Transcend Australia
Thrive & Flourish

Transcend Australia's submission to the independent review of stage 1 and stage 2 hormone therapies in Queensland's public paediatrics gender services.

Background

In January 2025, the Queensland Government announced a directive, Health Directive QH-HSD-058, suspending access to care and treatment to new adolescent patients at public health facilities in Queensland, including the Queensland Children's Gender Service (QCGS). This decision affected all young patients who had not already started hormone treatment, and those who were about to start it.

The suspension was followed by the announcement of an independent review into Stage 1 treatment (puberty blockers) and Stage 2 treatment (gender affirming hormones), with a final report and recommendations to be provided to the Director-General of Queensland Health by 30 November 2025.

This submission by Transcend Australia is an expanded response to the public consultation questions published on the Queensland Health review page. The online form's restrictions did not make it possible to include all the information we wanted to contribute, including links to further information, on behalf of the families we support.

The suspension of treatment has reduced access to timely, safe, high-quality, and accessible healthcare for young people in Queensland. This restriction is not only detrimental to their health and wellbeing, but it also entrenches a discriminatory gap in the state's healthcare system—one that denies young people the equitable access to care they both need and have a right to. **We call on the Queensland Government to immediately lift this unjust suspension and take action to ensure health equity for all Queenslanders.**

About Transcend Australia

Transcend Australia is a national not for profit working alongside families, parents and carers to support their trans, gender diverse and non-binary (TGDNB) children. We work to enhance protective factors for strong families, to empower them by building confidence and knowledge to support their trans, gender diverse and non-binary kids.

Transcend provides non-medical and non-clinical support services to parents, carers and families through peer-led supports that promote resilience through shared support, learning, and celebration. We work with gender services in Australia, to enhance the availability of non-medical and social support available to families.

Our vision is for a world where trans, gender diverse and non-binary people are thriving and flourishing, living safe and empowered lives free from discrimination.

Answers to consultation form

What range of hormone treatments do you understand are available for gender dysphoria in children and adolescents?

The Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (first published in 2018) is a publicly available resource developed by The Royal Children's Hospital Melbourne and endorsed by AusPATH—the Australian and New Zealand Professional Association for Transgender Health.

On pages 15–23, the document lays out detailed protocols on puberty suppression, gender affirming hormone initiation (oestrogen and testosterone), fertility preservation, and the roles of each member of the multidisciplinary care team—including mental health professionals, endocrinologists, bioethicists, and legal advisors—in supporting young people through gender-affirming medical care.

These guidelines were developed through expert consensus and consultation with community organisations, healthcare professionals, trans and gender-diverse youth, and their families across Australia and New Zealand. They draw on internationally recognised standards such as WPATH and existing clinical and observational studies that demonstrate that access to supportive, multidisciplinary gender-affirming care is associated with reduced suicidality, improved mental health, and better overall wellbeing among trans adolescents. Not every trans young person pursues a medical transition, but for those that do, access to timely, safe, good-quality and evidence-based care pathways is lifesaving.

While these standards remain widely used in Australia, an NHMRC-led review is currently underway to update national guidelines using current evidence and transparent, multidisciplinary processes. However, it is worth noting that this review has not led to the suspension of healthcare access for young people.

As well as the views and preferences of children and adolescents and their families, what other factors do you think a practitioner should consider when deciding whether to prescribe the following:

Factors for no medication or hormone treatments?

Factors for Stage 1 hormone treatment?

Factors for Stage 2 hormone treatment?

Factors for other treatment options?

We are concerned about the wording of this question. Expecting families to identify and articulate all of the clinical factors involved in decisions about prescribing or withholding medication is both unrealistic and discriminatory. This type of question would not typically be asked of patients or families in other areas of medicine, such as oncology or endocrinology, where highly specialised clinical decisions are made in collaboration with patients.

The essential factor in any decision must always be the health, safety, and wellbeing of the child or young person, informed by their views and preferences and those of their family or carers, within the context of their unique circumstances. Australia has a world-leading healthcare system. Practitioners already undertake a comprehensive process in line with established standards of care. This includes:

- Providing clear and accessible information to the young person and their family;
- Discussing all potential approaches to gender-affirming care, including the option of no medical intervention;
- Outlining the risks, benefits, and implications of each pathway; and
- Collaborating within a multidisciplinary team to ensure a holistic approach to care.

