value of interventions for trans people, during the time of conception and actioning of this evaluation two significant publications have arisen. One is the Royal Australian and New Zealand College of Psychiatrists (RANZCP) position statement *The role of psychiatrists in working with Trans and Gender Diverse people*[5], and the other is UK-based *The Cass Review: Independent review of gender identity services for children and young people: Final report*[4]. The panel is aware of the decisions made by the National Health Service (NHS) England in relation to gender services and notes the debate about the validity of those decisions is ongoing.

This report cannot answer all questions related to the debate around the future of healthcare for children and adolescents with diverse gender experiences. The Cass Review is focused on the clinical services provided to children and young people who seek help from the NHS to resolve their gender related distress in England. This report is not about defining trans identity or affecting a person’s right to health care but focuses on understanding the experience of young people and what is the best standard of clinical care. Cass condemns the toxicity of the debate surrounding gender related care as it does not help young people or assist in advancing research.

The Cass Review looked at the existing evidence to support care, which in many areas they state is variable or insufficient. The panel recognises that there is now a further debate about the accuracy of these statements and the decisions which have been made based upon them.

Ultimately Cass is urging better, and less opinionated research be conducted. This research should focus on not just the true value of medical treatment but should also ensure there is a wide range of interventions available and encourages young people's participation in research. It is important that gender services in Queensland are connected to appropriately conceived and funded research programs and that all the data and outcomes can help shape continuous clinical improvement. In standard clinical practice across health care, it is unusual to have comprehensive follow up data about people who have been discharged to other care services. However, the panel recognises that having high quality data about medium- and long-term outcomes is vital to add to the existing evidence base and recognises the opportunity to collect this. The panel strongly supports the appropriate data collection and linkages to research opportunities to enable this.

Cass recognised the broader needs of trans young people and recommended an expansion across the NHS to increase health worker expertise and offer more health services to gender diverse young people. She asks clinicians to cut through the noise and polarisation, to provide the person-centred high-quality care that all young people deserve. Similarly, the panel suggests a network approach for Queensland, expanding capacity at all levels of the system with accompanying education for the public and clinicians. It is also important to note that the organisation of NHS services and size of the private system in the UK are different to Queensland, so it is not simply a cut and paste exercise.

Cass also raised the issue of capacity of the young person and the concerns about the consent process for both parents and patients potentially leading to poor decision making in pursuing medical treatments for gender dysphoria when a comprehensive assessment is not performed. Cass reasoned that the decision making in the NHS had been binary (i.e., pursuing a medical pathway and ignoring other options) rather than offering a wide range of potential pathways. The QCGS has always provided a holistic, person-centred approach when assessing a young person within the clinic, evidenced by the comprehensive assessment and informed decision making process adopted by the clinic. The QCGS takes into consideration other issues affecting the young person, for example parental loss, traumatic illness, diagnosis of neurodiversity, isolation or bullying in school and the presence of mental illness. Cass had expressed concern about poor decision making in just pursuing medical treatment when these issues were ignored. QCGS is consistent in seeking informed consent from all parties, where possible, and has a practice which has been defined by, and is consistent with, decisions of the Queensland Supreme Court. The panel considered the informed consent and assessment processes within the QCGS were comprehensive, clear and appropriate.

The RANZCP position is based on an ethical approach and summarises the issues in a thoughtful and non-judgemental way. The value of this position statement is that it reflects the local context and was developed by an editorial group with a wide range of views, including people with lived experience. They suggest that where the evidence is weak, psychiatrists should exercise caution in their decision making, but also to be guided by a comprehensive understanding of the patient and their situation. RANZCP recommend:

> *In all cases, trans and gender diverse (TGD) people should be provided with person-centred, evidence-informed mental health care in a supportive, ethical, non-judgmental, and culturally safe manner should they seek and require it. TGD people have rights to equal access of safe and quality mental health care.*

The RANZCP also recommend further education for health professionals, support for research, high-quality information, better access to and consistency of care across Australia and New Zealand, patient education and informed consent processes are essential for trans healthcare across the lifespan. The recommendations of the panel are consistent with the RANZCP position.

The language used in this report reflects the current clinical diagnostic language used within the Queensland and Australian context in alignment with the Diagnostic and Statistical Manual of Mental Disorders (DSM). As such, we will refer to the clinical diagnosis as gender dysphoria, but we acknowledge that in the International Classification of Diseases (ICD), it is called gender incongruence. It is important to note that language has the power to discriminate, exclude and harm, but also affirm, empower and be inclusive. The language and terminology are constantly evolving and people with diverse gender experience will choose the language that fits them best. We recognise that not all people with a diverse gender experience will seek out or require clinical or medical treatment and health care consumers may use a vast range of terms to describe their personal experience or identities. Please know that we have made our best possible attempt to find common ground across the clinical framing and personal experience in this emerging field and to demonstrate respect and sensitivity.

# Recommendations

The following recommendations represent the key findings from an in-depth evaluation of clinical performance data, consumer feedback, and clinician engagement. Please note, these recommendations are not shared in a priority order.

1. Queensland Health, supported by CHQ, should consider publicly demonstrating its support for children and adolescents with diverse gender experiences to access safe and effective pathways of care to optimise physical health, mental health, and wellbeing outcomes. This will require a comprehensive approach to continuously support the development and implementation of public health policies, strategic planning, and investment in and recognition of the value of the service.
2. Queensland Health should consider creating a statewide network with formal partnerships between HHSs to deliver clinical services for children and adolescents with diverse gender experiences:
    a. This network will require external resourcing to establish itself.
    b. Initial scoping will be needed to identify population and service need, resourcing requirements including staffing increases across the state, and what existing structures, including Sexual Health Clinics and local CYMHS, could be leveraged or redesigned.
    c. QCGS at Queensland Children's Hospital (QCH) to function as a tertiary centre for escalation of complex clinical cases, education and training, research coordination, and ensuring care for children and adolescents with gender diverse experiences around the state is consistent with national and international guidelines and is affirming in its approach.
    d. The network will collaborate with existing private providers and NGOs and seek to establish new service providers.
3. Queensland Health should consider establishing a governance committee for the delivery of a statewide networked service for children and adolescents accessing gender care, comprising of clinicians from CHQ, other HHSs, and external stakeholders:
    a. This committee should have strategic connections to clinical networks and working groups within Clinical Excellence Queensland, such as the Sexual Health Clinical Network and the Queensland Child and Youth Clinical Network.
    b. The committee should discuss strategic, operational, and clinical advice with the ultimate purpose to create a consistent model of service throughout Queensland that meets clinical practice guidelines.
4. CHQ to introduce an immediate staffing increase across medical, nursing, allied health, and administration within the QCGS to meet urgent clinical needs within the waitlist and allow key personnel to better support the immediate need of the patients and families. It should be noted that without meeting the staff enhancement recommendations, no recommendations relating to the strategic planning, governance, education, training, data analytics or research can occur.
5. CHQ to appoint a senior medical officer to enhance the clinical leadership within the QCGS. This role will service as a co-lead for the service, alongside the coordinator role.

6. The QCH medical departments within the Division of Medicine and the QCGS doctors should strengthen their professional relationships where appropriate, such as the QCGS endocrinologists and the QCH Department of Endocrinology.
7. QCGS to emphasise and support the leadership role of the coordinator by divesting the portfolios of education and training, auditing and data analytics, research coordination, and statewide planning, with these responsibilities being redistributed to other positions within the service and through the establishment of the statewide networked service governance committee.
8. CHQ to increase staffing resources to meet the long-term need to support the clinical demand and the larger strategic and operational responsibilities of the service as part of the statewide network for gender care:
    a. Increase medical staff resourcing to meet clinical needs, as well as contribute to the strategic planning for the service, provide education and training, contribute to research, and quality improvement activities.
    b. Increase staff resourcing in allied health and nursing to provide more capacity to conduct and provide mental health assessment and treatment, and to support education, training, and research.
    c. Increase administrative resource to facilitate referral and waitlist management, bookings and scheduling, and provide support to implement the logistics of the statewide networked service.
    d. Provide resources to support the collection, auditing, analysis and reporting of data pertaining to clinical outcomes as required for quality improvement and research purposes.
    e. Introduce peer support workers and family support workers into the QCGS and for the future statewide network.
9. Queensland Health to invest in community organisations (NGOs) to facilitate an increase in specific and tailored community family and youth support for individuals with diverse gender experiences. This investment will strengthen partnerships with the QCGS and provide further comprehensive support for individuals and their families accessing gender services.
10. Queensland Health, supported by CHQ, develop a public media and communications strategy to demonstrate the ongoing commitment and support for children and adolescents with diverse gender experiences to the public.
11. Queensland Health, supported by CHQ, to develop a strategy to provide informative and destigmatising material about diverse gender experiences for healthcare staff associated with the delivery of care to children and adolescents, including all staff at CHQ, to foster a more inclusive environment.
12. CHQ engages with an external consultant to identify optimal strategies for reinvigorating QCGS. This approach acknowledges the hard work, innovative ideas, and dedication of the staff, fostering a sense of optimism about the future among team members.
13. CHQ continues to provide personal and workplace support for those working in the gender service to ensure staff wellbeing is being managed appropriately. This must be

explored in consultation with clinical and administrative staff to ensure the support is meeting their needs.

14. QCGS implement specific measures to manage the waitlist and ensure the service is meeting current Queensland Health guidelines for duty of care of patients waiting for services, ensuring patients, families and referrers feel informed:
    a. Provide more intake and assessment sessions through increased staffing to address the immediate clinical need.
    b. Provide additional support to the patients waiting for services such as links with appropriate NGOs, peer and family support, and accessible community education resources.
    c. Further development of a prioritisation system within the QCGS waitlist, and actioning and sharing information regarding changes to the patient's condition with the referring practitioner during the wait time.
15. CHQ develops a joint protocol for service transition between children's gender services and adult gender services, including QCGS and RBWH Adult Gender Service:
    a. Take guidance from the existing transition protocols and frameworks within Queensland Health to support the development of a protocol specific to the context of gender health care during adolescence. This will ensure adolescents undergoing treatment will have a planned and appropriately timed handover and are not transitioning to another service during a critical time in their gender health care journey.
16. QCGS to ensure it is meeting CHQ requirements for formal clinical correspondence between clinicians providing care in outpatient departments and external stakeholders, including referring practitioners. This correspondence should occur regularly and be suitable for the evolving phases of patient care within the QCGS.
17. QCGS must ensure its processes of clinical formulation and collaboration, and frequency of conducting care reviews, aligns with CYMHS documentation within the *CYMHS Care Review* Procedure and the *Complex Integrated Care Meeting within CYMHS* Procedure:
    a. This will address the challenges highlighted by external providers in regard to clinical collaboration and joint formulation within the triage, assessment and treatment processes within the QCGS.
18. QCGS to ensure consumers can access specialist fertility counselling as seamlessly as possible:
    a. Identify an existing clinician within the QCGS who has extended knowledge of the risks and long-term fertility implications of medical treatment, and ensure this consultation is offered and accessible to all consumers and their families as part of the standard clinical assessment and intervention pathway.
    b. Establish formal gynaecology and fertility preservation pathways with external providers through Memorandums of Understanding and consistently offer this appropriate expert counselling for fertility issues. The external providers must have capabilities to attend the QCGS and/or provide telehealth options for consumers in regional and rural Queensland.

19. CHQ to allocate additional resources to enhance the education portfolio within the QCGS, focusing on professional, clinical, and community education (this could be part of the enhanced clinical team):
    a. Plan, co-design and implement a community education package that is easily accessible and readily available to interested organisations, other professionals, consumers, support groups, and the general public about gender diversity. Incorporate explanations of the purpose and operations of the QCGS into this education, aiming to increase understanding of the clinical support and pathways to care offered to children and adolescents seeking treatment for gender dysphoria across the state. This education should be shared with all consumers on the waitlist to reduce anxiety and distress during this time.
        i. Seek and utilise opportunities to co-design this education package with engaged and appropriate NGO (Non-Government Organisations) community partners as well as consumers and families to ensure it is consumer-friendly, relevant and appropriate.
    b. Ensure information about referral criteria, clinical care pathways for different cohorts, and informed consent processes is easily available in appropriate formats.
    c. Strengthen the QCGS education, training and orientation programs available to clinicians within CHQ and other HHSs. Collaborate with professional organisations and colleges to broaden the reach and improve the delivery of this education and training, with the potential to share this education across the state.
20. QCGS to strengthen the analytic and clinical auditing strategies and capabilities of the service:
    a. Appropriate resources are provided by CHQ to implement contemporary systems and processes to enhance clinical auditing capabilities, data collection, analysis, and reporting.
    b. Formalise collection of clinical outcomes measures inclusive of pre- and post-intervention measures.
    c. Develop and align with an existing capability to develop a system to monitor long-term outcomes.
21. QCGS to strengthen the partnership with CHQ cultural support services to ensure consumers and their families feel their cultural, spiritual and religious needs are met throughout the clinical care pathways.
22. CYMHS and QCGS to develop clear guidelines and processes for clinical documentation between the Integrated Electronic Medical Record (ieMR) and the Consumer Integrated Mental Health and Addiction Application (CIMHA).
23. Queensland Health, supported by CHQ, to consider specialised credentialling for doctors practising in gender services as part of the implementation of a statewide networked service.
24. CHQ to develop scope of practice guidelines for clinicians working within QCGS to define clinical and professional roles and responsibilities. This will ensure that

clinicians have a clear understanding of their professional boundaries, operational and professional reporting lines, and the clinical roles they deliver within the service.

25. CHQ to offer additional formal training positions for psychiatry, endocrinology, paediatrics, sexual health, and general practice. Psychologists and other mental health professionals should also be afforded more formal opportunities to have clinical experience in the care of children and adolescents with diverse gender experiences.

# Background

Children's Health Queensland Hospital and Health Service (CHQ) opened the Queensland Children's Hospital (QCH) in South Brisbane in 2014. In 2017, the Queensland Children's Gender Service (QCGS) became Queensland's first specialist paediatric gender service, utilising medical and mental health professionals with expertise in children and adolescents with diverse gender experiences to offer tertiary-level assessment and treatment for children with diverse gender identities. QCGS operates within the CHQ Division of Child & Youth Mental Health Service (CYMHS), offering statewide outpatient services via telehealth and local partnerships. The stated goal of the QCGS is to provide evidence based care guided by peer-reviewed evidence and established clinical guidelines, including Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents, Version 1.4 (ASOCTG), World Professional Association for Transgender Health, Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (WPATH SOC8), and the Endocrine Society Clinical Practice Guideline (2017). As Australia's second-largest paediatric gender service, QCGS combines four medical specialties (child and adolescent psychiatry, paediatric endocrinology, sexual & reproductive health, and general practice) with allied health professionals, all based at QCH to provide comprehensive care.

This is the first external evaluation of the service. A service evaluation of QCGS was planned to be undertaken five years after commencement of the service in 2021 but was delayed because of the Covid-19 pandemic. A proposal to progress an external evaluation of the model of service delivery was endorsed by the CHQ Board in March 2023. The QCGS subsequently commenced early work including stakeholder consultation. In view of escalating public interest, CHQ broadened the scope of the evaluation to include alignment with the ASOCTG. The Terms of Reference (Appendix 1) were developed in October 2023 and endorsed in December 2023 by the CHQ Board. CHQ recruited an external panel of professionals and people with lived experience from across Australia to conduct the evaluation. The evaluation was conducted between December 2023 and June 2024. This included review of relevant documents, analysis of available data, and consultations and interviews held with internal and external stakeholders, consumers and community groups.

People with diverse gender experiences face unique challenges and experience disproportionate levels of distress which necessitates enabling access to timely, person-centred, high-quality interventions and supports. Challenges and distress can be attributed to social stigma, discrimination, lack of family support, abuse, violence, harassment, and barriers to accessing health care. For children and adolescents with diverse gender experiences, it is important that care is provided by multi-disciplinary teams with wrap around, interprofessional support, which requires a cross-sector approach and collaboration from multiple services. The QCGS provides care for children and adolescents with diverse gender experiences, contributing to improved health outcomes for this population and enhanced clinical understanding across Queensland.

# Purpose and objectives

CHQ commissioned an external evaluation of the QCGS including extensive engagement with interested stakeholders. The evaluation was conducted by an external panel of professionals from across Australia.

The QCGS Evaluation aimed to review:

- Clinical management approaches at each point of the specialised pathway of care from assessment to discharge, including a description of objectives, expected benefits, and expected outcomes for each clinical intervention in the pathway, with a focus on evidence for adherence to current national and international best practice clinical guidelines.
- The framework for an integrated statewide networked model of care for gender services embedded within existing paediatric health and mental health services, in order to build capacity to meet the continuing demand for healthcare of trans and gender diverse children and adolescents.
- Pathways of care into QCGS, including clinical management approaches for individuals with gender incongruence who do not need specialist gender identity services.
- Sustainability of QCGS:
    - Review the current funding approach to the service to determine if the existing activity-based funding model is flexible enough to support the statewide services and its demands. Taking into consideration how other jurisdictions fund their local services.
    - Current and future workforce model and requirements pipeline.
    - Pathways of transition into adult services.
- Ongoing clinical audit, long term follow-up, data reporting and future research priorities.
- Education and training requirements for the paediatric and mental health workforce, referrers, consumers, families and other stakeholders.

# Scope

The scope of this evaluation included an assessment of the clinical service delivery framework, clinical care and pathways, current funding strategies, workforce profiles and culture, and both qualitative and quantitative data collection methods. This evaluation also examined how patients are managed within the service, from referral to discharge, ensuring adherence to best practice guidelines and incorporating international and national evidence. Data for the evaluation has been sourced from clinical audits, incidents, complaints, compliments, service statistics, patient follow-ups, and consumer feedback. Additionally, the evaluation has explored the existing education and training programs available to clinicians, referrers, and consumers involved in the care of children and adolescents with diverse gender experiences.

While the evaluation focused on reviewing the clinical service delivery framework of the QCGS, certain aspects were considered out of scope. The evaluation did not attempt to resolve public debates or subjective opinions on the ethical considerations of children and adolescents accessing gender services, nor was an extensive literature review undertaken. Individual evaluation of service delivery frameworks and care models from other Australian and international gender clinics was also not conducted. However, the panel reviewed these service models to understand local practices and provide context when considering treatment for gender dysphoria within the Australian guidelines.

# Evaluation framework

## Peer Exchange Framework

The service evaluation consulted key stakeholders using 'peer exchange' principles, a method used in the United Kingdom National Health Service and in Australian jurisdictions. This approach promotes quality improvement through self-assessment, inquiry, and learning to:

- Identify good practices and areas needing improvement, including benchmarking
- Evaluate service efficiency in meeting stakeholder outcomes, including patient experience
- Guide targeted service improvements

The Peer Exchange Framework is described within the QCGS Evaluation Terms of Reference (Appendix 1).

## CHQ Clinical Governance Framework

The CHQ Clinical Governance Framework (see Appendix 2) is underpinned by the National Safety and Quality Health Service Standards (NSQHSS) and the National Model of Clinical Governance Framework. The CHQ Clinical Governance Framework aims to support a shared understanding of clinical governance among all CHQ staff. The key components of the National Model of Clinical Governance Framework form the basis of the CHQ Clinical Governance Framework. The CHQ Clinical Governance Framework has been used to present the findings of the evaluation following stakeholder consultation.

# Methodology

The Peer Exchange Framework (Figure 1) is well suited to gaining an external stakeholder and peer perspective into the area of support for diverse gender experiences where there are few services and a rapidly evolving clinical need, along with a need to ensure fidelity of evolving models of care with current national and international best practice guidelines.

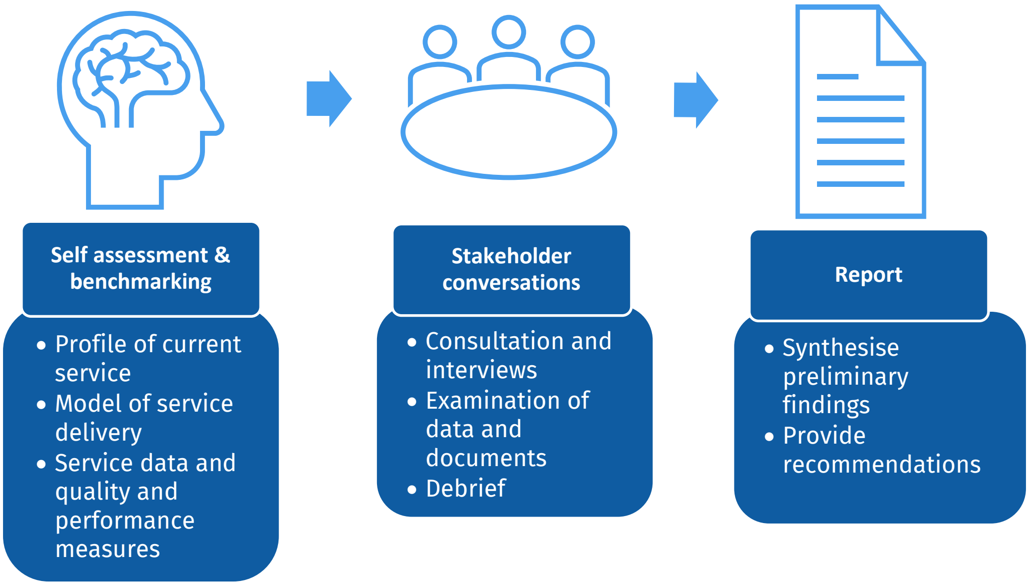

*Figure 1 The methodology for this evaluation began with a self-assessment and benchmarking activity, followed by stakeholder conversations, and the completion and delivery of this report.*

## Self-assessment and benchmarking

To begin the evaluation, the panel considered the self-assessment and profile of the gender service. The project lead collaborated closely with the QCGS coordinator to gather data from diverse sources, such as service delivery documents, service dashboards, performance measures, risk management plans, appointment scheduling systems, and medical records. The panel was provided with insights into governance structures underpinning Queensland's public health system, CHQ's organisational framework, as well as the specific operational and professional reporting lines within the Division of CYMHS for the QCGS. Additionally, information on workforce, training programs, quality improvement activities, and educational initiatives within the service was obtained to ascertain the service's functioning and commitment to improving care over time.

A benchmarking activity was conducted with some gender clinics within Australia providing treatment for gender dysphoria to children and adolescents. These clinics shared and discussed an overview of their models of service delivery, processes, and practices so that the panel could identify any areas for improvement that could be applicable and appropriate for the QCGS to enhance operations, improve efficiency and maintain adherence to clinical standards and guidelines of care.

Lastly, to capture the patient-centric perspective and foster continuous improvement, data on patient experience and consumer feedback was also gathered through patient-reported experiences, compliments, and complaints.

## Stakeholder conversations

Following examination of the data and documents gathered during the self-assessment and benchmarking phase, key stakeholders with direct interactions with the gender service were identified and invited to provide their perspectives and experiences of the gender service. These stakeholders were categorised into five groups:

- Clinicians working within QCGS
- Consumers and families who were currently accessing the QCGS or had previously accessed the QCGS
- Clinicians working within the Division of CYMHS
- Private practitioners, regional service providers, and community support groups from across Brisbane and regional areas of Queensland, including psychiatrists, psychologists, counsellors, youth workers and GPs, who referred consumers to the service, or provided care and support to consumers who were accessing the service
- Professional bodies representing clinicians with interactions to the QCGS

To begin engagement with these stakeholders, the panel members developed an interview questionnaire (Appendix 3 and 4) for use during all consultations and interviews. The consultations and interviews occurred over a four-month period between January and April 2024. The Terms of Reference and the questionnaire were provided to each individual who participated in an interview to ensure participants were aware of the purpose, scope, and objectives of the evaluation. Participants were also informed about how their insights and responses would influence the evaluation process and contribute valuable input. This transparent approach ensured the participants felt informed and understood the significance of their contributions to the evaluation. Consent was gained from all individuals to participate in the interviews.

