

State-wide Gender Diversity Model of Care

“At the moment the system is very confusing and overwhelming to navigate. It's very hard to get clear answers and it takes a long time and a lot of money, it can take a lot of mental energy to psych yourself up to go through and can leave individuals feeling as though there is something 'wrong' with them. There's nothing 'wrong' about being trans, it's a variation of normal, it's a nice, healthy thing. It's something I like about myself.”
(Survey respondent, 2021)

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Acronyms

ABS	Australian Bureau of Statistics
AusPATH	Australian Professional Association for Trans Health
CALHN	Central Adelaide Local Health Network
CAMHS	Child and Adolescent Mental Health Services
COTA	Council on the Ageing
DHS	Department of Human Services
DHW	Department for Health and Wellbeing
DSM	Diagnostic and Statistical Manual of Mental Disorders
FTE	Full-Time Equivalent
GAHT	Gender-Affirming Hormone Therapy
GP	General Practitioner
HIV	Human Immunodeficiency Virus
ICD	International Statistical Classification of Diseases and Related Health Problems
KPI	Key Performance Indicator
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex, Queer
LHN	Local Health Network
LEW	Lived Experience Worker
MDT	Multi-Disciplinary Team
MOC	Model of Care
NALHN	Northern Adelaide Local Health Network
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
PREMs	Patient Reported Experience Measures
PROMs	Patient Reported Outcomes Measures
PSG	Project Steering Group
RANZCP	Royal Australian and New Zealand College of Psychiatrists
SA	South Australia
SALHN	Southern Adelaide Local Health Network
TGDNB	Trans, Gender Diverse or Non-Binary
WCH	Women's and Children's Hospital
WCHN	Women's and Children's Health Network
WHO	World Health Organisation
WPATH	World Professional Association for Transgender Health

Glossary

Gender diverse	Umbrella term that describes people who do not conform to their society or culture's expectations for males and females. Being transgender is one way of being gender diverse, but not all gender diverse people are transgender. Gender diverse individuals may identify as trans, transgender, gender questioning, gender fluid, and all gender identities and expressions that are different from the sex presumed at birth.
Gender dysphoria	The distress that trans people can feel because of the incongruence of their gender identity and gender presumed at birth or sex characteristics. Not all people who are gender diverse experience gender dysphoria.
Gender expression	How an individual expresses their gender identity to the outside world, as expressed through name, clothing, behaviour, hairstyle etc. Gender attribution is a related concept, being the gender that the outside world assigns to an individual based on this expression.
Gender identity	A person's sense of being male, female, a blend of both or neither. Gender identity can be the same or different from gender presumed at birth or sex characteristics.
Gender incongruence	Incongruence between gender identity and gender presumed at birth or sex characteristics.
Informed consent	A person's decision, given voluntarily, to agree to a healthcare treatment, procedure or other intervention. This decision is made following the provision of accurate and relevant information about the healthcare intervention and alternative options available, and with adequate knowledge and understanding of the benefits and risks of the proposed intervention.
Informed consent model of hormone prescribing	A model where gender affirming hormone therapy can be commenced and managed by clinicians with the informed consent of people with legal capacity to give consent to treatment, enabling access to hormone therapy without endocrine or mental health specialist consultations unless indicated.
Lived experience worker	A member of the workforce skilled with the ability of sharing wisdom and insights they have gained from walking their particular path. Note that people with lived experience may also be employed in other clinical and non-clinical roles.
Mainstream health services	Health services not specific to people who are trans, gender diverse, non-binary or gender questioning. Services may include assessment and referral, medical therapy management, and/or counselling and psychological therapies.
Non-binary	A term to describe someone who does not identify exclusively as male or female.
Person centred care	Care that is respectful of, and responsive to, the preferences, needs and values of the individual patient. It involves seeking out, and understanding what is important to the patient, fostering trust, establishing mutual respect and working together to share decisions and plan care.
Social affirmation	The process by which a person changes their gender expression to better match their gender identity.
Specialised gender health services	Health services for people who are trans, gender diverse, non-binary or gender questioning. Services include specialised assessment, support for medical affirmation and/or surgical affirmation.

Specialised gender support services	Community-based services for people who are trans, gender diverse, non-binary or gender questioning providing information and resources, social and wellbeing support, and services to support social affirmation.
Trans	Trans individuals describe their gender in different ways. The term is inclusive of people who describe themselves as transgender, transsexual, having a transgender or transsexual experience or history, non-binary, agender, genderqueer and more. Trans people generally experience or identify their gender as not matching their gender presumed at birth.

Executive summary

Introduction

Nationally and internationally, there is increasing awareness of people who are trans, gender diverse and non-binary (TGDNB), and increasing numbers of children, adolescents, adults and their families presenting to health care services seeking advice, support and coordinated, timely care for their experience of gender diversity or gender incongruence.

Australian and international clinical practice guidelines and standards of care exist for both TGDNB children/adolescents and adults to support clinical care provision, with the aim of improving quality of life and mental health outcomes. However, this is an emerging area of health care, and new evidence must continue to be reviewed as part of ongoing monitoring to ensure that future service delivery models and clinical pathways continue to be evidence-based.

This document outlines a recommended model of care (MOC) for the delivery of gender health services for people who are TGDNB or gender questioning in South Australia. It describes how health services are delivered, including who services are for, how they can be accessed and types of services available. It extends across the patient journey through different care providers.

The MOC was informed by extensive stakeholder consultation with community members, clinicians and other service providers. Details of the MOC were developed by members of the Project Steering Group including expert clinicians and community representatives.

Gender health service streams

The proposed delivery of gender health services for people who are TGDNB or gender questioning in South Australia (SA) will occur across three service streams. These streams are based on types of services being sought, and whether these can be accessed via mainstream providers or require specialised gender health services. The three health service streams are:

- > Mainstream health and gender support services
- > Specialised gender diversity health services (separate child/adolescent service and adult service)
- > Specialised gender diversity surgical services.

Note that the specialised services outlined in this model of care relate to services provided and/or funded by SA Health. Specialist gender health services available in the private sector are outside the scope of this model of care and can still be accessed in accordance with individual provider requirements.

Mainstream health and gender support services

These are often the first port of call for people who are TGDNB, gender questioning and/or their families or carers. Mainstream service providers include general practitioners (GPs), other community primary care clinicians or other medical specialists who can provide information, ongoing care and/or referral to specialised gender health services. GPs can also initiate gender affirming hormone therapy (GAHT) for adults under an informed consent model, where specialised medical or psychiatric assessment or care is not indicated. Likewise, other medical specialists in the public or private sector (e.g. endocrinologists, sexual health physicians) can provide adult gender health care where appropriate under an informed consent model and in line with current clinical guidelines and standards of care.

Gender support and wellbeing services are provided by non-government organisations (NGOs) and voluntary support groups/networks, and provide information, peer support and links to other services

for people who are TGDNB, gender questioning, families/carers. Referral is not required to access these services.

Specialised child and adolescent gender diversity health service

The specialised Child and Adolescent Gender Diversity Service will operate as a single state-wide service and continue to be based at the Women's and Children's Hospital (WCH) or attached facility under a single governance structure, with outreach and virtual services provided to those unable to attend in person and/or where clinically appropriate. The service will be provided in a co-located clinical space, with appropriate access to treatment/examination rooms (i.e. co-located mental health and medical support teams and administration functions).

Services provided by the Child and Adolescent Gender Diversity Service will continue to include specialised mental health and medical assessment for gender dysphoria/incongruence, initiation and management of medical affirmation therapy, support for social affirmation, fertility counselling, psychological therapies and referral to other services as indicated. Services are available via referral from GP, psychiatrist or other appropriately qualified mental health professional.

The recommended multi-disciplinary team comprises the following staff in line with latest clinical practice guidelines for provision of gender-health care services: service coordinator/manager, child and adolescent psychiatrist, mental health clinicians (social worker plus psychologist and/or mental health nurse), paediatrician / paediatric/adolescent physician, paediatric endocrinologist, adolescent gynaecologist, nurse consultant, registrar (paediatric / child psychiatry), lived experience worker (family/carer, consumer), administrative support.

It is recommended that the number of full-time equivalent (FTE) staff increase as the MOC is implemented to reflect recent growth in service demand. However, service demand and usage data should be reviewed regularly post the commencement of implementation to confirm or adjust FTE requirements.

Transition to adult services

Effective transition and transfer processes from the Child and Adolescent Gender Diversity Service to the Adult Gender Diversity Service is the dual responsibility of both services to ensure that an appropriate level of care and support is maintained. This will include appropriately timed, patient-centred transition processes including planned service transfers, formal clinical handovers, and reach-in support provided by the adult service clinical staff and lived experience support worker(s). Where clinically indicated, joint clinics will be conducted involving clinicians from both services.

Specialised adult gender diversity health service

Where specialist advice, assessment or care for TGDNB adults is sought by mainstream providers, this will be provided under the umbrella of a single Adult Gender Diversity Service with a single referral point to facilitate access to the most appropriate multi-disciplinary care. Services will be commissioned under a single or multi-site integrated practice model that builds on the strengths of existing adult gender diversity service offerings. If the service is commissioned across more than one Local Health Network (LHN) or provider, a memorandum of understanding or service agreement will be established between providers that outlines clinical and operational governance arrangements that support service operation as required (i.e. to facilitate shared forms, processes and referral pathways).

The physical service location(s) and design will be based on parameters including population demand, ease of access via public transport and for people from different cultural backgrounds and those with different abilities, ability to provide a 'safe' space for multi-disciplinary care, and close to

community gender support services where possible. Outreach/ telehealth options will be provided for those unable to attend in person, including people from both metropolitan and regional locations.

Services provided by the Adult Gender Diversity Service will be available via referral from GP, psychiatrist or other appropriately qualified mental health professional, and include multidisciplinary assessment and time-limited support for medical and/or surgical gender affirmation. Following the first year of medical gender affirmation therapy, or when indicated, ongoing management of medical therapy should be provided by the person's GP or via shared care arrangements between the GP and the specialised service.

The proposed multi-disciplinary team comprises the following staff in line with latest clinical practice guidelines for provision of gender health care services: service coordinator/manager, nurse consultant, endocrinologist / sexual health physician, psychiatrist (consultant liaison), mental health clinicians (social worker, psychologist), gynaecologist, urologist, plastic surgeon, speech pathologist, registrar (endocrinology / psychiatry / sexual health / GP), lived experience worker, administrative support.

Where surgical intervention is indicated, the team plastic surgeon and/or other surgical specialists will be brought in as part of multi-disciplinary discussions, assessment and pre/post-operative care planning. If required, referral can be made to other surgical specialties for consultation.

It is recommended that the number of FTE staff increase as the MOC is implemented to reflect recent growth in service demand. However, service demand and usage data should be reviewed regularly post the commencement of implementation to confirm or adjust FTE requirements and ensure equity of service access across SA. It is expected that initial increases in demand may slow over time as current unmet need is addressed and mainstream providers become more experienced in commencing and/or providing ongoing management of hormone therapy.

Specialised gender diversity surgical service

The model of care proposes that TGDNB people with gender dysphoria or gender incongruence seeking surgical gender affirmation will be able to access services via the Adult Gender Diversity Health Service. This provides a single referral pathway, access to multi-disciplinary assessment, referral and links to surgical team(s), and pre and post operative surgical, medical and mental health support for people undergoing surgical gender affirmation in SA.

A phased approach to implementation of surgical gender affirmation services in SA will be developed based on assessment of existing clinical expertise and scope of practice to inform initial surgical service locations, review of the existing SA Health Restricted Elective Surgery Policy Directive (v1.2), collection and review of baseline service demand data. Specific surgical gender affirmation services may be provided at one or more LHNs depending on available surgical expertise, capability and areas of specialisation.

Surgical services should include access to specialist nurse, plastic surgeon, consultant liaison psychiatrist, and as required, other appropriately qualified mental health professional(s), endocrinologist, gynaecologist, urologist, fertility specialist, other surgical specialties.

Referral for gender affirmation surgery must be from a medical doctor and include information on relevant physical and/or mental health conditions. Although psychiatrist referral is not required, all persons seeking surgical gender affirmation require documentation of persistent gender incongruence/dysphoria by a qualified mental health professional, and will be seen by the Adult Gender Diversity Health Service consultant liaison psychiatrist as part of the multidisciplinary surgical assessment process.

As demand data for surgical gender affirmation services are not currently available, it is recommended that service demand and usage data be reviewed regularly post service implementation to confirm or adjust FTE requirements and/or location of service provision as required.

Training and capacity building

In addition to clinical service delivery, both the child/adolescent and adult services have a key role in training and capacity building for mainstream and other providers, and in developing partnerships and collaborations with other groups to support ongoing, evidence-based service provision.

Service evaluation

Given the substantial gap between the current state and the proposed future model of care, and the paucity of data on potential unmet need, particularly for adult gender diversity health services including gender affirming surgery, a staged approach to implementation is proposed.

All specialised gender diversity health services will implement a continuous quality improvement process to ensure optimal and robust delivery of evidence-informed care. The Department for Health and Wellbeing will be responsible for working with specialised services to identify appropriate performance and outcomes measures, undertake annual review of service demand and more formal evaluation of the model of care post implementation to assess appropriateness and effectiveness of the service in meeting population need in line with latest evidence.

1 Introduction

1.1 Purpose of this document

This document outlines a recommended model of care (MOC) for the delivery of gender health services for people who are trans, gender-diverse, gender non-binary (TGDNB) or gender questioning in South Australia (SA). It describes how health services are delivered, who services are for, how they can be accessed and types of services available. It extends across the patient journey through different care providers and is based on available evidence regarding service design and delivery. It is not a clinical practice guideline, but does include reference to clinical practice guidelines and standards of care which inform clinical care pathways and service provision.

1.2 Target audience

Once endorsed, this document will inform all SA Health clinicians, managers and leaders involved or responsible for the delivery of specialised gender health services for people who are TGDNB, and provide information for other clinicians within SA Health as well as people and organisations outside SA Health who are involved in or provide health care for TGDNB people.

Specialists providing gender health services in the private sector are outside the scope of this model of care and can still be accessed by TGDNB persons in accordance with individual provider requirements.

Although this model of care is focussed on provision of *specialised* gender health services, other medical specialists within SA Health (e.g. endocrinologists, sexual health physicians) may also provide gender health care for TGDNB persons in line with current clinical guidelines and standards of care, and can refer to the specialised gender health service as required.

1.3 Background

People who are TGDNB do not conform to their society's or culture's expectations regarding gender identity and/or gender expression and are part of the spectrum of human diversity. TGDNB refers to gender identity and gender expression, and has nothing to do with sexual orientation.

Australian TGDNB young people are at greater risk of homelessness, physical abuse, leaving school early, reduced academic performance, self-harm and suicide compared to their peers¹. Australia's largest study on the mental health of TGDNB young people aged 14-25 years, the *Trans Pathways* study, found high rates of mental health issues including self-harm (79.7%), depression (74.6%), anxiety (72.2%) and attempted suicide (48.1%)². These rates are well above reported rates of mental or behavioural conditions in 15-24 year olds in the broader population (26%)³.

