
Feedback to the Ministry of Health’s consultation relating to safety measures for the use of puberty blockers in young people with gender-related health needs

January 2025

“Life changing, I wouldn’t be here today if it wasn’t for gender-affirming medication. It’s given me the confidence to be okay with my body as a gender diverse person.”

- Mokopuna Pacific, 16 years old)¹

As the independent advocate working for and with mokopuna² (children and young people) aged up to 18 years of age, and those with care experience aged up to 25 years, Mana Mokopuna - Children and Young People’s Commission provides the following feedback and advice to the Ministry of Health on safety measures for the use of puberty blockers in young people with gender-related health needs.

This document reiterates and expands on the key points made by the Chief Children’s Commissioner, Dr Claire Achmad, on 12 December 2024, when she met with representatives from the Ministry of Health, alongside other independent statutory advocates and stakeholders, to provide feedback on this kaupapa. In accordance with our statutory mandate under the Children and Young People’s Commission Act 2023, this feedback and advice promotes the rights, interests, wellbeing, and participation of mokopuna. We recognise and celebrate the diversity of mokopuna in all its forms.

Summary

- 1) First and foremost, we reiterate that the rights of Aotearoa New Zealand’s mokopuna are protected under the UN Convention on the Rights of the Child, Te Tiriti o Waitangi, the UN Convention on the Rights of Persons with Disabilities, and other international human rights treaties to which New Zealand is a States Party.
- 2) We note the Ministry of Health’s *Position Statement on the Use of Puberty Blockers in Gender-Affirming Care* (2024), and the Ministry’s evidence brief on this kaupapa: *Impact of Puberty Blockers in Gender-Dysphoric Adolescents: An evidence brief* (2024). We acknowledge the complexity of the discourse relating to the use of puberty blockers in children and young people (mokopuna) for reasons of gender incongruence and/or gender dysphoria. The divisive nature of this debate in Aotearoa New Zealand and internationally is concerning, given the distress and harm that this is creating for transgender mokopuna and mokopuna who are gender questioning, and the concerns and stress this creates for their families, whānau, support people and communities.

¹ [community_advocacy_report.pdf](#) (p 78)

² Mana Mokopuna has adopted the term ‘mokopuna’ to describe all children and young people we advocate for. ‘Mokopuna’ brings together ‘moko’ (imprint or tattoo) and ‘puna’ (spring of water). Mokopuna describes that we are descendants, and or grandchildren, and how we need to think across generations for a better present and future. We acknowledge the special status held by mokopuna in their families, whānau, hapū and iwi and reflect that in all we do. Referring to children and young people we advocate for as mokopuna draws them closer to us and reminds us that who they are, and where they come from, matters for their identity, belonging and well-being at every stage of their lives.

-
- 3) We strongly urge that mokopuna are always respected as crucial active participants in this discussion, together with their families and whānau and communities, and that the rights, interests, and wellbeing of mokopuna are always kept at the absolute centre of any decision-making that affects them. We remain concerned that the people most affected by this kaupapa – transgender mokopuna and those with lived experience of gender incongruence and/or gender dysphoria – have not been prioritised nor adequately consulted on this kaupapa. However, we urge that doing so remains essential.
- 4) Mana Mokopuna advocates for the following in relation to the kaupapa under consultation:
- a. **Mokopuna rights need to be fundamental to any and all decision-making about their access to gender-affirming health care:** Among other fundamental rights, all mokopuna have the right to the highest attainable standard of health, protected by article 24 of the United Nations Convention on the Rights of the Child³ (the Children’s Convention). As a States Party to the Children’s Convention, Aotearoa New Zealand is duty-bound to take measures to uphold this right⁴, and to work in ways that uphold the rights of mokopuna Māori including under Te Tiriti o Waitangi. Mokopuna rights are indivisible and interdependent, and protection of their rights includes all sides of Te Whare Tapa Whā, including taha hinengaro (physical, mental, and emotional wellbeing). The best interests of mokopuna must be a primary consideration in all decision-making affecting them.⁵
 - b. **Consult mokopuna with lived experience and involve the families and whānau of mokopuna with lived experience:** A key principle of the Children’s Convention is that mokopuna have the right to participate in decisions that impact them. This principle and substantive right to participation applies to policy and legislative developments (i.e., decision-making at the systemic level), through to the active participation of individual mokopuna in decisions about their own care and treatment. The process for decision-making about safe use of puberty blockers for children and young people should prioritise hearing directly from affected mokopuna and those who have lived experience of accessing puberty blockers for gender-related health needs. This requires ethical engagement with mokopuna with the intention to take the young people’s views seriously and include them at the centre of government deliberations and any decision-making about the use of puberty blockers. We remain available to provide independent assistance and advice in relation to engaging mokopuna ethically, to support this. In tandem with mokopuna consultation, we advocate for the direct consultation of families and whānau of mokopuna with lived experience – including the parents and caregivers of transgender mokopuna – by the Ministry of Health.
 - c. **Do not introduce additional regulations, but instead enhance the current referral pathway and provision of gender-related health care, supported by clinical guidance:** The current referral pathway involves comprehensive assessment support from an inter-professional team including, for example, psychologists or psychiatrists and endocrinology specialists. It ensures that mokopuna and their parents/caregivers receive adequate information and can give informed consent. This approach emphasises holistic health care, upholds informed consent, and appears to safeguard the best interests and rights of mokopuna. The Ministry’s *Position Statement* clearly outlines