The lived and living experience of hundreds of families patients of the QCGS confirms this approach, time and time again. This experience was also documented in the recent clinical service evaluation of the Queensland Children's Gender Service. As with any medical intervention, these decisions are guided by clinical expertise, multidisciplinary discussion, and informed consent processes, rather than by expecting families to independently evaluate all the factors involved.

Concerns have been raised about reversibility or irreversibility of hormone treatment. Do you have concerns about this for:

Concerns for Stage 1 hormone treatment?

Concerns for Stage 2 hormone treatment?

What are they?

No, we do not hold concerns about the reversibility or irreversibility of gender-affirming hormone treatments when care is delivered in line with established clinical standards.

Gender-affirming care is evidence-based and lifesaving. It consistently improves confidence, self-esteem, and overall mental health in trans and gender diverse children and young people, enabling positive engagement with school, peers, family, and the broader community.

Concerns about reversibility should not overshadow the existing, robust clinical frameworks that guide care, similar to many treatments in other areas of medicine. Importantly, reversibility or irreversibility is a feature of numerous medical interventions across multiple disciplines. No other area of healthcare suspends or withholds essential treatment solely on the basis of these characteristics. Doing so exclusively for gender-affirming care is discriminatory and denies young people access to equitable healthcare.

Decisions about gender-affirming treatment must always be individualised, based on:

- The unique needs and circumstances of the young person;
- The informed views and preferences of the young person and their family;
- Comprehensive risk–benefit discussions with the treating clinician; and
- Ongoing multidisciplinary support, including affirming mental health care.

This is the same principle applied to any other medical treatment: patient need and wellbeing are paramount, and clinical care should not be undermined by non-clinical biases.

Do you have any other concerns about the impacts of Stage 1 and/or Stage 2 hormone treatments for children and adolescents in the short, medium and/or long term?

Our and families' primary concern is that this review may result in further restrictions or loss of access to Stage 1 and Stage 2 gender-affirming treatments for children and adolescents.

Through our direct work with families and young people, we know that gender-affirming care is lifesaving. It enables children and adolescents to safely explore and affirm their gender in a supportive clinical environment, leading to measurable improvements in mental health, self-esteem, and family relationships. Parents consistently report decreases in anxiety, depression, and suicidal ideation once their children have access to the affirming care they need.

When access to treatment is delayed, paused, or removed, the harm is immediate and profound, as we are currently seeing in Queensland. Families, young people, and service providers report:

- Severe mental health impacts: Exacerbated gender dysphoria, heightened anxiety, and increased episodes of self-harm and suicidality.
- Community distress and isolation: Young people feel rejected by society, experience increased fear and isolation, and report losing trust in healthcare systems.
- Physical health implications: Lack of timely hormone access can force irreversible sex-based body changes, leading to the need for more invasive surgical interventions later in life.
- Increased unsafe practices: Some young people, particularly those without family support or the means to access private care, resort to self-medication, which poses significant health risks.
- Financial and geographic pressures: Families consider private care options, travelling interstate or relocating to access care, creating additional financial and emotional strain while also contending with a cost of living crisis.

Limiting or removing access to evidence-based gender-affirming care pathways and treatments disproportionately harms an already vulnerable group of young people. These outcomes are preventable.

How much information about the short, medium and/or long-term risks and/or benefits of Stage 1 and Stage 2 hormone treatment do you think a treating team should provide to a child or adolescent (and/or their parent or carer) before commencing treatment?

This question presupposes that a treating team actively withholds information from families and children. It is standard practice for a treating team to provide parents and carers and children and young people with thorough and ongoing information about all aspects of gender affirmation.

In our experience, non-gender affirming practitioners tend to be the ones withholding evidence-based information or promoting misinformation.

How would a treating team know that a child or adolescent (and/or their parent or carer) has understood the information given to them about those risks and/or benefits?

This question appears to assume that treating teams rush families through decisions or apply pressure without ensuring full understanding of risks and benefits. This does not reflect the reality experienced by families.

Treating teams are highly skilled healthcare professionals who work in close partnership with children, adolescents, and their parents or carers. Care is delivered through a collaborative and supportive process that prioritises informed decision-making. Families consistently report that their experience is one of ongoing, open dialogue, where information is explained carefully and revisited at multiple points, allowing time for reflection and questions.