The *Trans Pathways* study found that the highest potential driver of poor mental health in young trans people was gender dysphoria, which was experienced by 93.8% of participants². Gender dysphoria is the distress arising where gender identity is incongruent with gender presumed at birth. TGDNB young

"There isn't only one path for medical transition. Different people will have different goals and to assume that a full transition to 'as close to cis as possible' is what works for everyone is disingenuous, harmful and transphobic." (Survey respondent, 25-64 years)

¹ Hillier L, Jones T, Monagle M et al (2010). Writing Themselves in 3: The Third National Study on the Sexual Health and Wellbeing of Same Sex Attracted and Gender Questioning Young People. La Trobe University, Melbourne.

² Strauss P, Cook A, Winter S, Watson V, Wright Toussant D, Lin A (2017). *Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results.* Telethon Kids Institute, Perth.

³ ABS (2018). *National Health Survey: first results, 2017–18.* ABS cat. no. 4364.0.55.001. Canberra: ABS. In AIHW (2020). Australia's health 2020: Mental health. <https://www.aihw.gov.au/reports/australias-health/mental-health>

people are also at significantly increased risk of other health problems including human immunodeficiency virus (HIV), hepatitis C and other sexually transmitted disorders, unplanned pregnancy, and ovarian, uterine and cervical disease.

TGDNB adults also report high rates of mental health issues, with trans adults four times more likely to have been diagnosed with depression than the general population.⁴

Nationally and internationally, there is increasing awareness of people who are TGDNB, and increasing numbers of children, adolescents, adults and their families presenting to health care services seeking advice, support and coordinated, timely care for their experience of gender diversity or gender incongruence.

Not all people who identify as TGDNB seek to socially, medically and/or surgically affirm their gender, and this can be influenced by whether the person identifies as trans and/or gender non-binary.

*“Gatekeeping kills us. Work WITH us, not against us. It shouldn't be an ordeal just to access health care. It shouldn't be traumatic.”
(Survey respondent, 25-64 years)*

1.4 Evidence based approach

Provision of support and therapy for gender diversity is an evolving field of medicine which also operates in an evolving medico-legal environment, particularly around informed consent for minors.

Australian and international clinical practice guidelines exist for both TGDNB children/adolescents and adults to support clinical care provision, with the aim of improving quality of life and mental health outcomes. However, this is an emerging area of health care, and further research is warranted across all domains of care for people who are TGDNB, the findings of which are likely to influence future recommendations and standards of care. New evidence must continue to be reviewed as part of ongoing monitoring of this model of care to ensure future service delivery models and clinical pathways continue to be based on latest evidence.

At the time of writing this model of care, the following published Australian and international clinical practice guidelines and standards of care were available to support planning and provision of gender-diversity healthcare services for TGDNB children/adolescents and/or adults:

- *World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (2022)*⁵
- *Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy (2022)*⁶
- *Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (2020)*⁷
- *Position statement on the hormonal management of adult transgender and gender diverse individuals (2019)*⁸

⁴ Hyde Z, Doherty M, Tilley PJM, McCaul KA, Rooney R, Jancy J (2014). The First Australian National Trans Mental Health Study: Summary of results. School of Public Health, Curtin University, Perth.

⁵ WPATH (2022). *Standards of Care for the Health of Transgender and Gender Diverse People* (Version 8). <https://www.wpath.org/soc8>

⁶ AusPATH (2022). *Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy*. Australia: Australian Professional Association for Transgender Health.

⁷ Telfer MM, Tollit MA, Pace CC & Pang KC (2020). *Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents Version 1.3*. Melbourne: The Royal Children's Hospital

⁸ Cheung AS, Wynne K, Erasmus J, Murray S, Zajac JD (2019). Position statement on the hormonal management of adult transgender and gender diverse individuals. *Med J Aust*. 2019 Aug;211(3):127-133. doi: 10.5694/mja2.50259. Epub 2019 Jul 4. PMID: 31271465.

- *Endocrine Society Clinical Practice Guideline: Endocrine treatment of gender-dysphoric / gender-incongruent persons (2017)*⁹.

Other published guidelines also exist to support initiation and management of gender affirming hormone therapy specific to adult patients in general practice:

- *Hormone therapy for trans and gender diverse patients in the general practice setting (2020)*¹⁰
- *Protocols for the initiation of hormone therapy for trans and gender diverse patients (2020)*¹¹.

Internationally, models of care for delivery of gender diversity health services are in different stages of establishment, evaluation and/or change based on emerging research and review findings^{12,13}. These have been considered in development of this model of care. Findings from evaluations of international service models and their applicability to the SA Health gender diversity health service must continue to be reviewed as part of ongoing monitoring of this model of care to ensure that future service delivery models continue to be based on latest available evidence.

1.5 Methodology

The project was undertaken in line with the SA Health planning approach and principles as outlined in the [SA Health Planning Framework](#).

Development of the model of care was overseen by a Project Steering Group (PSG) with clinical representation from Local Health Networks (LHNs), Primary Health Networks (PHNs), the non-government sector, and consumers. Extensive input and feedback was sought from and provided by people who are TGDNB, parents/carers and service providers during the project via workshops and surveys, and this was invaluable to guide development of the current state analysis, case for change and the draft and final model of care. Details of the MOC were developed by members of the PSG including expert clinicians and community representatives.

1.6 A summary of recommendations from the current state analysis is provided in Appendix A: Current state analysis summary of recommendations.Key terminology

Terminology around TGDNB is evolving. The International Classification of Diseases 11th revision (ICD-11) defines **gender incongruence** as a marked and persistent incongruence between an individual's experienced gender and gender presumed at birth, and recognises that it is *not* a mental health disorder¹⁴. The ICD-11 differentiates between 'gender incongruence of adolescence and adulthood' and 'gender incongruence of childhood'. The Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) refers to **gender dysphoria** as gender incongruence associated with

"Not all trans folks have dysphoria, but they are still trans." (Survey respondent, 19-24 years)

⁹ Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, Rosenthal SM, Safer JD, Tangpricha V, T'Sjoen GG (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*, November 2017, 102(11):3869–3903. doi: 10.1210/je.2017-01658

¹⁰ Cundill P (2020). Hormone therapy for trans and gender diverse patients in the general practice setting. *Australian Journal of General Practice*, 49 (7), p385-390. doi: 10.31128/AJGP-01-20-5197

¹¹ Equinox Gender Diverse Health Centre and Thorne Harbour Health (2020). Protocols for the initiation of hormone therapy for trans and gender diverse patients. <https://www.rainbowhealthvic.org.au/media/pages/research-resources/equinox-protocols-for-the-initiation-of-hormone-therapy-for-trans-and-gender-diverse-patients/3247185147-1605661767/quinox-informed-consent-guidelines.pdf>

¹² The Cass Review (2022). independent review of gender identity services for children and young people: Independent Report. <https://cass.independent-review.uk/publications/interim-report/>

¹³ Pang KC, Wiggins J and Telfer MM (2022). Gender identity services for children and young people in England. *BMJ*: 377 | doi:10.1136/bmj.o825

¹⁴ World Health Organisation (2021). International Classification of Diseases 11th Revision (ICD-11): ICD-11 for Mortality and Morbidity Statistics (Version : 05/2021) <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/90875286>

clinically significant distress or impairment in functioning¹⁵. As not all people who are TGDNB experience distress associated with their gender identity, the term **gender incongruence** is generally used in this document to describe the experience of people who are TGDNB. However, the term gender dysphoria is used when specified in clinical guidelines as a requirement for intervention.

People who identify as TGDNB may seek to socially, medically, surgically and/or legally affirm their gender. Depending on the person's age and whether they are trans or non-binary, medical affirmation may involve **puberty suppression** medication (3 monthly injections) and/or **gender affirming hormone therapy (GAHT)**. Surgical gender affirmation can involve a range of surgical procedures. **Top surgery** is used in this document to refer to bilateral mastectomy or breast augmentation. **Bottom surgery** is used to refer to gender affirming genital surgery. **Other gender affirming surgery** is used to refer to other surgical procedures including but not limited to facial feminisation or masculinisation, voice surgery.

2 Objectives

The model of care aims to provide:

- > Timely access to appropriate, evidence-based gender health care and support for TGDNB children, young people and adults including those from diverse population groups and rural and/or remote communities
- > Clear pathways for consumers and health professionals to access available gender health services and supports
- > Coordinated care transition between child, adolescent and adult health services
- > Clear pathways for health professionals to build understanding and awareness of TGDNB health needs, including gender dysphoria, and how to provide appropriate support and treatment.

The model of care aligns to strategic priorities of the *SA Health and Wellbeing Strategy 2020 – 2025*:

- > TOGETHER working in partnership to develop patient-centred solutions and service improvements
- > TAILORED services to meet the diverse and complex needs of individuals
- > TIMELY flexible systems, processes and practice that supports people to access the right services in the right place at the right time.

Regular review and evaluation will continue to inform evidence-based future models of care.

3 Outcomes

Short term (1-2 years post initial implementation)

- > Timely access to specialised gender health services, including 'top' surgery for people who are TGDNB across SA
- > Enhanced experience of persons who are TGDNB, and their parents/carers where relevant, in accessing health services to support gender identity.

¹⁵ Zucker, Kenneth. (2015). The DSM-5 Diagnostic Criteria for Gender Dysphoria. In Trombetta C, Liguori G, Bertolotto M (Eds). Management of Gender Dysphoria: A Multidisciplinary Approach. Springer-Verlag Italia. DOI: 10.1007/978-88-470-5696-1_4.

Medium term (3-5 years post initial implementation)

- > Timely access to gender affirming 'bottom' surgery for people who are TGDNB in SA
- > Increased confidence and skills among SA clinicians to provide gender health services.

Long term (5+ years post initial implementation)

- > Reduction in incidence of gender-related mental health issues for TGDNB people
- > SA gender services contribute to the evidence base for best practice service provision and care.

4 Guiding principles

Principles are the values, beliefs or rules that guide our actions. This model of care is based on five key principles most frequently suggested by stakeholders during consultation for this project as important to underpin provision of 'safe' gender health services.

*"Just let us be us."
(Survey respondent,
13-18 years)*

- > **Acknowledgement:** Acknowledge that trans and gender diversity are not mental illnesses
- > **Respect:** Respect that people who are TGDNB know and understand themselves
- > **Self-determination:** Be willing to listen, understand and provide person-centred care, as not all people who are trans and gender diverse want the same thing
- > **Lived experience:** Value lived experience, and involve people with lived experience in service design and service provision
- > **Equity of access:** Design services that are accessible for all, including services located in areas of greatest need, accessible by people in both metropolitan and regional locations, and accessible by people with different abilities and from different cultural backgrounds.

The SA Health *Equity of Access to Health Care Policy Directive* requires that services, information and resources are provided to support the diverse needs of consumers and their carers/families. This includes TGDNB people who come from a range of different regional, socio-economic, religious and cultural backgrounds, and/or those who have co-existing medical or other issues impacting their ability to access care. Additional inequities or barriers to care may exist for TGDNB people from various groups including Aboriginal and Torres Strait Islander or culturally and linguistically diverse (CALD) communities, people with a disability or cognitive impairment, people with alcohol or other substance abuse problems, people who are homeless, people from different faith groups, people living in regional or remote locations, and people who have experienced adverse life events.

5 Overview of the gender health service model

The proposed delivery of gender health services for people who are TGDNB or gender questioning in SA will occur across three service streams. These streams are based on types of services being sought, and whether these can be accessed via mainstream providers or require specialised gender health services. The three health service streams are:

- > **Mainstream health and gender support services:** These are often the first port of call for people who are TGDNB, gender questioning and/or their families or carers.

Mainstream service providers include general practitioners (GPs), other community primary care clinicians or other medical specialists who can provide information, ongoing care and/or referral to specialised gender health services. GPs can also initiate GAHT for adults under an informed consent model, where specialised medical or psychiatric assessment or care is not indicated.

Other medical specialists outside the specialised service, including endocrinologists and sexual health physicians, can also initiate and manage GAHT in adults under an informed consent model.

Specialised gender support and wellbeing services are provided by non-government organisations (NGOs) and voluntary support groups/networks, and provide information, peer support and links to other services.

- > **Specialised gender health services:** Separate specialised gender health services are available for children/adolescents and adults, with clear service transition pathways to be developed. These multi-disciplinary services are available via referral from GP, psychiatrist or other appropriately qualified mental health professional, and provide specialised multi-disciplinary assessment and support for diagnosis of gender dysphoria/incongruence and for medical/surgical gender affirmation. Child/adolescent services also provide mental health and other support for social affirmation, where these services are not available from community-based services.
- > **Specialised gender health services (surgical):** Gender affirming surgical services are a subset of the multi-disciplinary specialised gender health service for TGDNB adults. Services include psychiatric and physical assessment as part of surgical referral, and pre/post-operative surgical, medical and mental health support.

The gender health service model including the three service streams, types of services provided by each stream, for whom and by whom, is summarised diagrammatically in Figure 1. The service model is underpinned by agreed guiding principles, and supported by key enablers identified during current state analysis and stakeholder consultation. Each of these services and enablers are described further in the following sections of this document.