³ [All rights under the Children’s Convention | Mana Mokopuna](#)

⁴ <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child#Article-24>

⁵ [United Nations Committee on the Rights of the Child General Comment No.14 \(2013\) on the right of the child to have his or her best interests taken as a primary consideration \(art 3, para1\)](#)

expectations for prescribers of puberty blockers. Rather than introducing additional regulations, the focus should be on strengthening the existing referral pathway. This includes robust clinical guidance for inter-professional teams, and regular training for health practitioners to support implementation of the guidance. Strengthening the referral pathway and improving gender-related health care will help ensure there are no gaps in access, and that gender-affirming health care is underpinned by robust clinical guidance.

- d. **Adequately resource inter-professional clinical teams to ensure holistic health care for mokopuna and safe access to puberty blockers:** While we believe the existing referral system is adequate, we are concerned that it needs better resourcing to make it as safe as possible for mokopuna. Shortages of psychological services and counselling risk inadequate informed consent, inappropriate clinical care, loss of access, or less timely access to gender-affirming health care. The mental health workforce is under pressure (poorly resourced) in both the public and private sectors. Better resourcing is necessary across all paediatric and youth mental health services in Aotearoa New Zealand, including for mokopuna who need access to gender-related mental health care support and services.
- e. **Address location-based gaps in gender-affirming health services throughout Aotearoa New Zealand:** Noting that Health New Zealand – Te Whatu Ora has well-established inter-professional services in main centres, but variable provision outside of those, we advocate for the sector to be supported to create a hub-and-spoke model of health care, to address gaps in access for mokopuna throughout the country to gender-affirming inter-professional health services, particularly in rural and remote regions.

Mokopuna rights are fundamental to decision-making about access to gender-affirming health care

- 5) The human rights of children, as articulated in the Children’s Convention include “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation to health. States Parties to the Children’s Convention shall strive to ensure that no child is deprived of their right of access to such health care services” (article 24(1)).
- 6) The rights of children are at the heart of this issue that is under consultation by the Ministry of Health. The rights of children provide a framework for decision-making that respects, protects and upholds children’s rights, striking a balance between access to the highest attainable standard of health-related services and protection from harm.
- 7) The inconclusive scientific evidence about the risks and benefits of puberty blockers must be weighed up with the rights of mokopuna to access health care options that support their full realisation and enjoyment of their holistic human rights, including their rights to health (including to live free of mental distress) and identity. The rights of mokopuna – including their right to participate in decisions affecting them (discussed further on the next page) – are fundamental to decision-making about access to gender-affirming health care, and we advocate strongly to the Ministry of Health that children’s rights must be kept central in any decision-making relating to this kaupapa. We note that the scientific evidence includes, to-date, very limited qualitative research relating to the direct lived experience and outcomes of mokopuna who have accessed gender-affirming healthcare. It is important that the Ministry of Health undertakes further consultation and research with mokopuna to ensure that this is better understood now and into the future.
- 8) Inter-professional health care teams hold clinical relationships with mokopuna who are seeking gender-affirming healthcare, including through puberty blockers. It is crucial that

these teams are supported to apply their professional expertise and skill in supporting mokopuna through decision-making processes that balance the available evidence and information with their rights, including to access to health care and to protection from harm.

