

Cross Party Group Meeting LGBTI + Issues

General Meeting

Minute of Wednesday the 2nd of May 2018

Venue: Scottish Parliament, Committee Room 4

1. Welcome and Apologies

Present

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| Jamie Green MSP | (Co- Convener, Chairing) |
| Patrick Harvie MSP | (Co-convener) |
| Vic Valentine | Scottish Trans Alliance/ Equality Network |
| Scott Cuthbertson | Equality Network |
| Rebecca Crowther | Equality Network |
| Hugh Torrence | LEAP Sports Scotland |
| Paul F Cockburn | Individual |
| Judith E Dean | Scottish Borders LGBT |
| Susan Hart | Scottish Borders LGBT |
| Alistair Rose | SX Waverley Care |
| Mariska Greenwood | LGBT Health and Wellbeing |
| Cara Spence | LGBT Youth Scotland |
| Johnathon Gallagher | Dumfries and Galloway LGBTI (via Skype) |

Apologies

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| Hannah Pearson | Equality Network |
| Tim Hopkins | Equality Network |
| Ben Macpherson MSP | |
| Kezia Dugdale MSP | |
| Ben Munnoch | Individual |
| James Banner- Rall | Individual |
| Pink Saltire | Organisation |
| Time for Inclusive Education | Organisation |
| Stonewall Scotland | Organisation |

The Meeting was chaired by Jamie Green MSP.

2. Introductions and new members

It was agreed to accept the requests of (i) Audit Scotland, (ii) Relationships Scotland, (iii) Police Scotland LGBTI Liaison Officers, and (iv) Turner Syndrome Support UK, an intersex variation specific support group based in Scotland to join the group. The group secretary will add them to the mailing list and notify the Standards Committee team.

It was also agreed that Tim Hopkins from the Equality Network would fill the group in on the relationships, affiliations and background of Audit Scotland, Relationships Scotland and Police Scotland LGBTI Liaison Officers via email, ahead of the next meeting.

3. Minute of the last meeting (9th of November, 2017)

The minute of the last meeting was not discussed. These will be circulated via email by Tim Hopkins as soon as possible. At that point the minute will be approved by the group.

4. Matters arising from the last minute

N/A see above.

5. Sport – introduction by Hugh Torrence, LEAP Sports

A summary of what was said by Hugh Torrence: Many people believe LGBTI sport is a niche and narrow area to explore and that it is not connected to wider LGBTI issues. This is not true. LGBTI sport has a relation to mental health, identity, social isolation and other issues. This is not only to do with excelling and participating in sport but also working or volunteering in sport. It is also to do with the tough journey that a sports fan may go through. Sport is a powerful tool. LEAP Sports Scotland have produced a booklet of impact stories in conjunction with the Scottish Government: *Sport Changes Lives*. This helps to outline the different areas of work and how there is impact on LGBTI individuals. Play time, games and sport inclusion aids in the formation of identities. However, young children at school are feeling excluded from these activities. When children feel that they can't fit in in these scenarios, messages of exclusion and difference persist and are reinforced. When Scottish LGBTI adults are asked if they have had similar experiences, they often haven't and when asked why that may be the answer is often; 'I just don't think gay people and sport go together.' This is systematic. It is built in: As a community we have come to agree that LGBTI and sport 'don't go together.' Sometimes it's an issue with changing facilities – some don't like the high level of banter. Many find it degrading, as gay men and lesbians. Often people travel to take part in LGBTI specific sports groups due to a desire for a sense of community and comfort. If we probe further we see that beneath this, there is a system of exclusion, marginalisation and shame.

Out for Sport Research shows that 79% of people believed there was a problem with homophobia in sport and 62% had experienced this first hand. 73% of people asked stated that transphobia and homophobia presented a barrier to taking part in sports activities.

The National Sport Coordinating Group that has been set up has seen LGBTI organisations come together with The Scottish Government, Sports Scotland and some key players in Scottish sporting networks to come up with a strategic action plan and to discuss key issues. These issues are to do with supporting sport to become more inclusive and participative. With this there has been training events, education, seminars, conferences and policy work with the aim of developing models for inclusion, tools for communication and visibility. This has included the project *Football vs Homophobia*. These activities are also about advocating and telling people's stories, and ultimately making a difference.

An example of changes that have been made due to these endeavours is that in Scottish gymnastics, previously it had been the policy that if one does not wear regulated clothing, points would be deducted. The implication of this was that, for example, if you were transgender, tight clothing could be problematic. However, transgender individuals would be penalised for not wearing this regulation clothing. *The National Sport Coordinating Group* has challenged this and this policy has been changed. This may seem a minute area of change however a change such as this touches the lives of some individuals and enables their full ability to take part.