GENDER HEALTH SERVICE MODEL OF CARE

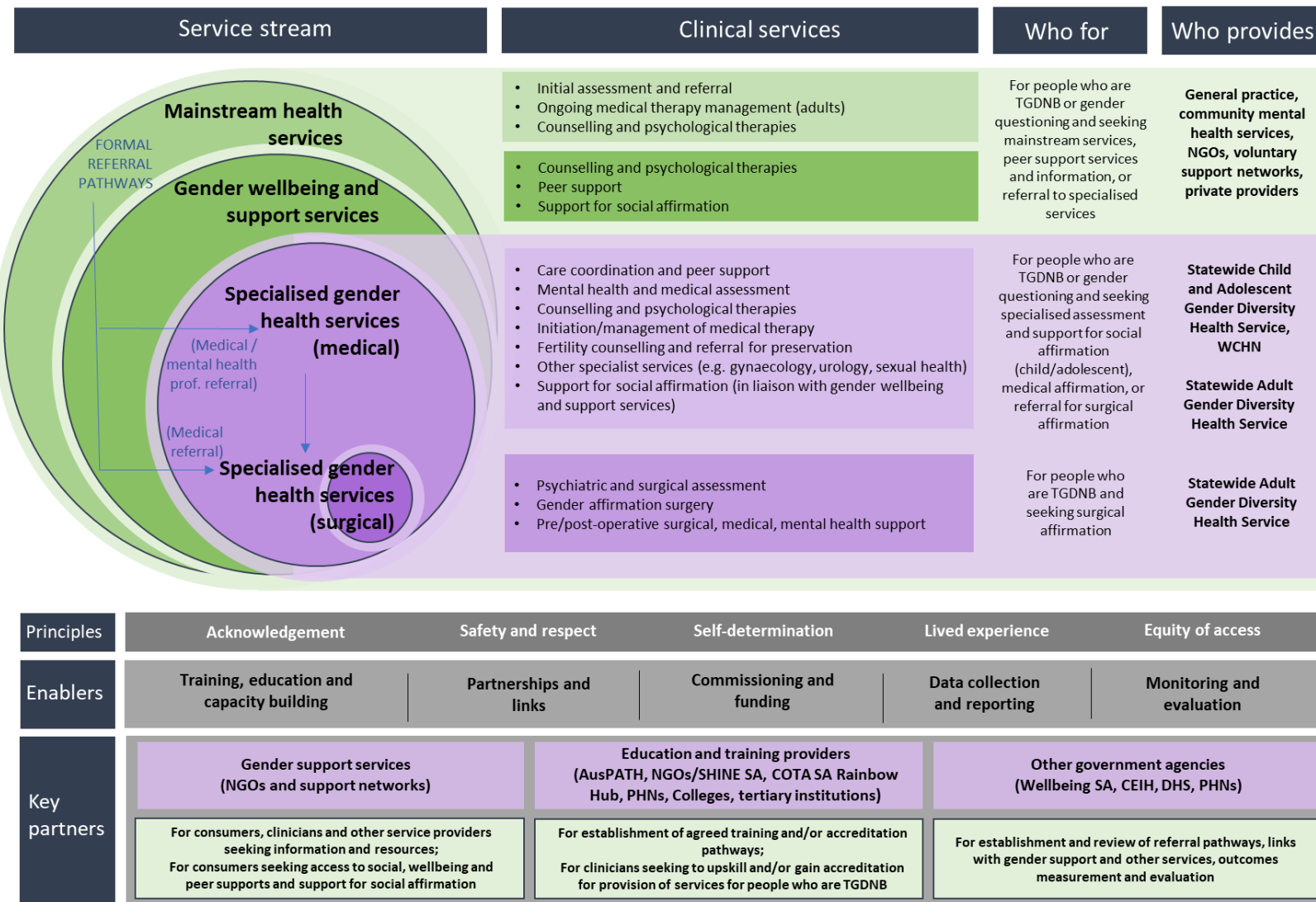


Figure 1: Gender health and support service delivery model for people who are TGDNB or gender questioning in SA

6 Mainstream and gender support services

Mainstream service providers and community-based gender wellbeing and support services play an important role as a first port of call and in provision of initial and/or ongoing care and support for people who are TGDNB or gender questioning.

6.1 Mainstream health services

People who are TGDNB or gender questioning and their families/carers require access to 'safe' mainstream health service providers not only for general primary health care, but also for gender-related health information, referral and/or care. Mainstream service providers include GPs, other private or public clinicians (e.g. endocrinologists, sexual health physicians, psychiatrists, psychologists, counsellors), NGOs and public mental health services.

Gender services sought from and provided by mainstream providers include:

- > Information about, and/or referral to, specialised gender support or gender health services
- > Counselling and psychological therapies including support for social transition
- > Initiation and/or management of gender affirming hormone therapy in adults.

The Australian Charter of Healthcare Rights¹⁶ states that all people accessing healthcare have a right to be cared for in an environment that makes them feel safe, and to have their identity, beliefs and choices recognised and respected. Mainstream health services should have, as a minimum, processes in place to support clinicians and staff to:

- > Provide a safe and supportive environment for provision of care to people who are TGDNB, gender questioning and their families/carers
- > Access up-to-date information and resources about TGDNB gender identity, specialised gender health and support services and referral pathways
- > Identify and record preferred name, pronoun(s) and gender where this is different from gender presumed at birth
- > Identify need for specialised gender support services or gender health services, and refer people to these services as soon as possible to facilitate timely access and optimal health outcomes
- > Partner with consumers and where indicated, specialised gender services, to provide ongoing gender-affirming care.

Some mainstream providers have been identified by the TGDNB community as supportive of the rights, health and wellbeing of TGDNB people (e.g. as per AusPATH website¹⁷ or Trans Health SA Practitioners' List). This model of care supports establishment of a formalised accreditation process for individuals and/or services providing care to people who are TGDNB, utilising existing training and education resources where appropriate (e.g. AusPATH training modules). Stakeholder feedback indicated that whilst some people who are TGDNB wish to access counselling and psychological services specialising in gender wellbeing, others prefer to access more mainstream providers as long as they provide 'trans-friendly' services.

GPs or other medical specialists can initiate and manage GAHT in adults under an informed consent model, where specialised gender health assessment or care is not indicated. Current standards of care recommend that a comprehensive medical history and mental health assessment be undertaken

¹⁶ Australian Commission on Safety and Quality in Health Care (2019). Australian Charter of Healthcare Rights. <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-healthcare-rights-second-edition-a4-accessible>

¹⁷ AusPATH Providers: <https://auspath.org.au/providers/#SA> (accessed October 2021)

by the clinician, and that complex mental health issues should be addressed, and the patient supported, prior to commencement of hormone therapy⁶.

Formal referral to specialised gender health services should occur when specialist medical or mental health assessment regarding gender health is being sought, and/or where specialised care is required to support social, medical and/or surgical gender affirmation. Mainstream service providers should refer to specialised gender health services as soon as possible when indicated, and as agreed with the person and/or their family.

6.2 Gender wellbeing and support services

Non-government organisations and voluntary peer support networks play a key role in provision of information about trans and gender diversity, including information regarding gender health services in SA. However, it was identified during consultations that there is a risk to ongoing sustainability of these services without additional funding.

Services provided by these organisations and support networks include:

- > Provision of information and links to gender counselling and specialised gender health services, support groups, resources, education and legal services across SA
- > Peer support programs provided by paid staff and volunteers with lived experience of gender diversity.

Referral is generally *not* required to access community-based gender wellbeing and support services.

Specialised gender health services will have responsibility for providing information and links to relevant community support groups and networks, and for liaising and working with support services to ensure all relevant information about specialised gender health services is available and up to date.

7 Specialised child and adolescent gender diversity health service

The model of care for the specialised Child and Adolescent Gender Diversity Health Service builds on the existing Women's and Children's Hospital (WCH) Gender Diversity Service. This service comprises the Gender Diversity Mental Health Support Team and the Gender Diversity Medical Support Team.

7.1 Service design and governance – child and adolescent service

The specialised Child and Adolescent Gender Diversity Service will operate as a single state-wide service under a single governance structure and in a co-located clinical space, with outreach and virtual services provided to those unable to attend in person and/or where clinically appropriate.

Operational governance for the Child and Adolescent Gender Diversity Health Service should remain under the Department of General Medicine in the Division of Paediatric Medicine, Women's and Children's Health Network. Clinical governance will continue to be provided by separate general medical, mental health, allied health or other relevant service streams.

7.2 Service location – child and adolescent service

The Child and Adolescent Gender Diversity Health Service will continue to be based at the WCH or attached facility, but will be provided under a single governance structure and in a co-located clinical space with appropriate access to treatment/examination rooms (i.e. co-located mental health and medical support teams and administration functions).

The WCH location provides several advantages for clients. These include ease of access to puberty suppression medication via the hospital pharmacy (with arrangements in place to courier this to GP practices for regional clients or those unable to attend the clinic), ease of access to regular bone mineral testing facilities, access to services in a supportive environment where all clinical and administrative staff are trained in provision of gender health care, and a single location for access to information and resources.

For staff, the WCH location supports ease of communication between team members often with fractional appointments to this service, as well as efficiency and flexibility in service provision in response to client needs (e.g. if person needs to be seen outside regular clinic times).

Service delivery options for regional and other clients who have difficulty attending WCH clinics in person are outlined below under Service Delivery Options in Section 7.9.1.

7.3 Services provided – child and adolescent service

Key services provided by the specialised Child and Adolescent Gender Diversity Health Service include:

- > Comprehensive biopsychosocial assessment
- > Counselling and psychological therapies
- > Working with families and liaising with schools and workplaces as required
- > Psychiatry assessment and opinion for medical management
- > Medical assessment
- > Medical treatment for gender dysphoria/incongruence, including initiation and management of medical therapy (puberty suppression, GAHT)
- > Access to pharmacotherapy (puberty suppression medication)
- > Fertility counselling and referral for fertility preservation procedures
- > Other specialist services (e.g. gynaecology, urology)
- > Support for social affirmation where not able to be accessed via community-based gender support services (e.g. speech therapy, binders, devices)
- > Care coordination
- > Peer support (for parents/carers and for adolescents, including during transition to adult services)
- > Liaison with other services as required, including drug and alcohol services, National Disability Insurance Service (NDIS), services for autism spectrum disorder
- > Transition of care to adult gender diversity health services
- > Advisory service for mainstream providers.

7.4 Service information – child and adolescent service

Details regarding the specialised Child and Adolescent Gender Diversity Health Service will be available on the WCH website, including services available, any costs to consumer, how services can be accessed and by whom.

It is also recommended that a single source of online information about service pathways, phone information and/or referral entry across all ages should be considered as part of model implementation.

7.5 Target group – child and adolescent service

Children and adolescents up to and including the age of 17 years who are gender questioning, TGDNB or have concerns regarding their gender identity may be referred to the specialised gender health service. Note that although many people who are TGDNB or gender questioning experience gender dysphoria, not all do. Gender dysphoria is therefore not a prerequisite for service access or service provision.

7.6 Referral process – child and adolescent service

Referral to the service may be made by a general practitioner, psychiatrist, psychologist or other mental health professional across South Australia. Referral forms and contact details for the service are provided on the service website: <https://www.wch.sa.gov.au/patients-visitors/patient-support-services/gender-diversity>.

Referrals are received by the Gender Diversity Mental Health Support Team for review and initial triage. Referrers are sent a letter once the referral has been received and accepted.

Adolescents who are under 16, or who lack decision-making capacity, require a parent/legal guardian to be aware of the referral and/or to attend appointments with them. For young people without parental or legal guardian support, WCH ethics opinion may be sought as part of referral consideration and service provision.

7.7 Transition to adult service

The child/adolescent and adult gender services are dually responsible for establishing and supporting effective transition and transfer processes from the Child and Adolescent Gender Health Service to the Adult Gender Health Service to ensure that an appropriate level of care and support is maintained. This will include appropriately timed, patient-centred transition processes including planned service transfers, formal clinical handovers, and reach-in support provided by the adult service clinical staff and peer support worker(s). Where clinically indicated, joint clinics will be conducted involving clinicians from both services.

7.8 Staffing and roles – child and adolescent service

Gender service clinical and administrative staff have skills, knowledge, experience and interest in provision of gender healthcare. Clinical staff are also required to maintain an up-to-date knowledge of and alignment to relevant standards of care and treatment guidelines for TGDNB children and adolescents.

Services are provided by a multi-disciplinary gender health team aligned to existing clinical practice guidelines and standards of care, and via access to other relevant clinical expertise by referral.

The gender health team model

A multidisciplinary and interdisciplinary service is available with a mix of disciplines and roles reflecting key findings and recommendations from the current state analysis, current and predicted service demand (see **Appendix B: Estimated population and potential service demand** and **Appendix C: Current service demand and usage**), and recommended staffing models outlined in the *Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents v1.3 (2020)*.

Wherever possible, clinical positions should be split between two or more staff to build additional capability and skills in provision of gender health services in SA, increase knowledge and skills of

each clinician based on an interdisciplinary model, and to provide back-fill and support to other team members.

All clinical and non-clinical roles, where appropriate, will have access to clinical supervision.

Further work is required to develop how the non-clinical lived experience workforce model will work in practice. This work will occur as part of implementation of the model of care. Note that people with lived TGDNB experience may also be employed in clinical or other non-clinical roles within the gender health service.

Gender health team staffing

The proposed multi-disciplinary team is outlined in Table 1. Staff requirements have been determined based on recommended staffing models in clinical practice guidelines.

The need for a dedicated Community Educator/Engagement role with responsibility for coordinating and/or providing training and education for people in health, other sectors and the broader community should also be considered as the service becomes established, either as a short-term or long-term position.

Table 1: Recommended Child and Adolescent Gender Diversity Health Service staffing model

Child and adolescent gender health service staff roles and classification	
Health Service Coordinator/ Manager	AHP4 / RN3 / ASO8
> Provide overall child and adolescent service coordination and management > Work collaboratively with all levels of management, clinicians, carers, patients, families, support staff, community agencies and other services to facilitate an effective, patient-focussed service > Establish service partnerships and links, including clear transition pathways from child/adolescent to adult services, clear referral pathways from mainstream services (e.g. development of GP Health Pathway) and links with community-based gender support services > Ensure implementation of policies and best-practice initiatives, including appropriate data collection > Manage communication about the service, including coordination/ preparation of materials, resources, website information which suit the needs of diverse communities > Coordinate and lead training, education, research and program evaluation activities, including research grant applications > Coordinate medical and other student rotations or placements, and provide operational management of lived experience worker and/or volunteers > Maintain the budget and track expenditure	
Mental Health Clinicians	AHP3/ RN3
<i>(Social Worker plus Psychologist and/or Mental Health Nurse)</i>	AHP2/ RN2
> Review and triage referrals, and collect further information as required from referees > Provide care coordination, including coordination of transition to adult services > Assess developmental history, gender identity, cognitive and emotional functioning > Assess social functioning and level of social/family support, and refer to social, housing, legal or other services as required > Provide support for families/carers > Identify co-existing mental illness and/or symptoms > Provide education about TGDNB identity, available pathways and services > Provide referrals/links to community support groups and services > Provide psychological therapy to explore gender identity and support social, medical and/or surgical affirmation	

Child and adolescent gender health service staff roles and classification	
> Assess and respond to risk of self-harm or social determinants impacting health > Participate in training, research and evaluation	
Nurse Consultant	RN3
> Conduct psychosocial, physical health and sexual health screening as part of intake assessment > Provide education to patients and families/carers re medical assessment process and treatment options > Administer medical treatments under order of treating doctor and assess for adverse outcomes > Provide psychosocial support to adolescent and family/carers > Provide care coordination, including coordination of transition to adult services > Provide referrals/links to community support groups and services > Participate in training, research and evaluation	
Child and Adolescent Psychiatrist	MD029G
> Assess developmental history, gender identity, cognitive and emotional functioning > Diagnose gender dysphoria/incongruence and/or other mental health issues > Liaise with other mental health providers re co-occurring mental illness, neurodiversity or developmental challenges > Counsel adolescent/family on the impact of medical intervention and on options available for fertility preservation > Contribute to assessment of adolescent's capacity to provide informed consent to medical therapy, and seek informed consent from legal guardian if required > Participate in training, research and evaluation	
Paediatrician, Paediatric/ Adolescent Physician	MD029G
> Assess gender identity, and general health and wellbeing including self-harm risk in conjunction with mental health clinician > Assess social functioning and level of social/family support > Assess stage of puberty and medical co-morbidities > Assess adolescent capacity to consent to medical therapy in conjunction with mental health clinician and disability specialists where relevant, and seek informed consent including from legal guardian if required > Provide developmentally appropriate information re medical affirmation options including benefits / risks > Provide education, advice and medical intervention re sexual health, contraception, menstrual suppression and pregnancy related issues > Provide fertility counselling and referral to adolescent gynaecologist > Monitor treatment efficacy and side effects > Provide counselling re surgical affirmation options and referral where appropriate > Participate in training, research and evaluation	
Paediatric Endocrinologist	MD029G
> Assess stage of puberty and medical co-morbidities, including assessment of complex patients with coexisting endocrine disorders > Assess adolescent capacity to consent to medical therapy in conjunction with mental health clinician and disability specialists where relevant, and seek informed consent including from legal guardian if required > Provide developmentally appropriate information re medical affirmation options including benefits / risks > Prescribe medication for initiation and maintenance of pubertal suppression and gender affirming hormone treatment > Monitor treatment efficacy and side effects	