Mokopuna have a right to participate in decisions that impact them

“Puberty blockers [have] given me the opportunity to be with my thoughts, rather than the terrifying (to me) onslaught of puberty. It has given me time to think about my future, and what that might look like for me.”

- Mokopuna – New Zealand
European/Pākehā, 15 years old⁶

- 9) Participation is a fundamental right of all mokopuna, as articulated in Article 12 of the Children’s Convention, which states that children have the right to have a say, and for their views to be taken into account in decisions that affect them. This includes in health care decision-making, at both the systemic and individual levels.
- 10) Mokopuna are experts in their own lives, and in their own sense of identity, belonging and acceptance. They have unique insights about the challenges they face, including with respect to their access to mental health supports and medical care. These insights and views must be heard and respected, through being seriously considered as part of decision-making.

Mokopuna with lived experience should be consulted to inform any Ministry of Health advice, so it can properly advise the Minister

- 11) Mokopuna affected by access to puberty blockers need to be proactively and ethically consulted by the Ministry of Health before any robust advice can be provided to Ministers, or decisions made by Ministers, on this topic. While it is a relatively small group of mokopuna affected by this kaupapa, we emphasise that the impacts on mokopuna are significant in terms of their rights – including to their rights to life, survival and development, to identity and to health. We also acknowledge the significant impact on their families and whānau.
- 12) We call on the Ministry of Health to give particular consideration to the insights of mokopuna with lived experience including, but not limited to, available insights such as those published through the Identity Survey,⁷ mokopuna insights that the Chief Children’s Commissioner has brought forward to the Ministry of Health previously, and advice from Rainbow organisations and groups focussed on transgender mokopuna.⁸
- 13) It’s also important that the Ministry seeks out the voices of families and whānau of mokopuna with lived experience relating to puberty blockers, and of mokopuna who have lived experience of gender-affirming health care, to inform its consultation. We note alongside this, that it is not adequate to rely solely on people who represent mokopuna, or adult spokespeople such as family, to share views on behalf of mokopuna. We remain available to provide advice and support to the Ministry of Health, to enable robust and ethical engagement with affected mokopuna to ensure their perspectives and voices are properly considered and inform the Ministry’s advice and work in this area.

⁶ [community advocacy report.pdf](#) (page 78)

⁷ [community advocacy report.pdf](#)

⁸ [No need for further restrictions on puberty blockers: open statement — Te Ngākau Kahukura](#)

Counselling as a part of supporting mokopuna participation and informed consent in gender-affirming health care

- 14) Clinical treatment with puberty blockers may be an ethical option where the use involves adequate and accurate information provision and fully informed consent. Where there are known unknowns, it is important they are explored openly with both mokopuna and their families and whānau and/or support people, to ensure fully informed and shared health care decision-making. Clinicians frequently converse about known risks and unknown risks, to support informed consent to various kinds of health care, and such conversations should always be part of gender-affirming health care, with inter-professional teams supported through robust clinical guidance and ongoing professional training. This is important to support the provision of gender-affirming health care for mokopuna in what is a clinical, expert professional health care setting.
- 15) Consent in some other areas of health care (for example fertility services) use, or require, counselling. This is to ensure there is adequate time with the relevant experts to explore all the information available, and discuss implications of progressing to treatment, considering the particular needs and perspectives of the person seeking treatment.
- 16) Counselling as a part of the informed consent process may help ensure the provision of information and the provision of holistic support to mokopuna in the process of informed consent. It can give mokopuna and their parents/caregivers time for in-depth conversations, with the right people within the clinical team, about the known, expected, and unknown risks of treatment, as well as the benefits puberty blockers may provide to mokopuna who experience gender incongruence and/or gender dysphoria.
- 17) This also gives the inter-professional clinical team more engagement with, and information about, the holistic needs of the mokopuna, enabling them to support mokopuna to access the right health care services for their specific needs.
- 18) Inter-professional teams need to be well resourced to ensure they can give adequate time to discuss issues, share perspectives, and explore what is in the best interests of the mokopuna, considering their holistic wellbeing. This is discussed further on the next page.