Consumer engagement and participation was paramount in this evaluation. Consumers offered unique perspectives that identified gaps in care, areas of improvement, and successful aspects of the service. The panel members valued the importance of the lived experiences of the children and adolescents with diverse gender experiences and their families. Health Consumers Queensland provided advice on effective strategies and methods to employ during the consultations with the children and adolescents and their families to ensure the partnership is inclusive, meaningful, respectful and aims to offer improvements to the service.

These strategies and methods included:

- Presenting the Terms of Reference to the consumers in a simplified format using clear, jargon-free language
- Assuring the consumers that their involvement was voluntary and would not impact their clinical care
- Extending an invitation for consumers to have a family member or friend accompany them during the interview
- Offering the CHQ Indigenous Health Liaison Officer to attend interviews where the consumer identified as Aboriginal or Torres Strait Islander
- Allowing consumers to review and verify the recorded information
- Considering the physical setting for interviews, such as online or outdoors

It is not usual for a clinical service evaluation to call for public submissions or seek opinions from individuals or groups who are not directly involved in service delivery, governance, or other activities directly related to the service such as training, education, and research. During the course of this evaluation, the panel received numerous unsolicited communications offering submissions from third parties, both named and anonymous, who were not directly involved in the operations of the QCGS. Where those communications indicated the sender had direct clinical contact with the service and they could be identified, they were offered an interview. All unsolicited communications were passed on to the panel and considered as part of the evaluation.

## Participants

The evaluation engaged with individuals who had direct clinical or professional involvement with the gender service, ensuring they had the opportunity to share their insights and perspectives on the service delivery model they had experienced. Consulting with these individuals was in line with the objectives within the evaluation's Terms of Reference, and was warranted by their expertise, relevance, and focused feedback.

The individuals and groups consulted included:

- The CHQ Board's Safety and Quality Sub-committee
- CHQ Executive Leadership Team
- CYMHS Divisional and Clinical Leadership Team
- QCGS clinicians and staff members:
    - Psychiatry
    - Endocrinology
    - Sexual health
    - Allied health

    - Nursing
    - Administration
- Consumers, including past and present service users and their families
- Organisation supporting consumers including Open Doors and Transcend
- Medical directors, program managers and clinicians from within CYMHS local and statewide services and programs
- Regional Hospital and Health Services within Queensland
- Royal Brisbane and Women's Hospital (RBWH) Gender Service
- Perth Children's Hospital Gender Diversity Service, Perth, Western Australia
- Royal Children's Hospital Gender Service, Melbourne, Victoria
- Professional bodies including:
    - The Royal Australian and New Zealand College of Psychiatrists
    - The Royal Australian College of General Practitioners
    - The Australian Medical Association

# Data sources

The following sources were accessed to gather information during the evaluation of the QCGS:

- Enterprise Scheduling Management
- Children's Health Intelligence Reporting Portal
- Integrated Electronic Medical Record
- CHQ Patient Experience service
- CHQ Risk Register
- RiskMan
- Financial reporting systems

In addition to the qualitative and quantitative data sources above, various policies, procedures, guidelines, and documents were made available to the evaluation panel to review to understand the governance processes for the QCGS within the context of CYMHS and Queensland Health.

The following documents were reviewed by the panel:

- Clinical Excellence Queensland Guide to Informed Decision making in Health Care
- Informed Consent – CYMHS Guideline
- Professional Supervision – Medical Staff CYMHS Procedure
- Queensland Health Specialist Outpatient Services Implementation Standard

- Comprehensive Care Planning within a Recovery Framework Procedure – CYMHS
- CYMHS Care Review Procedure
- Complex Integrated Care Meeting within CYMHS Procedure
- CYMHS Clinical Records Management Work Instruction
- Clinical Incident Management Procedure
- CHQ Clinical Governance Framework
- Treatment of Gender Dysphoria Work Instruction
- QCGS Model of Care Framework *in draft*
- CHQ Informed Consent GnRH Puberty Blocker Assigned Female at Birth
- CHQ Informed Consent GnRH Puberty Blocker Assigned Male at Birth
- CHQ Oestrogen Patient Information and Consent
- CHQ Testosterone Patient Information and Consent

The QCGS also provided information to the panel gathered over the years pertaining to results of clinical audits, submissions for research grants, reports to Clinical Excellence Queensland, education, presentations at conferences, and consumer engagement initiatives.

# Findings

## Governance, leadership and culture

### Governance and leadership

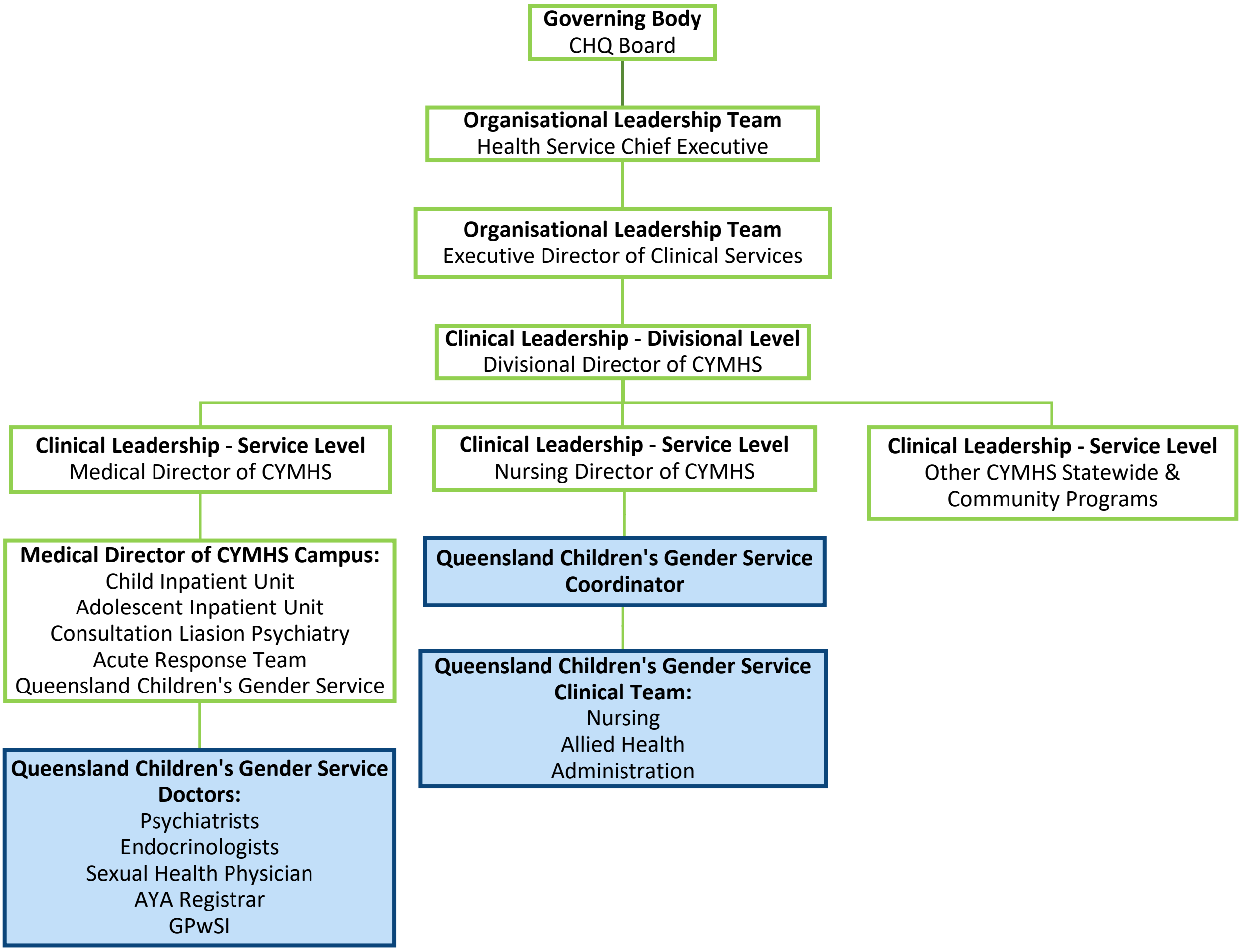

*Figure 2 The organisational chart showing the position of the QCGS (green) within CHQ and the Division of CYMHS*

The QCGS sits within the Division of Child and Youth Mental Health Service (CYMHS), which is under the organisational leadership of the Executive Director of Clinical Services and divisional leadership of the Divisional Director of CYMHS, the Medical Director of CYMHS, and the Nursing Director of CYMHS (Figure 2). The QCGS sits alongside the other clinical services provided on the QCH campus, under the direction of the Medical Director of CYMHS Campus and the Nursing Director of CYMHS. Outside of the CYMHS Campus programs, there are over ten CYMHS program managers and medical directors coordinating over 20 local and statewide CYMHS programs and services.

When evaluating the existing governance and leadership structure of the QCGS, feedback was received from clinicians working both within the service as well as within other CYMHS programs:

- Clinicians within the QCGS and most other clinicians interviewed felt the service appropriately sits within the Division of CYMHS because unaddressed gender dysphoria often leads to mental health concerns.
- Some CYMHS clinicians felt that despite appropriately sitting within CYMHS, the service operates independently to other CYMHS programs and services, due to its close interaction with medical services and the physical location of the clinic on hospital grounds rather than in community CYMHS clinics. This leads to uncertainty amongst clinicians about the service delivery model, and a lack of cohesion with the broader CYMHS framework which potentially results in inconsistent approaches to patient care across different programs and services.
- Some clinicians felt adopting an adolescent service model (12 – 25 years) would more appropriately align with the needs of this service and offer better person-centred care for the consumers accessing it.

The QCGS operates akin to a statewide service but is without an equivalent governance structure, which poses complexities and inconsistencies in service models for children and adolescents in regional, rural and remote areas of Queensland. While the regional sites commented that the care provided by QCGS at QCH is comprehensive, there are significant challenges with access and provision of gender services statewide, with limited professional and clinical support in local medical and mental health networks. There is inconsistent resourcing in regional and rural centres for gender care and limited clinical outreach provided by the QCGS, which creates barriers to access for many children and adolescents across the state. Many regional clinicians are reluctant to provide treatment for gender dysphoria if a patient is not supported by the QCGS, or another established gender service. Regional services recognise that treatment for gender dysphoria does not always necessitate tertiary centre service delivery and report consumers prefer local healthcare access.

In addition to barriers to service access, the panel also found:

- Inconsistent service delivery models for the delivery of gender services across Queensland, particularly regarding lower and upper age limits accessing medical and mental health services
- Limited visibility and shared accountability across the services in Queensland
- Fragmented experience of care for consumers in navigating this system
- Inconsistent access to education, training and research opportunities for the workforce

The Medical Director of CYMHS Campus services is professionally responsible for all the doctors working in CYMHS services at QCH and community inpatient facilities. This includes the QCGS psychiatrists and training registrar, endocrinologists, sexual health physician, General Practitioner with a Special Interest (GPwSI), and the Adolescent and Young Adult (AYA) training registrar. Despite being co-located on the same campus at QCH, there are no reporting lines or professional relationships between the QCGS paediatric endocrinologists, sexual health physician, GPwSI, and AYA registrar, and the CHQ Division of Medicine specifically the Department of Endocrinology. This limited professional relationship inhibits the potential for collaborative efforts and knowledge sharing, which are critical for building capacity in an emerging field of practice. It also risks stigmatisation of specialists who are involved in transgender clinical care to grow, placing further stress on professional relationships and hindering training pathways.

The QCGS coordinator role currently provides leadership for the service and manages the operational and resource management, education and training programs, administrative processes, professional supervision, patient care coordination, and local quality improvement activities within the service. The coordinator provides the operational leadership for the allied health and nursing staff within the service. Additionally, the role involves planning the QCGS model of service delivery, planning, designing and contributing to research, maintaining data and audits, and providing support and advocacy during challenging times characterised by heightened media attention on gender health care and increasing consumer demands in accessing the service. Clinicians within the QCGS provided positive feedback regarding the divisional and service leadership teams, with many expressing appreciation for the QCGS coordinator to the clinical team:

- The trust, respect and honesty demonstrated by the coordinator has kept many clinicians focused and determined in the delivery of care to children and adolescents.
- Acknowledgement for the large portfolio of work undertaken by the coordinator and many hours of work completed behind the scenes and within personal time.
- Dedication of the coordinator to the long-term health outcomes of the consumers accessing treatment for gender dysphoria by leading and contributing to emerging and evolving research opportunities.

The staff expressed gratitude for the guidance provided by their leaders, who have effectively maintained their focus and determination while also prioritising the wellbeing of the clinicians within the service. Given the significant demands placed on leadership, the panel suggests creating a co-lead would facilitate a more balanced distribution of responsibilities and portfolios.

During stakeholder interviews and consultations with QCGS psychiatrists as well as psychiatrists from other gender services around Australia, it was highlighted that there is limited psychiatry time within the QCGS. This effects the overall clinical governance and leadership responsibilities within the service, and contributes to challenges experienced by psychiatrists in terms of:

- Growing waitlist of patients and demand for the service despite no increases in psychiatry resourcing.
- High clinical complexity of some patients in terms of mental health comorbidities, neurodiversity, and complex family networks resulting in long episodes of care and challenges with discharging into the community safely.

- Reduced resourcing has extended the timeline patients spend within the service, impacting the ability to provide timely consultation, input, and oversight.

These challenges in psychiatry staffing are also felt by the other doctors, allied health clinicians and nursing staff and are demonstrated by the long waitlists and demands from consumers to access the service. There is a need within the service for clinicians to focus on improving clinical collaboration, education and training, contributing to research, and building workforce capacity. Activities such as frequent peer supervision and training, leading strategic planning and research, ensuring auditing and performance compliance, and conducting model of care redesigns have had to be de-prioritised, shifting the entire focus of clinicians to clinical care and managing current patients.

During the assessment, the panel invited certain community organisations (NGOs) that have direct clinical interactions with the QCGS to participate in interviews and consultations. These community organisations play a crucial role in the functioning of the QCGS, with many QCGS clinicians endorsing their role in community liaison and support for consumers and their families seeking access to gender services. These organisations primarily focus on supporting children, adolescents, and their families awaiting access to the service, however they also offer ongoing support to consumers who have used QCGS services and require assistance with community-based supports, such as gender affirming healthcare providers or safe and supportive mental health practitioners. Some community organisations provide free mental health support to consumers and have established methods and clinical pathways of increasing support to consumers who need further, specialised care. The community organisations also facilitate parent and peer support groups, demonstrating the resilience and resourcefulness of the community in creating organic networks. These networks serve as invaluable sources of peer support and solidarity for families navigating similar challenges.

The community organisations reported:

- The long waitlist to access the QCGS is challenging for consumers and indicates systemic issues due to high demand and limited resources.
- The prolonged wait for the QCGS exacerbates the distress and urgency felt by individuals and their families seeking support as they are unsure about what to expect from the service. The community organisations recognised the need for the QCGS to provide increased education, information and resources to consumers who are waiting for care.
- Once consumers are accessing the QCGS, the community organisations reported the care is extremely comprehensive, considered, safe, and evidence based.

The community organisations that have established professional networks and relationships with the QCGS commented they were eager to continue this support and enhance their services where possible with further resourcing. Consumers and their families consistently provided positive feedback indicating that community organisations service as a valuable external resource beyond the clinical services of the QCGS, ensuring they feel supported in the community.

## Governance and leadership recommendations

The panel considered previous and current models of service delivery, the clinical workforce, the complexity of the patient cohort, and found the current positioning of the QCGS within the Division of CYMHS seems to appropriately accommodate the clinical service's overall functions and objectives and provides effective governance for the service. The service meets the expectations and standards of clinical guidelines in terms of providing care within interdisciplinary and multidisciplinary networks. The inclusion of the QCGS in CYMHS not only promotes interdisciplinary collaboration but also ensures that patients receive holistic and comprehensive treatment within a mental health framework. Some clinicians advocate for an adolescent service within CHQ to provide high-quality care for adolescents and young adults. Integrating a gender service into this model could improve care and enhance coordination among various specialties, however, making this a formal recommendation is beyond the scope of this evaluation.

| Recommendation number | Recommendation |
|---|---|
| 1 | Queensland Health, supported by CHQ, should consider publicly demonstrating its support for children and adolescents with diverse gender experiences to access safe and effective pathways of care to optimise physical health, mental health, and wellbeing outcomes. This will require a comprehensive approach to continuously support the development and implementation of public health policies, strategic planning, and investment in and recognition of the value of the service. |
| 2 | Queensland Health should consider creating a statewide network with formal partnerships between HHSs to deliver clinical services for children and adolescents with diverse gender experiences:<br>a) This network will require external resourcing to establish itself.<br>b) Initial scoping will be needed to identify population and service need, resourcing requirements including staffing increases across the state, and what existing structures, including Sexual Health Clinics and local CYMHS, could be leveraged or redesigned.<br>c) QCGS at Queensland Children's Hospital (QCH) to function as a tertiary centre for escalation of complex clinical cases, education and training, research coordination, and ensuring care for children and adolescents with gender diverse experiences around the state is consistent with national and international guidelines and is affirming in its approach. |

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| | d) The network will collaborate with existing private providers and NGOs and seek to establish new service providers. |

The panel recommends Queensland Health demonstrates its ongoing commitment to the physical and mental health and wellbeing outcomes of children and adolescents with diverse gender experiences. Demonstrations of this commitment may include the development of public health policies specific to gender care, public messaging strategies, and the delivery of consistent clinical treatment and care across the state through the implementation of a statewide network of services to support children and adolescents. While it was beyond the scope of this evaluation to review the other services in Queensland providing care and treatment to individuals with diverse gender experiences, it was clear to the panel that a networked approach was needed across all services in Queensland. The panel considers that the best solution to implementing consistent gender care across the state is the implementation of a statewide networked service. The panel recommends Queensland Health is best to lead this given the recent release of the Queensland Health Networked Services Framework (January 2024). The panel considers that implementation of a statewide networked service should be agreed and supported by all relevant partners, with clarity around the benefits it would bring to patient access, experiences, and health outcomes. A networked service, supported by CHQ, will ensure care for children and adolescents with diverse gender experiences is consistent with clinical guidelines and affirming in its approach. Some pathways and partnerships for gender care already exist between QCGS at QCH and regional centres, however a networked service will strengthen and formalise these existing pathways as well as establishing new service offerings to Queensland sites, including private providers and NGOs.

The panel recommends that the QCGS at QCH holds responsibility for statewide clinical guideline fidelity, professional development opportunities, peer supervision and leadership, education and training, evaluation and research responsibilities, and functions as a tertiary centre for the escalation of complex clinical care. As part of designing a networked model, a transparent and robust process to commission the services must be developed and tested to provide clarity on how funding will flow within the model between HHSs and how performance targets, activity and outcome measures will be managed with strong expectations of adherence to providing consistent care for gender dysphoria. Given the complexity of creating this statewide networked service, resourcing will be required to lead this from a strategic perspective to ensure the solution is aligned with scoping and implementation guidance provided within the Queensland Health Networked Services Framework. Besides support, specific funding will be required for regional centres.

| Recommendation number | Recommendation |
|---|---|
| 3 | Queensland Health should consider establishing a governance committee for the delivery of a statewide networked service for children and adolescents accessing |

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| | gender care, comprising of clinicians from CHQ, other HHSs, and external stakeholders:<br>a) This committee should have strategic connections to clinical networks and working groups within Clinical Excellence Queensland, such as the Sexual Health Clinical Network and the Queensland Child and Youth Clinical Network.<br>b) The committee should discuss strategic, operational, and clinical advice with the ultimate purpose to create a consistent model of service throughout Queensland that meets clinical practice guidelines. |

To plan, design and deliver a statewide networked model for gender care service delivery, the panel recommends Queensland Health establish a governance committee to engage key stakeholders and clinical networks, such as the Queensland Child and Youth Clinical Network and the Sexual Health Clinical Network. This supports the recommendation from the panel for Queensland Health to continue to demonstrate its commitment to gender services for children and adolescents. This committee would ensure the QCGS continues to build capacity and capability of regional centres to deliver treatment for gender dysphoria for children and adolescents that is consistent with clinical guidelines in local services closer to home for consumers. The committee can ensure that gender services remain aligned with the latest practices in gender health care and serve as a forum for benchmarking against clinical standards and emerging best practice. The governance committee can offer expertise and advice to develop new models of care, identify statewide healthcare issues and trends, and improve the coordination of service planning, research, and education for gender services for children and adolescents in Queensland. In alignment with the principles of the QCGS of person-centred care and consumer partnerships, the committee must include the perspectives of people with lived experience and their families who have accessed gender services. The committee may also have representatives from community support groups for people living with gender diversity to ensure that their services can contribute to the statewide networked service and ensure the needs and voices of these communities are actively involved in decision making.

Key stakeholders recommended for inclusion in the governance group may include but are not limited to representatives from:

- Child and adolescent psychiatry
- Endocrinology
- Sexual health
- General practice
- General paediatrics
- Regional and rural health services
- Patient safety and quality
- Research and evaluation
- Community organisations who work with transgender people and their families

Some of the representatives listed above are not current clinicians within the QCGS, however the expertise and experience related to the scope of gender health care in children and adolescents would benefit from increased oversight at a governance level. It will also provide guidance and reassurance to clinicians and consumers in the community that the evolving and dynamic nature of providing treatment for gender dysphoria is being navigated by a focused group of professionals and people with lived experience. By harnessing the collective expertise and perspectives of its stakeholders, Queensland Health can strive towards excellence in delivering gender affirming care for Queensland's children and adolescents.

| Recommendation number | Recommendation |
|---|---|
| 5 | CHQ to appoint a senior medical officer to enhance the clinical leadership within the QCGS. This role will service as a co-lead for the service, alongside the coordinator role. |
| 6 | The QCH medical departments within the Division of Medicine and the QCGS doctors should strengthen their professional relationships where appropriate, such as the QCGS endocrinologists and the QCH Department of Endocrinology. |
| 7 | QCGS to emphasise and support the leadership role of the coordinator by divesting the portfolios of education and training, auditing and data analytics, research coordination, and statewide planning, with these responsibilities being redistributed to other positions within the service and through the establishment of the statewide networked service governance committee. |

The panel believes that there is scope for CHQ to enhance and expand clinical leadership within the QCGS. The current coordinator role has many competing strategic, professional, and clinical priorities and portfolios, indicating the need for additional FTE in service leadership roles. By appointing an in-house senior medical officer to co-lead alongside the coordinator role, leadership responsibilities and the many portfolios can be shared. Additional portfolios of work the coordinator role is currently managing such as education and training, analytics and auditing, statewide planning, and research coordination can be redistributed to other positions in the service, as well as through the establishment of the statewide networked governance committee. This will allow the clinical leadership of the service to focus on operational and professional management of clinicians, patient care coordination, service development, and local quality improvement initiatives. A senior medical officer can also provide leadership and offer a professional reporting line for doctors within the service that is accessible and specific to the delivery of gender health care in children and adolescents. The panel suggests the senior medical officer role prioritises strengthening the professional relationships between the doctors within the service and respective departments at QCH, such as endocrinology and the larger Division of Medicine. This will improve workforce sustainability, expand education and training opportunities, and reduce the stigma associated with gender care as a medical treatment within CHQ.

| Recommendation number | Recommendation |
|---|---|
| 4 | CHQ to introduce an immediate staffing increase across medical, nursing, allied health, and administration within the QCGS to meet urgent clinical needs within the waitlist and allow key personnel to better support the immediate need of the patients and families. |
| 8 | CHQ to increase staffing resources to meet the long-term need to support the clinical demand and the larger strategic and operational responsibilities of the service as part of the statewide network for gender care:<br>a) Increase medical staff resourcing to meet clinical needs, as well as contribute to the strategic planning for the service, provide education and training, contribute to research, and quality improvement activities.<br>b) Increase staff resourcing in allied health and nursing to provide more capacity to conduct and provide mental health assessment and treatment, and to support education, training, and research.<br>c) Increase administrative resource to facilitate referral and waitlist management, bookings and scheduling, and provide support to implement the logistics of the statewide networked service.<br>d) Provide resources to support the collection, auditing, analysis and reporting of data pertaining to clinical outcomes as required for quality improvement and research purposes.<br>e) Introduce peer support workers and family support workers into the QCGS and for the future statewide network. |

In addition to appointing a senior medical officer within the QCGS to co-lead with the coordinator role, there is an immediate need for CHQ to introduce increases in staff resourcing across medical, nursing, allied health and administration to address the complexity, volume and urgency of the large clinical caseload. The panel also recommends increasing staff resourcing in the long-term to allow staff within the QCGS to undertake the following activities:

- Increased clinical oversight into the mental health assessment and intervention, patient pathways, and clinical decision making for a large cohort of patients with mental health comorbidities.