Child and adolescent gender health service staff roles and classification	
> Provide education, advice and medical intervention re sexual health, contraception, menstrual suppression and pregnancy related issues > Provide fertility counselling and referral to adolescent gynaecologist > Provide counselling re surgical affirmation options and referral where appropriate > Participate in training, research and evaluation	
Adolescent Gynaecologist	MD029G
> Provide sexual health and fertility counselling, including developmentally appropriate education re fertility preservation options > Refer to and liaise with private fertility services as indicated > Provide sexual health service and management of gynaecological concerns > Provide counselling re gender affirming surgical options, risks, benefits and potential limitations > Participate in training, research and evaluation	
Registrar (Paediatric / Child Psychiatry)	MDP26G
> Participate in multi-disciplinary assessment > Assess stage of puberty and medical and/or psychiatric or psychological co-morbidities > Provide developmentally appropriate information re medical affirmation options, benefits and risks > Provide education, advice and medical intervention re sexual health, contraception, menstrual suppression and pregnancy related issues > Provide fertility counselling and referral to adolescent gynaecologist > Monitor treatment efficacy and side effects > Participate in training, research and evaluation	
Lived Experience Worker (family/carer, consumer)	TBD
> Provide lived experience support to patient and/or families/carers > Provide information and links to relevant community support groups and networks > Coordinate consumer/community engagement and feedback > Support transition to adult services > Manage/train volunteer peer workers as required	
Administrative support	ASO3
> Receive all in-coming communication and manage correspondence > Provide administrative support to both the gender diversity mental health and medical teams > Organise and manage referrals and waiting lists > Schedule and co-ordinate patient appointments, with aim to minimise financial/social burden on patients/families > Organise meetings and teaching events, and provide secretariat support > Support the health service manager in day-to-day operation of the service	

By referral

Other services may be required to support provision of gender diversity health care for children or adolescents, and will be available via referral to existing services. These include but are not limited to:

- > **Occupational therapy:** chest binder assessment and fitting
- > **Speech pathology:** provision of education regarding voice development and changes that may occur during medical therapy, teaching efficient voice production, and support for voice training options including self-guided practice

- > **Fertility preservation:** private fertility preservation services for young people seeking medical and/or surgical affirmation for gender diversity
- > **WCHN ethicist:** provision of secondary consultation to clinicians or the multi-disciplinary team regarding complex clinical situations which may include especially vulnerable or high-risk children or adolescents, discordance regarding adolescent's ability to provide informed consent.

The Child and Adolescent Gender Diversity Health Service will also have close links with GPs and community-based specialised gender support services and networks. Referral will be provided to gender support services as required for ongoing peer and social support, counselling and psychological therapies, and other services to support social transition.

7.9 Model of care – child and adolescent service

The model of care provided by the Child and Adolescent Gender Diversity Health Service comprises the following three elements:

- > Clinical service delivery
- > Training and capacity building
- > Partnerships and integration.

These elements are outlined in more detail below.

7.9.1 Clinical service delivery

Evidence-based approach

Care for TGDNB children and young people is an evolving field of medicine. Services are provided based on a person-centred, developmentally appropriate approach aligned with latest clinical standards of care and clinical guidelines. These currently include:

- *WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (2022)*⁵
- *Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (2020)*⁷
- *Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy (2022)*⁶
- *Endocrine Society Clinical Practice Guideline: Endocrine treatment of gender-dysphoric / gender-incongruent persons (2017)*⁹.

Care is also provided in line with other relevant position statements and clinical guidelines. These currently include:

- *Royal Australian & New Zealand College of Psychiatrists (RANZCP) Position statement 103: Recognising and addressing the mental health needs of people experiencing gender dysphoria / gender incongruence (September, 2021).*
- *Initial clinical guidelines for co-occurring autism spectrum disorder and gender dysphoria or incongruence in adolescents (2018)*¹⁸.

Elements of care

Where referral to the service has been accepted, the team will provide services outlined in the table below, supported by regular multi-disciplinary team case reviews.

¹⁸ Strang JF, Meagher H, Kenworthy L, de Vries ALC, Menvielle E, Leibowitz S, Janssen A, Cohen-Kettenis P, Shumer DE, Edwards-Leeper L, Pleak RR, Spack N, Karasic DH, Schreier H, Balleur A, Tishelman A, Ehrensaft D, Rodnan L, Kushner ES, Mandel F, Caretto A, Lewis HC, Anthong LG (2018). Initial clinical guidelines for co-occurring autism spectrum disorder and gender dysphoria or incongruence in adolescents. *J Clin Child Adolesc Psychol*, 47(1): 105-115.

Table 2: Elements of care – Child and Adolescent Gender Diversity Health Service

Elements of care	Description
Initial assessment and triage	Initial assessment is conducted in-person by a mental health clinician and/or nurse consultant to inform appropriate triage into the service. The intake assessment involves collection of all relevant information, comprehensive biopsychosocial assessment, provision of preliminary support, information, and linkages to community gender support services or other services (e.g. sexual health, drug and alcohol). Gender Health Service referrals are then triaged based on medical or psychiatric urgency.
Follow-up and support for young people <8 years	For young people who are pre-pubertal or under 8 years, further assessment, follow-up and support is provided by the Gender Diversity Service Mental Health Support Team. The total number of appointments and duration of follow-up is based on clinical indication. The person may be discharged from the service with community-based supports if gender dysphoria is not diagnosed or a non-medical pathway requested. Once the young person is close to puberty or 8 years, and if wishing to explore medical gender affirming options, a full multidisciplinary assessment will be undertaken.
Multidisciplinary assessment for young people ≥8 years (close to puberty or beyond)	For young people close to puberty or ≥8 years, multidisciplinary assessment involving both the mental health and medical support teams is undertaken. This generally involves more than one clinic appointment to allow for initial psychiatric assessment and diagnosis of gender dysphoria prior to medical assessment and management. If gender dysphoria is not diagnosed, or where medical therapy is not indicated or where a non-medical pathway is requested, the person may continue to receive specialised service supports or may be referred for community-based or other hospital-based supports as clinically indicated. Triage priority for access to medical pathway is allocated following multidisciplinary assessment. Comprehensive multidisciplinary assessment or re-assessment may occur at more than one point in the person's care; for example, prior to acceptance for medical therapy and/or prior to transitioning from puberty blockers to GAHT.
Intervention and support	Assessment of psychosocial readiness and eligibility for medical therapy is based upon current clinical guidelines and standards of care, and determined by clinical consensus of the MDT following multidisciplinary assessment. Psychological therapy is provided by the Gender Diversity Mental Health Team. Initiation and management of medical therapy (puberty blockers, GAHT) is provided by the Gender Diversity Medical Team once appropriate informed consent is obtained. Care requires regular clinic appointments, or alternative telehealth and/or shared care arrangements as agreed with local specialist or GP providers. Prior to initiation of medical therapies, fertility counselling and preservation options are discussed, and referral made to fertility preservation services as indicated. Ongoing mental health care and support is provided by the Gender Diversity Mental Health Team, private providers or NGO services. Because of the psychological vulnerability of many adolescents and young adults with gender incongruence or gender dysphoria, it is important that mental health care is available before, during, and sometimes also after medical affirmation. Peer support is also available for families/carers and where appropriate, for children and adolescents.

Elements of care	Description
Care coordination	Care coordination is provided by an allocated mental health clinician or nurse consultant within the team to support delivery of an integrated and personalised care plan. This includes facilitation of communication between MDT members and/or other agencies, supporting transition to adult services, and linking with or referring to community-based support services.
Referral to other services	Referral to other specialist medical services will occur as indicated, including for mental health, fertility preservation, sexual health, urology services. Referral to and liaison with community-based gender support services, as well as other services including drug and alcohol, NDIS, services for autism spectrum disorder, disability service providers or schools/workplaces, will also occur as needed.
Transition and transfer to adult services	Children and adolescents remain under the care of the specialised service for management of medical therapy and other gender health needs until they are formally transferred to adult services at age 18 years, or earlier/later based on individual need and ability. The transition process leading up to formal transfer should start as early as possible to facilitate optimal outcomes, and will be managed by the care coordinator with reach-in support provided by the adult service clinical staff and lived experience support worker(s).

Informed consent

The WCH Child and Adolescent Gender Diversity Health Service will continue to ensure that consent is obtained in accordance with the *Consent to Medical Treatment and Palliative Care Act 1995* and relevant SA Health policies including the *SA Health Consent to Medical Treatment and Health Care Policy Guideline* for young people over 16 years of age, and the *WCHN Consent to Medical Treatment Clinical Procedure*. Consenting procedures in place at the WCH Child and Adolescent Gender Diversity Health Service include a framework for assessment and documentation of an adolescent's capacity and competence to provide informed consent in line with these policies and guidelines.

Service delivery options

WCH clinic appointments: Initial assessments will generally occur face to face at the WCH gender clinic for clients accessing both the mental health and medical gender health teams. Regular clinic appointments are then scheduled in line with clinical need and services required (e.g. medical or psychiatric review, counselling and support, access to medication and/or access to bone density or other tests). Clinic appointments generally occur every 3 or 6 months for those accessing medical therapy.

Outreach clinics: Based on future demand data and service need, outreach clinics may be provided in regional location(s) supported by telehealth service provision and shared care with local paediatricians and GPs.

Telehealth: Post COVID, greater use is being made of the SA Digital Telehealth network following initial face-to-face appointment. Telehealth appointments will be offered where clinically appropriate, particularly for mental health care and support, and for those in regional locations or unable to easily access WCH. Medical consultations with regional clients may alternate face-to-face with telehealth/phone appointments if appropriate, with in-person appointments scheduled where possible alongside other appointments (e.g. hormone injections, annual bone density testing).

Shared care: For regional or other clients unable to attend regular appointments, shared care or clinical advice can be provided using telehealth or phone support for regional paediatricians, GPs or mental health service providers, where these external providers are confident to provide ongoing management in liaison with the specialised service.

Access to medication: Stage 1 (puberty blockers) and stage 2 (GAHT) medications are available through the hospital pharmacy for people accessing the WCH Gender Diversity Health Service. If patients do not obtain puberty suppression medications for gender dysphoria via the hospital, these medications can cost several thousand dollars per year as a private prescription as they are not currently subsidised for this indication on the Pharmaceutical Benefits Scheme. For people unable to come to the hospital for injections or to collect medications, arrangements can be made for the hospital to courier injections to GP practices for administration.

7.9.2 Training and capacity building

Building the capacity and confidence of mainstream health service providers to support ongoing care for TGDNB young people, particularly as they transition to adult services, is an important element of specialised gender diversity health service provision.

In addition to fact sheets and other resources/links available on the service website for access by consumers, families/carers, service providers or other interested parties, the Child and Adolescent Gender Diversity Health Service will provide the following services, with an agreed number of hours per week allocated to provide these:

- > **Clinical advice and support:** Gender health specialist clinicians will provide advice and support to GPs, paediatricians, other medical specialists and mental health service providers regarding provision of health care for young people who are TGDNB or gender questioning, either as part of shared care arrangements, in response to questions regarding care, or as part of referral to mainstream providers if needed (e.g. for ongoing care as an adult).
- > **Clinician training and education:** To develop and embed capability across SA Health for continued service provision, the Gender Diversity Health Service will provide an appropriately resourced clinical training function including:
 - Rotating paediatric and child psychiatry registrar positions, as well as allied health and nursing clinical placements
 - Working with education and training providers (e.g. AusPATH, NGOs/SHINE SA, PHNs, Colleges, tertiary institutions) to inform and participate in training and/or accreditation pathways for clinicians involved in TGDNB healthcare.
- > **Other education:** Working with community-based gender support services to provide relevant training and education regarding TGDNB gender health for schools, tertiary institutions and workplaces.

7.9.3 Partnerships and integration

In addition to clinical service provision and capacity building around provision of TGDNB health care, specialised gender health services will develop and maintain partnerships, links and/or collaborations with the following key groups and organisations to support ongoing, evidence-based service provision which meets consumer needs. Partnerships or collaborations may be established through development of formal pathways or agreements, documentation and dissemination of information regarding the service, and/or as part of collaborative projects or groups.

- > **Consumers:** The service will partner with the WCHN Consumer and Community Engagement Division to effectively engage TGDNB young people and/or their families/carers in development

and ongoing review and refinement of the service. This may include communication and engagement with service users via a variety of technological and social media formats within SA Government policy guidelines or directives. In addition, the service should employ a lived experience worker to support people and their families/carers attending the service, and to coordinate consumer engagement and feedback.

- > **Consumer support organisations and groups:** Close working relationships and links with community based gender support services will be essential for facilitating consumer access to TGDNB social and wellbeing support services and networks, information and resources, links to other services (e.g. laser hair removal, binders and device providers, legal services, housing and accommodation). In addition, consumer support organisations and groups can inform service design and evaluation, and/or facilitate access to consumers who can provide input to this work.
- > **Primary care organisations:** The service will work with Wellbeing SA and Primary Health Networks (PHNs) in SA to develop and promote GP Health Pathways around assessment, support, care provision and referral pathways to specialised services for young people who are gender questioning or TGDNB. The PHNs also provide opportunities for promotion of the service and education for mainstream providers around TGDNB health care.
- > **Specialised Adult Gender Diversity Health Service:** The service will have a strong focus on establishing and supporting effective transition and transfer processes to the adult gender health service to ensure that an appropriate level of care and support is maintained. This will include appropriately timed, patient-centred transition processes including planned service transfers, formal clinical handovers, and reach-in support provided by the adult service clinical staff and peer support worker(s).
- > **Other health and support services:** The service will work with other providers to meet the needs of the TGDNB young person and to ensure the service continues to meet the needs of different consumer groups:
 - Mental health service providers (e.g. Child and Adolescent Mental Health Service, private providers)
 - Aboriginal Health Services
 - Refugee and Migrant Health Services
 - Disability Support Services
 - Disability Liaison Officers within LHNs
 - Education providers.

Other providers may also be contacted, with client permission, as part of individual care provision.

- > **Training and accreditation providers:** Beyond the training and capacity building activity outlined in Section 7.9.2 above), the service will link with training and accreditation organisations to promote the service and support training and education of mainstream service providers. These organisations may include PHNs, relevant consumer peak bodies, tertiary institutions and colleges, NGOs/SHINE SA and AusPATH).
- > **Other jurisdiction gender health services and research institutions:** Opportunities for collaboration and integration of clinical and academic research will be developed by the service with the aim of generating new knowledge in the area of TGDNB gender health care to improve clinical outcomes. The service will work closely with the WCHN Human Research and Ethics Committee to ensure appropriate, ethical research practices are maintained in line with the *SA Health Research Ethics Policy Directive* and the *SA Health Research Governance Policy Directive*.

