

Right to Information Decision

Right to Information No.: RTI202324-409

Applicant: Elizabeth Caballero

Date of Application: 7 April 2024

Date of Decision: 3 May 2024

Information Requested

An application made pursuant to the *Right to Information Act 2009* ('the Act'), received the Department of Health ("the public authority") on 7 April 2024 and accepted on 9 April 2024.

The applicant, pursuant to s15(4)(a) of the Act, agreed to grant an extension on the application for assessed disclosure.

The information requested:

1. *The number of trans identifying or gender diverse children and adolescents under 18 years old seeking treatment at the Tasmanian Gender Service (TGS) during the period between January 2014 to January 2024*
2. *The number of children and adolescents under the age of 18 have been referred with or without a diagnosis of gender dysphoria to the TGS between January 2014 to January 2024*
 - *How many recorded males at birth per year*
 - *How many recorded females at birth per year*
 - *How many recorded intersex or any other gender at birth per year*
3. *The number of children and adolescents under the age of 18 who were treated or are being treated with puberty blockers at the TGS between January 2014 to January 2024*
 - *How many recorded males at birth per year*
 - *How many recorded females at birth per year*
 - *How many recorded intersex or any other gender at birth per year*
4. *The names of pharmaceuticals being prescribed as puberty blockers and gender affirming hormones to treat gender dysphoria in children and adolescents under the age of 18 at the TGS between January 2014 and January 2024.*
5. *Which other public hospitals or gender clinics in Australia are the TGS working with regarding assessment and treatment of children and adolescents under 18 with gender dysphoria.*
6. *The names and/or country locations of AUSPATH accredited health professionals that the TGS are referring children and adolescents to*
7. *The number of children and adolescents under the age of 18 treated or are being treated with hormones at the TGS during the period of January 2014 to January 2024*
 - *How many recorded males at birth per year*
 - *How many recorded females at birth per year*
 - *How many recorded intersex or any other gender at birth per year*
8. *All Data from monitoring, outcomes and further referrals on treatments being provided by TGS to children and adolescents under 18.*

9. *The number of children and adolescents under the age of 18 with a diagnosis of gender dysphoria who have been referred for gender affirming care treatment to the Royal Children's Hospital Melbourne between January 2014 and January 2024:*
 - *How many recorded males at birth per year*
 - *How many recorded females at birth per year*
 - *How many recorded intersex at birth per year*
10. *All documentation relating to the international developments in England, Sweden, Norway, Finland, France, USA and Holland concerning Government: bans, restrictions or legislative proposals on the use of puberty blockers and gender affirming hormones on children and adolescents under 18.*
11. *All documentation from AUSPATH or other sources concerning the recent international release of the WPATH Files and their contents regarding medical malpractice in WPATH.*
12. *The TGS Annual Report.*
13. *Clinical Guidelines use in TGS for treatment of children and adolescent with Gender Dysphoria*

I will respond to each of your requests separately.

Application Fee

The prescribed application fee accompanied the application pursuant to s16(1) of the Act.

Decision and Statement of Reasons

I have decided to release the information to you in full, in accordance with the [Guidelines for the Disclosure of Secondary Use Health Information for Statistical Reporting, Research and Analysis](#). **Please see Annexure I.**

Review

However, in relation to your point 8, a decision not to provide information under s10 is not a decision to which s22 applies. As a consequent, no internal review of such a decision is available under s43 and therefore by extension; nor can it be externally reviewable under s45.

Under s43 of the Act you have the right to apply for a review of the decision. To seek a review, you must apply in writing to the Secretary, Department of Health, GPO Box 125, HOBART TAS 7001, within 20 working days of receiving this notice. This request can be emailed to rti@health.tas.gov.au

Decision Made by

This decision was made by Sophie Doyle, Principal Legal Adviser, a delegated Right to Information officer of the Department of Health, appointed by an instrument of delegation in accordance with s24 of the *Right to Information Act 2009*.

Annexure I

1. The number of trans identifying or gender diverse children and adolescents under 18 years old seeking treatment at the Tasmanian Gender Service (TGS) during the period between January 2014 to January 2024.

The TGS was initially run as a gender clinic within the Community Paediatric service and has only been run in its current structure as the TGS since 2022. Prior to 2018, there was no local service, and any patients would have been referred to the Royal Childrens Hospital. Data on number of patients referred are not available from this time.

Before a formal clinic was established in around 2021/2022, families initially were put in contact with a nurse with an interest in gender dysphoria, who would have a discussion about what the young person and family were seeking. If they weren't seeking medical treatment, they did not need to be accepted into the service so did not form part of our data collection. Still now, if referrals indicate they are not seeking (or would not be eligible for) medical treatment, then they may also not be recorded in our data collection.

