



# Summary Report of Stakeholder Engagement Process Design Group

on

Lived Experience Interest Holder Engagement  
with the National Clinical Programme on Gender  
Healthcare during development of a Model of Care for  
Gender Healthcare.

Date of Report: 24<sup>th</sup> October 2025

Background

Gender healthcare services in Ireland are limited and are not meeting people's full range of needs. The HSE is developing a new Model of Care for gender healthcare. To achieve this, a National Clinical Programme for Gender Healthcare (NCPGH) has been established. Details on the NCPGH, and the work to develop the new Model of Care is available at [www.hse.ie/eng/about/who/cspd/ncps/gender/](http://www.hse.ie/eng/about/who/cspd/ncps/gender/)

In the development of the new Model of Care, the experiences and views of a wide range of interest holders will be sought, including those with lived experience, their families and caregivers, as well as healthcare professionals. Gathering these experiences and views, termed the Experience Base, is core to the work of the NCPGH in developing the Model of Care.

The information gathered in the Experience Base will be considered alongside the available clinical and scientific research in gender healthcare (termed the Evidence Base) by a Working Group, which will be convened by the NCPGH to draft a new Model of Care, which will then be considered by the HSE.

From July to September 2025, a consulting and advising group termed the Stakeholder Engagement Process Design Group (referred to hereafter as 'the Group') was convened to advise the HSE NCPGH on how best to engage with stakeholders and interest holders with lived experience.

## Terms of Reference

As per the Terms of Reference of the Group, their remit was to advise the NCPGH on the modes and manner of engagement with interest holders with lived experience they would consider to be most effective in gaining a wide and diverse range of views and experiences. The NCPGH invited representatives from TENI, Belong To, LGBT Ireland and Gendercare, to participate in the Group based on their experience of working with the HSE, and of engaging with interest holders with lived experience.

The Group was invited at an 'Involve' decision level, as per the International Association of Public Participation (IAP2) definition, meaning that the NCPGH committed to hearing the advice of the Group, and to make decisions with due consideration of the Group's advice.

The Group met in person on two occasions. In addition, a number of online small group conversations progressed work arising from the initial in-person meeting. The process was independently facilitated by David Dunn, an externally contracted independent facilitator, who also documented recommendations made during the process.

This final summary report was produced by the NCPGH team, led by Dr Karl Neff, HSE National Clinical Lead for Gender Healthcare.

## Understanding this Summary Report

During the work of the Group, a wide range of topics were discussed, some of which were outside of the Terms of Reference for the Group.

The Group wanted the history of the HSE in engaging with those with lived experience in the past, during previous gender healthcare related processes, to be acknowledged. The Group notes that in the past, many people with lived experience engaged in good faith with the HSE, and were disappointed with the outcome. Given this experience, the Group recommends that the HSE be honest in its communications with anyone engaging with the NCPGH in the development of the Model of Care, with respect to the processes employed, and frameworks being applied (such as application of a medical or clinical framework rather than political or ideological frameworks).

In addition, the Group asked that the NCPGH consider the process of formulating the Model of Care, particularly with respect to the clinical disciplines involved in the development of the Model of Care. While

the Group recognises the need for a multidisciplinary approach, some of the Group considered the inclusion of Psychiatry in the development of the Model of Care to be unnecessary, and wanted this to be noted.

The Group observed that in some fora, and particularly in the Working Group that the NCPGH plans to convene to draft a Model of Care, there would be a range of members, including those with lived experience and healthcare professionals. The Group considered it important to aim for parity of representation across clinical and non-clinical participants.

While it was accepted that given the numbers of potential members of this Working Group, a majority of members would not have lived experience, the Group asked that the NCPGH aim to have a greater representation of Working Group members with lived experience than has been the case in other Model of Care Working Groups.

The above being noted, the remainder of this report summarises the key outcomes of the Group with respect to the objectives and scope set out in the Terms of Reference.

