

# **Cross-Party Group on LGBTI+**

26 February 2025, 18:15 – 19:45

Meeting held online via Zoom

## **Minute**

### **Present**

#### **MSPs**

Jamie Greene MSP, Scottish Conservative Party

Maggie Chapman MSP, Scottish Green Party

Karen Adam MSP, SNP

#### **Invited guests**

Professor Chris Harkins, Glasgow Centre for Population Health

#### **Non-MSP Group Members**

Rebecca Don Kennedy, Equality Network

Erin Lux, Equality Network (Secretariat)

Ruth McGill, Equality Network

Iain Campbell, D&G LGBT Plus

Rebecca Hoffman, LGBT Health & Wellbeing

Heidi Vistisen, LEAP Sports

Kim Gillanders, NASUWT

Fiona Grounds

Micah Daigeaun

Cal Barnett

Dagny Gasking

Stevie Maybanks

James Banner-Rall

Carrie Bates

RuthAnn McCalla

## **1. Welcome and Apologies**

Apologies:

Nik James, Roz Hamilton, Ciorstaidh Reichle, Paul Behrens, Patrick Harvie MSP, Jordan Daly, Tristan Grayford

A warm welcome from Maggie Chapman to all. There were several apologies as above.

## **2. “Examining the Social Determinants of LGBT+ Health and Wellbeing” (Rebecca Hoffman, LGBT Health & Wellbeing and Professor Chris Harkins, Glasgow Centre for Population Health)**

Christopher Harkins and Rebecca Hoffman presented their report, the full details of which can be found here:

[https://elevateni.org/app/uploads/2024/06/Examining\\_the\\_social\\_determinants\\_of\\_LGBT\\_\\_health\\_and\\_wellbeing\\_FINAL\\_original.pdf](https://elevateni.org/app/uploads/2024/06/Examining_the_social_determinants_of_LGBT__health_and_wellbeing_FINAL_original.pdf)

Christopher Harkins reiterated that while the evidence can be quite disheartening, the LGBTQI+ community is resilient and has achieved much against difficult odds. He then invited feedback as to what people had found surprising, useful, or could be used to achieve ‘quick wins’

Questions & Answers:

Dagny Gasking: In her experience working with HIS, has repeatedly stressed to HIS and to age Scotland that there are very specific issues re: trans and nonbinary people later in life – to qualify for trans & NB surgery you have to commit a lifetime commitment to certain kinds of self-maintenance, but when you reach a stage when you don’t have capacity – who will provide that intimate support? You need to know people are trustworthy, that they can handle it if the person becomes resistant because they no longer understand what is happening? Age Scotland’s dementia team is interested but wanted to highlight this as specific issue.

Rebecca Hoffman: Thanked Dagny for sharing. Asked if Dagny had seen the LGBT Health & Wellbeing ‘Fit for Purpose’ report (available [here](#)) developed by the Age Action Group about LGBT experiences with care homes

Dagny: Is aware of the age action group and has had some contact. It is purely a geographical question for Dagny.

Jamie Greene: Thanked Rebecca and Chris for their presentation. Curious about the data sources, outcomes for chronic illnesses etc – very specific? Why are some in the community suffering from chronic conditions such as higher rates of Alzheimer’s? What kind of data can you point towards? How did you get to that conclusion? Has there been any work or could there be any to work out why that is the case? This report really needs to be under the nose of the minister for public health who actually controls the levers of the agencies... often find you have to be very specific about the asks – presenting the problem is all well and good but you need to turn that into more of a campaign led series of asks.

Christopher Harkins: Thanked Jamie for useful feedback. This as an evidence scoping review, so this wasn’t our primary research we were just summarising an evidence base. Summarised over 200 papers to get the findings and tried to make a complex and expansive evidence base more accessible by boiling it down to 7 themes. Re your question, there’s a strong link between stress and mental health issues and adverse physical health outcome that is well established in medical science. An overarching theme is that the LGBT+ community whatever specialty you’re coming from experience higher levels of stress on a daily basis. So cardiovascular disease, forms of dementia...

Carrie Bates: That was really excellent. I was wondering... is there anything about LGBT+ elders who are likely to be in the same care home as homophobic abusers? Especially in the same small towns etc – likely to be the people who were their abusers earlier in their lives in the same care homes? And likelihood to go back in the closet in care homes?