- Contribute to service development, specifically in relation to the statewide networked service model described above.
- Liaise, collaborate and undertake joint case formulation with other clinical stakeholders such as private psychiatrists, GPs, mental health professionals, and be more available as a point of contact for patients and referring practitioners.
- Provide clinical leadership and supervision to training clinicians and other staff in the service to support professional development.
- Ensure clinical practice aligns with emerging practices and standards of care.
- Developing and leading education such as teaching sessions, workshops and seminars.
- Understanding and analysing the QCGS performance data as well as clinical outcome measurement as required for quality improvement and research purposes.
- Implementing quality improvement activities and engaging in research and innovation activities.
- Engaging with community stakeholders, relevant organisations and professional bodies to promote and advocate for the treatment of gender dysphoria in children and adolescents and build on these relationships to support the work of the QCGS, such as through peer and family support workers.

Without increased staffing resources, the achievement of these responsibilities and the advancement of a statewide networked service, as well as the enhancement of strategic and clinical activities, will be hindered, impeding the future progress of the QCGS. Meeting these staff enhancement recommendations is crucial for enabling recommendations to be actioned related to policy development, governance, education, training, data analytics, and research.

| Recommendation number | Recommendation |
|---|---|
| 9 | Queensland Health to invest in community organisations (NGOs) to facilitate an increase in specific and tailored community family and youth support for individuals with diverse gender experiences. This investment will strengthen partnerships with the QCGS and provide further comprehensive support for individuals and their families accessing gender services. |

The wrap-around support and services that are currently provided by community organisations to the consumers and families who access gender services is significant. The panel recommends that Queensland Health invest in these organisations so that the health care services, such as QCGS, and NGOs can strengthen their partnership for connected community-led delivery of support. This will support families by offering more comprehensive and tailored programs to individuals with gender diverse experiences and facilitate more peer and youth worker programs. Community organisations have the potential to collaborate with the service to enhance educational resources, thereby improving the quality of information available to consumers. This collaboration aims to optimise patient flow by reducing the waitlist so that consumers and families are accessing high-quality and accurate information in the community. The panel considers the community organisations as key stakeholders in the implementation of the statewide networked service for gender healthcare. They play a pivotal role in connecting the community with appropriate health care services tailored to their needs, while also ensuring sustain community support for long-term effectiveness.

## Culture

The cultural issues that affect the QCGS originate from both internal and external sources and present significant challenges. Addressing these multifaceted challenges demands a comprehensive approach that encompasses various strategies to ensure the service's effectiveness and sustainability.

### Within CHQ

The CHQ culture is built on the shared values of respect, integrity, care and imagination which supports the organisation’s vision of leading life-changing care for children and adolescents. These shared values of CHQ guide the behaviours that CHQ expects of all staff, and living these values is the way all staff can support and develop a positive culture. The impact of the external and internal sources of pressure has resulted in cultural issues within CHQ relating to the care of children and adolescents with diverse gender experiences. Clinicians reported during interviews with the panel that the emotional and psychological burnout that some staff members have experienced in the last 12 months has been significant.

During the interviews, the QCGS staff reported the following to the evaluation panel:

- The respect and safety for LGBTQISB+ people at CHQ could be improved through increased acknowledgement and messaging led by the Executive Leadership Team.
- Due to public discourse and debate, staff within the QCGS feel compelled to be protective of their clinical practice and the children and adolescents they are caring for, as they are constantly under scrutiny and criticism.
- Resilience, care and teamwork within the staff has been challenged by staff absences in the form of high rates of sick leave balances and resignations resulting in a high turnover of staff.
- Feelings of burnout within QCGS staff are increasing with capacity for staff to care for themselves being an ongoing challenge.

The capacity of the QCGS to manage clinical expectations, undertake strategic goal setting, and design, plan and implement innovative service improvement activities are all impacted due to the challenges with culture within CHQ.

## Within CYMHS

During this evaluation, the panel spoke to many psychiatrists, nursing leads, allied health professionals, and operational staff within CYMHS who have interactions with the QCGS. The clinicians within other CYMHS programs and teams reported the following:

- The current model of care and service delivery framework of the QCGS is not well shared within CYMHS leading clinicians to question the referral criteria, assessment process, treatment options, and long-term outcomes.
- Uncertainty about the specific purpose of the QCGS due to limited clinical collaboration, given identity and assessment is a core aspect of child and adolescent development.

The clinicians within CYMHS reported to the panel that while there are some positive professional networks between broader CYMHS services and the QCGS that have led to better clinical pathways, there are many opportunities to improve the collegial teamwork between CYMHS programs and the QCGS to provide more comprehensive care to consumers and develop a shared understanding between the broader CYMHS services and the QCGS of their role in the assessment and treatment of gender dysphoria.

## Patients, families and community groups

The landscape surrounding children and adolescents with diverse gender experiences has been fraught with social, political, and cultural challenges for consumer and community groups over the years. These challenges have manifested in various forms, including stigma, discrimination, lack of access to health care, and legal barriers. However, in recent times, the intensity of these challenges has escalated, leading to heightened social discourse, debate, and reporting on the topic. This escalation can be attributed to increased visibility of transgender and gender-diverse individuals in mainstream media, legislative battles over transgender rights, and shifting societal attitudes towards the treatment for gender dysphoria.

The consumers and community organisations that the panel met with during this evaluation reported the following regarding cultural challenges:

- Consumers feel at their most vulnerable while they wait for access to services and reach out to community organisations for wrap-around guidance during this difficult time.
- Community organisations require more investment and resourcing to cater for a large group of individuals and provide comprehensive support to meet demand.
- While the cultural issues surrounding the QCGS are known amongst the local trans and gender diverse community, consumers report that once they are accessing QCGS they feel welcomed and supported by the clinicians.
- There is a strong sense of community connectiveness and support to families, peers, and siblings with support groups often forming informally, highlighting the resilience and resourcefulness of the community.

While the cultural challenges of accessing treatment for gender dysphoria are prevalent throughout the community, the consumers and their families accessing QCGS report a strong sense of trust and care from the service, which uploads the values of CHQ.

## Specific interest groups and critics of gender affirming care

External sources of pressure on the QCGS includes current public discourse and ethical debate about children and adolescents accessing services for the treatment of gender dysphoria, which has resulted in a significant increase in local, national and international media coverage from groups and critics of gender dysphoria treatment. The heightened visibility from media and public groups specifically of the QCGS has amplified the complexities surrounding the provision of gender affirming care to children and adolescents. Consequently, the service must navigate these external pressures while upholding its commitment to providing inclusive, evidence based, and ethically sound care to its patients. This entails not only addressing the immediate challenges posed by external attention but also proactively engaging with interest groups and critics to foster understanding and support for the service's purpose and objectives. The QCGS clinicians have invested time and resources into educating their broader professional networks, including physicians and general practitioners, to address external criticism and offer accurate information about the service delivery framework provided by the QCGS. While this has been effective in small pockets, the increasing number of critics and misinformation presents growing pressure for the service to continuously address and manage. This external source of pressure and CHQ’s response has subsequently resulted in internal challenges within CHQ.

## Culture recommendations

| Recommendation number | Recommendation |
|---|---|
| 1 | Queensland Health, supported by CHQ, should consider publicly demonstrating its support for children and adolescents with diverse gender experiences to access safe and effective pathways of care to optimise physical health, mental health, and wellbeing outcomes. This will require a comprehensive approach to continuously support the development and implementation of public health policies, strategic planning, and investment in and recognition of the value of the service. |
| 10 | Queensland Health, supported by CHQ, develop a public media and communications strategy to demonstrate the ongoing commitment and support for children and adolescents with diverse gender experiences to the public. |

The panel recommends that Queensland Health, with the support of CHQ, should consider publicly demonstrating its support for children and adolescents with diverse gender experiences. This may include the development of a comprehensive media and communication strategy to demonstrate its ongoing commitment and support for children and adolescents with diverse gender experiences to the public. This strategy should involve coordinated and affirming public messaging designed to respond effectively to heightened media coverage, external critics, and pressure from public groups. By proactively addressing these external pressures, Queensland Health can ensure that accurate and supportive information about gender services is disseminated, reinforcing its dedication to providing inclusive and high-quality care. Partnering with engaged community organisations will strengthen this support and foster a more inclusive and understanding environment for both consumers accessing the service and clinicians providing care and support to children and adolescents with diverse gender experiences.

| Recommendation number | Recommendation |
|---|---|
| 11 | Queensland Health, supported by CHQ, to develop a strategy to provide informative and destigmatising material about diverse gender experiences for healthcare staff associated with the delivery of care to children and adolescents, including all staff at CHQ, to foster a more inclusive environment. |
| 19 | CHQ to allocate additional resources to enhance the education portfolio within the QCGS, focusing on professional, clinical, and community education (this could be part of the enhanced clinical team):<br>a) Plan, co-design and implement a community education package that is easily accessible and readily available to interested organisations, other professionals, consumers, support groups, and the general public about gender diversity. Incorporate explanations of the purpose and operations of the QCGS into this education, aiming to increase understanding of the clinical support and pathways to care offered to children and adolescents seeking treatment for gender dysphoria across the state. This education should be shared with all consumers on the waitlist to reduce anxiety and distress during this time.<br>i. Seek and utilise opportunities to co-design this education package with engaged and appropriate NGO (Non-Government Organisations) community partners as well as consumers and families to ensure it is consumer-friendly, relevant and appropriate.<br>b) Ensure information about referral criteria, clinical care pathways for different cohorts, and informed |

| | |
|---|---|
| | consent processes is easily available in appropriate formats.<br>c) Strengthen the QCGS education, training and orientation programs available to clinicians within CHQ and other HHSs. Collaborate with professional organisations and colleges to broaden the reach and improve the delivery of this education and training, with the potential to share this education across the state. |

The panel recommends Queensland Health, supported by CHQ, develop a strategy to provide information and destigmatising material to Queensland Health staff associated with the delivery of care to children and adolescents with diverse gender experiences. This strategy should include educational resources for staff across HHSs that increase understanding of gender diversity, requisite training programs that emphasise inclusive and respectful care practices, and materials that challenge and dispel common myths and stigmas associated with gender diversity. The panel recommends the goal of this information-sharing and educational piece would be to create a more informed and supportive healthcare environment across the state, where health care staff are equipped to meet the unique needs of gender diverse youth with empathy and professionalism. Once the strategy is developed by Queensland Health, the panel recommends CHQ Executive Leadership Team support the implementation of this at CHQ to address the internal cultural issues associated with the treatment of gender dysphoria in children and adolescents and ultimately foster a more inclusive environment for consumers and staff.

| Recommendation number | Recommendation |
|---|---|
| 12 | CHQ engages with an external consultant to identify optimal strategies for reinvigorating QCGS. This approach acknowledges the hard work, innovative ideas, and dedication of the staff, fostering a sense of optimism about the future among team members. |
| 13 | CHQ continues to provide personal and workplace support for those working in the gender service to ensure staff wellbeing is being managed appropriately. This must be explored in consultation with clinical and administrative staff to ensure the support is meeting their needs. |

Considering the multifaceted cultural issues, the panel recommends that CHQ continue to provide support to the staff working within the QCGS and look for ways to strengthen this. This involves engaging in discussions with the service to ensure that the support measures are effectively meeting the needs of the employees. The panel suggests implementing feedback mechanisms that allow staff to voice their concerns and needs, ensuring that the support system evolves in response to their experiences. The panel acknowledges there may be a need to enhance the collaborative relationship between the QCGS staff and the CHQ leadership to effectively implement the key recommendations outlined in this report. Consequently, the panel suggests that CHQ enlist the assistance of an external specialist in organisational change to foster improved working dynamics between QCGS and CHQ leadership for the successful implementation of the report's recommendations and ensure changes will be sustainable.

# Patient safety and quality improvement systems

## QCGS service delivery framework

Evidence based policies, procedures, standards and protocols serve as the cornerstone of effective healthcare delivery. The QCGS has consistently reviewed its approach to service delivery and published procedures and frameworks to support the delivery of care to ensure it meets CHQ expectations of clinical governance. The QCGS has published the following documents on the CHQ Governance eCatalogue, which are accessible to all staff members at CHQ:

- *Treatment of Gender Dysphoria* Work Instruction
- *Informed Consent GnRH Puberty Blocker Assigned Female at Birth* Consent Form
- *Informed Consent GnRH Puberty Blocker Assigned Male at Birth* Consent Form
- *Oestrogen Patient Information and Consent* Form
- *Testosterone Patient Information and Consent* Form

There was a QCGS Model of Care document in draft at the time of this evaluation. The documents above, including the Model of Care in draft, outline the purpose, scope and principles of the gender affirming approach within the QCGS including information about the informed consent framework, medical evaluation process, and treatment pathways for children and adolescents.

### QCGS service delivery framework: 2017 – 2022

Within an affirmative and child-centred approach, the QCGS provided a comprehensive, systematic and developmentally informed assessment of the adolescent's early developmental history, history of gender identity development and gender expression, strengths and resilience, family functioning and mental health. A biopsychosocial and emotional assessment model was used by a multidisciplinary team to understand any aspects of care such as:

- Developmental history and medical background including medications, allergies and medical comorbidities
- Cognitive capacity and educational experience
- Emotional maturity and development

- Social determinants impacting health care
- Cultural and spiritual needs
- Social and family structure and supports and functioning

Following acceptance of referral, the patients were triaged and categorised according to Queensland Health and CHQ outpatient guidelines for categorisation and triaging of referrals. The patients were offered an initial appointment where they met a mental health practitioner (allied health or nursing) to begin the systematic, developmentally informed assessment of the child or adolescent and their family. The mental health practitioners assessed and responded to risks of mental illness or self-harm, identified developmental strengths and challenges, provided psychoeducation, ascertained an individual's capacity to provide informed consent, and coordinated onward referrals and management of care to the wider multidisciplinary team including the child and adolescent psychiatrists, paediatric endocrinologists or sexual health physician. If appropriate, medical treatment would be offered in the best interests of the patients following discussions with the multidisciplinary team. The treatment provided during 2017 – 2022 was aligned with the following guidelines:

- The Australian Standard of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents version 1.3 (2020)
- Endocrine Treatment of Gender-Dysphoric/Gender incongruent persons: An Endocrine Society Clinical Practice Guideline (2017)
- Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People, version 7 (2011)
- Queensland Health Guide to Informed Consent Decision making in Healthcare (2017)

The QCGS conducted an audit in June 2021 which revealed 70% of the patients accessing the service presented with a low to moderate care profile severity characterised by co-occurring mental health diagnoses, anxiety and depression symptoms, and social and family challenges. The mental health and medical reviews ranged in frequency from every 2 – 3 months to 3 – 6-month intervals. At this time, consumers reported that the mental health appointments were valuable and found the frequency adequate, with a small proportion wanting more frequent reviews and care. Of the consumers who provided feedback at this time, 50% of the children and adolescents were accessing mental health support both within the QCGS as well as from external mental health providers. In addition to the individual's external mental health support, the QCGS provided an additional layer of support to the mental health provider and patient, which led to challenges in sustainability. In November 2022, the QCGS mental health practitioners' activity was 40% new assessments and 60% ongoing support and mental health monitoring for a caseload of 895 children and adolescents statewide.

Since the commencement of the QCGS in 2017, the service has been met with increasing demand from consumers and health care providers with referrals and the waitlist growing significantly. The number of referrals to the service slowly increased across 2019 and 2020, with a large volume of referrals being accepted in 2021. Figure 3 shows the pattern of referrals to the QCGS that were accepted for care between March 2019 to December 2022. The average number of referrals accepted each month between this period was 43.

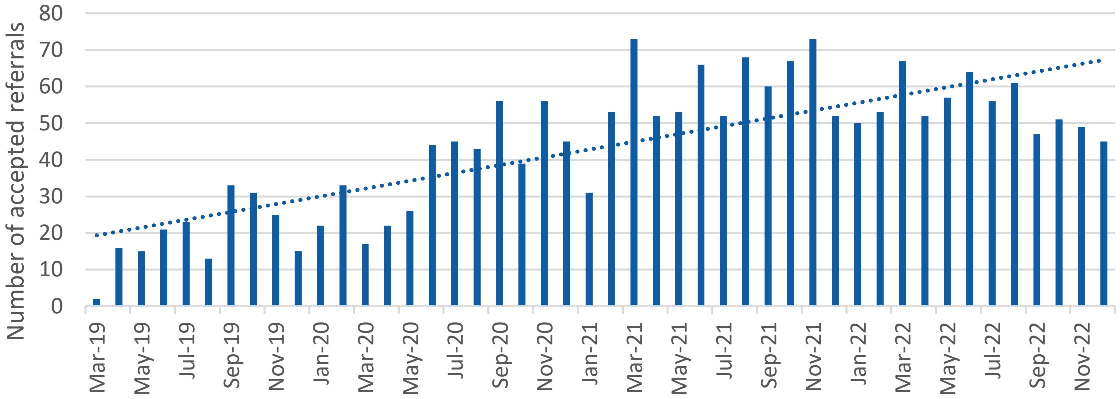


*Figure 3 New referrals accepted to QCGS each month between March 2019 and December 2022.*

Among various referral sources, GPs emerged as the predominant contributor, highlighting their pivotal role in directing patients to the gender service (Figure 4). This suggested a significant reliance on primary care providers in initiating the referral process for individuals seeking treatment of gender dysphoria and demonstrated the crucial partnership between primary care and specialised gender services in facilitating access to appropriate care and support for patients with diverse gender experiences.

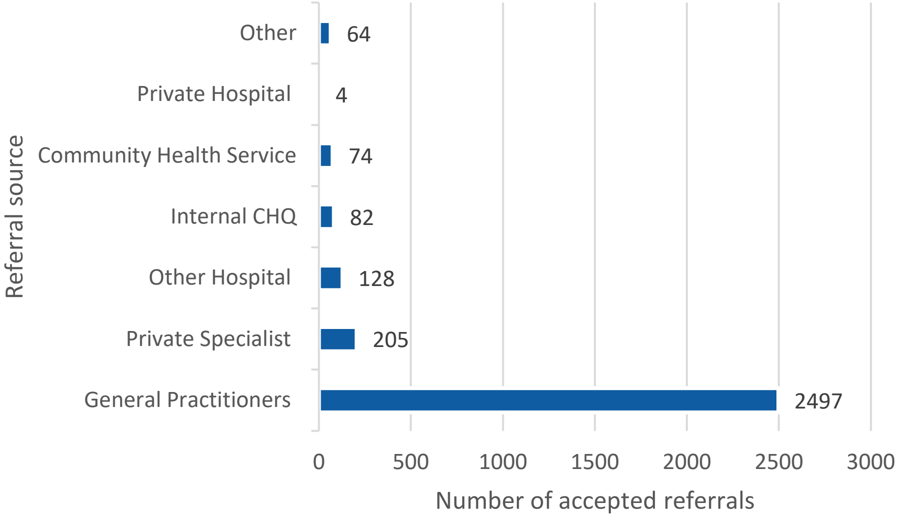


*Figure 4 Source of accepted referrals to QCGS between March 2019 and December 2022*

Figure 5 offers an insight into the geographic distribution of referrals accepted by the QCGS across Australia. Between March 2019 and December 2022, the majority of referrals came from providers in Southeast Queensland.

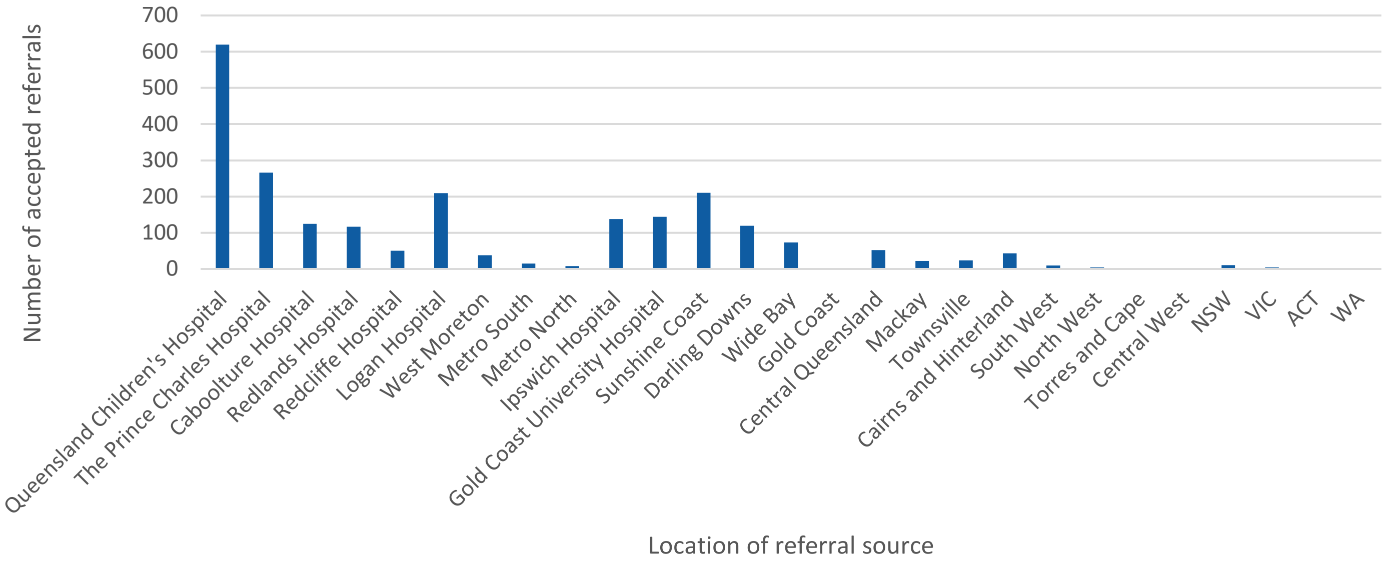


*Figure 5 Accepted referrals by patient catchment/district between March 2019 and December 2022.*

By the end of 2022, the QCGS was experiencing exceptional demand for its services to children and adolescents with diverse gender experiences. With an active clinical caseload of over 900 patients, the service found itself grappling with the challenge of providing extended, and often complex care to many individuals, thus straining the capacity of the workforce to accommodate new patients from the waitlist. The waitlist continued to grow (Figure 6), with nearly 700 patients waiting, and an average of 54 new referrals being accepted and added to the waitlist each month. Nearly 500 patients on the waitlist had exceeded the recommended waiting timeframe, indicating a need for enhanced efficiency and resources to address the

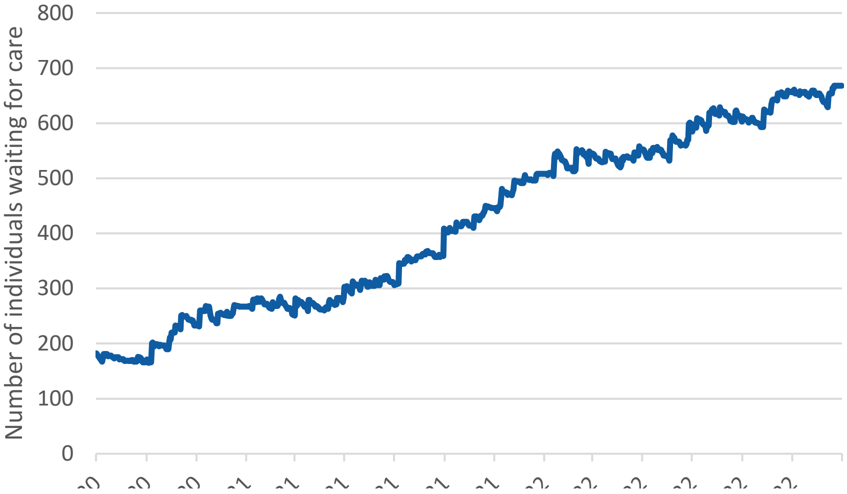


*Figure 6 Waitlist for patients accessing QCGS between July 2020 and December 2022.*

increasing demand for gender services. This situation demonstrated the critical necessity for timely interventions and resource allocation to ensure adequate support for individuals seeking treatment for gender dysphoria.