Another example of where change can be made was given: A young woman who had recently transitioned, wanted to continue to play football. She had to wait for two years before she was able to play again. At the age she was, this amount of time out of her sporting journey was detrimental. She was told that if her testosterone were to reach a 'normal male level' she would be able to participate again. Unfortunately, at this point, she was then told 'they still weren't quite low enough.' They were not at the decided average. With instances such as this we want to make changes.

Whilst we have worked well with LGBTI specific sports group establishment and have aided in developing strong leadership here, as yet this has only been successful in the Scottish central belt. More work is required rurally. This is due to the ease at which people can come together in the city centre. When people have been able to come together, a lot has been done with mainstream sports groups for the place of greater inclusion.

LEAP Sports Scotland have organised a festival fortnight. This runs from the 1st to the 14th of June, 2018. This is a two week festival with 72 events with diverse sporting activity as well as academic events discussing LGBTI issues in sports. Here opportunities will be discussed. Sport is 'a tool for change.' We see the power of sport to deliver messages of equality and human rights, such as at the Commonwealth Games in Australia and the games coming to Glasgow.

LEAP Scotland recognised that the last significant research carried out in this area was in 2012 and are now developing a new research project that they would ask the group to share as widely as possible via social media: *Out Sport – Homosexuality and Sport*. This project is a Europe wide research project, however LEAP sport, as a partner in this project will have access to all of the Scottish and UK data. This will be analysed and measured against the last significant research done in 2012.

The group are encouraged to share this link with social media followers etc.:

https://ww2.unipark.de/uc/Projeky_Outsport/ed19/

Additionally, LEAP Sport and Equality Network were involved with Pride House at the Commonwealth Games.

Finally, LEAP Sports Scotland have created a *Manifesto for Inclusive Physical Education: Inclusive Sport in Scottish Schools*. This new work will be encouraging schools to take part. Currently there are 18 schools across Scotland taking part. This manifesto asks that Physical Education Departments sign up to up to 6 key commitments and an action plan. Ultimately this project aims to change the gender policed way of the approach to sport from an early age.

From questions and comments of the group: LEAP sport Scotland is taking part in the Gay Games, Paris. They have 72 registered athletes taking part and will run under a Team Scotland banner. They will also wear a kit sponsored by the City of Glasgow College which will be given to all athletes. Though the bid for the Glasgow European Games looks unlikely there will be a push for a future bid for the 2023 games. In terms of the *Time for Inclusive Education* work, LEAP Scotland is working to try and plug a gap within, specifically, physical education. This project engages specifically with Scottish sport and P.E teachers working in Scotland. However, it does sit nicely under the major aims of TIE campaign as well as with LGBT Youth Scotland.

The resource is appreciated by the group and there is a recognition that this is a key priority. Physical Education is gendered and does lead to bullying. These lessons also take place at a pivotal time of life and it is detrimental to identity development if children are removed and don't participate as well as they could. Jamie Green concedes that a child's experience of exclusion here can put them off sport for a lifetime. The book published by LEAP shows that this is not uncommon amongst LGBTI populations. However, it is also acknowledged that individuals do come back to sport later in life through the use of LGBTI sports clubs and this is usually a welcoming experience. Cara Spence wonders: How can we link this work to the school charter for inclusion? This is a good example of practical action for difference. It was stated that this project would be fed back to the LGBTI working group with regards to its relations to the school environment. There are also links here to the LGBTI Education policy paper. Patrick Harvie asks whether LEAP Scotland has contributed to the Hate Crime Review and whether there are any issues that, when this report is published, should be picked up. Hugh states that yes there are synergies here; with the voluntary action fund, legislative review and the hate crime review. LEAP Scotland have been asking fans what they believe is 'acceptable banter' and other questions relating to the definition of hate speech. With a zero tolerance approach around language, this would be a key area to address.

