

Cross-Party Group on LGBTI+ issues

Minute of meeting on Wednesday 27 February 2019

Venue: Scottish Parliament, Committee Room 3

1. Welcome and apologies

Present:

Patrick Harvie MSP (Co-Convener - chairing)
Jenny Gilruth MSP (Co-Convener)
Mary Fee MSP

Megan Johnson LGBT Health and Wellbeing
Vic Valentine Scottish Trans Alliance
Hannah Pearson Equality Network
Arlene Smyth Turner Syndrome Support Society
Fiona Grounds Scotland Against Intersex Surgery
Stuart Duffy Pink Saltire
Hugh Torrance LEAP Sports
Susan Hart Scottish Borders LGBT Equality
Calum Shepherd Scottish Bi+ Network

Patricia Johnston Individual
Paul Cockburn Individual
Michael Richardson Individual
Dr Kevin Guyan Individual
Stevie Maybanks Individual

Apologies:

Kezia Dugdale MSP
Jamie Greene MSP
Stonewall Scotland
Dr Matthew Waites

2. Introductions and new members

Jenny Gilruth MSP was welcomed as the new SNP co-convenor of the group.

It was agreed to accept the requests of (i) Stevie Maybanks and (ii) Dr Kevin Guyan to join the group. The group secretary will add them to the mailing list and notify the Standards Committee team.

3. Minute of previous meeting (14th November 2018)

It was noted to include the Scottish Bi+ Network in the attendance list for the previous meeting.

4. Matters arising from the previous meeting

No matters arising.

5. Older LGBTI+ issues - LGBT Health Dementia Project

MJ from LGBT Health provided the group with a presentation about their Dementia Project:

When we talk about LGBT people affected by dementia this includes LGBT people with dementia or LGBT people who care for or support someone in their life with dementia - whether the person they care for is LGBT or not.

Dementia is a growing global health challenge and ensuring equal and meaningful access to support for those affected is a matter of upholding people's dignity, personhood and ultimately their human rights.

LGBT Health's National LGBT Dementia Project aims to:

- Increase understanding of LGBT issues in relation to dementia
- Support and increase the capacity of the dementia sector to respond to these issues
- Develop an LGBT and dementia toolkit for practitioners supporting people with dementia to use as a resource

Common narratives around dementia might not fit the lives of many LGBT people. For example:

- an LGBT person may be caring for someone with dementia who is not supportive of their LGBT identity.
- LGBT people may have caring responsibilities in their family of choice as well as their family of origin, creating greater strains on their time, resources and wellbeing.
- Within the LGBT community men and non-binary people are as likely as women to provide informal care.

Discussion of the differences for LGBTQ carers, including: potentially having to care for family members who have never validated or respected their identity; not being out to the person you are providing care for and having to conceal relationships or expression of gender and the psychological impact this may have; and not having their identities honoured in care plans.

Discussion of how dementia affects LGBTQ people differently, including: if you are in formal care this can mean being forced back into a very gendered/ heteronormative space. This can mean a total change to lifestyle and erase people's identities.

Assumptions are made that a person could not both have a disability and be LGBTQIA. Presumption of the nuclear family unit: people with dementia are presumed to have children or partners to provide care. The impact may depend on the stage of the dementia. Dementia can make LGBT people lonelier, and more excluded. They experience multiple stigmas because of the diagnosis of dementia and their sexuality/ gender identity. LGBTQ people may feel excluded from dementia groups and may feel less able to advocate for themselves and their rights.

Discussion of what we can do as a community for LGBT people affected by dementia. Ideas included:

- Make LGBTQ community events dementia friendly
- Raise awareness of the issue in our workplaces, communities and families
- Don't contribute to denying other LGBTQ people sexual expression because of their age or diagnosis
- Alter our behaviour to accommodate people with dementia. For example, speaking slowly and repeating things
- Advocate for them
- Acknowledge and celebrate the existence of LGBTQ people affected by dementia in big and little ways.

We must take a human rights based approach for LGBTQ people affected by dementia. They have a right to continue living well and stay part of their chosen community. They have a right to express their identity, in choices of clothing or make up for example. Using inclusive language in dementia support settings can be the difference between someone being out or not. More crossover training for health professionals is needed to ensure a person centred approach in dementia care.

MJ presented the group with case studies of LGBTQ people in dementia care settings.

PH asked how long the Dementia Project is funded for.

MJ replied that it is a two year funded project, with funding from the Life Changes Trust. The project is eight months in to the funding cycle.

SH asked if the research had been conducted in rural areas.

MJ replied that it had and that it was a national project, working across Scotland. They used the discussion formats from initiatives such as Outside the Box and Together in Dementia Everyday (TIDE) at events in rural areas.

FDG raised the issue of intersex people in dementia care, and that there are links between the removal of organs and higher levels of dementia. They also commented on the distrust of medical professionals within the intersex community and that intersex people may be less likely to present at medical services, even if they are unwell.

SD raised the issue of standards of care within care settings, which should be adhered to.

MG replied that this is often dependent on the leadership within a space.

PH asked about different issues with different providers, such as religious organisations.

MJ replied that most dementia spaces are heteronormative, regardless of religion, and there is the presumption that LGBTQ people are not there. One of the biggest challenges is attitude change, giving the example of carers putting on rubber gloves to change the sheets of someone living with HIV.

PH raised the issue of people with dementia experiencing regression and feeling you've woken up in the past, in a time when you may not be out or a time when same sex relationships were criminalised, and how distressing this would be.