In October 2022, the QCGS undertook a strategic service model redesign to improve the efficiency and efficacy of the service, ensuring that it remained responsive and accessible to all individuals seeking gender affirming care. The growing referral numbers each month, the long waitlist, consumer complaints regarding access to the QCGS, and the increasing staff burden to respond to the clinical workload were all considered in the redesign work. The service experienced largely static funding from 2020 – 2022 in terms of workforce resourcing despite referral numbers doubling during this period. In 2020, there were small, short-term labour increases attached to clear sustainability goals such as GP and private practice mental health workforce development, but there had been no further increases in staffing since this time. Consumer feedback in 2021 and 2022 was largely centred around access to the service, with many expressing frustrations over the prolonged waitlist and limited community support, which posed significant challenges and distress for those in need of gender services.

The QCGS clinical leadership team, in collaboration with consumers, community support groups and clinical stakeholders, made the following key interim changes to the care pathway:

- Prioritised clinical care to those aged less than 17-years-old and in partnership with adult service providers, redirected referrals for consumers aged 17-years-old and above to adult gender services.
- Consumers were redirected to external practitioners for ongoing mental health treatment and monitoring and the QCGS clinicians were re-focused to deliver mental health support through assessment only.
- Introduced innovations to the service delivery model such as Single Session Therapy – Family (SST-F), Complex Adolescent Clinic, statewide consultation liaison to mental health and primary care, and gender clinic statewide phone line.

Based on these key interim changes and solutions to the service, in December 2022 the QCGS forecasted two models of projections of the waitlist over two years, from January 2023 (upon the implementation of new service delivery model) to December 2024. The first projection model, Model 1 (Figure 7), is based on the abovementioned interim service solutions being implemented with no changes to workforce resourcing. Projections indicated a 50% decline in the waitlist from over 600 patients to under 300 by December 2024.

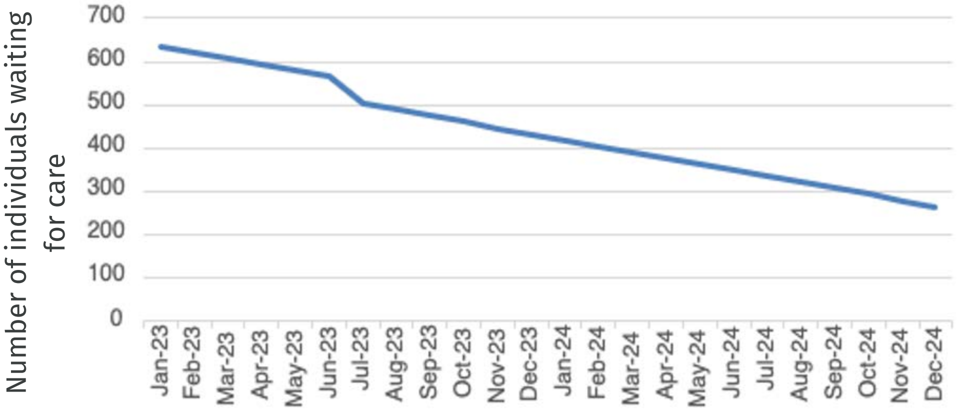


*Figure 7 Projection Model 1 of the QCGS waitlist between January 2023 and December 2024, with interim service solutions implemented and no change to workforce resourcing.*

In the second model, Model 2 (Figure 8), waitlist projections were calculated considering interim service solutions, along with proposed short-term increases to the QCGS clinical workforce, which included additional hours for GPwSI and senior mental health clinicians. By slightly increasing the clinical workforce, the QCGS anticipated it would meet the clinical recommendations for wait times within two years.

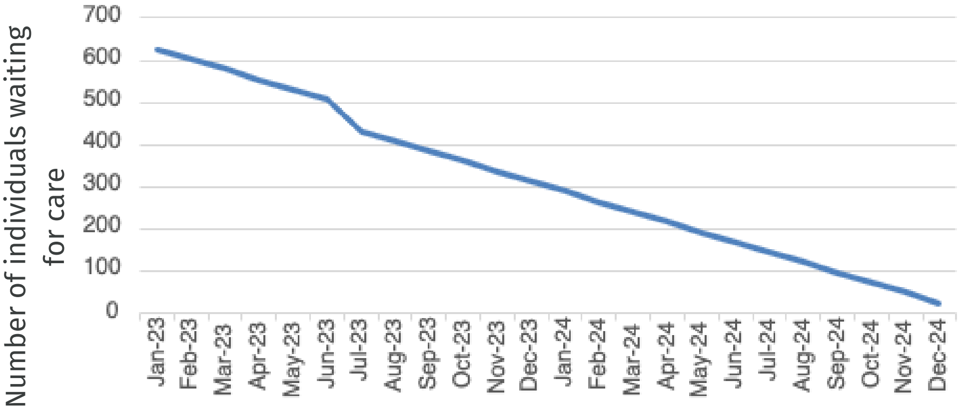


*Figure 8 Projection Model 2 of the QCGS waitlist from January 2023 to December 2024 with interim service solutions implemented in addition to increasing workforce resourcing of senior mental health practitioner and GPwSI.*

At the conclusion of 2022, the QCGS made the decision to implement Model 1; where the interim service solutions outlined during the service redesign process were implemented, however no change to staffing or workforce resourcing was made. An expected reduction in the waitlist was anticipated based on the projections as reflected in Figure 8.

## QCGS service delivery framework: 2023 – current

In January 2023, the QCGS clinical leadership team implemented the proposed changes to the service model and introduced a new service delivery framework. The current service delivery framework describes four key principles the QCGS aligns clinical practice with, in accordance with current national and international clinical guidelines:

- Person-centred care
- Child-centred, and family-focused shared care
- Systemic, comprehensive, developmentally informed assessment
- A coordinated, multidisciplinary team

With these principles in mind, the purpose of the QCGS is to support the timely delivery of holistic health care to children and adolescents under 17 years of age who are questioning gender identity and/or experiencing gender dysphoria. The QCGS currently delivers a service where the patient journey begins with intake and assessment, through to co-creation of goals and consideration of intervention plans, with frequent multidisciplinary assessments and reviews at key points. This pathway encapsulates the abovementioned four key principles of the service throughout the patient journey within a gender affirming approach to health care.

### Referral

The QCGS currently accepts referrals against the following criteria:

- Aged under 17-years-old
- Living in Queensland
- Seeking support with gender identity
- Referred by a doctor

All referrals received by the QCGS for children and adolescents who identify as Aboriginal and Torres Strait Islander, or who are currently residing in out-of-home care and under the care of the Queensland Government Department of Child Safety, are triaged as a category 1, to be seen within 30 days. All remaining referrals to the QCGS are placed as a category 2 or 3, with referral for pre-pubertal children generally being triaged as a category 3. Category 2 and 3 referrals are to be seen within 90 days and 365 days respectively. Referrals are triaged and processed, and patients are offered appointments in-turn. There is no capacity to prioritise referrals beyond age within the current service model.

Since the implementation of the new model in January 2023, there has been a decline in referral numbers from January 2023 to April 2024, as illustrated in Figure 9. As of April 2024, the QCGS accepts an average of 34 referrals each month, marking a 20% decrease compared to December 2022. This decline may be attributed to the revised age criteria for the service, requiring individuals to be under 17-years-old, as well as broader trends in consumers seeking to access gender services observed across Australia. There has been a decrease in referrals to gender clinics across Australia with possible factors contributing to this decline including stigma surrounding gender services, difficulties in accessing such services, and a comparison to the heightened referral rates seen during the Covid 19 pandemic in 2020 and 2021, when many children and adolescents sought support during challenging social circumstances.

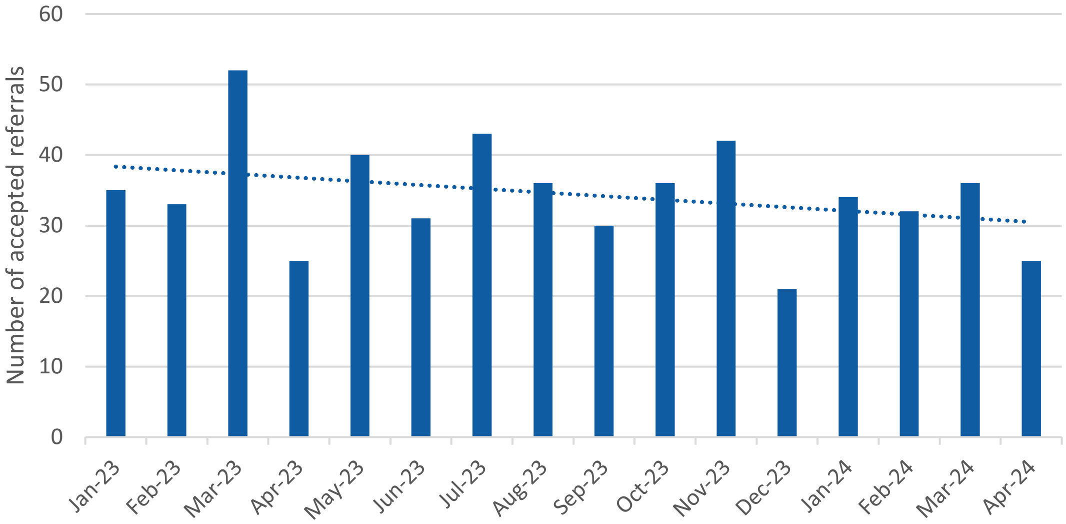


*Figure 9 Number of accepted referrals to the QCGS between January 2023 and December 2024.*

There is currently no guidance within the service delivery framework to prioritise referrals where a referrer has identified their patient has significant mental health concerns associated with diverse gender experiences. Triaging clinicians within the QCGS will identify these concerns within a referral and contact the referrer to suggest alternative avenues for the patient to seek mental health support while they wait for an initial QCGS session. During interviews with referring practitioners, the panel noted that the feedback focused on concerns that the clinical prioritisation criteria are not appropriately developed for the QCGS, with referrals for patients experiencing escalating mental health issues related to their gender dysphoria not being prioritised, posing clinical risks. There was also significant feedback from referring GPs, psychiatrists and paediatricians that acceptance and categorisation of referrals and associated long wait times were not consistently communicated to the referrer, causing confusion and risks in terms of continuity of care and patient safety. Queensland Health Specialist Outpatient Services Implementation Standard outlines the duty of care requirement for HHSs to ensure communication with referring practitioners and nominated GPs is continued during the waiting period including responding to information regarding changes to the patient's condition during this time appropriately.

A key driver behind the service's redesign in late 2022 was the need to address the extensive waitlist. Service adjustments were made with the aim of reducing this backlog. Based on projections at the end of 2022 in response to the changes in service and no increase in workforce resourcing, the projected waitlist in April 2024 was approximately under 400 patients. Based on data provided to the panel, in April 2024, the total number of individuals awaiting their initial appointment with the QCGS was over 500 patients, down from over 600 patients in December 2022 (Figure 10). The QCGS had not met its anticipated waitlist numbers that it projected in December 2022. A shortage of staff was among the factors preventing the attainment of the projected waitlist reduction. Throughout 2023, rising public debate, escalating criticism directed at the QCGS, and the toll of burnout and stress on staff contributed to a reduction in the clinic's available workforce. Sick leave taken by QCGS staff during 2023 showed a steady increase of leave taken and continues to remain high. Consumers, along with their parents and families, voiced similar concerns to those raised by clinicians while enduring the extended waitlist period. They reported minimal communication regarding what to anticipate from the service or available supports during their wait for the initial appointment. Although the QCGS has addressed this frustration by assigning a senior mental health clinician to handle daily phone intake and respond to inquiries from waitlisted patients, there is a prevailing sentiment among patients, families, and external community groups that more comprehensive support could be provided during the waiting period.

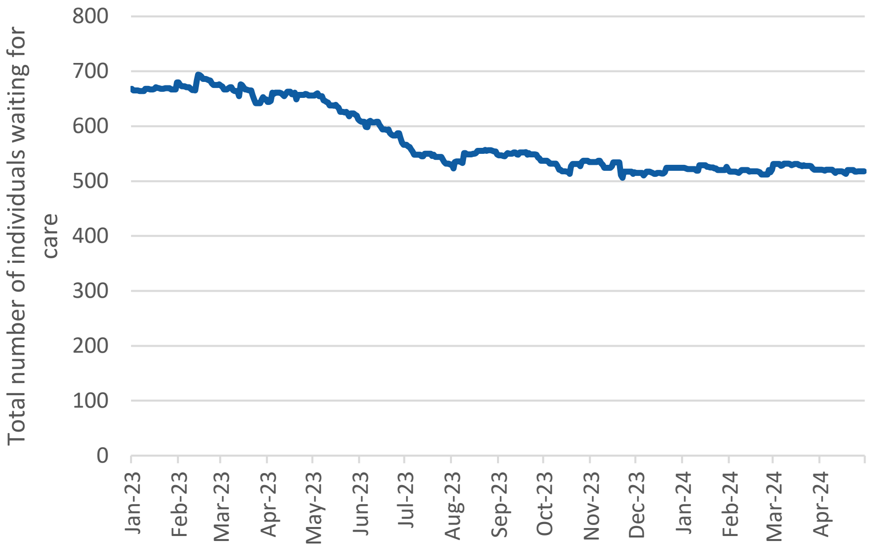


*Figure 10 Waitlist for the QCGS between January 2023 and April 2024 following the commencement of the new model of service delivery.*

**Assessment**

The pathways presented below were determined by the panel and are indicative only. The service will need to refine these as processes are reviewed and as the services evolves.

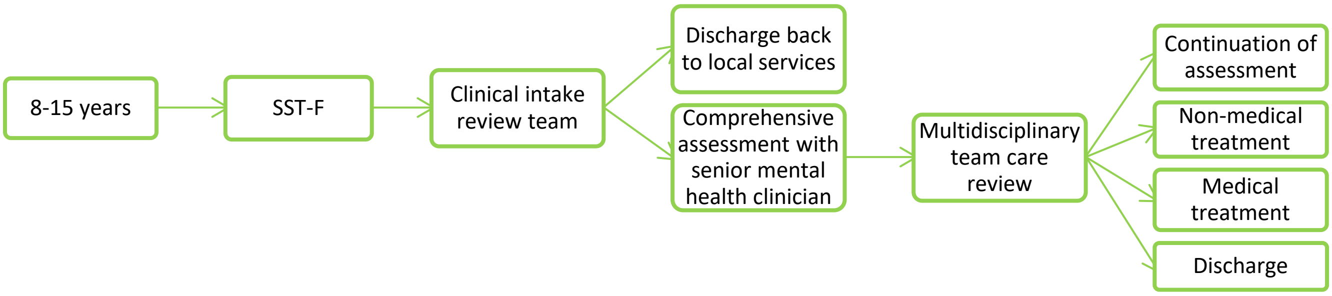
Following referral acceptance and triage, the QCGS offers the SST-F initial intake session to all individuals up to 15 years old. This is a 90-minute session facilitated by a mental health practitioner providing support, information, and guidance on gender identity in advance of a comprehensive assessment if indicated. All immediate family members are invited, and the child or adolescent will set the priorities for the session. The SST-F is collaborative, strengths-focused, direct and transparent, and puts the consumer in the active role of determining their individual goals. After the SST-F session, the clinical intake team will decide what the best care pathway is for the child or adolescent.

### Children aged < 8 years old

For children who are under 8 years, the child and family will be provided with supports, information and referrals to external clinicians for any developmental needs identified during the SST-F by the mental health practitioner. The child will then be discharged with the recommendation to be re-referred by their local practitioner once the child has commenced puberty, if support for gender diversity is still needed.

### Children and adolescents aged 8 – 15 years old

The child or young person and their family will attend the SST-F session with a mental health practitioner. Following this, the clinical intake review team will determine if the child or adolescent requires further comprehensive assessment or if they can be discharged back to local services, based on background information gathered and the individual's goals.



If the child or adolescent requires further assessment following the SST-F, a comprehensive biopsychosocial assessment with senior mental health practitioners will be completed, bringing in relevant members of the multidisciplinary team as indicated. The assessment covers four components:

- Mental health risk assessment
- Gender assessment
- Physical health screening
- Neurodevelopmental/cognitive assessment

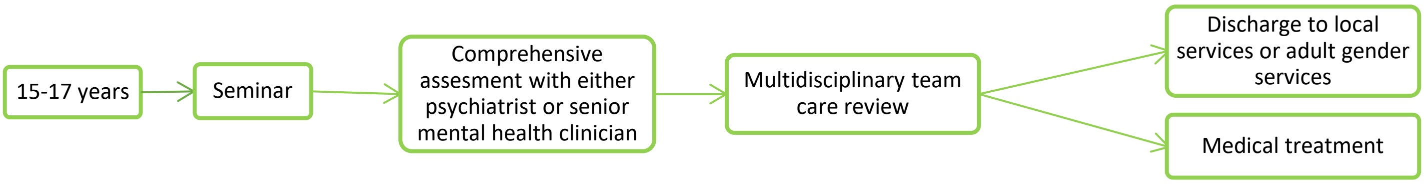
The following tools are used in comprehensive assessment of children and adolescents within the QCGS:

- Strengths and Difficulties Questionnaire (young person report and parent report)
- Gender Preoccupation and Stability Questionnaire
- Score-15 Index of Family Functioning and Change
- Beck Youth Inventories Combined – Depression, Anxiety, Anger, Self-concept, Disrupted Behaviour
- Body Image Scale

Following a comprehensive assessment with senior mental health professionals and other members of the multidisciplinary team as required, the team at the care review meeting may recommend a variety of approaches. This could include continuation of assessment with senior mental health clinicians with referral to psychiatry as needed, provision of non-medical support for gender dysphoria, medical treatment for gender dysphoria, or discharge into the community. If a child or adolescent is progressing to medical treatment, they will be referred to the paediatric endocrinologist, sexual health physician, GPwSI or AYA registrar. Continuing the assessment and provision of non-medical supports may include supporting social transition, guidance on legal processes related to changing name and gender on formal identification documents, supporting family through psychoeducation, or peer support and family therapy. In some cases, children and adolescents are discharged from SST-F or following the comprehensive assessment with the appropriate supports and information available and have no further need for accessing services or medical treatment from the QCGS.

### Adolescents 15 – 17 years old

To facilitate more efficient care pathways for adolescents approaching the age-limit for the QCGS, a shorter care pathway has been developed to assist in the timely referral to physicians who can support service transitions to adult gender services.



The Royal Brisbane and Women's Hospital (RBWH) Gender Service extends clinical care to patients aged 17 and above throughout Queensland, despite being funded only for patients aged 18 and older. As a result of the prolonged waitlist at QCGS, the clinic began providing care to 17-year-old patients as they were not accessing any clinical care at the QCGS. Like the QCGS, the RBWH Gender Service has observed significant increases in referral numbers and subsequent increases in wait times over the past five years. Clinicians at the RBWH Gender

Service note that by expanding their services to include 17-year-old adolescents, the complexity of their caseload has risen, posing challenges in managing and accommodating new referrals for a younger age group. The RBWH Gender Service clinicians were invited to attend an interview with the panel members to discuss the interactions and relationships between the adult gender services and the QCGS.

The clinicians from RBWH as well as regional statewide centres, and consumers reported the following challenges with the transition of care between QCGS and adult gender services:

- Inconsistent clinical transition pathways with no clear processes established between the gender services.
- Clinicians at RBWH are often unclear on the referral reason for patients transitioning between QCGS for ongoing care.
- Verbal/in-person clinical handover processes, such as case conferences or multidisciplinary meetings, have been established in the past between QCGS and RBWH however are not sustained or consistent.
- Despite a clinical handover letter being developed by the QCGS upon discharge, the RBWH reported there were inconsistencies in terms of delivery of this letter, sharing of clinical information and limited information.
- Limited information provided to the young person and their family about what to expect from the adult services, particularly in terms of wait times.
- Transition of care often appeared to be done quickly without enough preparation time.
- RBWH Gender Services also reported staff pressures and resourcing challenges (it was beyond the scope of this clinical evaluation to explore this).
- There are limited opportunities for smooth transition processes in other parts of the state due to limited availability of professionals who will accept the care of the young person.

Clinicians at RBWH observed variances in care approaches between QCGS and RBWH Gender Services. While QCGS emphasises family-centred care with regular involvement from key family members, RBWH primarily adopts a person-centred approach with less emphasis on the familial context which is more appropriate for an adult service model. This contrast can be unfamiliar to some adolescents and their families, requiring time for the acceptance of new approaches and care models. This is particularly challenging for the adolescents with neurodiversity where change is often distressing. The disparities in care approaches and insufficient handover demonstrate the necessity to rejuvenate the professional and collaborative relationship between QCGS and RBWH Gender Service to strengthen the pathways for transitioning children and adolescents between the two services. The themes surrounding the challenges and complexities of transitioning care for young people between paediatric and adult providers of gender care is also felt by services in other parts of Queensland and is exacerbated by a limited available and willing clinical workforce to provide care and support for adolescents with diverse gender experiences.

During consultations and feedback over the course of the evaluation, consumers commented that the QCGS pathways of assessment and subsequent intervention were very comprehensive, family-centred, respectful, and caring. Consumers, and their families, discussed the following points with the panel members conducting the evaluation:

- Access to the service in terms of referral and then the long waitlist was very challenging, however once the consumer began on the assessment and intervention pathways, they felt supported and well-cared for.
- Clinicians treated consumers with respect which enabled trusting and collaborative partnerships in care.
- Consumers who accessed mental health treatment from the clinicians within the service (before the change in model in early 2023) reported it was comprehensive and supportive. The consumers commented that if they had to seek external support for mental health treatment during their QCGS journey, this would have been challenging and difficult as there were so little community mental health supports available.
- The assessment process was thorough, covering all areas of healthcare and wellbeing.

Notably, clinicians at the QCGS have reported numerous patients and their families perceive the assessment process to be exceedingly thorough, with a strong emphasis on care, clinical reasoning and analysis, albeit to the extent of being deemed too exhaustive and time-consuming. This often results in long episodes of care for children and adolescents within the QCGS, where assessment can take well over six months. However, many patients and QCGS clinicians commonly acknowledge this thoroughness as a positive attribute of the service, as it ensures the maintenance of high standards of care in accordance with established national and international guidelines for the treatment of gender dysphoria. This comprehensive and perceived long assessment process can also be attributed to the service experiencing external scrutiny and criticism. By conducting a comprehensive assessment, the QCGS aims to ensure that sound clinical decisions are made in response to these pressures and criticisms.