Hugh Torrence highlights the fact that we would be doing a disservice to the LGBTI populations should we consider and treat these communities as a homogenous group: Nowhere is this more acute than in sport. Of course these issues are differing for differing individuals as fan and athlete and the broader experience. For this reason, the narrative has to move away from simply being about football and gay men's experience of football. Further to this, Vic Valentine of Equality Network points out to the group that those who identify as non-binary can only compete in either women's or men's sports teams and that often they are forced to choose between the two. This is often not the best fit for how they identify. Sometimes this is to do with the public spaces involved. Within a study carried out by the Equality Network it was discovered that 42% of non-binary people would not use gyms as they are so gendered. Jamie Green asks what could be done here. Is it a case of a third non-gender specific changing room? For Vic Valentine though, there are in fact many gyms that offer this however concerns are actually more to do with the organisation of sport as binary. This is the bigger issue in this remit. With more mixed gender sport activity this may be helped as there is 'not likely going to be a non-binary games anytime soon.'

6. Sexual Health – Introduction by Alistair Rose, S-X

Alistair's remit is in the sexual health of gay and bisexual men and not the wider LGBTI population. For this reason he informs the group that this will be a fleeting introduction.

Summary of what was said by Alistair: There is huge evidence for gay and bisexual men that they know how to have good sex etc., however there is no evidence of this for rest of LGBTI population. Data on this is limited. Most of us in the group work with people who carry a poor burden of sexual health and this has much the same reasons as the LGBTI burden for poor mental health: it is to do with stigma and discrimination. Sexual health is not just about 'what happens in bed.' It is more holistic than this. Sexual health also has relations to other issues such as alcohol use, stigma, drug misuse etc. The Scottish BBB Framework is trying to negotiate these findings. Gay and bisexual men are disproportionately suffering with poor sexual health. Globally, it is recognised that transgender individuals also suffer with this. Though, in Scotland there is little evidence to support this. The question is, why is there little evidence on this subject and why are we not asking these questions? We are starting to see sex clinics gathering this data. LGBTI sexual health literature seems to be

disproportionately higher around gay and bisexual men and information around PREP and HIV preventative techniques. Literature around PREP and transgender sexual health is non-existent. Alistair asks; how do we ensure that there is not this disparity? We must consider what is meant by 'sexual health' – According to the World Health Organisation it is holistic and is to do with a positive and respectful approach to sexual and emotional relationships. In Scotland we already have a framework with outcomes that are trying to achieve this. However, it is asked, are these outcomes being achieved and can LGBTI people say that those outcomes are something that relates to them? There are indicators of poor sexual health and we can see that this relates to further wider issues. We need to align these issues, in particular with stigma and isolation. Sexual health is something that goes beyond disease. As an important part of the life course, people should be empowered to make sure that their sexual relationships are safe. Within sex education there is an inequality in access of information. For example. Information regarding HIV is not universally taught. Individuals can of course gain information from organisations but they cannot always get this information in school. Historically, engagement of young people has been by and large a positive engagement but we are not seeing that translate in later life. This is particularly evident when we look at areas where there are not strong services.

From questions and comments of the group: Engagement across sexual health and LGBTI organisations is harder to manage in rural spaces. How can we take this beyond this group? Do we invite people to come and speak to us about these issues? How might we begin to gather data on this subject across the organisations in this group? This is key in order for us to lead the way. Sexual health must be a priority across all populations of this group.

There is a discussion, prompted by Jamie Green, on whether health care professionals should ask for info regarding sexual or gender orientation within sexual health meetings and appointments. There is acknowledgment that this is a hot debate. There is also a wider debate within the Scottish Government regarding whether this is appropriate or whether this should in fact be mandatory. Across different parties there are many arguments for and against this. This move would provide more data and thus understanding however, there is a concern around stigmatising the patient. Jamie asks, how would we approach this if speaking to the government about what we would suggest in this area? Alistair Rose and Mariska Greenwood highlight that in other remits this is a usual occurrence and agree that it is important to gather data for several reasons: 1) it allows services to move forward and 2) it acknowledges risk across the board ('low risk, doesn't mean no risk') which is important. Scott Cuthbertson from Equality Network agrees, stating that it should be considered good practice. It is important to normalise the question. It should be considered as standard as asking someone's ethnicity: what is your sexual orientation? Questions regarding sexual orientation and gender identity may also be useful in the census: 'we need this data in order to help these populations.' Cara Spence states that this is a common question; should we systematically record data? We need to consider responsible data sharing and equalities regarding data. Only then can we begin to look at the broader picture and normalising questions.

There is an appetite for dialogue to happen, in particular around relationships and the sexual health needs of transgender people as this has not been addressed to date. There is a real reason for concern surrounding HIV awareness within this population among other things. We must not leave any population behind due to an over interest in gay men's sexual health. All population must be taken as at risk. Johnathan Gallagher of Dumfries and Galloway LGBTI believes that it is the responsibility of local health authorities and NHS sexual health organisations to include the third sector. Dumfries and Galloway are one of few regions without specific services regarding sexual health and PREP. Johnathan

knows that some people within this region wouldn't even know what PREP was. The best step would be mapping support and getting the word out there, particularly in rural communities. It is key that we identify which groups are hard to reach and develop a better understanding regarding methodology.