7.10 Service evaluation – child and adolescent service

The service will implement a continuous quality improvement process to ensure optimal and robust delivery of evidence-informed care. This will require appropriate resourcing to undertake the following:

- > Reviewing the MOC every 3-5 years or whenever there are significant updates to key specialist-level standards of care or clinical guidelines for TGDNB young people, whichever comes first
- > Identifying, collecting data, monitoring and reporting on key clinical and patient outcomes including accepted patient reported experience measures (PREMs) and/or outcomes measures (PROMs).

The DHW will work with the service to undertake the following:

- > Identifying and agreeing key performance indicators for service delivery which support model of care objectives (i.e. timely and equitable access to care, clear pathways, coordinated care transition between child and adolescent and adult services)
- > Annual review of service demand and FTE requirements to meet the needs of the TGDNB child and adolescent population. This should occur annually post commencement of implementation of the model, and consider impact of expected initial service uptake to meet demand backlog, and extent to which mainstream providers become more experienced and comfortable providing ongoing management of medical therapy for young TGDNB people.
- > More formal evaluation of the model of care (formative and/or summative) following implementation to assess barriers or enablers, and the ongoing appropriateness, effectiveness and efficiency of the service in meeting population need.

8 Specialised adult gender diversity health service

The model of care for the specialised Adult Gender Diversity Health Service proposes a state-wide multi-disciplinary service which meets current and expected future demand for specialised medical gender affirmation services across SA.

8.1 Service design and governance – adult service

Where specialised service advice, assessment or care for TGDNB adults is sought, this will be provided under the umbrella of a single Adult Gender Diversity Service with a single point of referral to facilitate access to the most appropriate multi-disciplinary care. Services will be commissioned under a single or multi site integrated practice model that builds on the strengths of existing adult gender diversity service offerings. If the service is commissioned across more than one LHN or provider, a memorandum of understanding or service agreement will be established between providers that outlines clinical and operational governance arrangements that support service operation as required (i.e. to facilitate shared forms, processes and referral pathways).

Operational governance for the Adult Gender Diversity Health Service will be finalised at service commissioning. It is envisaged that operational governance will be provided by the Head of Unit, Endocrine Services, under the Department of Medicine in the LHN(s) commissioned to provide the service. However, governance arrangements will be included in the scope of formalised service reviews/evaluation to ensure they remain appropriate and in line with governance structures within SA Health for other low volume statewide services. Discipline-specific clinical oversight will continue to be provided by relevant clinical streams within the LHN.

8.2 Service location – adult services

The location(s) of the new Adult Gender Diversity Health Service should be based on the following parameters as identified during stakeholder consultations and agreed with the Project Steering Group:

- > State-wide service with a single point of referral, based at a single or multiple location(s) under an integrated practice model umbrella service
- > Service based in area(s) of greatest need, easily accessible by public transport, and with outreach/telehealth options for those unable to attend in person including people from both metropolitan and regional locations
- > Service accessible by people from different cultural backgrounds and those with different abilities
- > A 'TGDNB-safe' space where multi-disciplinary care can be provided
- > Co-located or close to community gender support services or other relevant services wherever possible.

In line with the *SA Health and Wellbeing Strategy 2020-2025*, it is recommended that the Adult Gender Diversity Health Service be based in a community (non-hospital) setting(s) which meets the above parameters.

The need for any alternative or additional service locations to ensure equity of access across SA should continue to be monitored, and formally reviewed regularly post implementation as updated demand, usage and patient experience data become available.

8.3 Services provided – adult service

Key services provided by the specialised, multi-disciplinary Adult Gender Diversity Health Service include:

- > Provision of information and support to access the most appropriate service within the integrated practice model
- > Time limited medical assessment, initiation, management and review of medical gender affirmation treatment
- > Advice and support for mainstream providers for ongoing medical management
- > Ongoing management of medical gender affirmation treatment for TGDNB people with complex presentations and/or where ongoing gender care cannot be managed by mainstream providers
- > Psychiatry assessment and opinion for medical management where indicated, and for surgical management
- > Counselling and psychological therapies to support medical and/or surgical affirmation
- > Fertility counselling and referral for fertility preservation procedures
- > Peri- and post-operative medical and psychological support for people undergoing gender affirmation surgery
- > Other specialist services (e.g. gynaecology, urology, sexual health)
- > Working with families and liaising with workplaces as required
- > Liaison with community-based gender support services and other services as required, including drug and alcohol services, NDIS
- > Peer support

8.4 Service information – adult service

Details regarding the specialised Adult Gender Diversity Health Service will be available on the SA Health website, including services available, any costs to consumer, how services can be accessed and by whom.

It is also recommended that a single source of online information about service pathways, phone information and/or referral entry across **all ages** should be considered as part of model implementation.

8.5 Target group – adult service

People 18 years and over who are gender questioning, TGDNB or have concerns regarding their gender identity may be referred to the specialised Adult Gender Diversity Health Service, or may be transferred to the service from the WCH Child and Adolescent Gender Health Diversity Health Service. If clinically and developmentally appropriate, the adult service may accept referrals for young persons under 18 years.

Note that GPs or other medical specialists can initiate and manage GAHT in adults under an informed consent model, with advice and support provided by the Specialised Adult Gender Diversity Service as required. Formal referral to the specialised service should occur where specialised or multidisciplinary care is sought or required to support management of social, medical and/or surgical gender affirmation, and/or where there are additional physical, medical or mental health complexities requiring assessment in the context of gender health.

8.6 Referral process – adult service

Referral to the service may be made by a general practitioner, psychiatrist or other appropriately qualified mental health professional across South Australia (see **Appendix D: Diagnostic clinical qualifications**). Referral forms and contact details for the service will be provided on the service website.

Referrals are received by the Intake Nurse (Nurse Consultant) for review, initial triage, and collection of further information if required. Referrers are sent a letter once the referral has been received and accepted.

Note that to manage demand for the specialised service and to assist primary care clinicians to improve knowledge and skills in this area, the service may work with referrers to support management in primary care settings where appropriate.

8.7 Transition from adolescent service

The adolescent and adult services are dually responsible for establishing and supporting effective transition and transfer processes from the Child and Adolescent Gender Health Service to the Adult Gender Health Service to ensure that an appropriate level of care and support is maintained. This will include appropriately timed, patient-centred transition processes including planned service transfers, formal clinical handovers, and reach-in support provided by the adult service clinical staff and peer support worker(s). Where clinically indicated, joint clinics will be conducted involving clinicians from both services.

8.8 Staffing and roles – adult service

Gender service clinical and administrative staff have skills, knowledge, experience and interest in provision of gender healthcare. Clinical staff are also required to maintain an up-to-date knowledge of and alignment to relevant standards of care and treatment guidelines for TGDNB adults.

Services are provided by a multi-disciplinary gender health team in line with existing clinical practice guidelines and standards of care, and via access to other relevant clinical expertise by referral.

The gender health team model

A multidisciplinary and interdisciplinary service model is proposed, with the mix of disciplines and roles reflecting current and predicted service demand and key findings and recommendations from the current state analysis. The latter includes recommended best practice staffing models outlined in the *Position statement on the hormonal management of adult transgender and gender diverse individuals* (2019), *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline* (2017), *WPATH Standards of Care for the Health of Transgender and Gender Diverse People (Version 8)* (2022)^{8,9,5}.

Wherever possible, it is recommended that clinical positions be split between two or more staff to build additional capability and skills in provision of gender health services in SA, increase knowledge and skills of each clinician based on an interdisciplinary model, and to provide back-fill and support to other team members. This may occur at a single service site or across multiple sites, depending on how the service is commissioned.

All clinical and non-clinical roles, where appropriate, will have access to clinical supervision.

Further work is required to develop how the non-clinical lived experience workforce model will work in practice. This work will occur as part of implementation of the model of care. Note that people with lived TGDNB experience may also be employed in clinical or other non-clinical roles within the gender health service.

Gender health team staffing

Table 3 outlines the total proposed Adult Gender Diversity Health Service, which as previously stated may exist at either one or multiple service locations. Staff requirements have been determined based on recommended staffing models in clinical practice guidelines.

It is expected that the implementation of the MOC will meet expected initial increases in service demand to address current waitlists and existing unmet need (see **Appendix B: Estimated population and potential service demand** and **Appendix C: Current service demand and usage**). This initial increase in demand is likely to slow over time as current unmet need is addressed and mainstream providers become more experienced in initiating and/or providing ongoing management of hormone therapy. However, demand may not decrease if GPs continue to refer all TGDNB persons to the specialised service rather than upskilling themselves. To avoid this, it will be important for the specialised service to actively review all referrals for appropriateness, and work with referrers to support management in primary care settings wherever appropriate.

It is recommended that service demand and usage data be reviewed regularly post commencement of implementation of the MOC to confirm or adjust FTE requirements.

The need for a dedicated Community Educator/Engagement role with responsibility for coordinating and/or providing training and education for people in health, other sectors and the broader community should also be considered as the service becomes established, either as a short-term or long-term position.

Table 3: Recommended Adult Gender Diversity Health Service staffing model

Adult gender health service staff roles and classification	
Health Service Coordinator / Manager	AHP4/ RN3 / ASO8
> Provide overall adult gender health service coordination and management > Work collaboratively with all levels of management, clinicians, carers, patients, families, support staff, community agencies and other services to facilitate an effective, patient-focussed service > Establish service partnerships and links, including clear transition pathways from child/adolescent to adult services, clear referral pathways from mainstream services (e.g. GP Health Pathway) and links with community-based gender support services > Ensure implementation of policies and best-practice initiatives, including appropriate data collection > Manage communication about the service, including coordination/ preparation of materials, resources, website information > Coordinate and lead training, education, research and program evaluation activities, including research grant applications > Coordinate medical and other student rotations or placements, and provide operational management for lived experience worker and/or volunteers > Maintain the budget and track expenditure	
Intake Nurse / Nurse Consultant	RN3
> Review and triage referrals, and collect further information as required from referees > Conduct psychosocial and physical health screening as part of intake assessment > Allocate to most appropriate gender health service provider (if multisite) based on agreed criteria (e.g. clinical need, geographic location) and ensure equity of access for regional referrals, people with different abilities and/or from different cultural backgrounds > Provide care coordination and point of contact, including coordination of transition from child and adolescent services where relevant > Provide patient education re medical assessment process and treatment options > Provide referrals/links to community support groups and other services including social, financial, housing, community services > Participate in training, research and evaluation	
Endocrinologist / Sexual Health Physician	TBC
> Diagnose gender dysphoria/incongruence, in conjunction with psychiatrist as required > Assess capacity to consent, in conjunction with mental health clinician as required > Assess medical co-morbidities, including assessment of complex patients with coexisting endocrine disorders > Provide information re options for medical affirmation including benefits and risks > Prescribe medication for initiation and maintenance of gender affirming hormone treatment, and/or maintenance of pubertal suppression medication > Monitor treatment efficacy and side effects, and liaise with GP re provision of ongoing maintenance therapy > Provide education, advice and medical intervention re sexual health, contraception, menstrual suppression and pregnancy related issues > Provide fertility counselling and referral to gynaecologist > Provide counselling re surgical affirmation options and referral where appropriate > Participate in training, research and evaluation	

Adult gender health service staff roles and classification	
Psychiatrist (Consultant Liaison)	TBC
> Assess gender identity, cognitive and emotional functioning > Diagnose gender dysphoria/incongruence and co-existing psychological or psychiatric health issues > Assess and liaise with other providers re potential impact of mental illness, neurodiversity or developmental challenges on medical or surgical outcomes > Assess need and provide documented support for surgical affirmation treatment > Provide support and/or referral for psychological treatment for mental illness, neurodiversity or developmental challenges as indicated > Provide counsel on the impact of medical and/or surgical intervention > Assess capacity to consent to medical/surgical intervention, if required > Participate in training, research and evaluation	
Mental Health Clinicians (Social Worker, Psychologist)	AHP3/ RN3 AHP2/ RN2
> Assess social functioning and level of social/family support, and refer to social, housing, legal or other services as required > Identify co-existing mental illness and/or symptoms > Provide education about TGDNB identity, available pathways and services > Provide referrals/links to community support groups and other services including social, financial, housing, community services > Provide psychological therapy to explore gender identity and support social, medical and/or surgical affirmation > Assess and respond to risk of self-harm or social determinants impacting health > Participate in training, research and evaluation	
Gynaecologist / Urologist / Sexual health physician	TBC
> Provide sexual health and fertility counselling, including education re fertility preservation options > Refer to and liaise with other gynaecological services and/or private fertility services as indicated > Provide sexual health service and management of gynaecological / urological concerns > Provide counselling re gender affirming surgical options, risks, benefits and potential limitations > Participate in training, research and evaluation	
Plastic surgeon	TBC
> See Section 9.3 Staffing and roles – surgical services for details	
Speech pathologist	AHP3
> Provide education re voice changes that may occur during medical therapy, voice development and communication > Teach efficient voice production focussing on gender specific characteristics > Provide support for training options including self-guided practice	
Senior Medical Practitioner (GP)	TBC
Registrar (Endocrinology / Psychiatry / Sexual health / GP)	MDP26G
> Participate in multi-disciplinary assessment > Assess medical and/or psychiatric or psychological co-morbidities > Provide developmentally appropriate information re options for medical/surgical affirmation including benefits and risks	

Adult gender health service staff roles and classification	
> Provide education, advice and medical intervention re sexual health, contraception, menstrual suppression and pregnancy related issues > Provide fertility counselling and referral to gynaecologist > Monitor treatment efficacy and side effects > Participate in training, research and evaluation	
Lived Experience Worker	TBC
> First point of contact for the service to provide information, support and advice regarding service navigation > Provide lived experience support to patient and/or families/carers > Provide information and links to relevant community support groups, networks and other services including social, financial, housing, community services > Coordinate consumer/community engagement and feedback > Support transition from child and adolescent services > Manage/train volunteer lived experience workers as required	
Administrative support	ASO3
> Receive all in-coming communication and manage correspondence > Organise and manage referrals and waiting lists > Schedule and co-ordinate patient appointments, with aim to minimise financial/social burden on patients > Coordinate and manage service billing > Provide administrative and clerical support to the team > Organise meetings and teaching events, and provide secretariat support > Support the health service manager in day-to-day operation of the service	

(a) Note that although lived experience workers are not currently part of specialised gender diversity health services, peer support services are available at SHINE SA via the PHN-funded Gender Wellbeing Service and Gender Connect Country SA service.

By referral

Other services may be required to support provision of adult gender diversity health care, and will be available via referral. These include but are not limited to:

- > **Gynaecologist:** Other gynaecological services (public/private) to provide ongoing gynaecological care for trans men in particular
- > **Fertility preservation specialist:** private fertility preservation services for people seeking medical and/or surgical affirmation for gender incongruence
- > **Ethicist:** provision of secondary consultation to clinicians or the multi-disciplinary team regarding complex clinical situations which may include especially vulnerable or high-risk persons, or where there is difficulty assessing ability to provide informed consent
- > **Other surgical specialists:** opinion, assessment, advice and/or provision of other gender affirming surgery (e.g. facial feminisation, voice modification).