## Summary of Outcomes

The following is a summary of the key observations, considerations, and advice, from the Group.

### 1.1 Extend the timeframe of the Model of Care development process.

During the work of the Group, the deadline for completion of the Model of Care given by the NCPGH was June 2026. The Group advised that this is sub-optimal. To do justice to the work of listening to as many interest holders with lived experience as possible, the Group recommend that the NCPGH consider extending the deadline to beyond June 2026.

### 1.2 Design engagement with people with lived experience

When gathering the Experience Base, especially in relation to the experiences and views of those with lived experience, the Group advised the NCPGH to design the information gathering strategies with people with lived experience.

### 1.3 Be transparent, honest, and clear in communications

Prior to, during, and after, engagement with interest holders with lived experience, the NCPGH, and the HSE in general, should ensure that interest holders are advised honestly on what kind of engagement is on offer, and on how much influence the interest holders have. Creating information resources to support this should be considered.

### 1.4 Engage in research

A rigorous qualitative research approach should be integral to the Experience Base process, as far is possible given resource limitations.

### 1.5 Ensure that methods are accessible and equitable

Barriers to engagement for interest holders with lived experience should be identified and addressed at the initial stages of any engagement process.

Key factors to consider include:

- Ability to access or use internet.
- Literacy and language fluency.
- Use of clinical services (many people use hormones and medicines sourced via unprescribed routes, and so may not be reached via existing clinical services)

- 1.6 Include a mix of modalities
- The Experience Base processes should include a wide range of modalities to accommodate as many respondents as possible, and to facilitate them in having their voices heard.
- 1.7 Ensure broad representation
- As wide a range of voices and experiences as possible should be represented in the Experience Base, including those using HSE services, those not using HSE services, those accessing medication via unprescribed routes, and detransitioning people.
- This may require larger scale modalities that can include a sufficient depth and breadth of the population to capture a wide range of experiences, as well as targeted methods such as focus groups.
- The NCPGH should be mindful that not every voice should necessarily be weighted equally.
- 1.8 Chose methods that can be targeted and validated
- To ensure authenticity, the Group advise that the NCPGH choose methods where respondents can be validated as needed (to avoid people misrepresenting themselves as people with lived experience in processes aimed at those with lived experience, for example). This may require modalities that target cohorts via clinical services or support organisations.
- In person events should be invite only.
- 1.9 Prioritise safety and privacy
- Be aware that it often requires bravery to participate in engagement processes. Prior to proceeding with any engagement, the safety and security of potential participants, with reference to the specific modality, should be considered. The Group recommends that ‘town hall’ formats be avoided.
- Prior to, or as part of, initial engagement, the NCPGH be clear on how exposed the person will be to others, and on the risks to their privacy. Action should be taken to safeguard the individual participant’s privacy as much as is possible with respect to the modality being used.
- 1.10 Consider independent facilitation
- Independent facilitation should be considered at every stage. Facilitators who are included in the process should be competent and experienced.
- For adult groups, a maximum facilitator to participant ratio of 1:10 should be applied.
- In engagement with those under 18, age appropriate facilitation should be employed.
- 1.11 Be clear on boundaries
- In any engagement process, ensure that boundaries and terms of engagement are clear prior to the start of the process, and take action to ensure that these boundaries are respected during the process.
- 1.12 Provide scaffolding
- As much as possible, ensure the physical space is well sign-posted, and comfortable for all participants. Special consideration should be given to the potential needs of neurodiverse people, so that sensory inputs, such as lighting, are modulated to be as comfortable as possible.

## Reference Documents

- HSE Website, National Clinical Programmes, Gender Healthcare  
<https://www.hse.ie/eng/about/who/cspd/ncps/gender/>
- HSE Website, NCP on Gender Healthcare, Experience Base  
<https://www.hse.ie/eng/about/who/cspd/ncps/gender/experience-base/>
- HSE Website, NCP on Gender Healthcare, Evidence Base  
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