Data is therefore only provided from 2021 onwards. All numbers for treatments as requested below for the years before this would likely be under 5 for every category.

Since establishment of a more robust referral pathway in 2021:

Approximately 260 patients have been referred to the TGS. The question was around those seeking treatment – not all of these would have necessarily been seeking treatment.

(approx. 170 assigned female at birth; approx. 90 assigned male at birth).

2. The number of children and adolescents under the age of 18 have been referred with or without a diagnosis of gender dysphoria to the TGS between January 2014 to January 2024
 - How many recorded males at birth per year
 - How many recorded females at birth per year
 - How many recorded intersex or any other gender at birth per year

	MALE	FEMALE	INTERSEX
2021	22	51	<5
2022	45	75	<5
2023	18	37	<5

The information for January 2014 – January 2021 is not in the possession of the agency.

3. The number of children and adolescents under the age of 18 who were treated or are being treated with puberty blockers at the TGS between January 2014 to January 2024
 - How many recorded males at birth per year
 - How many recorded females at birth per year
 - How many recorded intersex or any other gender at birth per year

	MALE	FEMALE	INTERSEX
2021	7	<5	Nil
2022	<5	<5	Nil
2023	<5	<5	Nil

The information for January 2014 – January 2021 is not in the possession of the agency.

4. The names of pharmaceuticals being prescribed as puberty blockers and gender affirming hormones to treat gender dysphoria in children and adolescents under the age of 18 at the TGS between January 2014 and January 2024.

Leuprorelin acetate 30mg

5. Which other public hospitals or gender clinics in Australia are the TGS working with regarding assessment and treatment of children and adolescents under 18 with gender dysphoria.

TGS clinicians attend meetings several times a year with public hospital gender clinics from each state and territory.

6. The names and/or country locations of AusPATH accredited health professionals that the TGS are referring children and adolescents to

AusPATH is not a provider of accreditation nor a registration authority.

7. The number of children and adolescents under the age of 18 treated or are being treated with hormones at the TGS during the period of January 2014 to January 2024
 - How many recorded males at birth per year
 - How many recorded females at birth per year
 - How many recorded intersex or any other gender at birth per year

	MALE	FEMALE	INTERSEX
2021	<5	<5	Nil
2022	<5	7	Nil
2023	6	<5	Nil

The information for January 2014 – January 2021 is not in the possession of the agency.

8. All Data from monitoring, outcomes and further referrals on treatments being provided by TGS to children and adolescents under 18.

Please see Annexure 2

9. The number of children and adolescents under the age of 18 with a diagnosis of gender dysphoria who have been referred for gender affirming care treatment to the Royal Children’s Hospital Melbourne between January 2014 and January 2024:
 - How many recorded males at birth per year
 - How many recorded females at birth per year
 - How many recorded intersex at birth per year

	MALE	FEMALE	INTERSEX
2021	<5	<5	<5
2022	<5	<5	<5
2023	<5	<5	<5

The information for January 2014 – January 2021 is not in the possession of the agency.

10. All documentation relating to the international developments in England, Sweden, Norway, Finland, France, USA and Holland concerning Government: bans, restrictions or legislative proposals on the use of puberty blockers and gender affirming hormones on children and adolescents under 18.

This documentation is not owned or created by the agency, and therefore is not in the possession of the agency. The information should be publicly available online, and we recommend contacting the relevant agencies directly.

11. All documentation from AusPATH or other sources concerning the recent international release of the WPATH Files and their contents regarding medical malpractice in WPATH.

This documentation is not owned or created by the agency, and therefore is not in the possession of the agency. The information should be publicly available online, and we recommend contacting AusPATH and WPATH for this information.

12. The TGS Annual Report.

TGS does not produce an annual report.

13. Clinical Guidelines use in TGS for treatment of children and adolescent with Gender Dysphoria

Primarily the Royal Children's Hospital Australian Standards of Care and Treatment Guidelines. Some reference to the WPATH SOC 8, acknowledging that local practice in Australia differs and care is largely provided by multidisciplinary teams in public hospitals, and all legal guardians in Tasmania are required to provide consent for any puberty blocking or hormone therapy treatments.

Annexure 2

8. All Data from monitoring, outcomes and further referrals on treatments being provided by TGS to children and adolescents under 18.

Section 10 Electronic Information

My decision is to refuse to provide the information sought, as outlined below.

This information cannot be produced in its entirety from the public authority's electronic computer systems as it is in a format that is not searchable. Retrieval and collation of this information would require a substantial and unreasonable diversion of resources. The information held by the public authority's concerning the request for information is held against the individual file of the tenant. Attempts to retrieve the historical information has proven to be challenging and hence pursuant to s10 of the Act (electronic information) the request is refused.