The Adult Gender Diversity Health Service will have close links with GPs and community-based specialised gender support services and networks. Referral will be provided to gender support services as required for ongoing peer and social support, counselling and psychological therapies, and other services to support social transition.

8.9 Model of care – adult services

The model of care provided by the Adult Gender Diversity Health Service comprises the following three elements:

- > Clinical service delivery
- > Training and capacity building
- > Partnerships and integration.

These elements are outlined in more detail below.

8.9.1 Clinical service delivery

Evidence-based approach

Care for TGDNB adults is provided based on a person-centred approach in line with latest clinical standards of care and clinical guidelines. These currently include:

- *WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (2022)*⁵
- *Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy (2022)*⁶
- *Position statement on the hormonal management of adult transgender and gender diverse individuals (2019)*⁸
- *Endocrine Society Clinical Practice Guideline: Endocrine treatment of gender-dysphoric / gender-incongruent persons (2017)*⁹.

Care is also provided in line with other relevant position statements or clinical guidelines. These currently include:

- *RANZCP Position statement 103: Recognising and addressing the mental health needs of people experiencing gender dysphoria / gender incongruence (September, 2021).*

Multi-disciplinary approach

Adult specialised gender health services provide assessment and follow-up by members of a multi-disciplinary team, as needed, aiming to optimise mental health, medical and surgical gender health outcomes.

Where commencement of GAHT therapy is indicated, this is initiated and managed by the endocrinologist or sexual health physician. Following the first year of GAHT, or when indicated, ongoing management of medical therapy may be provided by the person's GP or via shared care arrangements between the GP and the specialised service. The specialised service plays a key role in provision of advice to mainstream service providers regarding management of gender-related health care for TGDNB persons. Mainstream providers can re-refer to the specialised service if clinically indicated.

Where surgical intervention is indicated, the team plastic surgeon and/or other relevant surgical specialist is brought in as part of multi-disciplinary discussions, assessment and pre/post-operative care planning. If required, referral can be made to other surgical specialties for consultation.

Elements of care

Where referral to the service has been accepted, the team will provide services outlined in the table below.

Table 4: Elements of care – Adult Gender Diversity Health Service

Elements of care	Description
Intake assessment and triage	Intake assessment to inform appropriate triage into the service is conducted in-person or via telehealth by the nurse consultant. The intake assessment involves collection of all relevant information, comprehensive biopsychosocial assessment, and working with the lived experience worker to provide preliminary support, information, and linkages to community gender support services or other services (e.g. sexual health, drug and alcohol). Gender Health Service referrals are then triaged based on medical or psychiatric urgency for initial mental health, medical or comprehensive multi-disciplinary assessment. If the adult service has been commissioned to be provided in more than location and/or under different providers, allocation to the most appropriate service provider occurs following intake assessment.
Assessment / review	Initial assessment involving mental health, medical and/or surgical multi-disciplinary team members is undertaken based on referring information and whether the person is seeking medical and/or surgical affirmation treatment. This may involve more than one clinic appointment. Note that psychiatry assessment is not required for access to GAHT unless clinically indicated. However, it is required as part of multi-disciplinary assessment for access to surgical affirmation. If medical/surgical intervention is not indicated for gender dysphoria/incongruence, or where a non-medical/surgical pathway is requested, the person may continue to receive specialised service supports or may be referred for community-based or other hospital-based supports as clinically indicated. Comprehensive multidisciplinary assessment or re-assessment may occur at one or more points in the person's care if clinically indicated, with regular review meetings held to ensure appropriate care planning and support for health outcomes.
Intervention and support	Gender affirming care is provided based on a patient-centred and informed consent approach. Assessment of psychosocial readiness and eligibility for medical/surgical intervention is informed by the person themselves as well as clinical assessment by members of the multidisciplinary team as indicated, in line with current clinical guidelines and standards of care. Written informed consent is obtained prior to commencement of GAHT and/or surgical intervention. Medical assessment, initiation, initial management and review of medical gender affirmation treatment is generally time limited within the service, with support provided for mainstream services (e.g. GPs) to provide ongoing medical management of gender affirmation treatment post discharge. Care may require regular clinic appointments, or alternative telehealth and/or shared care arrangements as agreed with local specialist or GP providers. Prior to initiation of medical therapies, fertility counselling and preservation options are discussed, and referral made to fertility preservation services as indicated. Mental health care and support for social, medical and/or surgical gender affirmation is provided by service mental health clinicians, private providers or NGO services. Because of the psychological vulnerability of many young adults with gender diversity or gender dysphoria, it is important that mental health care is available before, during, and sometimes also after medical affirmation. Mental health assessment and support is also provided before, during and after surgical affirmation.

Elements of care	Description
	Speech therapy services are available as indicated, and peer support is also available.
Care coordination	Care coordination is provided by the nurse consultant to support delivery of an integrated and personalised care plan. This includes facilitation of communication between MDT members and/or other agencies, supporting transition from child and adolescent gender services, and linking with or referring to community-based support services or other providers.
Referral to other services	Referral to other specialist medical services may be indicated, including for gynaecology/urology services, sexual health services, fertility preservation, or other gender-affirming surgery (e.g. voice). Referral to and liaison with community-based gender support services, as well as other services including drug and alcohol, NDIS, services for autism spectrum disorder, other disability providers, or tertiary education/workplaces, will also occur as needed.
Transition and transfer from child and adolescent services	Children and adolescents are formally transferred to the Adult Gender Health Service at age 18 years, or earlier/later based on individual need and ability. The transition process leading up to formal transfer of care should start as early as possible to facilitate optimal outcomes, and will be managed by the care coordinator with reach-in support provided by the adult service clinical staff and lived experience support worker(s).

Informed consent

The Adult Gender Diversity Health Service will continue to ensure that consent is obtained in accordance with the *Consent to Medical Treatment and Palliative Care Act 1995* and relevant SA Health policies including the *SA Health Consent to Medical Treatment and Health Care Policy Guideline*.

Service delivery options

Clinic appointments: Intake assessment is conducted in-person or via telehealth, followed by multi-disciplinary assessments which will generally occur in-person at the gender clinic. Regular clinic appointments are then scheduled in line with clinical need and services required (e.g. medical or psychiatric review, counselling and support, access to bone density or other tests). Clinic appointments generally occur every 3 or 6 months for those accessing medical therapy.

Outreach clinics: Based on future demand data and service need, annual or bi-annual outreach clinics may be provided in regional location(s) supported by telehealth service provision and shared care with local specialists or GPs.

Telehealth: Post COVID, greater use is being made of the SA Digital Telehealth network following initial face-to-face appointment. Telehealth appointments will be offered where clinically appropriate, particularly for mental health care and support, and for those in regional locations or unable to easily access the service. Medical consultations with regional clients may alternate face-to-face with telehealth/phone appointments if appropriate, with in-person appointments scheduled where possible alongside other appointments (e.g. bone density testing).

Shared care: For regional or other clients unable to attend regular appointments, shared care or clinical advice can be provided using telehealth or phone support for regional specialists, GPs or mental health service providers, where these external providers are confident to provide ongoing management in liaison with the specialised service.

8.9.2 Training and capacity building

Building the capacity and confidence of mainstream health service providers to support initiation of hormone therapy and/or provision of ongoing care for TGDNB people is an important element of specialised gender diversity health service provision.

In addition to fact sheets and other resources/links available on the service website for access by consumers, families/carers, service providers or other interested parties, the Adult Gender Diversity Health Service will provide the following services, with an agreed number of hours per week allocated to provide these:

- > **Clinical advice and support:** Gender health specialist clinicians will provide advice and support to GPs, other medical specialists and mental health service providers regarding provision of health care for people who are TGDNB or gender questioning, either as part of shared care arrangements, in response to questions regarding care, or as part of referral to mainstream providers if needed. Dedicated time to undertake this advisory and support role will be built into service staffing and funding models.
- > **Clinician training and education:** To develop and embed capability across SA Health for continued service provision, the adult Gender Diversity Health Service will provide an appropriately resourced clinical training function including:
 - Senior Medical Practitioner positions for GPs wishing to upskill and gain experience in gender medicine
 - Rotating endocrinology, psychiatry, sexual health and/or GP registrar positions, as well as allied health and nursing clinical placements
 - Working with education and training providers (e.g. AusPATH, NGOs/SHINE SA, Council on the Ageing (COTA) SA Rainbow Hub, PHNs, Colleges, tertiary institutions) to inform and participate in training and/or accreditation pathways for clinicians involved in TGDNB healthcare.
- > **Other education:** Working with community-based gender support services to provide relevant training and education regarding TGDNB gender health for tertiary institutions and workplaces.

8.9.3 Partnerships and integration

In addition to clinical service provision and capacity building around provision of TGDNB health care, specialised gender health services will develop and maintain partnerships, links and/or collaborations with the following key groups and organisations to support ongoing, evidence-based service provision which meets consumer needs. Partnerships or collaborations may be established through development of formal pathways or agreements, documentation and dissemination of information regarding the service, and/or as part of collaborative projects or groups.

- > **Consumers:** The service will partner with consumer and community engagement groups to effectively engage TGDNB people and/or their families/carers in development and ongoing review and refinement of the service. This may include communication and engagement with service users via a variety of technological and social media formats within SA Government policy guidelines or directives. In addition, the service should employ a peer worker to support people attending the service, and to coordinate consumer engagement and feedback.
- > **Consumer support organisations and groups:** Close working relationships and links with community based gender support services will be essential for facilitating consumer access to TGDNB social and wellbeing support services and networks, information and resources, links to other services (e.g. laser hair removal, binders and device providers, legal services, housing and

accommodation). In addition, consumer support organisations and groups can inform service design and evaluation, and/or facilitate access to consumers who can provide input to this work.

- > **Primary care organisations:** The service will work with Wellbeing SA and PHNs in SA to develop and promote GP Health Pathways around assessment, support, care provision and referral pathways to specialised services for young people and adults who are gender questioning or TGDNB. The PHNs also provide opportunities for promotion of the service and education for mainstream providers around TGDNB health care.
- > **Specialised Child and Adolescent Gender Diversity Health Service:** The service will have a strong focus on establishing and supporting effective transition and transfer processes from the child and adolescent gender health service to ensure that an appropriate level of care and support is maintained. This will include appropriately timed, patient-centred transition processes including planned service transfers, formal clinical handovers, and reach-in support provided by the adult service clinical staff and peer support worker(s). In cases where surgical affirmation is clinically indicated for the young person prior to transition to adult services (e.g. for young people under 18 years), referral may be made to the adult service for surgical assessment, and care provided in liaison with the adult service.
- > **Other health and support services:** The service will work with the following providers and organisations as part of ensuring the service continues to meet the needs of different consumer groups:
 - Other mental health service providers (e.g. Community Mental Health Services, private providers)
 - Aboriginal Health Services
 - Refugee and Migrant Health Services
 - Aged Care Services (including via Council on the Ageing SA Silver Rainbow program which assists organisations to provide safe and inclusive care for older LGBTIQ+ people)
 - Disability Support Services
 - Disability Liaison Officers within LHNs.

Other providers may also be contacted, with client permission, as part of individual care provision.

- > **Training and accreditation providers:** Beyond the training and capacity building activity outlined in Section 8.9.2 above), the service will link with training and accreditation organisations to promote the service and support training and education of mainstream service providers. These organisations may include PHNs, relevant consumer peak bodies, tertiary institutions and colleges, NGOs/SHINE SA, COTA SA Rainbow Hub and AusPATH).
- > **Other jurisdiction gender health services and research institutions:** Opportunities for collaboration and integration of clinical and academic research will be developed by the service with the aim of generating new knowledge in the area of TGDNB gender health care to improve clinical outcomes. The service will work closely with relevant LHN Human Research and Ethics Committees to ensure appropriate, ethical research practices are maintained in line with the *SA Health Research Ethics Policy Directive* and the *SA Health Research Governance Policy Directive*.

8.10 Service evaluation – adult services

The service will implement a continuous quality improvement process to ensure optimal and robust delivery of evidence-informed care. This will require appropriate resourcing to undertake the following:

- > Reviewing the MOC every 3-5 years or whenever there are significant updates to key specialist-level standards of care or clinical guidelines for TGDNB adults, whichever comes first

- > Identifying, collecting data, monitoring and reporting on key clinical and patient outcomes including accepted PREMs or PROMs (e.g. Gender Q).

The DHW will work with the service to undertake the following:

- > Identifying and agreeing key performance indicators for service delivery which support model of care objectives (i.e. timely and equitable access to care, clear pathways, coordinated care transition between child and adolescent and adult services)
- > Regular review of service demand and FTE requirements to meet the needs of the TGDNB adult population. This should occur annually post commencement of the implementation of the model, and consider impact of expected initial service uptake to meet demand backlog, and extent to which mainstream providers become more experienced and comfortable providing ongoing management of medical therapy for TGDNB people.
- > More formal evaluation of the model of care (formative and/or summative) following implementation to assess barriers or enablers, and the ongoing appropriateness, effectiveness and efficiency of the model of care in meeting population need (including governance arrangements and operation under a single service model).

9 Specialised gender diversity surgical services

Specialised state-wide gender diversity surgical services will be provided under the umbrella of the Adult Gender Diversity Health Service model of care, and informed by most recent clinical guidelines and standards of care. The *WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (2022)*⁵ provides recommended criteria and referral requirements for people wishing to access gender affirming breast and genital surgery, plus an overview of recommended surgical competencies, techniques and complications.

Further detail is provided in this section on the proposed approach for how gender diversity surgical services will be accessed via the Adult Gender Diversity Health service, and the proposed resourcing and implementation approach. Note that this is a high level overview only, and further work will be undertaken as part of implementation of the model of care to develop surgical service requirements.

Surgical services provided in the private sector are out of scope for this model of care.

9.1 Access to surgical gender affirmation services

This model of care proposes that TGDNB people with gender dysphoria or gender incongruence seeking surgical gender affirmation can access public health services via the Adult Gender Diversity Health Service. This provides a single point of referral for multi-disciplinary assessment, referral/links to appropriate surgical team(s), and pre and post operative surgical, medical and mental health support for people seeking and undergoing surgical gender affirmation in SA.

Surgical services should include access to specialist nurse, plastic surgeon, consultant liaison psychiatrist, and as required, other appropriately qualified mental health professional(s), endocrinologist, gynaecologist, urologist, fertility specialist, and/or other surgical specialties.

Specific surgical gender affirmation services may be provided at one or more LHNs depending on available surgical expertise, capability and areas of specialisation.

9.2 Referral process

Referral for gender affirmation surgery via the Adult Gender Diversity Health Service must include referral from a medical doctor and include information on relevant physical and/or mental health conditions. Although psychiatrist referral is not required, all persons seeking surgical gender affirmation require documentation of persistent gender incongruence by a qualified mental health professional¹⁹ and will be seen by the Adult Gender Diversity Health Service consultant liaison psychiatrist as part of the multidisciplinary surgical assessment process.

If required, referral can also be made to other surgical specialties for consultation.