There was mixed feedback and discussion from clinicians external to the QCGS regarding the assessment pathways. Many clinicians within CYMHS as well as external practitioners working outside of CHQ report the pathways of care following intake are not defined and not well socialised to the wider community for clarity and understanding. This contributes to the uncertainty encountered throughout the referral and waiting phases, as clinicians find themselves unsure about what information to convey to their patients regarding their expected care pathways. Additionally, some clinicians have noted that this uncertainty deters them from referring patients, as they lack clarity on the assessment pathways, as well as the assessment tools and frameworks used by the service. Some clinicians within other CYMHS programs wondered if there was appetite for CYMHS clinicians to hold the psychosocial aspects of assessment and having the QCGS complete the medical assessment for treatment of gender dysphoria. It was however noted that CYMHS has limited capacity to take on this clinical load and may result in potential challenges with care across multiple programs.

**Clinical impression and formulation**

Clinical impression and formulation are core elements in providing high-quality, comprehensive care. Within the QCGS, clinicians integrate various factors into their decision making processes and emphasise collaboration among the individual, their family and the clinical team. The clinical impression and formulation incorporate:

- Presenting issues
- Predisposing factors
- Precipitating factors or triggers
- Perpetuating factors
- Protective factors

QCGS multidisciplinary care review meetings are held every week with all QCGS clinical team members present. Individual cases are discussed routinely every 12 months, when a new treatment plan is initiated, when a change in treatment occurs, and/or when the patient is being discharged from the service. These care review meetings encourage clinical reflection, sound and consistent clinical reasoning within established care guidelines, and facilitate all team members to be involved in decision making about next steps in an individual's care pathway. Notably, the psychiatrists within the service are present which offers an opportunity for all cases to have psychiatric oversight as part of forming the clinical impression and determining next steps for care.

The QCGS aligns the structure and purpose of the multidisciplinary care review meetings to the *Complex Integrated Care Meeting within CYMHS* Procedure, outlining best practice by involving internal and external stakeholders within the multidisciplinary care reviews to assist with clinical impression and formulation and determine future care plans. There was however consistent feedback to the panel during the evaluation that this does not frequently occur. Other CYMHS clinicians, private psychologists, paediatricians, GPs and psychiatrists indicated there is inconsistent communication from the QCGS to facilitate attendance at these meetings and ensure collaboration on shared care and joint formulation.

Clinicians within other CYMHS programs and external referring practitioners reported:

- Limited collaboration and communication for shared-care cases between providers which results in relying on the young person or family members to share clinical information which can be unreliable.
- Providers feeling that the QCGS has not acknowledged their expertise and treatment history for the child or young person's mental health care and is making decisions about gender treatment without all the information available.
- Communication received from the QCGS provides limited insight into goal setting or the direction that the pathway of care is heading.
- Avenues for feedback about past patients are limited which contributes to some private providers being unclear about the long-term outcomes of children and adolescents accessing the QCGS.

- Feelings from CYMHS clinicians who have shared care with the QCGS that they are communicating with a separate medical service rather than one within their own division.
- Parents and patients report frustration in poor clinical collaboration and often needing to repeat background histories or updated care information to multiple providers.

Due to the difficulties encountered in collaborating on clinical impressions and formulations, numerous providers find themselves uncertain about the assessment and intervention routes for children and adolescents accessing the QCGS. The viewpoints of several CYMHS programs suggest that these challenges with clinical formulation provoke inquiries about the clinic's governance.

### Intervention

Interventions are individualised for each child and adolescent and are drawn from evidence-informed therapeutic modalities to suit the individual and family's mental health, gender health and systemic needs. Some children and adolescents desire gender affirming medical care, such as puberty blockers and gender affirming hormones, however not all individuals require medical intervention, and exploration of other interventions to affirm the child or adolescent's gender become the focus.

The interventions the QCGS provides may include:

- Education and advocacy on gender diversity
- Risk assessment and crisis interventions
- Care coordination
- Support with social transition
- Information about safe chest binding and tucking
- Hormone therapy including puberty blockers and gender affirming therapy

Since the introduction of the new service model in January 2023, the QCGS no longer provides routine treatment for mental health conditions and instead supports the child or adolescent and their family to access external mental health providers for mental health treatment. This change in service model has resulted in positive reductions to the waitlist, however, has likely contributed to the challenges in clinical collaboration and shared care between QCGS and external clinicians. Directing consumers to seek mental health intervention outside of the QCGS poses a challenge for those in regional and rural areas where such support is limited. Many local CYMHS services are already operating at full capacity, and private providers specialising in child and adolescent mental health are both scarce and costly. This presents a significant barrier for many individuals who live in regional and rural areas in Queensland.

### Education and advocacy on gender diversity and support with social transition including chest binding

Education, advocacy and providing guidance and support for children, adolescents and their families is a significant aspect of intervention that the QCGS provides for all individuals. In many cases, individuals are seeking guidance for information about diverse gender experiences and rely on the provision of accurate and reliable written, verbal and online resources provided by the clinicians with expertise and experience to avoid misinformation. The education provided by the clinicians within the QCGS focuses on providing information about gender affirming care, the role of the QCGS, and support services that are available in the community. This is key to ensuring the children, adolescents and their families are aware and understand diverse gender experiences and feel empowered and validated in their experiences to advocate for their rights.

Supporting children and adolescents is in alignment with the current clinical guidelines. The QCGS provides guidance on social transition to patients as part of the assessment and intervention process and will discuss the progression of the young person's social transition in the context of planning any gender affirming interventions. This may include advice and support for using preferred names and pronouns within environments such as peer environments, schools, workplaces, and in the community, as well as appearance changes (clothing, hairstyles) and facilitating the use of services and amenities across genders (bathrooms, changing facilities). Some adolescents seek guidance and support on safe practices of breast binding or breast padding to assist in masculinising or feminising the appearance of one's chest. The QCGS provides advice on safe practices for chest binding and genital tucking to support a young person's gender expression and ensuring the adolescent receives accurate and reliable information about the benefits and risks. For children and adolescents, changes to their appearance can occur at any age and are ways a person can outwardly express themselves in a gender role consistent with their identity and can support optimum mental health. Many consumers are grateful for this evidence-informed guidance and find the education and advocacy essential for raising awareness and promoting understanding for themselves as well as their families, peers and social supports in the community.

### Risk assessment, crisis interventions and care coordination

Some individuals accessing the QCGS are assessed as more suitable for ongoing mental health risk assessments, crisis interventions and support with care coordination. These individuals may come from backgrounds of vulnerability and complex mental health issues such as trauma, self-harming, anxiety and depression, or have protracted medical histories requiring many stakeholders to be involved in decisions about care. There may also be an overlay of family and social complexity which requires counselling and reestablishment of supportive and therapeutic relationships. These individuals are provided with a comprehensive assessment followed by clinical formulation of an effective intervention plan, which may include referrals to other CYMHS services or escalation of care to an inpatient admission. Consultations and interviews with consumers, parents, and clinicians indicate that significant strengthening can be done in terms of facilitating better communication and collaboration between stakeholders for these individuals with complex presentations.

**Medical treatment: puberty blockers and gender affirming hormones**

Before any medical treatments are considered for children and adolescents, extensive exploration of psychological, medical, family and social issues is undertaken as part of the comprehensive assessment process. Presentation of individual cases at the multidisciplinary care review each week encourages clinical discussion and assists in the formulation of clinical impressions. If appropriate and aligned with the goals of the young person and their family, they will be referred to the doctors for consideration and assessment for gender affirming medications.

The doctors within the QCGS consider medical treatment within the context of the individuals developmental age and the information provided by the mental health practitioners as part of the comprehensive assessment stage. The mental health practitioners provide developmentally scaffolded, evidence-informed education on the risk/benefit profile of the proposed treatment and assessment of the adolescent's ability to consent to this intervention in collaboration with the doctors. The doctors will conduct clinical baseline examinations, as well as ongoing evaluation of physical changes and any potentially adverse effects in response to treatment. A key role of the doctors within the QCGS is providing information about the risks and effects on fertility in the context of medical interventions for the treatment of gender dysphoria.

As outlined in the consent forms, the doctors must discuss the following points with the child or young person and their family before consent is gained for either puberty blockers or gender affirming hormone treatment:

- The physical progression of puberty
- Types of hormones and their effects
- Effects, risks and benefits of medical interventions on reproductive organ development and feminisation or masculinisation changes
- Effects, risks and benefits of medical interventions on changes to all body systems including mental health and bone density, bone growth, and height
- Management of menstrual suppression where appropriate
- Sexual functioning, sexually transmitted diseases, contraception options and methods
- The health monitoring including physical examinations to prevent medical complications, including education about future preventative health care for sexual organs (i.e., need in future for mammograms, and the consideration of prostate health monitoring) and maintaining physical health while on medical treatment
- Future fertility potential and options including sperm salvage and egg collection and long-term storage and having discussion about the costs associated with these options
- The right to seek further consultation or second opinion
- The payment arrangements for puberty blockers with CHQ

These consent forms must be completed prior to the commencement of medication and are signed by the parent or guardian, the patient and the doctor. The doctor can refer to a fertility specialist for expert fertility consultations and/or preservation if clinically indicated or requested by the individual or their family. The uptake from consumers for expert fertility counselling is anecdotally low, and there are currently no formal pathways with external fertility specialists.

QCGS staff apply the Queensland Health Guide to Informed Consent Decision making in Healthcare (Queensland Health, 2017, p41) for the treatment of minors but has taken into consideration the determinations of several Family Court cases. The QCGS has clear information on how they determine a child's or adolescent's ability to provide consent and has also clear guidance on the steps to be followed by all clinicians when obtaining informed consent, including discussing treatment benefits, risks and side effects, as well as presenting all information in a developmentally appropriate way. The QCGS in collaboration with CHQ Legal has developed guidance on obtaining consent in circumstances where there is parental dispute, assent of an adolescent in the case of no capacity, as well as obtaining consent for children and adolescents in care of the State.

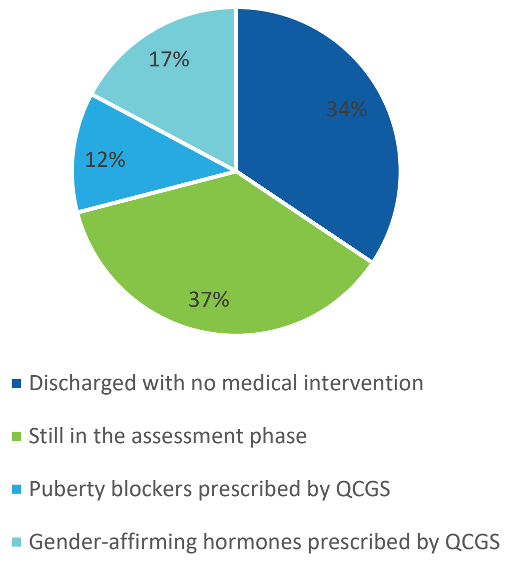
### Pathways of intervention within a small cohort of patients

For the panel to further evaluate the assessment and intervention processes of the QCGS since the introduction of the new model in 2023, a small cohort of patients was audited and their clinical care was followed over 14 months to understand the journeys of care, intervention pathways and mental health support this cohort experienced. Between February 2023 and April 2023, 93 patients were seen for an initial SST-F session, and their journeys were tracked over time to April 2024.

The demographics of the patients are as follows:

| | |
|---|---|
| Median age at referral | 13 years old |
| Median age at appointment | 14 years old |
| Median days waiting for an appointment | 450 days |

The chart below illustrates the status as of April 2024 of the children and adolescents 12 months post-initial session with the QCGS.



Following the initial intake session (SST-F) and comprehensive assessment with a senior mental health clinician, one-third of patients were able to be safely discharged back into the community with appropriate resources and information provided. Of those children and adolescents who are still in the comprehensive assessment phase or have completed assessment and have commenced treatment, 100% of them have had a mental health assessment by a senior mental health clinician. A consult with a psychiatrist within the service was deemed appropriate for 27% of the cohort who were still in assessment or had commenced treatment. This aligns with the comments and feedback provided to the panel by the psychiatrists in the service who estimated that 20 – 30% of the total caseload have an assessment with psychiatry. Following comprehensive assessment, 12% have been prescribed puberty blockers, and 17% have been prescribed gender affirming hormone treatment. Notably, 45% of the children and adolescents who had been prescribed puberty blockers were commenced on puberty blockers elsewhere (privately) but were re-assessed as part of the standard QCGS assessment pathways and were deemed appropriate to continue puberty blockers. Out of the total cohort of children and adolescents who attended an initial session between February 2023 and April 2023, the majority (71%) had not been prescribed medical treatment at least 12 months after their initial intake session. For the children and adolescents who had been prescribed puberty blocker medication, 4 were assigned male at birth, and 7 were assigned female at birth.

### Transition of care and discharge

The current service delivery framework outlines the processes for transitioning care from QCGS:

- Care for children and adolescents commenced on gender affirming hormones at QCGS will be transferred to their local GP or other preferred health provider for ongoing management.
- QCGS doctor communicates current medication regime, possible future changes, and guides ongoing health monitoring.
- Children and adolescents not prescribed gender affirming hormones at QCGS will be discharged from the service and a letter will be addressed to their referring doctor, community-based mental health provider and/or any other relevant health care providers.

Throughout Queensland, the accessibility of providers capable of offering ongoing management for the medical treatment of gender dysphoria is inconsistent and limited. Although consumers in Southeast Queensland have relatively more choices with local gender affirming GPs, such resources are scarce in regional and rural areas of the state. The increasing stigma within healthcare communities and the differing opinions surrounding the treatment of gender dysphoria in children and adolescents have led to a lack of community-based providers to assist consumers following discharge from the QCGS. Consequently, this impedes the flow through the clinic and ultimately affects waiting times at the referral stage. Clinicians providing care for people with diverse gender experiences within sexual health services in regional areas of Queensland discussed with the panel the challenges of building capacity and professional networks of gender affirming healthcare providers within their local communities. These clinicians were supportive of a robust and established statewide networked service delivery model for the provision of treatment of gender dysphoria to enable the expansion of providers in both the mental health intervention as well as gender affirming medical interventions. A key factor in the delivery of a statewide model would be the top-down approach to governance, coming from within the establishment of a governance committee with central coordination from the Department of Health and membership spanning across representatives from regional and rural health services, including mental health, sexual health and private sector clinicians.

## QCGS service delivery framework recommendations

| Recommendation number | Recommendation |
|---|---|
| 4 | CHQ to introduce an immediate staffing increase across medical, nursing, allied health, and administration within the QCGS to meet urgent clinical needs within the waitlist and allow key personnel to better support the immediate need of the patients and families. |
| 8 | CHQ to increase staffing resources to meet the long-term need to support the clinical demand and the larger strategic and operational responsibilities of the service as part of the statewide network for gender care: |

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|---|---|
| | a) Increase medical staff resourcing to meet clinical needs, as well as contribute to the strategic planning for the service, provide education and training, contribute to research, and quality improvement activities.<br>b) Increase staff resourcing in allied health and nursing to provide more capacity to conduct and provide mental health assessment and treatment, and to support education, training, and research.<br>c) Increase administrative resource to facilitate referral and waitlist management, bookings and scheduling, and provide support to implement the logistics of the statewide networked service.<br>d) Provide resources to support the collection, auditing, analysis and reporting of data pertaining to clinical outcomes as required for quality improvement and research purposes.<br>e) Introduce peer support workers and family support workers into the QCGS and for the future statewide network. |
| 9 | Queensland Health to invest in community organisations (NGOs) to facilitate an increase in specific and tailored community family and youth support for individuals with diverse gender experiences. This investment will strengthen partnerships with the QCGS and provide further comprehensive support for individuals and their families accessing gender services. |
| 14 | QCGS implement specific measures to manage the waitlist and ensure the service is meeting current Queensland Health guidelines for duty of care of patients waiting for services, ensuring patients, families and referrers feel informed:<br>a) Provide more intake and assessment sessions through increased staffing to address the immediate clinical need.<br>b) Provide additional support to the patients waiting for services such as links with appropriate NGOs, peer and family support, and accessible community education resources.<br>c) Further development of a prioritisation system within the QCGS waitlist, and actioning and sharing information regarding changes to the patient's condition with the referring practitioner during the wait time. |

In summary, the panel found an effective clinical care pathway from referral through to discharge that meets national and international guidelines for the care and treatment of children and adolescents with diverse gender experiences. The clinical assessment pathways were aligned with current national and international standards of care, and the governance documents and consent forms were deemed suitable and appropriate for their intended use in the QCGS. Improvements were recognised by the panel during the referral, waiting, clinical impression and formulation, and transition of care stages. In 2022 the QCGS provided clinical services to 922 children and adolescents, and in 2023, the QCGS provided clinical services to 899 children and adolescents. To address the urgent need for more capacity and availability of clinicians to see patients off the waitlist, staffing levels must be increased imminently. This increase in staffing is essential to reduce wait times, improve access to care, enhance clinical communication between the QCGS, consumers and referring practitioners, and to ensure that patients receive timely and effective treatment.

The panel recommends an immediate boost in clinical and administrative staffing is distributed across medical, nursing, allied health and administration and should be more than the FTE that the service originally proposed in November 2022 (Model 2), to account for reduction in staff due to increasing leave, resignations, and turnover. The panel also recommends this staffing increase continue into the long-term future of the service, to meet and manage the clinical need, contribute more to non-clinical activities and strategic planning. This should include providing peer and family support workers, as well as resourcing specifically for auditing and research. The panel recommends engaging in formal partnerships with NGOs to facilitate the inclusion of peer and family workers into the service, which is supported by the clinical guidelines. The NGOs can also contribute to the education and support to the consumers waiting for access to the service. A combination of these efforts will ensure the waitlist can be managed appropriately, which is a key recommendation from the panel and a priority for the service.

| Recommendation number | Recommendation |
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| 15 | CHQ develops a joint protocol for service transition between children's gender services and adult gender services, including QCGS and RBWH Adult Gender Service:<br>a) Take guidance from the existing transition protocols and frameworks within Queensland Health to support the development of a protocol specific to the context of gender health care during adolescence. This will ensure adolescents undergoing treatment will have a planned and appropriately timed handover and are not transitioning to another service during a critical time in their gender health care journey. |

The panel identified disparities in care approaches and the inconsistent handover and clinical transitions between children's gender services and adult gender services. This was particularly evident between the QCGS and RBWH Gender Service and underscores the urgent need to rejuvenate the professional and collaborative relationship between these two entities. The panel recommends addressing these issues to enhancing the pathways for transitioning children and adolescents between paediatric services and adult services. Strengthening this relationship will ensure that care is consistent, seamless, and responsive to the needs of young people, which is well described and outlined in service transition protocols and frameworks developed by Queensland Health. By improving communication and coordination, both services can work together more effectively, providing comprehensive and continuous support during critical periods of transition for children and adolescents. While this collaborative effort is required at a local level in Brisbane, the processes and networks between paediatric and adult gender services must be considered when developing the statewide networked gender service.

| Recommendation number | Recommendation |
|---|---|
| 16 | QCGS to ensure it is meeting CHQ requirements for formal clinical correspondence between clinicians providing care in outpatient departments and external stakeholders, including referring practitioners. This correspondence should occur regularly and be suitable for the evolving phases of patient care within the QCGS. |
| 17 | QCGS must ensure its processes of clinical formulation and collaboration, and frequency of conducting care reviews, aligns with CYMHS documentation within the *CYMHS Care Review* Procedure and the *Complex Integrated Care Meeting within CYMHS* Procedure:<br>a) This will address the challenges highlighted by external providers in regard to clinical collaboration and joint formulation within the triage, assessment and treatment processes within the QCGS. |
| 19 | CHQ to allocate additional resources to enhance the education portfolio within the QCGS, focusing on professional, clinical, and community education (this could be part of the enhanced clinical team):<br>a) Plan, co-design and implement a community education package that is easily accessible and readily available to interested organisations, other professionals, consumers, support groups, and the general public about gender diversity. Incorporate explanations of the purpose and operations of the QCGS into this education, aiming to increase understanding of the clinical support and pathways to care offered to children and adolescents seeking treatment for gender dysphoria across the state. This education should be shared with all consumers on |

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| | the waitlist to reduce anxiety and distress during this time.<br>i. Seek and utilise opportunities to co-design this education package with engaged and appropriate NGO (Non-Government Organisations) community partners as well as consumers and families to ensure it is consumer-friendly, relevant and appropriate.<br>b) Ensure information about referral criteria, clinical care pathways for different cohorts, and informed consent processes is easily available in appropriate formats.<br>c) Strengthen the QCGS education, training and orientation programs available to clinicians within CHQ and other HHSs. Collaborate with professional organisations and colleges to broaden the reach and improve the delivery of this education and training, with the potential to share this education across the state. |

Although the current QCGS service delivery model is recognised as individualised and not every option can be exhaustively presented within service model documents, the panel required significant clarity from the service to understand the clinical care pathways. This challenge was also frequently shared by clinicians in CYMHS and the community, resulting in frequent requests of the QCGS for further information about service delivery. The panel recommends the clinical care pathways summarised above be refined and shared widely both internally and externally to CHQ, to facilitate better clarity, communication and understanding of the clinical service. It is recommended this forms part of an education package to be accessed by CHQ staff, consumers, external clinicians and community groups. There was significant feedback during the consultations and interview from external providers and referring practitioners that the clinical correspondence and communication from the QCGS was limited, which created uncertainty and confusion about the assessment and potential treatment pathways children and adolescents were accessing, without key stakeholder contribution. To strengthen the communication and collaboration with external providers and address the feedback provided, the panel recommends QCGS adheres to CHQ requirements for clinical correspondence and communication processes for outpatient clinics, as well as the requirements within the Queensland Health Specialist Outpatient Services Implementation Standard. This Standard describes at a minimum the communication between the referring practitioner and the specialist service:

- Following the initial appointment
- At regular intervals in the patient’s course of treatment
- Where there is significant change in the patient’s condition, or the treatment being provided
- At transfer of care following completion of the single course of treatment to the referring practitioners and nominated GPs

Similarly, the clinicians in other CYMHS programs commented that the QCGS had differing processes for clinical collaboration which often made shared care disjointed and impacted continuity between providers. QCGS, as a CYMHS service, must ensure their processes and frequency of conducting care reviews, aligns with the documents outlined in the draft model of care and with overarching governance documents for CYMHS, i.e., the *CYMHS Care Review* Procedure and the *Complex Integrated Care Meeting within CYMHS* Procedure. The *CYMHS Care Review* Procedure and the *Complex Integrated Care Meeting within CYMHS* Procedure provide clear practices and principles outlining the purpose, goals, stakeholders, communication, and frequency of care reviews within CYMHS, however the QCGS does not consistently apply these processes.

| Recommendation number | Recommendation |
|---|---|
| 18 | QCGS to ensure consumers can access specialist fertility counselling as seamlessly as possible:<br>a) Identify an existing clinician within the QCGS who has extended knowledge of the risks and long-term fertility implications of medical treatment, and ensure this consultation is offered and accessible to all consumers and their families as part of the standard clinical assessment and intervention pathway.<br>b) Establish formal gynaecology and fertility preservation pathways with external providers through Memorandums of Understanding and consistently offer this appropriate expert counselling for fertility issues. The external providers must have capabilities to attend the QCGS and/or provide telehealth options for consumers in regional and rural Queensland. |

The panel has recognised that while the service currently meets the guidelines around fertility education and explanation of long-term implications following commencement of gender affirming hormones, the provision of expert fertility advice and consultation could be strengthened. One way to achieve this is by identifying a current staff member who possesses extended expertise in fertility advice and can provide consultation to consumers and their families. This will ensure that expert fertility advice is offered and easily accessible for all consumers and becomes a standard part of the intervention pathway for medical treatment. To further enhance this service, the panel suggests developing formal referral pathways to external fertility consultants to facilitate seamless access to specialist fertility counselling with, for example, gynaecologists. This could be accomplished through the establishment of Memorandums of Understanding with reputable external fertility experts or clinics. By doing so, the service can ensure that consumers have access to comprehensive fertility advice and support, leveraging the expertise of both internal and external specialists. Offering this pathway to all consumers would ensure that everyone can receive specialised fertility consultation, thereby enhancing the overall quality of care. This integrated approach would not only strengthen the provision of fertility advice within the service but also improve patient outcomes by providing a more holistic and informed treatment pathway.