(1) If information is stored in an electronic form, a Minister or public authority may refuse an application under section 13 if –

- (a) the information cannot be produced using the normal computer hardware and software and technical expertise of the public authority; and
- (b) producing it would substantially and unreasonably divert the resources of the public authority from its usual operations, having regard to the factors in Schedule 3.

Having regard to the factors under Schedule 3 of the Act:

Clause 1(a): the terms of the request, especially whether it is of a global kind or a generally expressed request, and in that regard whether the terms of the request offer a sufficiently precise description to permit the public authority or Minister, as a practical matter, to locate the document sought within a reasonable time and with the exercise of reasonable effort.

The request being of a global kind the ability to locate the information cannot be undertaken in a reasonable time without dedication of resources.

Clause (b): whether the demonstrable importance of the document or documents to the applicant might be a factor in determining what in the particular case are a reasonable time and a reasonable effort.

Even though the applicant is a private citizen, and the information is in connection with Gender Services provided by the public authority, the consideration under Schedule 3 may diminish somewhat due to this fact but I am not convinced that the weight of importance of the application to the applicant outweighs the utilisation of resources in further assessing the application.

Clause 1(c): more generally whether the request is a reasonably manageable one, giving due, but not conclusive, regard to the size of the public authority or Minister and the extent of its resources available for dealing with applications.

In this context, the resources to be considered are the existing resources required to process the request consistent with attendance to other priorities.¹ It does not refer to the whole of the resources or possible resources it may temporarily be able to obtain to assist in processing the request.²

Therefore, the resources to be considered are those which would have to be used in:

- (1) manually identifying the information in the public authority's electronic computer systems;
- (2) manually identifying the information in the individual patients digital medical record;

¹ Re SRB and SRC and Department of Health, Housing, Local Government and Community Services (1994) 33 ALD 171 at 179; the Full Commonwealth Administrative Appeals Tribunal on the meaning of "resources", the subject of section 24 of the Freedom of Information Act 1982 (Cth) (the equivalent to section 19 of the RTI Act (Tas)).

² (1994) 33 ALD 171 at 179.

- (3) identifying, locating and collating the information from the computer system;
- (4) deciding whether to grant, refuse or defer access to the information or edited information, including resources to be used in examining the information;
- (5) extracting the information; and
- (6) notifying the applicant of any interim or final decision on the request.

The advice of the information custodian in relation to the application is that it may take the dedication of one officer more than five workdays in collecting the information. Such resources cannot be made available for this request without significantly affecting the other work of both the information custodian and the delegated officer under the Act. I further consider that the diversion of resources would be substantial taking account of the number of other Right to Information requests on hand.

Clause 1(d): the public authority's or Minister's estimate as to the number of sources of information affected by the request, and by extension the volume of information and the amount of officer-time, and the salary cost.

The advice from the information custodian is that the request will involve an officer being dedicated to manually review the database. A test undertaken demonstrated that the task might take more than five working days. Both the amount of officer-time and salary cost in collating and then assessing the information would therefore be considerable and, in my view, an unreasonable diversion of resources.

Clause 1(e): the timelines binding the public authority or Minister.

The applicant has demonstrated generosity in granting an extension of time for the assessment of requests that cover similar subject matter. Even if the applicant granted additional time for assessing this request, the time dedicated to this application would consequently influence the timelines for other requests.

Clause 1(f): the degree of certainty that can be attached to the estimate that is made as to sources of information affected and hours to be consumed, and in that regard importantly whether there is a real possibility that processing time might exceed to some degree the estimate first made.

The information custodian undertook a test exercise in searching for the information the estimate quoted is likely to be greater.

Clause 1(g): the extent to which the applicant has made other applications to the public authority or Minister in respect of the same or similar information or has made other applications across government in respect of the same or similar information, and the extent to which the present application might have been adequately met by those previous applications.

The applicant has not submitted any other Right to Information applications.

Clause 1(h): the outcome of negotiations with the applicant in attempting to refine the application or extend the timeframe for processing the application.

Negotiations were not entered, nevertheless, this does not modify my view that assessing this application would substantially and unreasonably be a diversion of resources.

Clause 1(i): the extent of the resources available to deal with the specified application.

The information custodian has limited resources available to set aside for an officer to dedicate time in sourcing the information while the delegated officer has existing applications still to be assessed.

I further find that the diversion of resources to provide the information would be unreasonable. While the matters listed in Schedule 3 of the Act must be considered when assessing if the processing of an application would result in a substantial and unreasonable diversion of resources, it is not a complete statement of the matters, which may be relevant. In making this decision, I have therefore considered all the facts and circumstances including:

- (1) the number, type and volume of information falling within the scope of the request;
- (2) the complexity of the request; and
- (3) the work time involved in fully processing the request, considering that it may not be practicable for those involved in processing the request to concentrate solely on the request, given other work commitments.