In Australia, gender services—including those in Queensland—follow the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents and use a multidisciplinary team approach. Key safeguards include:

- **Multidisciplinary decision-making:** No individual clinician makes unilateral treatment decisions. Each stage of care is reviewed by a team of professionals, including mental health clinicians, endocrinologists, and other relevant specialists.
- **Ongoing risk–benefit discussions:** Conversations about treatment options, risks, and benefits are iterative and tailored to the child's developmental stage, the family's needs, and the evolving care plan.
- **Assessment of understanding:** Treating teams use clinical judgment, supported by mental health and psychosocial assessments, to ensure families and young people understand the implications of each decision.
- **Shared decision-making culture:** Families are active participants, and their understanding is continuously checked and reinforced at every step of the process.

Families we work with consistently confirm that they are given the time and support to understand all information before any decisions are made, and that their knowledge and consent are central to the care process.

In your view, are there areas of current practice relating to Stage 1 and/or Stage 2 hormone treatment for children and adolescents that lack sufficient evidence?

If so, what is the impact of the evidence gap on clinical care?

A family or young person may or may not know what evidence doctors are using as part of their care. This is true for any medical practice. The average person does not know all the evidence for the flu injection, cancer or diabetic treatment. But most people take the advice of medical practitioners. As patients, we make assumptions about what our treating doctors know. And we ask questions to clarify what we don't understand.

Arguably there are evidence gaps in all medical care, but treatments are not stopped because of evidence gaps, unless of course negative outcomes have been significantly/systematically identified as part of ongoing monitoring and research and as part of an evidence-based approach. Parents and carers are also not expected to know all the medical treatments available, the factors that a practitioner should consider when suggesting specific treatments nor the evidence supporting these treatments. Having concerns about any medical treatment is a normal response, but parents and carers in consultation with practitioners would always talk through these concerns. That is the standard of care in Australia, and gender affirming care is no different.

In the case of trans and gender diverse children and young people, the evidence shows unequivocally that by not supporting them to explore and affirm their gender we are in fact doing harm.

What questions do you think further research should address?

Any future research should adopt a strengths-based and evidence-informed approach, recognising that multidisciplinary care teams supporting trans and gender diverse (TGD) children and young people—and their families—are acting with the best interests of the child at the centre, guided by current clinical standards and evidence.

Future research would be most valuable if it focuses on:

- **The impacts of discrimination and stigma:** Examining how systemic discrimination, social exclusion, and the politicisation of trans people's lives negatively affect the mental health and wellbeing of children and young people.
- **Protective factors and best practice care:** Investigating which aspects of affirming care and supportive family, school, and community environments most strongly contribute to positive mental health and life outcomes.
- **Access and equity in healthcare:** Exploring the effects of geographic, financial, and policy barriers on timely access to multidisciplinary, evidence-based gender-affirming care.

We also wish to note that this question is inappropriate to pose to families and those of lived or living experience. Families cannot be expected to understand the internal clinical governance, regulatory oversight, or health service operational processes that underpin medical disciplines, and their lack of knowledge in these areas must **not** be misinterpreted as an absence of oversight. Like any other area of healthcare, clinical regulation and governance are the responsibility of health services, not patients.

Do you think this area of care has appropriate:

- **clinical oversight?**
- **governance oversight?**
- **regulatory oversight?**
- **Why / why not?**

Families cannot be expected to understand the internal clinical governance, regulatory oversight, or health service operational processes that underpin medical disciplines, and their lack of knowledge in these areas must not be misinterpreted as an absence of oversight. Like any other area of healthcare, clinical regulation and governance are the responsibility of health services, not patients.

Posing these questions in an open, public consultation suggests a disregard for the lived and living experience of those directly impacted by the delivery of timely and safe healthcare.

Should additional oversight or regulation be in place? If so, what?

Families are unlikely to know what regulation or oversight informs doctors' practices. This is true for any doctor, in any discipline. As patients, we make assumptions about the rules they are following, about the service/clinic/hospital.

However, it is worth noting that we have never had a family express any concerns regarding regulation or oversight at the Queensland Gender Service. Contrary to what many might think, families really care about their trans kids, and expect high standards of care, just as with any other family or any other area of medicine.

Is there anything else that you would like to raise about the current evidence base and ethical considerations for the use of Stage 1 and Stage 2 hormone treatments for children and adolescents?

Rigorous research and guidelines already exist.