## Measurement, quality improvement and research

Patient safety measurement, quality improvement and research focuses on preventing harm and improving the child and family experience. At CHQ, the divisional and clinical leadership teams are responsible for providing support and monitoring performance against key performance indicators. The QCGS collects comprehensive monthly data pertaining to patient safety and quality indicators, activity, financial variance, and workforce with relevant indicators reported and escalated as appropriate to service leads and divisional leads. Clinical incidents, serious complaints, monitoring of the waitlist, and clinical audits is all captured by the service and reported and managed appropriately. Since January 2021, the activity within the service has been constant, with the total occasions of service averaging over 280 occasions of service each month (Figure 11). Since July 2023, the occasions of service have started to decline in line with a slight decrease in referral rate as well as a decrease in available workforce to provide clinical services, to 230 occasions of service each month. In terms of workforce, information provided to the panel by the QCGS indicates that over the last three years sick leave rates have increased, as reported earlier in the context of the service not meeting projected waitlist targets due to emergent workforce leave. Anecdotally, some of the increase in sick leave can be attributed to staff burn out and stress. Fortunately, initiatives to encourage the workforce to take annual leave have successfully reduced some excessive leave balances.

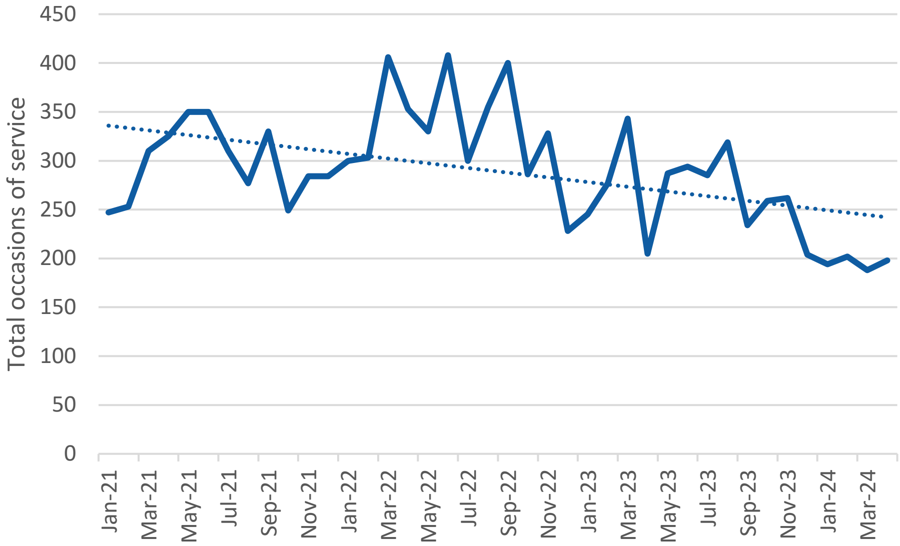

*Figure 11 Total occasions of service provided by the QCGS between January 2021 and April 2024.*

Key features of the quality improvement portfolio within the QCGS are the focus on provision of education to clinicians, healthcare providers, consumers and communities, and improving the measurement and understanding of the long-term outcomes of treatment of gender dysphoria in children and adolescents. Educational projects have been planned, designed and implemented by the service over the past few years, including but not limited to:

- Project ECHO series aimed at partnering with GPs to discuss the management of care for children and adolescents with diverse gender experience with the goal to increase the knowledge and confidence in managing the physical and mental health care of children and adolescents in primary care.
- Youth Mental Health First Aid program aimed at equipping parents of LGBTQI+ adolescents with core mental health first aid skills to increase their ability to protect and support the wellbeing of their children and adolescents and support the work of the community mental health providers such as CYMHS and QCGS.
- Statewide Ed-LinQ Workforce Development Program delivered to education providers as well as mental health clinicians on optimising the mental health outcomes in children and adolescents with diverse gender experiences.

The commitment to better understanding the long-term outcomes of children and adolescents accessing treatment for gender dysphoria has been unwavering from the QCGS for many years. The Gender Mapping Study (GEMS Study) the QCGS is currently conducting is a prospective study of children and adolescents presenting at the QCGS for with diverse gender experiences, however data from this study was not available at the time of the evaluation. The study aims to characterise the children and adolescents referred and will report on their psychosocial wellbeing and medical treatment delivered within the service, using internationally recognised psychometric measures. This research will develop a database of children and adolescents attending the QCGS and establish the service as a national and international centre of excellence where research is embedded in everyday clinical care.

The QCGS is a participating institution of the Australian Research Consortium for Transgender Youth and Children (ARCTYC), established in 2022 and led by the Murdoch Children's Research Institute. The ARCTYC recognises the need to build research capacity amongst gender clinics across Australia to address gaps in knowledge, especially with regards to the long-term outcomes of medical and mental health interventions for gender diverse children and adolescents. In 2024, ARCTYC received a grant application from the Medical Research Future Fund (MRFF) to co-design and co-deliver research with consumers that provides a stronger evidence base to inform the care of treatment for gender dysphoria in children and adolescents.

The grant aims to specifically:

- Evaluate the safety and effectiveness of hormonal intervention by harmonising state-based clinical registries of trans adolescents, making it the largest dataset worldwide.
    - The QCGS GEMS Study will be a key contributing dataset to this collection of registries.

- Collect new data regarding the longer-term consequences of hormonal interventions on neurocognition, sexual health and wellbeing.
- Test novel non-medical treatment programs that target key drivers of poor mental and physical health in children and adolescents of diverse gender experience.
- Compare the effectiveness, acceptability and equity of different models of clinical care for trans children and adolescents including those with intersectional needs and identities.

ARCTYC has been awarded funds to conduct this project to establish a stronger evidence base and transform health care for trans children and adolescents and ultimately improve their mental health and physical health not only in Australia but worldwide.

## Measurement, quality improvement and research recommendations

| Recommendation number | Recommendation |
|---|---|
| 20 | QCGS to strengthen the analytic and clinical auditing strategies and capabilities of the service:<br>a) Appropriate resources are provided by CHQ to implement contemporary systems and processes to enhance clinical auditing capabilities, data collection, analysis, and reporting.<br>b) Formalise collection of clinical outcomes measures inclusive of pre- and post-intervention measures.<br>c) Develop and align with an existing capability to develop a system to monitor long-term outcomes. |

The panel has identified a need for CHQ to provide research and auditing resources to support research initiatives and ensure the QCGS data is robust and well-managed, given the importance of QCGS's contribution to the significant MRFF funding grant. By establishing dedicated research and auditing resourcing, the QCGS can allocate resources and expertise specifically towards maintaining the quality and integrity of QCGS data. These positions would involve skilled professionals adept at data collection, analysis, and interpretation, as well as ensuring compliance with ethical standards and regulatory requirements. Moreover, robust and well-managed data from the QCGS not only strengthens the service's research capabilities but also enhances its reputation as a leader in research on gender diversity. This, in turn, can attract further funding opportunities, foster collaborations with other clinicians and research institutions, improve clinical governance and ultimately contribute to advancements in the field and enhance the reputation of the QCGS within the cultural landscape of political and social criticism for children and adolescents with diverse gender experiences.

## Risk management

CHQ maintains a systematic approach to risk management as part of integrated governance, to create, protect, value and support the delivery of quality and reliable care. The Governance and Risk Unit works in collaboration with the accountable and responsible officers to scan the environment (internal and external) to identify, describe and document risk information. Risks are analysed by understanding what is controlling the risk, any gaps or limitations and the severity of the consequences and likelihood if it were to occur, to determine the current risk rating, before an evaluation is made on the most appropriate response to the risk.

In May 2022, a risk was added to the CYMHS risk register detailing that the QCGS may be unable to accept new referrals or reduce waitlists without a sustainable service model which may compromise patient safety and redirect presentations to emergency departments and inpatient units.

The controls for the risk were outlined:

- Implementation of a number of efficiency measures and model of care changes to improve patient flow included virtual care models, primary care capacity building, piloting a Saturday clinic, appointment of a Sexual Health Physician and an agreement from RBWH Adult Gender Service to accept new referrals for 17-year-olds.
- Waitlist intervention projects to support better risk assessment and referral of patients.
- Focusing on statewide workforce capacity building.
- Delivering of education and training through Project ECHO and EdLinQ programs.
- Collaborating with individual HHSs and primary health networks to develop care pathways and provide education.
- Liaison and collaboration with key non-government organisations for consumer support pathways.

The risk was rated as high, with a management action plan proposed and oversight by the Divisional Director of CYMHS and the CYMHS Quality and Safety Committee. The current management actions include the allocation of funding to the QCGS budget as recurrent funds, and any workforce positions within this allocation that are temporary being converted to permanent positions. The referrals and waitlist activity are monitored monthly with issues regarding transition to adult services escalated with Executive support. The recommendations arising from this QCGS evaluation will support model of care changes for sustainable services.

In September 2023, a risk pertaining to the societal perceptions and views towards gender affirming care for children and adolescents which may impact CHQ's reputation and that of the QCGS was added to the organisational risk register. This addition reflects the heightened media attention and scrutiny surrounding gender services resulting in an increased risk of reputational damage to the entire organisation if misinformation is exacerbated.

The controls for the risk included:

- Monitoring social and printed media and respond with balanced views.
- Provide expert clinical opinion and commentary as requested and appropriate.
- Provide psychosocial patient and family supports as part of the standard pathway of care.
- Co-create treatment plans with the young person, their parents and guardians and QCGS clinicians to reduce gender dysphoria, ameliorate harms related to bullying and discrimination, and address psychological distress where present to improve long-term health and wellbeing outcomes.

This risk is currently rated as high with a management action plan proposed and oversight provided by the Executive Director of Clinical Services and the Executive Leadership Team. The management action plans describe strengthening the governance of evidence based guidelines as well as enhancing partnerships with the aid of Clinical Excellence Queensland Mental Health Alcohol and Other Drugs Branch. The external evaluation serves as a documented key control in this management plan, highlighting the critical importance of addressing these issues proactively to mitigate potentially adverse outcomes.

The panel supports the current management plan of these risks and provides recommendations in terms of strengthening governance and developing statewide networks as methods to successfully manage these risks. The panel anticipates that the recommendations from this evaluation will form further action plans for the QCGS with reporting processes identified in terms of timelines and accountable officers to implement the recommendations successfully.

## Clinical incident management

A clinical incident is a healthcare event or circumstance which could have resulted or did result in unintended harm to a patient. The CHQ system of clinical incident management ultimately aims to reduce preventable harm and improve the child and family experience. Each clinical incident is recorded within the clinical incident management program, RiskMan, and assigned a classification category as well as a severity assessment code (SAC) by the clinician reporting the incident.

Severity assessment codes range in severity from level 1 – level 4:

- SAC 1: death or likely permanent harm which is not reasonably expected as an outcome of healthcare
- SAC 2: temporary harm which is not reasonably expected as an outcome of healthcare
- SAC 3: minimal or no harm which is not reasonably expected as an outcome of healthcare
- SAC 4: no harm, or near miss event

Between 2018 and 2023, there were 28 clinical incidents recorded by the QCGS (Figure 12). All clinical incidents were recorded as either a level 3 or 4. Since the commencement of the QCGS in 2017, there has been no reported instances of temporary or permanent harm. While there are clinical risks associated with the long waitlist, the service provides the following measures to protect the safety of consumers while they wait:

- Dedicated clinician able to answer phone calls and provide support and guidance to consumers.
- Provision of information about community-based groups and organisations to consumers that can support their mental health.
- Redirection of escalating mental health issues back to the GP, referring practitioner, existing community supports, or other CYMHS programs if the consumer is known to these services.

The panel is satisfied that the management and reporting of clinical incidents within the QCGS at CHQ is reliable and robust. The panel supports the measures the QCGS has put in place, acknowledging the increased risk of consumers on the waitlist for services, however recognises that more needs to be done to manage this effectively and reduce the risk in a more sustainable way.

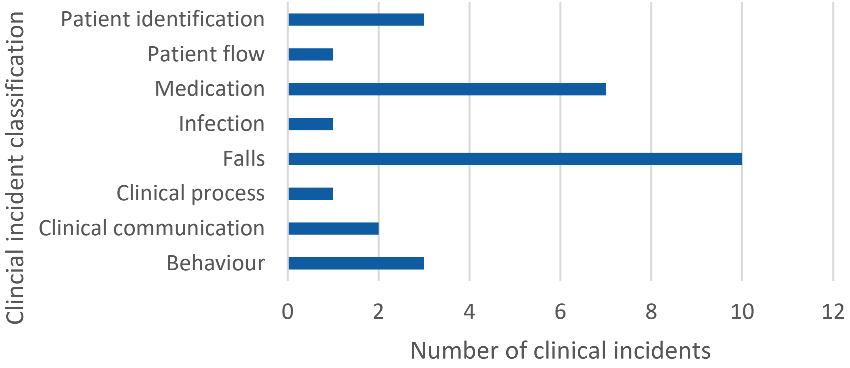

*Figure 12 Clinical incidents recorded between 2018 and 2023 for the QCGS.*

## Feedback and complaints management

CHQ has an established framework that supports an ethical, accessible, and comprehensive consumer feedback management process and enables staff to address, manage and resolve complaints in an effective and timely manner. Consumers and their families are invited to provide their thoughts and feedback relating to the clinical care provided by CHQ to the Patient Experience Team. The Patient Experience Team accepts all feedback across services, both compliments and complaints, and shares this with the identified service. Consumer complaints and compliments support a continuous improvement culture and provide indicators for consumer satisfaction and engagement.

Figure 13 demonstrates the trend in complaints between 2021 and 2023. While the volume of complaints for the service grew substantially in 2023, the trend across the theme of the complaints indicates further challenges with access and timing and the model of treatment provided.

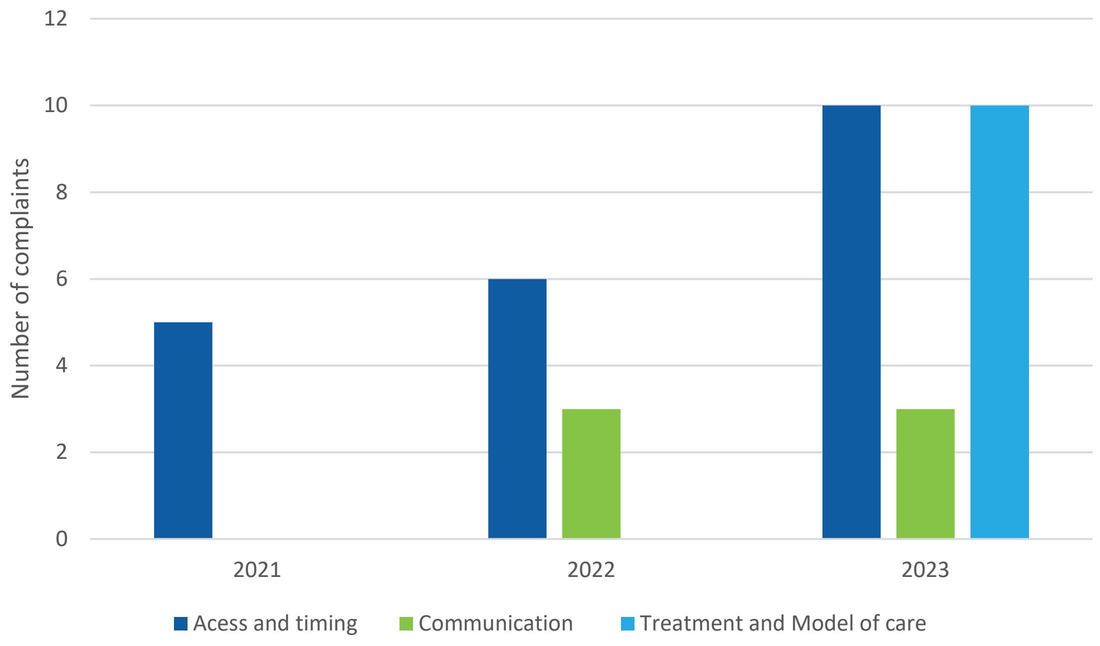

*Figure 13 Complaints received from consumers and parent/families about the QCGS between 2021 and 2023.*

Managing patients on the waitlist poses a significant challenge, evident from numerous complaints concerning access and timing. Many patients surpass their recommended waiting times significantly, yet they receive minimal information regarding more realistic appointment timelines, leading to heightened anxiety among them and their families. Parents, in particular, express concerns about their child’s well-being and mental health, which subsequently manifest in challenges such as school refusal, social isolation, bullying and increased self-harming behaviours among the young patients. Consistently, parents and family members emphasise the need for more information and safeguarding measures during the waiting period, enabling families to access appropriate external community supports and ensure the welfare and well-being of their children and adolescents while waiting for services.

Concerns regarding clinical communication within the clinic primarily revolve around the exchange of treatment plans among key stakeholders, including both parents, the patient, and private providers. Some complaints involve parents suggesting that care coordination be centralised under one designated QCGS contact person for the family. This staff member would assist in scheduling appointments and provide clarity on the patient's clinical pathway. Additionally, there is a suggestion that having a single point of contact would facilitate better communication between private providers and the clinic regarding the child's care. During

2023, there was an increase in complaints regarding the treatment and care model of the gender service, coinciding with heightened media and public scrutiny surrounding the treatment of gender dysphoria. Some of these complaints were lodged by medical or mental health professionals within the community, as well as concerned members of the public. They expressed specific concerns about gender care practices both nationally and internationally, advocating for changes in treatment models and care ideologies, rather than concerns pertaining to the clinical care provided by the QCGS to an individual child or adolescent.

Patient Reported Experience Measures (PREMs) are used for patients, parents and carers to share their experience about their and their child's recent healthcare experience via an online survey. Results of this reflect the themes within consumer complaints.

In 2022 and 2023, positive feedback about the QCGS shared by patients, parents and carers included:

- Family was treated with respect and listened to everything they reported.
- The staff were polite, caring and child-friendly.
- Clinicians were knowledgeable and shared helpful, reassuring advice for the future which made consumers feel comfortable sharing information about themselves.
- The QCGS had gone above and beyond in supporting children and adolescents through the process of seeking treatment for gender dysphoria.
- The treatment plan was suitable, appropriate and person-centred.

In 2022 and 2023, there was some negative feedback shared about the QCGS shared by patients, parents and carers, largely focused on the wait for the service:

- The waitlist was too long and challenging to access external supports during this time.
- It was difficult to get a referral for the service due to local GPs being unfamiliar with children and adolescents with diverse gender experiences.
- Significant anxiety and distress experienced by patients as they waited for access to the service.

## Feedback and complaints recommendations

| Recommendation number | Recommendation |
|---|---|
| 4 | CHQ to introduce an immediate staffing increase across medical, nursing, allied health, and administration within the QCGS to meet urgent clinical needs within the waitlist and allow key personnel to better support the immediate need of the patients and families. |
| 8 | CHQ to increase staffing resources to meet the long-term need to support the clinical demand and the larger strategic |

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| | and operational responsibilities of the service as part of the statewide network for gender care:<br>a) Increase medical staff resourcing to meet clinical needs, as well as contribute to the strategic planning for the service, provide education and training, contribute to research, and quality improvement activities.<br>b) Increase staff resourcing in allied health and nursing to provide more capacity to conduct and provide mental health assessment and treatment, and to support education, training, and research.<br>c) Increase administrative resource to facilitate referral and waitlist management, bookings and scheduling, and provide support to implement the logistics of the statewide networked service.<br>d) Provide resources to support the collection, auditing, analysis and reporting of data pertaining to clinical outcomes as required for quality improvement and research purposes.<br>e) Introduce peer support workers and family support workers into the QCGS and for the future statewide network. |
| 9 | Queensland Health to invest in community organisations (NGOs) to facilitate an increase in specific and tailored community family and youth support for individuals with diverse gender experiences. This investment will strengthen partnerships with the QCGS and provide further comprehensive support for individuals and their families accessing gender services. |
| 14 | QCGS implement specific measures to manage the waitlist and ensure the service is meeting current Queensland Health guidelines for duty of care of patients waiting for services, ensuring patients, families and referrers feel informed:<br>a) Provide more intake and assessment sessions through increased staffing to address the immediate clinical need.<br>b) Provide additional support to the patients waiting for services such as links with appropriate NGOs, peer and family support, and accessible community education resources.<br>c) Further development of a prioritisation system within the QCGS waitlist, and actioning and sharing information regarding changes to the patient's |

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| | condition with the referring practitioner during the wait time. |
| 19 | CHQ to allocate additional resources to enhance the education portfolio within the QCGS, focusing on professional, clinical, and community education (this could be part of the enhanced clinical team):<br>a) Plan, co-design and implement a community education package that is easily accessible and readily available to interested organisations, other professionals, consumers, support groups, and the general public about gender diversity. Incorporate explanations of the purpose and operations of the QCGS into this education, aiming to increase understanding of the clinical support and pathways to care offered to children and adolescents seeking treatment for gender dysphoria across the state. This education should be shared with all consumers on the waitlist to reduce anxiety and distress during this time.<br>i. Seek and utilise opportunities to co-design this education package with engaged and appropriate NGO (Non-Government Organisations) community partners as well as consumers and families to ensure it is consumer-friendly, relevant and appropriate.<br>b) Ensure information about referral criteria, clinical care pathways for different cohorts, and informed consent processes is easily available in appropriate formats.<br>c) Strengthen the QCGS education, training and orientation programs available to clinicians within CHQ and other HHSs. Collaborate with professional organisations and colleges to broaden the reach and improve the delivery of this education and training, with the potential to share this education across the state. |

Given the main theme of feedback from consumers and their families is around accessing the service, the panel recommends efforts to improve the management of waitlists and streamline access to care as essential to enhance patient satisfaction and overall service effectiveness. Methods of achieving this can be reached through immediate increases in staffing within the clinic, as well as investing in medium-term staffing resources to support ongoing clinical need and partnering with NGOs to introduce peer and family workers as well as support within the community.

## Consideration of diversity and high-risk groups in care planning

In the development of the new model of service delivery in January 2023, the QCGS identified methods to ensure the needs of diverse and high-risk groups are considered in care planning, informed by CHQ Aboriginal and Torres Strait Islander Health Equity Strategy 2022 – 2025 and the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017 – 2023. Clinicians at QCGS are supported by the Aboriginal and Torres Strait Islander Health Workers, including CHQ Indigenous Health Liaison Officers (IHLO) to ensure the mental health assessment, clinical formulation and intervention for a young person is culturally informed and includes the role and healing power of culture and spirituality. The QCGS also engages with First Nations communities to gather important information on events or emergent issues impacting the community in which the child or their family lives. This ensures the service can provide community-level support to implement recommendations of an assessment or care plan for an individual through respectful relationships and cultural accountability.