HT asked about access to financial support, commenting on the heteronormative assumptions regarding carers allowance and benefits. There is also a societal presumption that children will provide care.

MJ raised the issue of people not identifying as a carer, or even realising that they are technically a carer, and therefore not accessing relevant financial and emotional support for themselves.

MJ also raised the issue of older trans people, who may need to rely on other people, such as family members, to uphold their identity. There have been examples of family members putting trans relatives in the wrong service, as well as not allowing them access to their clothes.

SD asked if there are any statistics on LGBTI people living with dementia.

MJ replied that it is estimated there are 90,000 people living with dementia in Scotland. However, because there is no routine recording of sexual orientation and gender identity, we do not have that specific statistical information. LGBTI people living with dementia are an invisible population.

SD asked how to make events more dementia friendly for LGBTI people.

MJ replied that it is surprisingly simple to make events more accessible for LGBTI people living with dementia. Ideas include: using colour coding, name badges and having gender neutral toilets. More guidance on this can be found on LGBT Health's website.

6. Update on gender recognition reform - Scottish Trans Alliance (STA)

VV provided the group with an update on gender recognition law reform:

The Gender Recognition Act 2004 marked a significant step forward for the rights of trans women and trans men. However, there has been substantial international progress on trans rights over the last decade and the Act is now outmoded and urgently in need of reform.

The STA and Equality Network Equal Recognition Campaign's three campaign calls are:

1. Remove the psychiatric diagnosis requirement from legal gender recognition
2. Reduce the age at which people can get legal recognition of the gender they live as
3. Provide legal recognition for people who do not identify as men or women

All political parties, except the Scottish Conservatives, included a commitment to self-declaration in their manifestos, and the Conservatives did commit to reviewing the law.

The Scottish Government consultation on reforming gender recognition law was open from November 2017 to March 2018. In total, there were over 15,500 responses, with half of those from people in Scotland.

The majority of respondents, 60% of those answering the question, agreed with the proposal to introduce a self-declaratory system for legal gender recognition.

Regarding reducing the age, 61% of those answering the question, agreed that people aged 16 and 17 should be able to apply for and obtain legal recognition of their acquired gender.

Regarding legal recognition for non-binary people, 62% of those answering the question, thought that Scotland should provide legal recognition for people who do not identify as men or women.

Working towards reforming gender recognition law was included in the 2018 -19 Scottish Government's Programme for Government. A Bill is expected to be introduced at the end of this year or early 2020.

Conversations around gender recognition reform are becoming increasingly polarised, particularly within the media.

VV provided the group with new Equal Recognition Campaign myth busting materials.

PH asked about the timeframe for the Bill and whether the current relatively slow pace is justified to get the Bill right.

VV commented that we want to get the Bill right, i.e. to include under 16s and non-binary people, and time is needed to do that. However, it is preferable to do this in a timely manner to deliver for trans people in Scotland.

PH raised the issue of some organisations offering one-click consultation responses for the English consultation, but commented that both governments are becoming increasingly realistic about how people respond to consultations. We need to be mindful about the extent and depth to which people have responded.

VV replied that one-click responses were acknowledged and distinguished in the Scottish Government analysis of the Scottish consultation.

Several group members offered support for the Equal Recognition Campaign, and asked how best they can support, especially regarding the impact the negative media coverage is having on trans people.

Group discussion included building solidarity within the LGBTI+ community and looking after each other, highlighting inaccurate information in media coverage, and empowering trans people to report transphobic hate incidents and crimes.

Parallels were made between media coverage of Section 28 in the 90s, and the current debate around gender recognition.

PH commented that some media coverage attempted to pit trans rights campaigners against feminists, despite the leading women's equality organisations in Scotland being trans inclusive and supportive of the Equal Recognition Campaign.

VV commented that the women's equality organisations have long been inclusive of trans women and service providers such as Rape Crisis already operate on a self-declaration model.

7. Update on other matters/ AOB

VV provided the group with a brief update on the Census Bill, ahead of the Stage 1 debate tomorrow.

FDG raised the issue of lack of support for intersex people at the Sandyford Clinic in Glasgow.

AS commented that the Scottish Differences in Sex Development National Managed Clinical Network (NMCN) meet regularly and can provide support for intersex people.

PJ spoke of the current media debate around gender recognition and the negative impact this was having on trans people. She also spoke of the current waiting lists for Gender Identity Clinic (GIC) appointments, which are approximately 14 months, and said she has written to both the Health Secretary and the Minister for Equalities regarding this.

SD provided the group with the FOI responses from Local Authorities regarding LGBT homelessness. 30 out of 32 Local Authorities (LA) responded. Key findings included:

- 5 of 30 LA's capture LGBT equality characteristics data in assessing homeless applications (17%)
- 13 of 30 LA's provided evidence of including LGBT organisations, individuals or effective EIA's in reviewing homeless policy in the past 2 years (43%)
- 14 of 30 LA's provided evidence of LGBT or other equalities training for staff within the past 2 years (47%)

8. Date of next meeting: Wednesday 8th May, and agreement of main discussion items for the May meeting

It was agreed the main discussion item for the May meeting would be LGBTI+ asylum seekers. The group secretariat will invite LGBT Unity and coordinate relevant speakers.

FDG also suggested having intersex equality issues on the agenda, although there was some discussion this might be more useful when the Scottish Government's consultation on intersex equality issues is open. The group secretariat will liaise with FDG about this.