Providers of gender affirming care that follow the well-recognised and established Standards of Care, nationally and internationally have long been working together to ensure that gender affirming care is rigorous, evidence-based and safe, and that it causes no harm. In every public gender service in Australia there are multidisciplinary teams working together, alongside families and their children to ensure that the most appropriate and safe approach is always taken. Questions being asked by this Review are already being asked and have always been asked. Families feel that they are given clear information about treatments, and practitioners take a holistic approach to clients and their families. The WPATH Guidelines are now at their 8th iteration, because clinicians and health providers believe in first, doing no harm and delivering evidence-based health care, and they constantly review and update the guidelines to reflect new evidence and best practice. Let's not forget that the trans community is probably one of the most researched communities at present. And the most vilified and misrepresented with countless examples of disinformation and misinformation.

Australia is leading the way in the provision of high quality, evidence-based and safe gender affirming care:

1. All major Australian children's gender services are part of a national research consortium called, ARCTYC, The Australian Research Consortium for Trans Youth and Children. This consortium is evaluating models of care and long-term health outcomes across 5 years with data from over 2,880 young people from gender clinics in Australia. The studies are both retrospective and prospective and currently underway, however, currently Queensland is unable to contribute to this world leading research due to the pausing on medical gender affirming care.

2. The National Health and Medical Research Council (NHMRC) which develops and supports high quality national guidelines for clinical practice, public health, environmental health and ethics study is currently in the process of reviewing the Australian clinical guidelines in order to develop national standards of care, a process that we fully support and would encourage the Queensland Government to get behind. We note however that suspending care in Queensland is, in fact, contributing to the evidence gap as Queensland can't continue to provide data to the NHMRC due to the suspension in care.

3. In 2024, the Queensland gender service was evaluated as an excellent, and safe service complying with the highest standards of care. That evaluation comprised of a panel of experts, including lived and living experience, as well as highly experienced and well-regarded professionals in the field of trans health, and it broadly consulted with the Queensland community, including families and young people.

4. Internationally, we also draw your attention to the recent Systematic Medical Evidence Review of Hormonal Transgender Treatment Report, also known as the Utah report. This report looked at over 1000 peer reviewed studies into gender affirming care and they concluded that "*the conventional wisdom among non-experts has long been that there are limited data on the use of gender affirming hormone treatments in paediatric patients*

with gender dysphoria. However, results from our exhaustive literature searches have led us to the opposite conclusion.”

5. Further references can be found on our website: https://transcend.org.au/resources/evidence/

The current suspension is causing an enormous level of distress for young people and their families, who fear for them. It has increased the levels of transphobia and is pushing families into financial stress in the middle of a cost of living and housing crisis. **The Queensland government has the choice to support safe access to healthcare or unsafe access to healthcare.** The suspension will not stop young people and families from trying to access the life-saving treatment they need and deserve. But it can make it safe by supporting the experts that it’s lucky to have in Queensland, who follow the internationally recognised standards of care, and implement the widely valued and world leading multidisciplinary approach that allows young people to consider what best option suits their needs, whether that is medical affirmation, social affirmation, legal affirmation, or whatever it is they need to live as their true selves, just like we all have a right to do.

Right now, **the suspension is resulting in unsafe access to healthcare**, with many purchasing hormones online and self-administering treatment without adequate health checks, with a serious gap in crisis and mental health support directly caused by the suspension, and with private practitioners inexperienced at applying standards of care in a multidisciplinary setting while trying to keep young people alive. Anecdotally we have heard from sector organisations and families that suicidality has risen since the suspension was announced, Queensland families and young people deserve much better.

Transcend Australia is fully supportive of, and committed to, evidence-based information and health care, we stand for families and young people to have every opportunity to thrive and flourish, like everyone else. And that includes having access to the healthcare they need as a basic human right. We encourage the Queensland Government to invest in national research such as ARCTYC and the NHMRC study.

Community Voices

Statement from Queensland Parent of former client of the Queensland Children’s Gender Service

As a parent of a 19-year-old young person, who accessed the Queensland Gender Service from the age of 14, I feel that we were supported and provided with detailed information on gender dysphoria, different types of gender affirmation and received *comprehensive access to multi-disciplinary care at all stages in our time with the Queensland Gender Service.*

The biggest hurdle was the lengthy time frame involved in accessing care and having to source a private psychologist to provide initial supports for our child prior to being able to access the next stages of gender affirmation care (this was necessary due to the high levels of distress, gender dysphoria and self-harming my child was experiencing).