Additional regulation is not needed and may be harmful – instead, focus on enhancing the current referral pathway and provision of care

- 19) Access to puberty blockers is an important treatment option for mokopuna who need them due to gender incongruence. The level of need requires the assessment, advice, and expertise of a team of inter-professional clinicians provided through a referral pathway.
- 20) We understand the current referral pathway involves mental health assessments followed by paediatric endocrinology specialists working within an inter-professional team. The mental health assessment is designed to determine any mental health distress from gender incongruence and identify co-morbidities or other diagnoses so mokopuna can be supported in a holistic health care pathway to achieve wellbeing. The paediatric endocrinologist can determine whether puberty blockers are likely to be a useful option for temporary medical intervention if indicated, as part of an ongoing service pathway that may go on to hormone replacement therapy.
- 21) The inter-professional team - including the expertise of paediatric clinicians and counsellors, working within their scope of expertise as described above, and working alongside mokopuna and their parents/caregivers to ensure fully informed consent - appears to be a robust pathway that safeguards the best interests of mokopuna.
- 22) Therefore, we do not think it is necessary to add regulations. In fact, doing so could restrict the legitimate access of some mokopuna to the gender-affirming health care they need to experience their holistic rights including to health, and may be harmful.

23) We see three areas for potential enhancement to instead focus on:

- a. **Enhancing the referral pathway and making access equitable:** Further enhancements to the existing referral pathway could be achieved through better monitoring the availability and timeliness of access, information provision, and processes for decision-making. This can inform service demands and supply.

There is criticism⁹ of inequitable access to puberty blockers across Aotearoa New Zealand due to the inter-professional teams' services being concentrated in the main centres, and unavailable in the regions or rurally, for example. We advocate for this to be addressed – see our suggested approach at paragraph 30-32 below.
- b. **Post-intervention analysis:** There should be post-intervention analysis, focusing on both mental health and wellbeing outcomes (taha hinengaro) as well as physical health (taha tinana) of mokopuna. For example, evaluations could include seeking to understand mokopuna sense of identity, belonging and acceptance, as well as clinical health measures, such as bone density. Clinical follow-up is also important to check mokopuna remain healthy, and such check-ups are common with many health treatments. Aggregated, anonymised data should be analysed and published to inform future gender-affirming health care provision involving puberty blockers, and we advocate for any future research undertaken by the Ministry of Health in this area to cover the above aspects and to centre the voices of mokopuna.
- c. **Continually strengthen informed consent processes:** As already discussed in this feedback, informed consent is a crucial element to ensure that mokopuna who are accessing gender-affirming health care are equipped with all relevant information and knowledge, including about the potential risks and positive outcomes of treatment such as puberty-blockers, so they can be supported to make fully-informed decisions relating to their health care. It is, therefore, important that informed consent processes are continuously strengthened. In part, this relates to ensuring inter-professional clinical teams are adequately resourced, discussed below.

Adequately resource inter-professional clinical teams to ensure safe pathways for access to gender-affirming health care, including puberty blockers

- 24) Adequately resourcing inter-professional teams is essential to safeguarding the health and wellbeing of mokopuna who are seeking gender-affirming care.
- 25) Centralised services can support specialisation of practitioners and help build up inter-professional teams working with mokopuna and their parents/whānau/caregivers. They can develop the required levels of expertise and keep up-to-date with the growing scientific literature on the use of puberty blockers for gender incongruence. They can help medical colleagues learn about gender identities, the reasons mokopuna present with gender dysphoria, other mental health co-morbidities that also require treatment. Teams of critical mass can also support sustainability of the services through succession, training, and collaborative support.
- 26) Access to mental health care as part of inter-professional teams in the gender-affirming care space is crucial for mokopuna. However, the inquiry by the Office of the Auditor

⁹ For example, Gender Minorities Aotearoa, InsideOut and some other rainbow support organisations.

General into meeting the mental health needs of young New Zealanders¹⁰ reported that “Young people report the highest level of unmet need for mental health care of any age group in the population. However, our work found that many young New Zealanders cannot get mental health support when they need it.”