Chris Harkins: Yes, in terms of the evidence we reviewed there were qualitative studies who raised issues like that. A few studies relate to people who object to LGBT+ community based on religious beliefs working in the care sector and caring for LGBT older people. How effectively can they do that?

Rebecca Hoffman: Refers to the ‘Fit for Purpose’ report (linked above). Age action group very vocal about wanting to have a coop or something for LGBT older people, but they were told there wasn’t an evidence base which is what inspired this whole report. This report has examples of things that you’re saying.

Cal Barnett: wanted to flag something prevalent in our community – we have a higher rate of neurodivergence in our community and there are a lot of different needs and it affects all ages. It’s hard to get a diagnosis the

older you are and girls and women tend to be misdiagnosed with all kinds of wrong things before getting the right diagnosis. Took part in the LDAN bill consultation a while back. Quite concerned about the tendency to pair up neurodivergence with learning disability. Needs to be a detailed understanding of the complexities of the issues because there's a lot of us.

Rebecca Hoffman: Shared in the chat that LGBT Health and Wellbeing's community survey found that 33% of people who access LGBTHW's services were neurodivergent. Really important to ensure queer spaces are neurodivergent spaces

Chris Harkins: that wasn't a theme that came across particularly strongly in the way they were looking at evidence but is something he'll take away from this evening and keep in his thoughts on this work.

Kim Gillanders: as a teacher agree putting learning disability with neurodiversity doesn't work. What do you think it looks like to increase LGBT education? It's already in the curriculum but it isn't enforced – has experience in North Lanarkshire in Catholic schools and it's something that isn't taught there and has supported and worked with a lot of kids who felt very isolated and targeted by the whole environment they were in

Rebecca Hoffman: We recognise that there are orgs like TIE that have been doing this work. We are also talking about public education re: LGBT+ health inequalities – changing hearts and minds with facts.

Chris Harkins: for me in terms of prevention, in PH we always talk about prevention, school time is your early intervention to get in and to in some instances normalise talking about the LGBT+ community. My son's school seems to be very forward thinking. Normalising talking about the LGBT+ community, visibility, but then does the school embody that? Does it walk the walk? Is where some of the differences can occur

Dagny Gasking: regarding neurodiversity as Cal was saying, I'd be very conscious of people just adding it as an afterthought in the standards. It's important to constantly make clear that some people respond to information in a different way, need appropriate communication. Feels like lived experience isn't taken into account even when you're asked, and its recorded. There's a room within the room.

Heidi Vistisen: congrats to Rebecca and Christopher on this work. Great to see all the work across these themes, and the health inequalities.

### **3. Conversion Practices Bill: Updates and Developments (Equality Network)**

Update was briefer than hoped, as it had been expected there would be more progress to comment on at this stage.

Discussed the low level of awareness of what constitutes conversion practices, on the one hand, and the progress of the Bill, on the other hand, within the LGBTI+ community.

Discussed awareness-raising efforts that are ongoing, including: the production of illustrated composite conversion practices survivor narratives (links to [Abeera's Story](#), [Bernie's Story](#), [Cee's Story](#)); a Valentine's Day awareness campaign with billboards and a video truck across Glasgow, Edinburgh, and Aberdeen; and a press release based on polling that we conducted through YouGov that demonstrates high levels of support across the public for a ban on conversion practices.

### **4. Requests to Join This CPG**

Erin noted there were several requests to join the CPG: Professor Ian Rivers, University of Strathclyde; Dr Matson Lawrence, University of Strathclyde; Dr Jay Todd, University of Glasgow; Livingston Lions LGBT+ Supporters Group; VoiceAbility; and NHSGGC LGBTQ+ Staff Forum.

All requests were approved.

### **5. Updates to other matters/AOB**

OutBritain, a member of this group, will be having a reception in the Scottish Parliament on 29<sup>th</sup> April 2025 sponsored by Emma Roddick MSP to celebrate the launch of their new report on LGBTQ+ businesses (which can be found [here](#)).

Dagny raised the issue of data security and GDPR breaches in LGBTI+ related online events attended through NHS England. This is being passed to Maggie Chapman MSP to look into.

### **6. Consideration of Items for Upcoming Meetings**

A suggested topic was an update on LGBT+ education in schools – where it stands, what are the issues, and what can we do about it?