During the consultations with consumers as well as staff at CHQ, the following was reported:

- Good connections between the local Aboriginal and Torres Strait Islander community health centres and QCGS, with referring practitioners understanding referral pathways which ensures accessing support for diverse experiences in gender is available for their children and adolescents.
- Inconsistent offers by the QCGS of IHLO to support consumers through appointments and the gender service journey. One consumer reported they were offered support from IHLO, however it was too late in the clinical journey for it to be considered worthwhile.
- The IHLO service reported they would like to become more involved to establish clear pathways of support for children and adolescents from the beginning of the treatment journey rather than this service being offered further along in the assessment, clinical formulation or intervention stages.
- The IHLO recognised the gap in service provided to children and adolescents with cultural needs during the waiting time in terms of appropriate resources to be shared and linkages with community support groups.
- An Aboriginal and Torres Strait Islander Health Worker with lived experience as a transgender person is needed. Consumers recognise the need to feel safe and accepted by their community during their treatment journey and Aboriginal and Torres Strait Islander Health Workers acknowledge the power of lived experience in supporting adolescents on this journey.
- Consumers expressed the need for a designated contact person within the clinic to facilitate care coordination and clarify expectations regarding the patient journey pathways, and for this person to be made easily accessible to contact for adolescents and families between appointments. Currently, the only contact person is the generic administration phone line for the adolescents and their families.

- The Aboriginal and Torres Strait Islander artwork within the QCH was well-received and made consumers feel safe, confident and comfortable to access treatment for gender dysphoria at QCH.
- The QCGS's resources occasionally aligned with cultural considerations, however there is room for enhancing the overall suitability and accessibility of educational materials for children and adolescents of various ages.

QCGS also supports children, adolescents and families from culturally and linguistically diverse (CALD) backgrounds by providing equitable access to culturally safe specialist gender health care. Culturally informed assessment with people from diverse backgrounds, including migrant, refugee and/or asylum-seeking backgrounds, is supported by specialist advice and input from CYMHS Multicultural Mental Health clinicians and professional interpreters where needed.

QCGS supports the cultural and linguistic needs of adolescents through the following strategies:

- Identifying diverse backgrounds and arranging for CYMHS Multicultural Mental Health clinician to attend appointments and conduct assessments.
- Incorporating culture identity into the assessment process to gather information about how culture plays a role in how children and adolescents view themselves, both physically and emotionally.
- Applying principles of health literacy to ensure written information is provided that meets the needs of both the child or adolescent as well as their family, which can often be different in terms of the use and understanding of primary and secondary languages.
- Communicating in various modes to ensure the young person and their family feels the care is person-centred and individualised. For example, email, text and/or telehealth.
- Supporting children and adolescents and their families to engage in session by making accommodations for physical disabilities and neurodiversity in terms of appointment structure, physical location, provision of information in multiple formats, and allowing extra time.

In terms of pathways of clinical care, the QCGS prioritises care for children and adolescents with an Aboriginal and Torres Strait Islander background, and those children and adolescents living in out of home care with Department of Child Safety orders. The QCGS ensures referrals for children and adolescents from these backgrounds are prioritised for care within 30 days of receiving the referral.

## Consideration of diversity and high-risk groups in care planning recommendations

| Recommendation number | Recommendation |
|---|---|
| 21 | QCGS to strengthen the partnership with CHQ cultural support services to ensure consumers and their families feel their cultural, spiritual and religious needs are met throughout the clinical care pathways. |

The panel concluded children and adolescents with diverse backgrounds are supported with sufficient and appropriate strategies developed to meet the needs of the children, adolescents and their families. While the service commits to supporting the diversity of Aboriginal and Torres Strait Islander children, adolescents and their families, there remains opportunities for improvements to be made in terms of demonstrating this commitment as best practice every day. There is an opportunity for the QCGS to strengthen the partnership with CHQ's IHLO service, Aboriginal and Torres Strait Islander Health Workers and consumers to co-design care pathways, options for support, clinical resources and education. This recommendation to strengthen the partnership with diverse cultural groups will be particularly important in the development of the statewide networked service where there may be additional barriers to managing diversity and providing relevant and high-quality care for children and adolescents across Queensland.

# Medical record keeping

CHQ uses a fully integrated electronic medical record (ieMR) across the Queensland Children's Hospital, community and state-wide health services. The Consumer Integrated Mental Health and Addiction application (CIMHA) is a consumer-centric clinical information platform for all consumers accessing mental health and alcohol and other drugs services across Queensland. At CHQ, clinical information pertaining to the care at QCH, community and statewide health services is recorded in the ieMR, while the mental health treatment and care planning provided by CYMHS services is recorded in CIMHA. Health care professionals documenting in any medical record are responsible for ensuring the complete and accurate documentation of the clinical care given to enable clear communication and clinical handover amongst health professionals ensuring the patient receives safe and effective continuing care. The detail of the medical record also supports the appropriate allocation of codes for the purposes of data reporting, auditing, research, activity-based funding, and service planning.

While QCGS is a service within the Division of CYMHS, its function as an outpatient clinic at QCH requires clinicians to record clinical information in the ieMR. High-level summaries are also documented in CIMHA, however CIMHA is not the primary medical record for patients in the gender service.

Consultations and interviews with QCGS clinicians and CYMHS clinicians revealed the following:

- Inconsistent recording of clinical information on CIMHA. Some QCGS clinicians will enter high-level summaries of discussions at the weekly multidisciplinary care review, however the documentation can be brief on information.
- QCGS clinicians may not have experience with CIMHA, as it is not an intuitive platform. Navigating mental health clinical documents can be challenging for those unfamiliar with mental health frameworks or documentation guidelines, especially for clinicians not working within CYMHS.
- CYMHS clinicians have inconsistent access to ieMR and varying levels of proficiency in navigating it, as it is not their standard documentation platform. This discrepancy creates challenges for shared care between CYMHS clinicians and QCGS.
- Clinical correspondence between treating clinicians and external providers is not consistent between the two platforms.

### Medical record keeping recommendations

| Recommendation number | Recommendation |
|---|---|
| 22 | CYMHS and QCGS to develop clear guidelines and processes for clinical documentation between the Integrated Electronic Medical Record (ieMR) and the Consumer Integrated Mental Health and Addiction Application (CIMHA). |

The panel concludes that CHQ governance documentation for clinical record management between ieMR and CIMHA lacks specific guidance or policy for QCGS, which operates as a CYMHS service but functions as a CHQ outpatient department using ieMR. As a result of this, challenges persist in documentation practices across different electronic platforms, with a lack of established business rules for documentation and clinical correspondence. The panel recommends CYMHS establishes clear guidelines and protocols for documentation across the two platforms within the QCGS to ensure accuracy, consistency, and compliance with regulatory standards, ultimately enhancing the quality and efficiency of patient care delivery within the QCGS.

## Clinical performance and effectiveness

CHQ clinical performance and effectiveness systems focus on ensuring the workforce has the right qualifications, skills, experience and supervision to provide high quality health care to children and adolescents and their families.

## Safety and quality training, credentialling and scope of practice

At CHQ, all staff members must complete mandatory corporate training, work health and safety specific training, and discipline/stream and service specific training. CHQ has well-defined policies and procedures published covering requirements for legislative and requisite training for all doctors, nurses, allied health professionals, and administrative staff. All new team members within the QCGS have access to orientation outlining the principles of treatment for gender dysphoria, which aligns well with the guiding principles within the ASOCTG. The staff have regular supervision opportunities, inclusive of reflective practice and peer supervision opportunities.

Credentialling, supervision, training and education, and professional development for clinicians working within the QCGS must cover the requirements of a large multidisciplinary team of doctors, allied health professionals, nurses and administration staff. CHQ is currently undertaking a large body of work to update and review the entire credentialling system and provide guidance for all doctors working within each service at CHQ, including the QCGS. The team leading this work are creating core scope of practices for each clinical area and speciality, including clinical expectations, which would then be provided to the clinician upon onboarding into the service. Whilst every clinician within the QCGS is credentialled in their profession, there is no credentialling specific to the work required to work within gender services for doctors. In terms of professional reporting and supervision, the non-psychiatry doctors within the QCGS have very limited professional reporting and no formal supervision with the departments within the Division of Medicine, such as endocrinology. Instead, they report to the Medical Director of CYMHS (a psychiatrist) for professional matters. The QCGS, the psychiatrists, nurses, and allied health professionals have well-defined reporting and supervision structures to their respective professional leads within CYMHS.

In terms of training junior staff, there are currently two medical trainees within the QCGS; a child and adolescent psychiatry registrar and an adolescent and young adult medicine registrar. The psychiatry registrar receives supervision and training from the psychiatry consultant within the QCGS in accordance with CHQ protocols for junior doctors in training. The adolescent and young adult registrar is provided by the Mater Young Adult Health Care service. The registrar receives gender-specific training from the sexual health physician at QCGS, and overall supervision from the AYA consultant at the Mater. There are currently limited opportunities within the QCGS to educate and train more medical, nursing, and allied health students due to the volume of the clinical caseload.

## Safety and quality training, credentialling and scope of practice recommendations

| Recommendation number | Recommendation |
|---|---|
| 6 | The QCH medical departments within the Division of Medicine and the QCGS doctors should strengthen their professional relationships where appropriate, such as the QCGS endocrinologists and the QCH Department of Endocrinology. |
| 19 | CHQ to allocate additional resources to enhance the education portfolio within the QCGS, focusing on professional, clinical, and community education (this could be part of the enhanced clinical team):<br>a) Plan, co-design and implement a community education package that is easily accessible and readily available to interested organisations, other professionals, consumers, support groups, and the general public about gender diversity. Incorporate explanations of the purpose and operations of the QCGS into this education, aiming to increase understanding of the clinical support and pathways to care offered to children and adolescents seeking treatment for gender dysphoria across the state. This education should be shared with all consumers on the waitlist to reduce anxiety and distress during this time.<br>i. Seek and utilise opportunities to co-design this education package with engaged and appropriate NGO (Non-Government Organisations) community partners as well as consumers and families to ensure it is consumer-friendly, relevant and appropriate.<br>b) Ensure information about referral criteria, clinical care pathways for different cohorts, and informed consent processes is easily available in appropriate formats.<br>c) Strengthen the QCGS education, training and orientation programs available to clinicians within CHQ and other HHSs. Collaborate with professional organisations and colleges to broaden the reach and improve the delivery of this education and training, with the potential to share this education across the state. |
| 23 | Queensland Health, supported by CHQ, to consider specialised credentialling for doctors practising in gender services as part of the implementation of a statewide networked service. |

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| 24 | CHQ to develop scope of practice guidelines for clinicians working within QCGS to define clinical and professional roles and responsibilities. This will ensure that clinicians have a clear understanding of their professional boundaries, operational and professional reporting lines, and the clinical roles they deliver within the service. |
| 25 | CHQ to offer additional formal training positions for psychiatry, endocrinology, paediatrics, sexual health, and general practice. Psychologists and other mental health professionals should also be afforded more formal opportunities to have clinical experience in the care of children and adolescents with diverse gender experiences. |

The panel recommends the service prioritises professional networks and links between the doctors within the QCGS and the Division of Medicine. This will facilitate sustainability in the workforce and encourage better systems of safety and quality training. The panel also recommends CHQ continue with the credentialling and scope of practice development for all clinicians at CHQ, including the QCGS and suggests considering the necessity of specialised credentialling for doctors intending to practice in gender services. The governance committee, led by Queensland Health and supported by CHQ, can consider this when undertaking strategic planning and decision making as part of the implementation of the statewide networked service model to ensure all doctors across the state meet competence and qualifications standards to provide high-quality clinical care to children and adolescents seeking treatment for gender dysphoria.

The panel also recommends that furthering education and formal training opportunities to junior staff and students would be beneficial to the service, to share knowledge and expertise in the treatment for gender dysphoria in children and adolescents and create strategies for developing a sustainable, future workforce. This should include liaison with CHQ Medical Education Unit, professional colleges, and colleagues in other CYMHS and paediatrics services. The panel also suggests formalising the orientation program for new members of the team and making this available for Queensland Health staff across the state to access (e.g., via iLearn platform or similar) to enable more clinicians with interest in the area of diverse gender experiences to upskill and have training recognised in a more formal manner. This will also support the implementation of striving towards a statewide networked service model where education is a key focus.

## Promoting best practice and monitoring variation in practice

The QCGS shared documentation with the panel which outlined their service specific commitments, initiatives, and processes to meet the intent and objectives within each of the National Safety and Quality in Health Service Standards. In 2023 and 2024, CHQ underwent a Short Notice Accreditation Process against all the standards. The assessors deemed CHQ to be an organisation demonstrating a strong commitment to clinical governance, consumer engagement, comprehensive care, communicating for safety, and recognising and responding to deterioration.

The panel concludes that the QCGS is currently demonstrating best practice in relation to promoting best practice and monitoring for variations in practice through accreditation, self-assessment, and benchmarking processes.

# Safe environment for delivery of care

Ensuring the QCGS has the right infrastructure and environment to deliver safe, high-quality clinical care is an essential component of clinical governance. Infrastructure includes both physical spaces and locations, equipment software and hardware, information and communication technology, whereas the right environment considers the physical, social and psychological factors which impact on the ability of staff to deliver the best safe, expert, accessible person-centred care for children and adolescents.

## Infrastructure and environment

The QCGS evaluation panel spent three days on-site at QCH in January 2024 meeting with staff, clinicians and consumers of the QCGS. The panel were taken on a guided tour of the clinical and non-clinical spaces of QCGS and accessed the waiting areas, treatment rooms, and got a feel for the atmosphere of the physical environment.

The QCGS clinical space is co-located with the CHQ Child Development Service in an outpatient clinic within QCH. The waiting room is shared with clients of both services, with signage indicating to consumers where to go in terms of checking in for appointments with the appropriate administrative officer. The waiting room is large and has been decorated with artwork to suit many different age groups and diversity that access this shared space. The clinical rooms for the QCGS were bright and clean and the atmosphere was calm, professional and inviting. There was adequate room for families to wait, and capacity for those who desired more privacy to find seating that was removed from the busy centre of the waiting area. A challenge for the clinicians working within the QCGS is that the clinical and administrative spaces are not co-located, meaning clinicians provide clinical care at QCH, however then must complete administrative duties across the campus in another building.

There was a suggestion from the panel that the physical clinic space could be improved by creating an environment that is conducive to mental health sessions rather than a medical consults, and creating environments that support therapeutic relationships and promote comfort and privacy. Given that many of the consumers attending the QCGS are adolescents, more could be done to improve the atmosphere for this age group such as:

- Larger seating for adolescents in the waiting room.

- Soundproofing walls and ensuring adequate space between clinical rooms to support privacy and confidentiality.
- Flexible room layouts so that group and individual sessions can be facilitated easily.
- More natural elements such as natural light and greenery which have positive effects on enhancing the therapeutic experience.
- Ensuring the space is sensitive to diverse needs such as having the closest bathrooms being safe for all genders and the clinic space sensory-friendly.

If improvements are to be made to the physical location of the QCGS, involving the consumers and their families in the co-design process would be highly recommended to ensure the space is respective of the patient's needs.

The panel identified that having two separate spaces for clinical care and administrative functions for the same clinical team may have several implications:

- Communication, collaboration and team dynamics: physical separation may hinder communication and collaboration between clinical and administrative staff which can lead to delays and inefficiencies in tasks such as appointment scheduling, managing patient records and coordinating referrals.
- Workflow efficiency: different spaces may disrupt workflow efficiency with staffing needing to spend extra time traveling between the two locations and lead to feelings of disconnection from administrative processes and the location of where the patients attend.

While there may be logistical and practical reasons for separating the clinical and administrative spaces, CHQ and QCGS could consider taking steps to mitigate potential implications and look to creating a space for the entire QCGS team to be located where they can perform all clinical and administrative functions.

## Work health safety and wellbeing

The cultural issues surrounding the QCGS that have been described in this evaluation contribute largely to the workforce's feelings of poor psychological safety in their workplace. Through consultations with the QCGS staff, both in large group settings and individual interviews, stories and personal perspectives on internal and external pressures were shared with the panel. These narratives highlighted the challenges of providing care to children and adolescents with diverse gender experiences in Queensland. This is further demonstrated in quantitative service data in terms of meeting waitlist targets, occasions of service and clinical activity, and rates of leave balances and sick leave within the workforce. While CHQ has provided additional offers to the staff members within the gender service of counselling outside of the Employee Assistance Program, staff report these measures are not meeting their needs, and accessing these supports is challenging.

Staff within the QCGS reported the effect of poor psychological safety within the workplace, where the staff members in the service do not feel safe to perform their jobs at times, has led to increased stress, decreased job satisfaction, high turnover rates and vacancies, lower productivity, and reputational damage. Reputational damage is a known effect of the cultural issues associated with the gender service and has been recorded as a risk for the organisation with an appropriate management plan identified.

## Work health safety and wellbeing recommendations

| Recommendation number | Recommendation |
|---|---|
| 10 | Queensland Health, supported by CHQ, develop a public media and communications strategy to demonstrate the ongoing commitment and support for children and adolescents with diverse gender experiences to the public. |
| 11 | Queensland Health, supported by CHQ, to develop a strategy to provide informative and destigmatising material about diverse gender experiences for healthcare staff associated with the delivery of care to children and adolescents, including all staff at CHQ, to foster a more inclusive environment. |
| 12 | CHQ engages with an external consultant to identify optimal strategies for reinvigorating QCGS. This approach acknowledges the hard work, innovative ideas, and dedication of the staff, fostering a sense of optimism about the future among team members. |
| 13 | CHQ continues to provide personal and workplace support for those working in the gender service to ensure staff wellbeing is being managed appropriately. This must be explored in consultation with clinical and administrative staff to ensure the support is meeting their needs. |

The panel recommends that the gender service staff receive additional support, coordinated and planned with the service, to meet their needs and expectations. It also suggests that Queensland Health and CHQ develop a public communication strategy to affirm their commitment to caring for children and adolescents with diverse gender experiences. Furthermore, the panel advises Queensland Health and CHQ to collaborate on creating strategies to provide information and destigmatising materials about gender diversity to health staff, fostering a more inclusive environment. This includes engaging with an external consultant with speciality in business and organisational collaboration to incorporate fresh perspectives and strategies that may not be immediately within the organisation. This strategy not only recognises but also values the hard work, innovative ideas, and dedication of the staff, making it clear that their contributions are essential to the service's success. Additionally, this collaborative effort fosters a sense of optimism and motivation among team members, as they feel supported and appreciated in their roles. By actively involving the staff in the process of improvement and acknowledging their efforts, CHQ is building a positive and forward-looking work environment, which is crucial for sustaining high standards of patient care and service delivery in the long term. There is an opportunity for Queensland Health and CHQ to partner with community organisations to enhance these strategies and promote a more inclusive and understanding community. This collaboration will benefit service users by providing additional resources and a stronger sense of community, while also supporting clinicians with a broader network and promoting a culture of empathy and inclusivity. By working together, QCGS and community organisations can create a more holistic and supportive system for all involved.

# Partnering with consumers

It is recognised that consumer partnerships are at the core of the QCGS service delivery framework. This recognition demonstrates the fundamental importance placed on consumer collaboration and engagement in shaping the QCGS's purpose and principles of care.

## Consumer partnerships in clinical governance

The QCGS has demonstrated an ongoing commitment to ensuring the voice and perspectives of the consumer and their family is incorporated into all aspects of clinical governance. The staff within the service have recognised the importance of sharing the consumers' perspectives with key CHQ leaders, including the CHQ Board and Executive Leadership Team to ensure a shared understanding the service's commitment to person-centred care. The QCGS has also demonstrated it places consumers at the centre of any considerations in service delivery redesign, by ensuring they are engaged in the design and planning phases.

This has been demonstrated through:

- QCGS staff supporting consumers to share their experiences with the CHQ Board at monthly meetings.
- Inviting consumers to participate in recruitment selection and interview panels for QCGS staff members.
- Facilitating consumers to participate in Department of Health initiatives, including strategic planning opportunities.
- QCGS conducting focus groups with consumers to determine effective models of service delivery when the service has identified the need to redesign and plan changes.
- QCGS hosting regular consumer forums with current and former consumers and their families who live in regional and remote areas of Queensland to provide feedback and guidance on the service's model of care.

Through these partnerships, the QCGS has ensured its consumers are involved in the planning, design, delivery and evaluation of services to children and adolescents with gender diverse experiences across Queensland. There are opportunities for QCGS to continue to partner with consumers in the design and planning of clinical services within the recommendations that the panel has suggested. This includes ensuring the voice and perspectives of consumers and their families from across the state is represented in the governance committee to plan the statewide networked service, with community organisations who support consumers and their families being a key aspect of this.

## Consumer partnerships in clinical care

The QCGS has demonstrated a commitment to person-centred care through the development of the clinical care pathways. By listening to consumer feedback through formal and informal channels, the service has adapted and instigated change to accommodate the needs and experiences of consumers along their care journeys. The service continues to prioritise consumer feedback to evaluate and plan new models of ensuring partnerships in care are facilitated.

The QCGS has actively involved consumers in designing clinical resources to ensure they reflect the developmental stages and needs of children and adolescents. This collaboration includes creating informed consent and patient information documents for medical interventions, as well as various fact sheets and written materials produced by the service. The informed consent documentation has been crafted with health literacy principles in mind, ensuring the information is jargon-free and easy to understand, which is crucial for helping consumers and their families understand the risks and implications of starting medical treatment for gender dysphoria. The clinicians have consistently collaborated with consumers and their families to provide structured education that helps them understand this crucial information. To address the communication needs of consumers, the service incorporates interventions from speech pathology, ensuring that those with complex communication needs receive the necessary support. This comprehensive approach ensures that all consumers, regardless of their communication challenges, can effectively comprehend and engage with their care and treatment plans. The service has also partnered with interpreter services and engaged consumers from diverse cultural and linguistic backgrounds to develop clinical resources that cater to the needs of the wide range of individuals accessing the service. The consumer partnerships in care were evident in the service delivery framework through the assessment and intervention stages of care. The panel spoke with current and former consumers and their families, who consistently reported feeling heard and involved in all decisions regarding their care.

There are ongoing opportunities for the service to continue to partner with consumers in clinical care. The panel's recommendations to involve peer support workers to enhance the lived experience workforce is a key strategy for improving patient support and fostering a more empathetic and effective care environment. Additionally, there are opportunities for the service to engage consumers actively in the creation of educational materials and resources.

This involvement can help support individuals and their families during the waiting period for services. By including consumers in this process, the service can ensure that the materials are more relevant, user-friendly, and tailored to meet the actual needs of those waiting. This collaborative approach not only empowers consumers but also enhances the overall effectiveness and impact of the clinical support provided.

## Consumer partnerships in community education and quality improvement initiatives

The QCGS has partnered with consumers in education, training and quality improvement initiatives to deliver materials and provide perspectives with the aim of creating systemic change. By having consumers at the centre of the activity, it allows the voices and experiences of young people with gender diverse experiences and their families to attach a human experience to the information presented.

The QCGS has partnered with consumers to deliver the following education, training and quality improvement initiatives:

- Delivery of education and training to health professionals at CHQ about mental health practice frameworks, inclusive practice in schools, supporting families, privilege, intersectionality and minatory stress as well as information and training about how to ask questions about gender and sexuality in health assessments.
- Statewide education workshops involving consumers sharing their experiences and perspectives around Queensland.
- Bi-monthly parent support group supported by QCGS staff for parents of children and adolescents with gender diverse experiences.
- Young people sharing their written stories about the QCGS and their perspectives and experiences with the care journey.
- Young people and their parents being interviewed to appear in public-facing educational videos.
- Young people participating and helping out at community events such as running stalls and activities.
- Consumers participated as guests on a Queensland Health podcast where they shared their experiences of growing up identifying as gender diverse.