- 27) Furthermore, Te Hiringa Mahara | The Mental Health and Wellbeing Commission have reported that rainbow young people have worse mental wellbeing (49% versus 60% of all mokopuna) and less access to mental health services.¹¹
- 28) The findings of the Office of the Auditor General and Te Hiringa Mahara indicate a fundamental problem with access to timely services in the current referral pathway for mokopuna that is so dependent on mental health practitioners – because that step precedes any endocrinology services. We agree that for mokopuna presenting initially for gender incongruence and/or gender dysphoria, mental health and holistic health assessments are vital. The current lack of mental health services could be creating a barrier to access other health and wellbeing services for mokopuna. It is imperative that this sector is better resourced, to ensure the rights of mokopuna to access health care services.
- 29) Inter-professional teamwork is fundamental to the existing referral system. To ensure the system is as accessible, equitable and safe as possible, adequate resources must be allocated to support its effective operation.

Address location-based gaps in access to gender-affirming health care

“Insane improvement on mental health, sense of identity and personal relationships. Have been mostly overwhelmed by how positive the experiences I have had are, but it was not universal and I’m aware that I’m very fortunate as to how I have been treated.”

- Maori NZ European/Pakeha, 24 years old¹²

- 30) As a States Party to the Children’s Convention, New Zealand has duties and obligations to all mokopuna, including a duty to ensure the provision of the highest attainable standard of health to all mokopuna, and that no child is deprived of their right of access to health care services. All mokopuna seeking gender-affirming care should have access to all available health care and treatment options, including counselling, mental health therapies and puberty blockers when there is an indication of need.
- 31) Aotearoa New Zealand is a geographically large and sparsely populated nation, which creates a challenge for health care delivery. Centralised, specialised services – such as the inter-professional teams that provide gender-affirming health care for mokopuna – are often concentrated in main geographic centres, resulting in better access for mokopuna living nearby, while those in more remote and rural areas face significant barriers to accessing gender-affirming health care. We advocate for these gaps to be addressed.
- 32) Specialist services for mokopuna with gender incongruence and/or dysphoria – such as counselling, mental health, and endocrinology services – could be effectively delivered through a national hub-and-spoke model. This involves specialist teams in the main centres collaborating with each other and supporting paediatricians around the motu through online or ‘telehealth’ options. This approach would help local clinicians to provide gender-affirming health care to mokopuna who may be living far from main centres,

¹⁰ [Meeting the mental health needs of young New Zealanders](#), data reported is from: Ministry of Health, New Zealand Health Survey 2022/23 annual data explorer: “Mental health care indicator: Unmet need for professional help for their mental health in the last 12 months”

¹¹ [Infographic - assessment of youth and rangatahi wellbeing and access to services | Te Hiringa Mahara—Mental Health and Wellbeing Commission](#)

¹² [Identify survey findings for young people with oranga tamariki involvement – Health & wellbeing report \(2024\)](#) p25

addressing current gaps in access. Clinical teams should be consulted to inform a national model that operates effectively.

Adding restrictive regulation could further limit access to health care services

- 33) Given the existing pathway described above, on balance from a children's rights perspective, adding restrictive regulation relating to puberty blockers could further reduce access to gender-affirming health care services for mokopuna. This would further exacerbate the inequity of access outlined above, and has the real potential to cause harm to mokopuna with gender incongruence.
- 34) Non-regulatory mechanisms should be continuously supported to provide adequate safeguards for mokopuna in their gender-affirming health care access, such as:
 - a) always ensuring access for mokopuna to both medical and non-medical options (such as talking therapies, social transition), to support their holistic health and wellbeing;
 - b) continuously improved information provision, i.e. articulating the uncertainty in the medical literature either way, of the efficacy and safety of off-label use of puberty blockers, and providing adequate time for discussion, counselling and consideration of information (by mokopuna and their parents/caregivers) to ensure fully informed consent by mokopuna; and
 - c) training paediatricians in rural and remote regions about gender incongruence and gender dysphoria and the range of treatment options, and resourcing them to connect with the specialist inter-professional teams in central service centres to ensure access to high-quality health care services (initiating the hub and spoke model discussed above would also form a supporting aspect here).
- 35) Alongside the Ministry of Health's *Evidence Brief* and *Position Statement*, we advocate for the Ministry to make summaries of the information contained in these documents available in child and youth-friendly and accessible ways. This will support the further strengthening of information provision for mokopuna and their families, whānau and communities.