9.3 Staffing and roles – surgical services

Where surgical intervention is sought and/or indicated, the person must be assessed by both the plastic/other relevant surgeon and consultant liaison psychiatrist. The surgeon's role will be to assess the person's physical suitability for surgery as well as psychological readiness. The psychiatrist will confirm the diagnosis of gender dysphoria/incongruence, assess for any co-existing mental illness, and optimise any mental illness treatments prior to surgical intervention. The psychiatrist is part of the Adult Gender Diversity Health Service, and will work with the plastic and/or other surgeon and other

¹⁹ See **Appendix D: Diagnostic clinical qualifications**

multi-disciplinary team members to develop pre/post operative care planning (see Table 3, Section 8.8 for further detail on psychiatrist role).

The proposed multi-disciplinary team outlined in Table 5 recommends minimum requirements for establishment of a surgical gender affirmation service in SA, excluding theatre resource requirements.

As demand data for surgical gender affirmation services are not currently available, it is recommended that service demand and usage data be reviewed annually post commencement of implementation of the model to confirm or adjust FTE requirements as required.

Table 5: Recommended Gender Diversity Surgical Service staffing model ^(a)

Gender diversity surgical service staff roles and classification ^(a)	
Clinic Coordinator / Clinical Nurse Consultant	TBC
> Provide clinical operational direction to ensure efficient and effective management and coordination of the gender health surgical clinic > Schedule and manage clinic and surgical lists > Collaborate with the multidisciplinary team to facilitate optimal surgical outcomes and collect data on performance indicators (including PREMs and PROMs) > Support quality improvement and achievement of safety and quality standards > Develop specialised education resources for patients and clinicians regarding surgical gender affirmation and available services > Act as a liaison person between the surgical team, the Adult Gender Diversity Health Service and the GP to promote continuity of care	
Plastic surgeon	TBC
> Ensure relevant criteria for surgery have been met > Conduct pre-operative surgical consultation to discuss surgical procedure(s) and post-operative course including different techniques, advantages/ disadvantages, limitations, risks and possible complications > Obtain written informed consent > Provide surgical treatment, post-operative care and consultation with other clinicians involved in care > Refer for other surgeries not able to be conducted by the surgical team > Participate in training, research and evaluation (including specific to gender diversity healthcare)	
Consultant liaison psychiatrist	TBC
> See Section 8.8: Staffing and roles – adult service for details	
Other surgical specialists (urology, gynaecology, ENT)	TBC
> In liaison with plastic surgeon, ensure relevant criteria for surgery have been met > Conduct pre-operative surgical consultation and obtain written informed consent > Provide surgical treatment, post-operative care and consultation with other clinicians involved in care > Participate in training, research and evaluation (including specific to gender diversity healthcare)	
Administrative support	ASO3
> Provide administrative and clerical support to the team, including management of correspondence > Organise and manage referrals and waiting lists > Coordinate and manage service billing	

(a)Excluding theatre resource requirements

9.4 Phased approach to implementation

A phased approach to provision of surgical gender affirmation services in SA will be developed based on the following factors:

- > Assessment of existing clinical expertise and scope of practice, and need for/access to specific surgical registrar training (e.g. 'top surgery' may fall within existing services and/or practice, but 'bottom surgery' may require additional training to enhance surgical expertise in SA) to inform initial surgical service locations
- > Review of the *SA Health Restricted Elective Surgery Policy Directive (v1.2)* which currently restricts gender surgery in SA public hospitals to genitourinary 'gender reassignment surgery' for those who have 'congenital abnormalities in children', or requires application to the Director of Surgery or Director of Medical Services by an Authorised Medical Practitioner where surgery is indicated in exceptional circumstances to 'improve the physical or functional health of the patient'
- > Collection of service demand and outcomes data at baseline and following implementation of the Adult Gender Diversity Service including number of referrals, patient location, types of procedures sought and/or undertaken
- > Commencement of Gender Diversity Surgical Service positions 3-6 months prior to commencement of surgery to ensure lead in time for education of operating theatre nurses and clinic nurses, and to ensure appropriate surgical equipment is available and patient care pathways established.

The above information and activity will inform a more detailed proposal regarding the scope and extent of surgical affirmation services that can be delivered sustainably in South Australia, and the detailed service requirements to support how and where these services are delivered.

10 Implementation and monitoring

This section of the document provides a high level outline of steps in implementing the model of care, including the need for a monitoring and evaluation plan to be established.

Given the gap between the current state and the proposed future model of care, and the paucity of data on potential unmet need particularly for adult gender diversity health services including gender affirming surgery, a staged approach to implementation is proposed.

It is expected that at a minimum the activities outlined in the table below will be undertaken.

Table 6: Implementation next steps

Action	Responsibility
Initial implementation	
1. Finalise and publish model of care for gender diversity health services in SA.	Department for Health and Wellbeing (DHW)
2. Develop, seek approval and implement communication plan for the new model of care.	DHW
3. Develop and agree key performance indicators (KPIs) for service delivery which support model of care objectives (i.e. timely and equitable access to care, clear pathways, coordinated care transition between child and adolescent and adult services, health outcomes including PROMs). Link with other jurisdictions to explore options for establishing national approach.	DHW / LHNs
4. Explore and develop workforce model for lived experience workforce.	DHW
5. Commission SA gender diversity health services in line with model of care recommendations for both child/adolescent and adult gender diversity health services, for commencement 2023/24.	DHW
6. Explore opportunities with Federal Government and/or other SA Government agencies to establish sustainable models for funding and delivery of community-based gender wellbeing and support services.	DHW / Department of Human Services (DHS)
7. Review <i>SA Health Restricted Elective Surgery Policy Directive (v1.2)</i> regarding provision of gender reassignment surgery in SA public hospitals, including any medicolegal considerations.	DHW
8. Establish working group to further develop the surgical model of care and implementation plan including assessment of existing clinical expertise and scope of practice, need for/access to specific surgical registrar training, criteria to inform selection of initial surgical service locations, links to private, interstate and international best practice models.	DHW / LHNs
9. Establish processes for collection and reporting of service demand and usage data including for surgical gender affirmation services.	LHNs / Service provider organisation(s)

Action	Responsibility
Short term	
10. Establish governance structures, formal agreements and processes in line with commissioned services, with consideration of ongoing structure within DHW (informed by operational leads and consumer advisory group) to provide overarching governance, implementation monitoring, review and evaluation.	DHW / LHNs
11. Develop workforce and infrastructure in line with model of care recommendations.	LHNs / Service provider organisation(s)
12. Develop and agree detailed monitoring and evaluation framework, including timeframes for review and recommendations based on new evidence and/or changes to best practice models, referral and demand data, and assessment of barriers and enablers, unexpected consequences, continued appropriateness, effectiveness and efficiency of the model of care.	DHW / LHNs
13. Establish service partnerships and links, including clear transition pathways from children/adolescent to adult services, clear referral pathways from mainstream services (e.g. GP Health Pathway) and links with community-based gender support services.	LHNs
14. Establish services and pathways for provision of gender affirmation surgery under the umbrella of the Adult Gender Diversity Health Service.	LHNs
15. Develop website, information, resources and promotional materials for distribution, ensuring that these support diverse needs of TBDNB consumers, families/ carers, service providers or other interested parties, and explore and/or establish single source of online information about services and pathways.	LHNs / Service provider organisation(s)
16. Review service demand and usage data to confirm or adjust FTE requirements.	DHW / LHNs
Medium term	
17. Establish clinical placements and rotations.	LHNs
18. Support AusPATH and/or education and training providers to establish training, education, mentorship programs and/or formalised accreditation pathways for service providers of TGDNB healthcare.	Service provider organisations
19. Review service demand and usage data to confirm or adjust service FTE requirements.	DHW / LHNs
20. Commission and undertake formative evaluation of model of care to inform and recommend any changes to model of care and/or service delivery.	DHW
21. Review need for a dedicated Community Educator/Engagement role in the child/adolescent and/or adult service with responsibility for coordinating and/or providing training and education for people in health, other sectors and the broader community.	DHW / LHNs

Action	Responsibility
Longer term	
22. Undertake summative evaluation of model of care implementation and outcomes.	DHW
23. Implement recommendations from the summative evaluation, including FTE adjustments or changes to model of care as required.	DHW / LHNS

Appendix A: Current state analysis summary of recommendations

The table below presents a summary of recommendations from the current state analysis and case for change undertaken to inform development of the future model of care.

#	Recommendation
Evidence based approach	
1.	Gender affirming care: The model of care should be based on a gender-affirming approach aimed at supporting health and wellbeing, aligned to latest clinical practice guidelines and standards of care, and should be reviewed and updated when new evidence becomes available.
Service demand and planning	
2.	Service planning: In the absence of robust published data on TGDNB population proportions and service demand, service planning should reflect current demand and usage trends but be reviewed annually at least for the first 3 years of model implementation as additional demand or population data become available. As part of monitoring and evaluation to inform ongoing evolution of the model, service providers and DHW should undertake regular review of outcomes data including PROMS, as well as latest data on population proportions and numbers seeking or undertaking social, medical and/or surgical gender affirmation.
3.	Data collection: SA Health and commissioned services should have robust data collection systems in place to record and report number and demographics of people seeking and/or being referred for gender health services including surgery, wait times, service usage and other data as agreed (in line with relevant data collection and information sharing policy directives/guidelines).
4.	Research: SA Health should formalise research links with academic institutions and peak TGDNB health bodies to participate in ongoing research to address gaps in knowledge regarding gender health needs for people identifying as TGDNB.
Age based specialist services and service transition	
5.	Child/adolescent and adult services: Specialist gender diversity health services should continue to be provided as separate services for children/adolescents and adults, but with clear pathways for transition from adolescent to adult services built into the model of care, and flexibility around age of transition to adult services based on developmental age or other factors. A single source of information about service pathways, phone information and/or referral entry across all ages should be considered as part of model implementation over the next 2-3 years.
Child and adolescent gender diversity health services	
6.	Child and adolescent service design and resourcing: The WCH Gender Service should be appropriately resourced to support staffing requirements for provision of timely access to contemporary TGDNB health care, with clear pathways for transition to adult services.
7.	Child and adolescent multi-disciplinary team: Child and adolescent gender health services should be provided using a formalised, comprehensive multi-disciplinary team model in line with latest clinical practice guidelines. The specialist gender diversity team should include nurse specialist, child and adolescent psychiatrist, other appropriately qualified mental health professional(s), paediatric endocrinologist / paediatrician, fertility specialist, and should provide access to speech pathologist, social worker (if not already on team as 'appropriately qualified health professional'), gynaecologist/andrologist and plastic or other surgeon as indicated. Peer workers should also be

#	Recommendation
	available to provide guidance and support for families and/or young people. Formal pathways should be established with private providers for fertility preservation services.
8.	Child and adolescent mental health support: Child and adolescent psychiatrist(s) should continue to play a core role in the SA Health child/adolescent gender diversity multi-disciplinary team for provision of comprehensive mental health assessment and diagnosis of gender dysphoria/incongruence prior to medical therapy, and that they work alongside other appropriately qualified mental health professionals to provide care and support before, during and if needed, after medical affirmation.
9.	Child and adolescent service location: The state-wide specialised gender diversity health service for children/adolescents should continue to be based at the WCH, but in a co-located space (mental health and medical). For regional clients, services should continue to be provided via telehealth, shared care and/or liaison with local paediatricians, with the option of outreach clinics explored based on future demand. Options for moving to a community (non-hospital) location should be explored as part of review and evaluation of this model of care.
Adult gender diversity health services	
10.	Adult service design and resourcing: Public adult gender diversity health service(s) to support medical gender affirmation should be expanded and resourced to provide a multi-disciplinary service in line with contemporary treatment guidelines and standards of care, and to meet demand across SA.
11.	Role of primary care: The future model should work towards a key role for GPs in initiation and/or ongoing management of hormone therapy for TGDNB adults where possible, with support from specialist adult gender services as required. This will require access to GP training and mentorship programs (see Recommendation 19).
12.	Adult multi-disciplinary team: Adult specialist gender health services (medical and surgical) should be provided using a formalised, comprehensive multi-disciplinary team model in line with latest clinical practice guidelines. The specialist gender diversity team should include nurse specialist, psychiatrist, other appropriately qualified mental health professional(s), endocrinologist, sexual health physician, fertility specialist, speech pathologist, social worker (if not already on team as 'appropriately qualified health professional'), gynaecologist, urologist and plastic surgeon. Peer workers should also be available to provide guidance and support. Formal pathways should be established with private providers for fertility preservation services.
13.	Adult mental health support: Mental health assessment and support for TGDNB adults accessing specialised services should be provided by appropriately qualified mental health professional(s) as part of the multi-disciplinary team, with access to adult psychiatry available for complex cases and/or to support surgical referral and pre/post-operative care.
14.	Adult service location: A single comprehensive SA Health state-wide adult gender diversity specialised service providing support for medical and/or surgical gender affirmation should be established with a single point of entry. Non-surgical services may be based at a single community (non-hospital) location or continue to be provided at more than one location under an umbrella service. Wherever possible, services will be provided for regional clients or those unable to attend in person via telehealth, outreach clinics, shared care and/or liaison with local GPs or specialists.
Gender affirming surgical services	
15.	Surgical service design: Access to surgical gender affirmation services should be included as part of a multidisciplinary and holistic approach for provision of adult gender diversity specialised health

#	Recommendation
	services in SA, with a single point of entry. Surgical services should include access to specialist nurse, plastic surgeon, consultant liaison psychiatrist, and as required, other appropriately qualified mental health professional(s), endocrinologist, gynaecologist, urologist, fertility specialist, other surgical specialties.
16.	Surgical service location: A state-wide gender diversity surgical affirmation service should be established in line with available surgical expertise, and data regarding actual demand for surgical affirmation should be collected to support further decision making regarding the scope and extent of surgical affirmation services that can be delivered sustainably in South Australia.
Other	
17.	Service information: SA Health gender diversity health services, in collaboration with existing TGDNB groups, should develop and maintain comprehensive service information that is easily accessible and culturally appropriate, and promote links to community based TGDNB support services.
18.	Community-based support services: DHW should continue to link with other agencies (e.g. DHS, Wellbeing SA) regarding opportunities to support specialised TGDNB community support services, including those providing information and resources, and support for wellbeing and/or social affirmation (e.g. counselling and psychological therapies for TGDNB adults, peer support services, legal services, accommodation services).
19.	Training and accreditation: Options for delivery of training, education, mentorship programs and/or formalised accreditation for service providers of TGDNB healthcare should be established to not only improve provider skills and confidence in care provision, but also to improve consumer confidence in accessing services known to be 'TGDNB friendly'. Where possible, existing resources or training/accreditation providers should be explored (e.g. AusPATH, SHINE SA, ASHM training modules, PHN training pathways).
20.	Monitoring and evaluation: Clear objectives, expected outcomes and performance measures should be agreed in a detailed monitoring and evaluation framework developed as part of implementation of the model of care. This will be used to inform evolution of the model as required.

Appendix B: Estimated population and potential service demand

Estimated TGDNB population

There is a current paucity of consistent data on the proportion of people in the population who identify as TGDNB.