Community members and health professionals have provided positive feedback following education and training sessions. Staff have reported that including consumers in training has improved understanding and confidence among participants. The education provided is reflective and dynamic, addressing staff needs and enhancing their understanding of actionable steps toward an inclusive model of care for individuals with gender diverse experiences. The panel recommends the QCGS continue with its approach to education and training by partnering with consumers in the development of the community education package, the provision of educational and community support materials for consumers on the waitlist, as well as the development of the orientation package for staff.

# Appendices

## Appendix 1: Terms of Reference

Evaluation of the delivery of gender identity healthcare services to children and young

people

in Queensland

**Commissioned by Children's Hospital Queensland Hospital and Health Service**
**September 2023**

### Background

The Queensland Children's Gender Service (QCGS) was formalised as Queensland's first multidisciplinary specialist paediatric gender service in 2017, bringing together medical and mental health professionals with expertise in paediatric gender issues to provide a tertiary-level of assessment and treatment, promoting healthy development, mental health and functioning of Queensland children with diverse gender identity. QCGS is based within Children's Health Queensland Hospital and Health Service (CHQ) Child & Youth Mental Health Service and provides a statewide specialist outpatient service for children and youth through telehealth and local partnerships. QCGS is committed to improving the health and wellbeing of Queensland children with diverse gender identity through family centred, multidisciplinary disciplinary assessment and specialist care. The goal of QCGS is to provide treatment and care that is evidence based, guided by peer reviewed, published clinical guidelines, specifically the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (version 1.3, ASOCTG), World Professional Association for Transgender Health, Standards of Care for the Health of Transgender and Gender Diverse People (version 8, WPATH SOC8) and Endocrine Treatment of Gender- Dysphoria/Gender Incongruent Persons: An Endocrine Society Clinical Practice Guidelines.

QCGS is now the second largest multidisciplinary paediatric gender service in Australia and includes four medical specialities (Child Psychiatry, Paediatric Endocrinology, Sexual & Reproductive Health and General Practice) that work together with Psychology, Social Work, Mental Health and Medical Nursing and Speech Pathology. Being located in the Queensland Children's Hospital (QCH), access to expert paediatric medical and psychiatric care is available to assist in the provision of multi- and inter-disciplinary care.

### Proposed Initiative

A service evaluation of QCGS was planned to be undertaken 5 years after commencement although was delayed as it fell in 2021 during the Covid-19 pandemic. Initial scoping recommenced in 2022 with a range of consumer and carer consultative forums, interviews, and surveys. Together with feedback from those consultative forums and increasing complaints regarding the long wait for an initial appointment, CYMHS appointed a project lead from October – December 2022 to develop and propose a redesign of the model of service delivery to address waiting times within the current resourcing.

A proposal to progress an evaluation of the model of service delivery was endorsed by the CHQ Board in March 2023. The QCGS subsequently commenced early work including stakeholder consultation. In view of escalating public interest, CHQ determined to broaden the scope of the evaluation to include alignment to the Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents (ASOCTG).

### Scope of Initiative

The evaluation will include extensive engagement with all interested stakeholders, with the primary aim to examine:

- Clinical management approaches at each point of the specialised pathway of care from assessment to discharge, including a description of objectives, expected benefits, and expected outcomes for each clinical intervention in the pathway, with a focus on evidence for adherence to current national and international best practice clinical guidelines.
- Additional aims of the evaluation include determining:
- The framework for an integrated statewide networked model of care for gender services embedded within existing paediatric health and mental health services, in order to build capacity to meet the continuing demand for healthcare of trans and gender diverse children and adolescents.
- Pathways of care into QCGS, including clinical management approaches for individuals with less complex expressions of gender incongruence who do not need specialist gender identity services.
- Sustainability of QCGS:
- Review the current funding approach to the service to determine if the existing activity-based funding model is flexible enough to support the statewide services and its demands. Taking into consideration how other jurisdictions fund their local services.
- Current and future workforce model and requirements pipeline.
- Pathways of transition into adult services.
- Ongoing clinical audit, long term follow-up, data reporting and future research priorities.
- Education and training requirements for the paediatric and mental health workforce, referrers, consumers, families and other stakeholders.
- Any other relevant matters that arise during the course of the review.

### Evaluation Framework

The service evaluation will be based on consultation with key stakeholders, including using principles of 'peer exchange'. Peer exchange is a concept which has been undertaken in the UK National Health Service and in other Australian jurisdictions, particularly in service areas such as cancer, audiology, and palliative care. The process supports quality improvement involving self- assessment, enquiry and learning and is a mechanism to:

- Identify good practice and areas for improvement, including benchmarking across like services.
- Consider the efficiency of services in meeting expected stakeholder outcomes including patient experience.
- Guide the potential for targeted service improvement.

The evaluation framework informs a process that aims to facilitate shared learnings between peers around the complexities of service delivery and suggest alternatives to resolve common issues. This approach is well suited to gaining an external stakeholder and peer perspective into the area of gender medicine where there are few services and a rapidly evolving clinical need, along with a need to ensure fidelity of evolving models of care with current national and international best practice clinical guidelines.

The overarching peer exchange process also aligns with the directions within *My health, Queensland's future: Advancing health 2026 (Advancing health 2026)*[1] particularly:

- *Delivering healthcare*—The core business of the health system and improving equitable access to quality and safe healthcare in its different forms and settings.
- *Connecting healthcare*—Making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery barriers.
- *Pursuing innovation*—Developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care.

### Principles

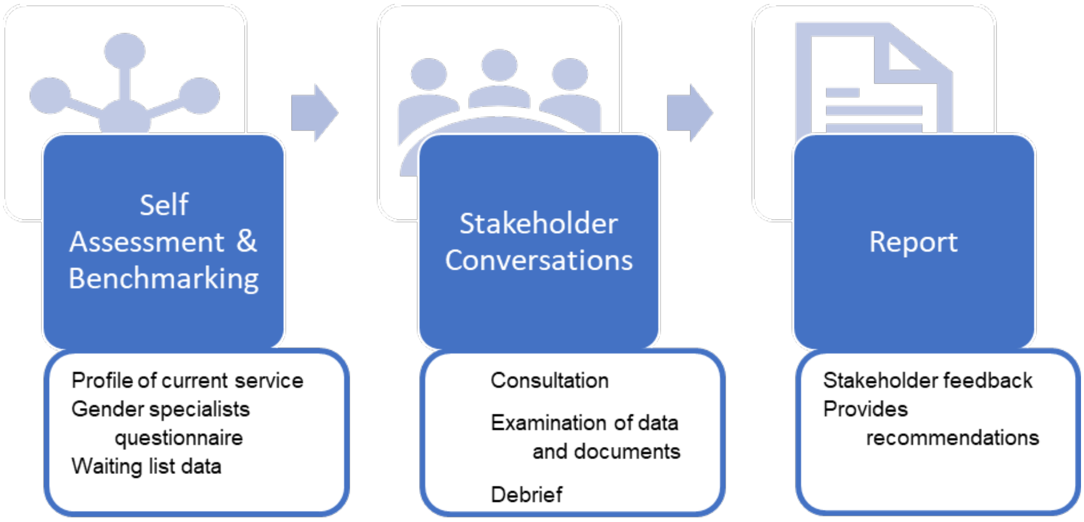
The review will be guided by the following principles:

- The best interests of the child and young person will be paramount in all considerations.
- A structured approach will be undertaken to assure that the evaluation is robust and fit for purpose.
- This is a transparent and inclusive process in line with the defined scope.
- Extensive and purposeful stakeholder engagement and consultation is established, so those who want to can make their views known. In particular, the views of young people, their families and their experiences are heard through a supportive process.
- Ensure a full range of service delivery models are considered.

- The evaluation will be underpinned by research and evidence where available, and international models of good practice will be included
- There are no pre-determined outcomes regarding the recommendations.
- Exceptional matters may be raised if required during the course of this evaluation.

**Assessment**

*Evaluation Process*



**Self-assessment Tools**

Self-assessment tools are useful to seek information from Service team members regarding the maturity of elements of their respective services, including models of service delivery.

Domains to be self-assessed will include:

- Defined model of care and how the model performs against published Australian standards.
- Staffing levels, training and competencies.
- Guidelines, policies and clinical pathways to support operation of the model.
- Outcome and monitoring measures to enable ongoing assessment and quality improvement.
- Referrals and waitlist data.
- Adverse events data (including adverse events experienced by those waiting for the service if this can be determined).
- Compliments and complaints data.
- Patient-reported experience measures (PREM).

- Collection of this data as part of the evaluation will streamline visibility and presentation of important service metrics to external stakeholders. Thus, data will be collected or collated in readiness for the evaluation, and for presentation to visiting peers.

### Stakeholder Consultation

Children's Health Queensland Hospital and Health Service hosts the statewide paediatric gender service and whilst this evaluation is specific to the QCGS, stakeholder consultation will extend to HHS executive, staff and consumer representatives as required by the evaluation team.

It is anticipated members of the evaluation team may need to travel to undertake stakeholder consultation and Children's Health Queensland will reimburse all reasonable expenses incurred. Where travel is not possible, review of documents and meetings can be conducted online.

### Staff engagement

At commencement of the evaluation, the evaluation team will have access to senior Child and Youth Mental Health Service staff, as well as the QCGS team via a group forum to support the document review and to outline the current service delivery model. Broader CHQ stakeholder consultation will engage other staff at various levels of the hospital (Executive, team leads, clinicians) to come together and discuss the service model, challenges and opportunities for QCGS. The engagement will be guided by the results of the Self-Assessment Tools and scheduled in sessions throughout the course of the activity.

To examine fidelity to current national and international clinical guidelines, the evaluation team will have access to data analysis and benchmarking for all aspects of finance, activity, clinical incident, and consumer feedback as required.

The evaluation team can initiate individual meetings with relevant members of CHQ staff as required, which will be facilitated via the established secretariat support.

### Consumer engagement

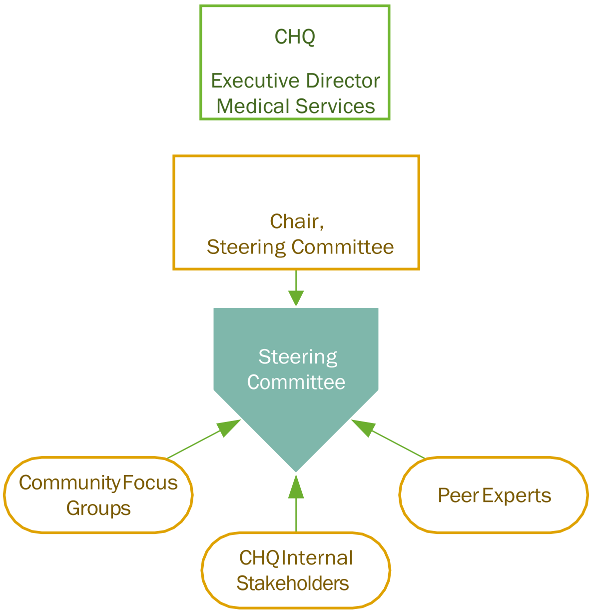
The QCGS values the importance of the lived experience of children and young people of diverse gender identity, and their families, and works in partnership to further effective communication around service planning, delivery and evaluation of services. The QCGS seeks to champion the needs of children, young people and families who use the service by developing and maintaining these partnerships and the evaluation team will create opportunities for engagement with key consumers and external stakeholders to gain their perspectives and experiences.

### Debriefing sessions

After each conversation, short debriefing session may be held between the members of the evaluation team to discuss and document the outcomes and observations of the session.

The evaluation team will present a summary and preliminary recommendations to the Steering Committee, ahead of finalisation of the Summary Report and associated recommendations.

## Governance



## Executive Sponsor

The Executive Sponsor is the Executive Director Medical Services, Children's Health Queensland, Hospital and Health Service.

## Steering Committee

The Steering Committee members will include key subject matter experts external to CHQ HHS and representing a range of specialty practice. The team will comprise:

- Chairperson
- Subject Matter Experts:
- Academic with expertise in transgender health and youth mental health
- General Practitioner
- Others (medical, non-subject matter input):
- Child & Adolescent Psychiatrist, senior and external to gender specialty area
- Paediatric Endocrinologist or sexual health/AYA physician
- A patient safety subject matter expert or a nominee of Queensland Paediatric Quality Council

- A transgender consumer representative from Health Consumers Queensland or Transcend Australia (the national consumer representative organisation for trans youth and families).

The Steering Committee will be supported by a nominated Project Officer, Patient Safety and Quality Service, CHQ, to act as Secretariat. All communication protocols will be clarified prior to commencing the activity.

### Conflict of Interest Disclosure

Each member of the Steering Committee has a responsibility to adhere to the *Conflicts of Interest Guideline (Dept of Health Queensland Health-GDL-113-1:2017)* and disclose any actual, perceived or potential conflicts of interest in their involvement as a member of the team.

### Confidentiality

All members of the Steering Committee will acknowledge that the information gained within site visit conversations and observations and documented in the Summary Report are to be treated with confidentiality and not for further disclosure to an unauthorised third party unless the CHQ HHS Chief Executive otherwise approves. All members not employed by Queensland Health will be asked to agree to and sign the Queensland Health Confidentiality, Privacy and Conflict of Interest Deed.

Any photographs, video footage or quotes from a representative of the HHS will have consent gained from the person prior to dissemination.

### Summary Report

The Secretariat will coordinate and summarise the findings of the Steering Committee into a concise report within a mutually agreed timeframe.

The Steering Committee will ensure that any significant clinical issues or risks are immediately brought to the attention of the Executive Director Medical Services, CHQ.

The Steering Committee will deliver the Summary Report to the Executive Director Medical Services, CHQ, as the Executive Sponsor.

### Supporting documentation and attachments

The following documents support this review:

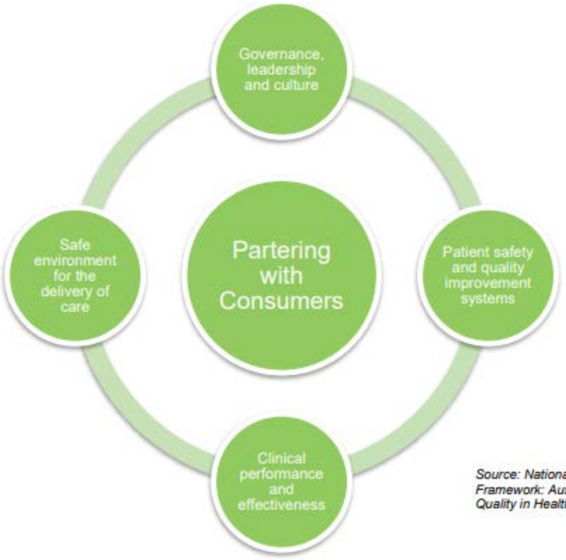
- Children’s Health Queensland Strategic Plan 2020-2024
- Children’s Health and Wellbeing Services Plan 2018-2028
- Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018-2023
- Integrated Care Strategy 2018-2022

- Connecting Care to Recovery

**References (within the Terms of Reference)**

- Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, version 8. International Journal of Transgender Health. 2022 Aug 19;23(sup1):S1-259.
- Emergency Department Models of Care report, NSW Ministry of Health, July 2012. https://www.health.nsw.gov.au/Performance/Pages/ed-model-of-care-2012.aspx
- Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. The Journal of Clinical Endocrinology & Metabolism. 2017 Nov 1;102(11):3869-903.
- MoC self-assessment checklists and supporting information Emergency Care Institute, New South Wales, 2017. https://www.aci.health.nsw.gov.au/networks/eci/administration/models- of-care/self-assessment-checklists
- My health, Queensland's future: Advancing health 2026 report. https://www.health.qld.gov.au/ data/assets/pdf_file/0025/441655/vision-strat-healthy-qld.pdf
- NHS Wales Peer Review Framework, July 2017. http://www.wales.nhs.uk/governance-emanual/peer-review
- OECD Reviews of Health Care Quality: United Kingdom 2016. https://www.oecd.org/unitedkingdom/oecd-reviews-of-health-care-quality-united-kingdom- 2016-9789264239487-en.htm
- Pronovost, PJ and Hudson, DW. Improving healthcare quality through organisational peer- to-peer assessment: lessons from the nuclear power industry. BMJ Quality & Safety. 2012 Oct; 21(10): 872–875.
- Roberts CM, Buckingham RJ, Stone RA, Lowe D, Pearson MG. The UK National Chronic Obstructive Pulmonary Disease Resources and Outcomes Project--a feasibility study of large-scale clinical service peer review. J Evaluating Clinical Practice. 2010 Oct;16(5):927-32.
- Telfer MM, Tollit MA, Pace CC, Pang KC. Australian standards of care and treatment guidelines for transgender and gender diverse children and adolescents. Medical Journal of Australia. 2018 Aug;209(3):132-6.

# Appendix 2: CHQ Clinical Governance Framework



*Source: National Model Clinical Governance Framework: Australian Commission on Safety and Quality in Health Care 2017*

**Governance, leadership and culture**

Governance within CHQ comprises the governing body, organisational leadership and clinical leadership. Clinical governance is a component of the broader governance system and involves the leadership behaviours, policies, procedures, and monitoring and improvement mechanisms that are directed towards ensuring good clinical outcomes and supporting CHQ's vision in leading life-changing care for children and adolescents for a healthier tomorrow.

**Patient safety and quality improvement systems**

Patient safety and quality improvement systems are integrated within clinical governance processes and enable CHQ to actively manage, monitor and improve the safety and quality of care provided to children, adolescents, and their families.

**Clinical performance and effectiveness**

CHQ clinical performance and effectiveness systems focus on ensuring the workforce has the right qualifications, skills, experience and supervision to provide high quality health care to children, adolescents, and their families.

**Safe environment for the delivery of care**

Ensuring CHQ has the right infrastructure and environment to deliver safe high-quality clinical care is an essential component of the CHQ Clinical Governance Framework. Infrastructure includes buildings and associated utilities; transportation resources; equipment software and hardware and information and communication technology whereas the right environment considers physical, social and psychological factors which impact on the ability of staff to deliver the best safe, expert, accessible child and family-centred care for children and adolescents.

### Partnering with consumers

Partnering with consumers consists of consumer and family engagement and community engagement. Consumer and family engagement informs broader community engagement. Health consumers and their families actively participate in designing and managing their own healthcare and in health policy, planning, service delivery and evaluation at service and agency levels.

# Appendix 3: Interview and consultation questionnaire (clinicians)

The Queensland Children's Gender Service (QCGS) Evaluation will be based on consultations with key stakeholders using the principles of peer exchange. Peer exchange supports quality improvement through self-assessment, shared learning, and identifying good practices for targeted service improvement, all while considering the efficiency of a service in meeting stakeholder expectations.

CHQ hosts the statewide paediatric gender service and whilst this evaluation is specific to the QCGS, stakeholder consultation will extend to HHS Executive, staff, clinicians, and consumer representatives as determined by the external panel members conducting the evaluation.

The external panel members have identified your important role in the functioning and operations of the QCGS. They would like to meet to allow you the opportunity to discuss the service model, challenges, and opportunities for QCGS.

The panel members have provided the following discussion points for you to consider prior to the consultation. They will use these points to guide the conversation and gather your thoughts.

- What is your involvement in the QCGS?
- What works well within the QCGS? What are some of the successes of the QCGS?
- What is not working well within the QCGS? What are some of the challenges of QCGS?
- What aspects of the QCGS would you like to see improved?
- Do you have any suggestions for what could be:
    - Started, commenced or initiated within the QCGS
    - Stopped, discontinued or ceased within the QCGS
    - Kept or continued within the QCGS.

The panel may have more specific questions seeking clarification based on your role or connection with the QCGS. You are welcome to provide any information or commentary in addition to the above discussion points.

Thank you for taking the time to engage in a discussion with the panel members regarding the QCGS. This input will contribute to the results of the QCGS evaluation, aligning with the evaluation's purpose and objectives.

# Appendix 4: Interview and consultation questionnaire (consumers)

We are reviewing the Queensland Children's Gender Service (QCGS) with input from various people, using a friendly approach called peer exchange. This method helps us improve by learning from each other and finding better ways to meet the needs of the consumers and families who access the gender service.

To help gather a broad understanding of the experiences of the people involved in the gender service, we are talking to people across the healthcare system, like executives, clinicians, consumers and community groups. Your valuable insights will form an important part of this evaluation.

The external panel members have identified your important role as a current or past consumer of the QCGS. They would like to meet to allow you the opportunity to discuss how the QCGS works and any chances for improvement you have in mind based on your personal experience.

Your contribution to this activity will not change the course or outcome of the personalised care you are accessing with the QCGS. If there are any clinical issues arising from this discussion, we will ensure these will be shared with your treating team. The information you provide will be deidentified and is not intended for publishing. No treatment is being provided to you as part of this service evaluation, and you are able to withdraw from participation at any time.

The panel members have provided the following discussion points for you to consider prior to the meeting. They will use these points to guide the conversation and gather your thoughts.

- What has been your experience with the QCGS?
- How did you access the QCGS?
- Did you feel safe and respected when you accessed the QCGS?
- Is there anything that would have made you feel more comfortable?
- Did you feel you were able to ask questions and make decisions about your treatment?
- Did you receive appropriate and timely information about your treatment?
- Did you feel you had the chance to give feedback about your experience with the QCGS?
- Do you have any suggestions for:
    - What things should the QCGS start doing?

    - What things should the QCGS stop doing?
- Are there things that the QCGS should keep doing because they work well?

Thank you for taking the time to meet with the panel members about the QCGS. Your thoughts will help shape the future of the QCGS and meet the aims and goals of the evaluation. We will ensure you have the opportunity to provide feedback about this process, and keep you updated with how this evaluation progresses.

# Abbreviations

| | |
|---|---|
| QCGS | Queensland Children's Gender Service |
| CHQ | Children's Health Queensland Hospital and Health Service |
| HHS | Hospital and Health Service |
| QCH | Queensland Children's Hospital, South Brisbane, Queensland, Australia |
| GPwSI | General Practitioner with Special Interest |
| AYA | Adolescent and Young Adult |
| CYMHS | Child and Youth Mental Health Services |
| ASOCTG | Australian Standards of Care and Treatment Guidelines: For trans and gender diverse children and adolescents, Version 1.4 |
| WPATH SOC8 | World Professional Association for Transgender Health Standards of Care, Version 8 |

# Glossary

| | |
|---|---|
| Gender dysphoria | A term that describes the distress experienced by a person due to incongruence between their gender identity and their sex assigned at birth. |
| Diverse gender experiences | A phrase to describe people who do not conform to their society or culture's expectations for males and females |
| Gender incongruence | A term to describe marked incongruence between an individual's experienced/expressed gender and their assigned sex |
| Transgender | A term to describe for someone whose gender identity is not congruent with their sex assigned at birth. |
| Puberty blockers | Medication which suppresses the endogenous oestrogen and testosterone responsible for induction of secondary sexual characteristics. |
| Gender affirming hormone | Gender affirming hormones oestrogen and testosterone are used to either feminise or masculinise a person's appearance by inducing onset of secondary sexual characteristics of the desired gender. |

# References

1. Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health, 23*(S1), S1–S258.
2. Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., Safer, J. D., Tangpricha, V., & T'Sjoen, G. G. (2017). *Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. Journal of Clinical Endocrinology and Metabolism*, *102*(11): 3869 – 3903.
3. Telfer, M.M., Tollit, M.A., Pace, C.C., & Pang, K.C. (2023). *Australian standards of care and treatment guidelines for trans and gender diverse children and adolescents* (Version 1.4). The Royal Children's Hospital, Melbourne
4. Cass, H. (2024). *Independent review of gender identity services for children and young people: Final report*. NHS England. Retrieved from https://cass.independent-review.uk/final-report
5. Royal Australian and New Zealand College of Psychiatrists. (2023). *The role of psychiatrists in working with trans and gender diverse people.* https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/role-of-psychiatrists-working-with-trans-gender-diverse-people