

Submission for the Independent review of Stage 1 and Stage 2 hormone therapies in Queensland's public paediatrics gender services

"Engage with young people if they express who they are as a person. Make hormones more easily accessible"

Young person, QLD, 2025

"Gender dysphoria is a real thing. The moment I got hit with the needle it was gender euphoria."

Young person, QLD, 2025

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About CREATE Foundation

CREATE Foundation is the national consumer peak body for children and young people with an out-of-home care experience. We represent the voices of over 45,000 children and young people currently in care, and those who have transitioned from care, up to the age of 25. Our vision is that all children and young people with a care experience reach their full potential. Our mission is to create a better life for children and young people in care.

To do this we:

- **CONNECT** children and young people to each other, CREATE and their community to
- **EMPOWER** children and young people to build self-confidence, self-esteem, and skills that enable them to have a voice and be heard to
- **CHANGE** the care system, in consultation with children and young people, through advocacy to improve policies, practices and services and increase community awareness.

We achieve our mission by facilitating a variety of programs and services for children and young people with a statutory care experience and advocating for policy change that will create a better care system.



Introduction

CREATE Foundation welcomes the opportunity to provide feedback and recommendations regarding the Independent review of Stage 1 (puberty blockers to delay the onset of bodily changes by suppressing testosterone and estrogen) and Stage 2 (the provision of gender-affirming hormones) therapies in Queensland's public paediatrics gender services. The recent pause placed on the receipt of these hormone treatments for new patients under 18 experiencing gender dysphoria was prompted by concerns about the benefits and safety of hormone therapies provided to children and adolescents. Advice from young people in care who have shared their experiences with CREATE Foundation indicates that this pause, and any future restriction of hormone therapy, will only serve to put the health of young people with gender dysphoria at risk.

Access to essential medical treatment is crucial to support the health and wellbeing of the 12,500 young people growing up in Queensland's out of home care system. CREATE believe that children and young people's voices must be at the center of all decisions and systems that impact their lives. This submission addresses questions around the accessibility of treatment options and procedures based on young peoples' perspectives that have been shared with us through our core programs and consultations.

The submission highlights the insights and recommendations from young people in care in Queensland, including the importance of considering:

- Timely access to treatment necessary to reduce distress
- Long term effects vs short term harms
- Young people with a care experience need additional support to receive equitable gender-affirming treatment.

Insights and recommendations

Timely access to treatment necessary to reduce distress

Critics have raised concerns that the model of gender-affirming care available to children and adolescents was quick to medicalize treatment through the provision of hormone therapies, particularly in young children. However, young people currently receiving Stage 1 and 2 hormone treatments have advised that these therapies were incredibly difficult to access, with their initiation the last step on a years-long journey of gender affirming care. Their experience of accessing the right care has not been rushed, but regrettably slow.

As of June 2024, the Queensland Children's Gender Service had 491 young people on waiting lists of 12 months or more. Our young people have indicated that long waiting times to be seen by specialist clinics increased their feelings of distress during an already difficult time. The services of private doctors are costly and are not typically funded by the Department of Child Safety, eliminating this potential path for children and adolescents in care. With no new patients allowed to commence hormone treatment through the public system since January 2025, our concern is that waitlists will continue to grow and adequate medical care will be further delayed.

In their words:

"Trying to access gender services was difficult ... The waitlist was as issue. 5 years."

Young person

"Gender dysphoria is a real thing and young people shouldn't have to feel this way for so many years."

Young person



"The issue was I've been on the gender clinic waiting list, I got to the point I was so dysphoric in my body and thought I can't keep living like this."

Young person

"Child Safety wouldn't pay for it (access to health professionals regarding gender identity)."

Young person

Long-term effects vs short-term harms

Opponents of hormone therapy for children and adolescents have drawn attention to the limited long-term data on the outcomes of starting this therapy at a young age. Young people tell us that they want to be able to participate in transparent conversations about their medical care, to receive all of the information available and make the decision that best suits their individual health needs. The consensus we have heard is that the dangers of delaying hormone treatment outweigh potential long-term risks.

This is particularly relevant when it comes to the mental health of young people experiencing gender dysphoria. Feelings of anxiety and depression can be exacerbated when young people are unable to access critical care that makes them feel aligned with their gender. This emotional toll of being denied care can also have life-threatening impacts.

Some of the things young gender diverse people have told us include:

"Two of them (friends) are no longer here and a few are in serious mental health states because of the rejection of people."

Young person

"My housemate was actually transphobic and was telling me to unalive myself."

Young person

"People are reaching out to me asking what to do and I have to tell them there is nothing we can do right now, other than sit there and plead with the government to listen to queer people, listen to minority groups. The murder and suicide rate over the last couple of months for queer people has risen."

Young person

Young people with a care experience need additional support to receive equitable gender-affirming treatment

In addition to the issues discussed above, gender diverse children and young people have said they don't feel heard, affirmed or safe in out-of-home care settings. Some young people felt as though they had to keep their gender a secret, not feeling safe to tell their Child Safety Officers that they were experiencing gender dysphoria. Others indicated that their disclosed gender was not respected by the carers, workers, or organisations tasked with supporting them.

Children and young people in the out-of-home care system are among the most vulnerable in the community. Without a parent to advocate for their needs, they are at risk of having access to essential medical treatment be further delayed.

Young people told us:

"I just found that once I did have my own understanding of my identity, it was just really overlooked"



and dismissed entirely really.”

Young person

“I didn’t want to say anything to anyone because at that stage I didn’t think anyone was going to take any notice while I was in foster care because I knew it was highly frowned upon.”

Young person

“I was placed in a semi-independent living house first and then into another house. And both of those placements were female placements and that was after I’d come out and was going by male pronouns and stuff like that. And so it was just really like a problem for me.”

Young person

“I felt judgement from Child Safety.”

Young person

Recommendations

Based on feedback from children and young people, CREATE believes that there is significant room for improvement in relation to how gender-affirming care is delivered.

It is vital that Queensland’s public paediatrics gender services are reinstated and oriented to address the health inequality and treatment issues affecting the health and wellbeing of young people in child protection, out-of-home care.

1. CREATE recommends removing the current pause on the commencement of hormone therapies for children and adolescents so that these transformative treatments can be accessed as soon as possible
2. CREATE recommends that timely access to treatment is provided, and the extensive delays and waitlists to services are addressed to reduce distress
3. CREATE recommends that the public paediatrics gender services are adapted to provide young people with a care experience with additional service responses necessary to ensure that they receive equitable gender-affirming treatment that is timely and has robust and consistent supports in place.

These recommendations reflect the advice and lived experiences of young people in care. They strongly identify that this pause in services and support, and any future restriction of hormone therapy, will only serve to put the health of young people with gender dysphoria at risk.



Conclusion

Thank you again for the opportunity to provide feedback as a part of the Independent review of Stage 1 and Stage 2 hormone therapies in Queensland's public paediatrics gender services. By considering the implementation of the recommendations raised, young people would be better supported to access the care needed to meet their physical and mental health needs.

Should you have any questions or require additional information, please contact the advocacy team at CREATE Foundation. E: advocacy@create.org.au.