Children: The natural history of gender diversity is an area for which stronger evidence is required. Although not all children who present for clinical care related to gender incongruence become transgender or gender non-binary adolescents and adults, studies indicate that between 12%-55% of these children have feelings of gender incongruence which will persist after puberty into adolescence. There is currently insufficient evidence to support an agreed methodology for early identification of which children will go on to identify as TGDNB when older. Several studies are now underway to explore this, including a large prospective, 20 year longitudinal cohort study in Victoria (Trans20).²⁰

Adolescents: Based on a large population study in New Zealand, 1.2% of the adolescent population identify as transgender and a further 2.5% reported not being sure about their gender²¹. In Australia, 2.3% of secondary school students in years 10-12 identified as trans and gender diverse in a national health survey in 2018²². Other studies also report figures of 2.7%²³.

Adults: The estimated proportion of adults who self-identify as TGDNB is reported to range from 0.1% to 2.0%²⁴. The World Health Organisation (WHO) estimates that up to 0.5% of the global population identify as TGDNB²⁵.

Based on Australian Bureau of Statistics (ABS) population data for South Australia (2019)²⁶ and applying the range of proportions described above, plus current usage patterns where data regarding population proportions identifying as TGDNB are unavailable, the estimated number of people who identify as TGDNB in South Australia ranges widely from around 9,000 up to 34,000 people (Table 7). This includes between 1,800 and 4,200 people under 18 years in SA who may identify as TGDNB, and between 7,400 and 30,000 people 18 years or over. Note that WHO data has been used as a potentially more realistic minimum estimate for the adult population, as it better aligns to current number of people accessing services.

²⁰ Tollit MA, Pace CC, Telfer M, Hoq M, Bryson J, Fulkoski N, Cooper C, Pang KC (2019). What are the health outcomes of trans and gender diverse young people in Australia? Study protocol for the Trans20 longitudinal cohort study. *BMJ Open*, 9: e032151. Doi:10.1136/bmjopen-2019-032151

²¹ Clark TC, Lucassen MFG, Bullen P, Denny SJ, Fleming TM, Robinson EM, Rossen F (2014). The health and wellbeing of transgender high school students: Results from the New Zealand Adolescent Health Survey (Youth '12). *Journal of Adolescent Health*, 93-99

²² Fisher, C. M., Waling, A., Kerr, L., Bellamy, R., Ezer, P., Mikolajczak, G., Brown, G., Carman, M. & Lucke, J. 2019. 6th National Survey of Australian Secondary Students and Sexual Health 2018, (ARCSHS Monograph Series No. 113), Bundoora: Australian Research Centre in Sex, Health & Society, La Trobe University. DOI: 10.26181/5c80777f6c35e

²³ Rider GN, McMorris BJ, Gower AL, Coleman E, Eisenberg ME (2017). Health and care utilisation of transgender and gender non-conforming youth: a population-based study. *Pediatrics*, 141(3), e20171683

²⁴ Goodman M, Adams N, Corneil T, Kreukels B, Motmans J and Coleman E (2019). Size and distribution of transgender and gender nonconforming populations. *Endocrinol Metab Clin N Am*, 48, 303-321

²⁵ World Health Organisation (2020). WHO/Europe brief – transgender health in the context of ICD-11, 2019. Geneva: WHO. Accessed 7 June 2021 at <https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/whoeurope-brief-transgender-health-in-the-context-of-icd-11>

²⁶ Australian Bureau of Statistics (2019). Estimated resident population by age at 30 June 2019, South Australia.

Table 7: Estimated number of persons who are gender questioning or identify as TGDNB in SA, 2019

Age	Total no. persons, SA (2019) ^(a)	Est. no. TGDNB persons, SA		Assumptions
		Min.	Max.	
<1	19,187	0	0	Assumed zero as prevalence unknown.
1-5	101,432	17	38	In the absence of robust prevalence data for these age groups, figures are based on age based WCHN Gender medicine service usage ratios 2018-2021 (ratio of 1-5y/o:11-17y/o attendances = 0.01:1, and 6-10y/o:11-17y/o attendances = 0.08:1)
6-10	106,083	136	306	
11-15	102,034	1,224	2,755	Trans and gender diverse reported population proportion estimates in adolescents (min 1.2%, max 2.7%) ^(b)
16-17	39,809	478	1,075	
0-17	368,545	1,855	4,174	Sum of age estimates
18-24	159,002	795	3,180	Trans and gender diverse reported prevalence estimates in adults (min 0.5%, max 2.0%) ^(c)
25-64	1,006,706	5,034	20,134	
≥65	328,159	1,641	6,563	
18+	1,493,867	7,469	29,877	Sum of age estimates
TOTAL	1,862,412	9,325	34,051	

(a) Australian Bureau of Statistics (2019)²⁶(b) Clarke et al (2014)²¹; Fisher et al (2019)²², Rider et al (2017)²³(c) WHO (2020)²⁵; Goodman et al (2018)²⁴

Potential service demand

Not all people who identify as TGDNB seek to socially, medically and/or surgically affirm their gender, and this can be influenced by whether the person identifies as trans and/or gender non-binary.

The *2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings*²⁷ (1,613 participants 16+ years from across Australia) found that the average age at which people realised they were TGDNB was 14.1 years, but that they started living as trans or gender diverse at average 24.5 years. This survey found that 46.5% of TGDNB people identified as trans, 39.1% as non-binary and 14.4% as having both non-binary and binary identities. Another Australian study of 540 adult TGDNB persons found that 80.4% identify as trans (44.1% as trans male, 36.3% as trans female) and 18.3% as gender non-binary²⁸.

Social affirmation

The *Australian Trans and Gender Diverse Sexual Health Survey*²⁷ reported that almost 100% of people who identify as trans and around 90% of people who identify as non-binary have already, or plan to, alter their appearance to socially affirm their gender. Other research suggests that around 80% of TGDNB people seek psychological therapies in relation to being trans and gender diverse²⁹. Based on these figures and estimated population numbers in SA, between 1,400 and 3,400 children/adolescents and between 6,000 and 24,000 adults may be seeking psychological support in relation to being TGDNB, including support for social affirmation.

²⁷ Callander D, Wiggins J, Rosenberg S, Cornelisse VJ, Duck-Chong E, Holt M, Pony M, Vlahakis E, MacGibbon J, Cook T. 2019. *The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings*. Sydney, NSW: The Kirby Institute, UNSW Sydney.

²⁸ Cheung AS, Ooi O, Leemaqz S, Cundill P, Silberstein N, Bretherton I, Thrower E, Locke P, Grossmann M and Zajac JD (2018). Sociodemographic and clinical characteristics of transgender adults in Australia. *Transgender Health*, 3.1, 229-238

²⁹ Spanos C, Grace JA, Leemaqz SY, Brownhill A, Cundill P, Locke P, Wong P, Zajac JD, Cheung AS (2021). The Informed Consent Model of Care for Accessing Gender-Affirming Hormone Therapy Is Associated with High Patient Satisfaction. *The Journal of Sexual Medicine*, 18(1), p201-208. <https://doi.org/10.1016/j.jsxm.2020.10.020>

Medical affirmation

The *Australian Trans and Gender Diverse Sexual Health Survey* found that around 90% of people who identify as trans and around 45% of people who identify as gender non-binary are currently undergoing or plan to medically affirm their gender. Applying these figures to TGDNB population estimates (Table 7), it is estimated that annually there may be between 3,000 up to around 13,000 people who are undertaking or seeking medical therapy for gender affirmation (Table 8).

Note that these estimates do not delineate between number of TGDNB people who are already on medical therapy and those who are seeking initial assessment or commencing medical therapy for the first time in SA. This has important implications for service planning, particularly for adults where GPs are likely to be more involved in ongoing management of medical therapies. It is also important to note that data underpinning these estimates are not robust, so figures should be regarded as estimates only against which actual service demand and trends should be considered.

Table 8: Estimated number of TGDNB people potentially taking or seeking medical therapies annually (based on 2019 population data)

Age	Estimated no. seeking medical therapies		Assumptions
	Min.	Max.	
<1 year	0	0	In the absence of other data, these estimates are based on age based WCH Gender Medicine Service usage ratios 2018-2021, and applying these to population-based estimates for 11-17 year olds (WCH service usage ratio of 6-10y/o:11-17y/o attendances = 0.08:1).
1-5 years	0	0	
6-10 years	57	161	
11-15 years	398	1,130	16-24 years minimum: Assumes 50% identify as trans with 90% seeking medical therapy; 40% identify as gender non-binary with 50% seeking medical therapy; 10% other GD and not seeking medical therapy ^(a)
16-17 years	311	881	
Subtotal 0-17 years	765	2,172	16-24 years maximum: Assumes 80% identify as trans with 90% seeking medical therapy; 20% identify as gender non-binary with 50% seeking medical therapy ^(b)
18-24 years	517	2,608	11-15 years: Halves each of the above estimates to account for 14.1 years as average age of TGDNB identification ^(c)
25-64 years	1,636	8,255	25-64 years: Halves each of the above estimates based on assumption of lower transition rates due to current societal attitudes, noting that this proportion likely to increase as societal attitudes change
≥65 years	41	263	Assumes minimum 50% and maximum 80% identify as trans and 5% currently receiving or seeking medical therapy (aligned to current age ratio of 18-24y/o to 65+y/o attending NALHN Transgender Service = 1:0.06)
Subtotal 18+ years	2,194	11,125	
TOTAL	2,989	13,297	

(a) ABS 2019²⁶, Callander et al 2018²⁷^{Error! Bookmark not defined.}

(b) ABS 2019²⁶, Callander et al 2018²⁷, Cheung 2018²⁸

(c) Callander et al 2018²⁷

Surgical affirmation

There is little available data regarding number of TGDNB people seeking gender affirming surgery. The *Trans Pathways study* (2017)³⁰ found that across Australia, 6.3% of TGBNB young people up to age 25 years had undergone gender affirming surgery, and a further 20.9% indicated that they would like to undergo gender affirming surgery in the future. Based on the latter figure, **an estimated 108 or up to 545 TGDNB 18-24 year olds in SA may be seeking surgical gender affirmation**. However, how this translates to annual demand for surgical affirmation services in SA is currently unknown.

³⁰ Strauss P, Cook A, Winter S, Watson V, Wright Toussant D, Lin A (2017). *Trans Pathways: the mental health experiences and care pathways of trans young people*. Summary of results. Telethon Kids Institute, Perth.

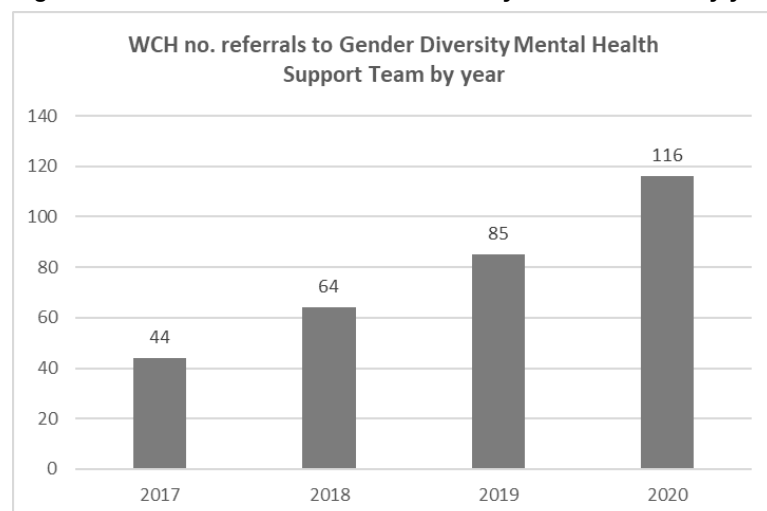
Appendix C: Current service demand and usage

Child and adolescent gender diversity health services

The WCH Child and Adolescent Gender Diversity Health Service had around 310 active plus waitlist clients in early 2021.

Referrals have grown by approximately 38% per year in recent years (Figure 2).

Figure 2: Referrals to WCH Gender Diversity Health Service by year



Around 30% of WCH Gender Diversity Health Service attendees are from each of SALHN and NALHN, 20% from CALHN, 13% from Barossa Hills Fleurieu LHN, with smaller numbers from other regional LHNs (Table 9).

Table 9: WCH Gender Diversity Medical Support Team attendances Sept 2018 - Feb 2021

LHN	No.	Percentage
SALHN	126	30.1%
NALHN	118	28.2%
CALHN	82	19.6%
Barossa Hills Fleurieu LHN	54	12.9%
Limestone Coast LHN	12	2.9%
Yorke & Northern LHN	11	2.6%
Eyre & Far North LHN	9	2.1%
Riverland Mallee Coorong LHN	5	1.2%
Flinders & Upper North LHN	1	0.2%
Other	1	0.2%
Grand Total	419	100.0%

Adult gender diversity health services

Referral data for the current NALHN Transgender Service were available for 2020 and 2021, and demonstrate an increase in demand of around 100% in this period. Note that the current NGO provider (SHINE SA Hormone Service) had closed books during 2021 due to lengthy waitlists, so actual demand for this service is unknown.

Table 10: Referrals to NALHN Transgender Service

Year	No. referrals
2020	60
2021	115

Around 30% of total active and waitlist clients for adult TGDNB health services in SA are from each of CALHN and NALHN residential locations, 20% from SALHN, 7% from Barossa Hills Fleurieu LHN, with smaller numbers from other regional LHNs (Table 11).

Table 11: Distribution of total NALHN Transgender Service and SHINE SA (NGO) Hormone Service active and waitlist clients by LHN of residence, 2021

LHN of residence	NALHN service	NGO service	Total	
	No.	No.	No.	Percentage
CALHN	24	127	151	34%
NALHN	65	73	138	31%
SALHN	9	81	90	20%
Barossa Hills Fleurieu LHN	8	22	30	7%
Yorke & Northern LHN	4	2	6	1%
Flinders & Upper North LHN	1	3	4	1%
Limestone Coast LHN	-	4	4	1%
Riverland Mallee Coorong LHN	-	2	2	0%
Eyre & Far North LHN	-	1	1	0%
Unknown	4	-	4	1%
Interstate	3	7	10	2%
TOTAL	118	322	440	100%

Appendix D: Diagnostic clinical qualifications

Adult treatment guidelines support the role of appropriately qualified clinicians in providing comprehensive mental health assessment prior to commencement of GAHT, and in providing mental health support during medical and/or surgical transition as needed. Recommended minimum credentials for mental health professionals working with TGDNB people to diagnose gender dysphoria are outlined in endorsed treatment guidelines and standards of care, and include the following:

- > Competence in using the DSM and/or ICD for diagnostic purposes
- > Ability to diagnose gender dysphoria and make a distinction between this and conditions that have similar features (e.g. body dysmorphic disorder)
- > Training in diagnosing psychiatric conditions
- > Ability to undertake or refer for appropriate treatment
- > Ability to psychosocially assess the person's understanding, mental health and social conditions that can impact GAHT
- > A practice of regularly attending relevant professional meetings.⁹

For more information

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