Once we made it through the waitlist and our child had her initial assessment, we were impressed by the time invested by the healthcare team in answering any questions we had, talk through our fears/concerns and the many different specialists we heard from, for example endocrinologists, psychologists, clinical nurses, paediatrician, etc. This appointment lasted 3 hours. We were first seen as a family, then our child was seen individually and then as parents we could see the specialists together or on our own. At no time were any of us pressured to make decisions or made to feel like any judgements were being made.

The Queensland Gender Service liaised with our child's school and wrote a letter of support so that we could work to formally have our child's name changed on official documents and have their new name and pronouns respected at school.

At each appointment we would see different specialists and they would then take our child's case to a multi-disciplinary review to be discussed and make sure all factors (including mental health, levels of distress, physical health, etc.) were taken into consideration to inform our child and ourselves of decisions, processes, education and whether they needed to ask us any follow up questions.

Before our child could access hormone blockers, they had to undergo blood tests, go through a full medical history, assessments and be seen by the endocrinologist. This process was done over multiple visits and was not rushed. Again, going through multi-disciplinary reviews at each point.

Once my child was settled on hormone blockers, their gender dysphoria settled a lot, and their self-harming ceased. My child then decided that they wanted to access stage 2 hormone treatment (access to estrogen patches). Thanks to the fact that my child was on hormone blockers, this gave us time for our child to undergo fertility counselling done over 4 sessions and then separate sessions as family and as parents. There were more blood tests and multiple sessions with the endocrinologist to ensure we all were fully aware of the pros and cons of commencing estrogen patches.

My child was still accessing care from an external psychologist and the school counsellors who worked with the gender clinic, to inform them about how our child *was travelling. The school and the psychologist could access advice from the gender clinic as well to provide any additional supports or providing education to the school.*

As our child suffers from migraines, the patches and gel were deemed the safest option, and our child is required to have regular checkups with our GP as well as regular blood tests to monitor hormone levels and general wellbeing. This continues even after aging out of the Queensland Gender Service. Our child was also educated on the importance of a healthy diet and regular exercise. This means that our child is more closely monitored for any health issues than other cis children. This process was done over months and was a carefully considered and informed process.

Once our child could access estrogen patches, the sense of joy and relief for our child was immense. Our child finally felt that she could become who she had always felt she was, her mental health continued to improve, her sense of self became apparent and she experienced pride and joy in her appearance for the first time. This whole process took close to a year.

As parents, it was such a relief and feeling of validation that we had supported the right choice for her to undergo hormone therapy. This is by far the greatest gift our daughter has ever received and in her words, "today is better than Christmas!"

Once the patches were commenced, regular multi-disciplinary reviews, and health checks including blood tests continued until she was 17. At this stage, the Queensland Gender Service worked with our GP (who was happy to undergo training and access support from the Gender Service) to provide ongoing care.

When the Gender clinic was satisfied that we were comfortable to access care through the GP and the GP had everything in place to be able to provide the necessary care our daughter was discharged from the Queensland Gender Service and care can continue to be provided locally.

Our child continues to thrive, finding a job at 15, getting her licence at 17 and graduating from school, our child has since continued to work and fulfilled a lifelong dream of travelling overseas. She has also been a member of Youth Parliament and been on various committees. This was made possible because she is now confident in herself.

The Queensland Gender Service provides the chance for young people to access needed supports to assist them on their journey. It was a lifesaving service for our family, and we are forever grateful for the evidence-based, multi-disciplinary, caring service we were able to access and believe accessing this service should be a basic human right for any family going through a similar journey with their child.

Biology states that gender is not binary and there are many complexities and variations to sex and gender so, we strongly believe that the existing quality healthcare in place needs to remain to help families provide supports for their child to be their true selves.

Finally, our daughter would like it stated that "if she had not received the care from the Queensland Gender Service, she would not be here with us today."

Many of the families we are in contact with ended up having to access care privately due to the, at times, long waiting periods to access gender affirming care publicly and the need for their child to access care before going through puberty. This is because puberty is irreversible, while blockers are not, and blockers give young people additional time to explore their identify without their body changing in ways that cause them distress. Thus, showing the need for immediately lifting the suspension in place and providing additional funding and staffing of the public service clinics to ensure adequate and timely care for youth.

Quote from Parent of former client of the Queensland Children's Gender Service

Due to being able to access timely care, our daughter is thriving, she has a good friend base, has started management training and [is] flourishing at uni. We have gone from being permanently worried about her to now feeling like we are winning!