Vic Valentine highlights for the group that sometimes it is the case that health organisations feel that once they have collected data they can share this data indiscriminately. Clearly within a sexual health clinic someone who is transgender may have to divulge that information however, would not inherently do so in another kind of medical scenario. We would not suggest losing the choice of disclosure.

LEAP encourages the collection of data as a matter of course and argues that, if we only do when it concerns LGBTI issues then we will be policing eligibility to take part. Jamie asks; how do we achieve the best data collection method?

Alistair re-enforces the point that good sexual health is a human right and that it is not just about being free of disease but it is holistic. It is not merely about 'the sex we are having.'

7. Update on other matters

Blood donation: The Parliament Committees meeting met on the 26th of April 2018. Scott Cuthbertson of Equality Network commented on this: It is an old petition and it is right that they should have indicated that they wanted to close on this as the ban was based upon rules that are no longer enforced. The 12 month deferment for gay men from sex before donation used to be 12 months and has been changed to 3 months. There is a *Group on Individual Risk Assessment* and the CPG will be kept up to date on developments with regards to this. Both the UK and Scottish Government have committed to ensuring individual risk assessment. There are question regarding in pair assessment and how that would be perceived in terms of relationship as a concern. There is current research being carried out at The University of Glasgow on sexual behaviour with regards to this.

Scott argues that a 3 month deferment is still far too long. If one is in an active and monogamous relationship, abstaining from sexual intercourse for 3 months is still unreasonable though some do. Based on historical research, from the Equality Network on sexual habits, it is clear that the number who would benefit from the change from 12 to 3 months is small. This is due to the large number of donors being in monogamous relationships. The change representation would therefore be small. There is comment from the medical professions that this issue is not only an issue about rights but that it is an issue to do with protecting the blood supply. However, Scott believes that the system would be safer with a lesser deferment period due to the lack of incentive to lie. It is important that evidence is gathered before moving forward with this. The most active voices here are gay men in monogamous relationships. There will be benefit in engaging with this.

Older LGBTI Issues: Limited time was given to this issue and it will be given precedence at the next CPG meeting. Though it was noted that *The University of Bristol* have been in touch with Jamie Green with regards to a research project based on developing inclusive care homes. Jamie noted that on his request he could not be provided with any useful information from Shona Robertson. Johnathon Gallagher informed the group that Dumfries and Galloway LGBT group will be delivering new training with the local council in a large elderly care home in the area. However that this has limited funding. Action points here will be agreed the next time the group meets. Social isolation and inclusion should

be brought in to this conversation. The group agreed that we should be active in writing to public bodies with regards to these issues and lack of information. Wording for this contact will be agreed here.

Mental Health: A summary of findings was given by Cara Spence from the collaborative paper on *LGBTI Populations and Mental Health Inequality*. This paper pulls evidence from multiple sources (LGBT Health and Wellbeing, Equality Network, Scottish Trans, LGBT Youth Scotland and Stonewall Scotland) and was the result of a request by the Health Minister, Maureen Watts, at a previous meeting. It is a response to being asked, in relation to a higher struggle within the LGBTI population with mental health, where is the evidence?

Some key, disturbing statistics were highlighted: LGB individuals are twice as likely to report symptoms of poor mental health, 1.5 times more likely to have depression or anxiety, twice as likely to have attempted suicide. Amongst LGBT youth half have had suicidal thoughts or actions. In the transgender community 88% of individuals have symptoms of depression and 72% have suffered with anxiety. 96% of LGBT Youth have experienced ill mental health. When discussing suicide here, 53% of transgender individuals have self-harmed, and 35% had attempted suicide and 25% had done this more than once. Jamie asks whether there are any figure on completed suicides: It is impossible to look at the national picture due to the fact that sexual orientation is not tracked by medical professionals. This would relate to another paper – The Suicide Prevention Paper, as a lack of this kind of data throws up a barrier to action. Hugh Torrence highlights the fact that these figure in fact increase massively when we think about the highlands and those living in rural areas. The causes are also highlighted as something we are all too familiar with.

A key figure that Cara wished to draw attention to was that of the CAMHS survey regarding response to services used by youths: The concern here is that when asked about their experience of mental health services in Scotland 41% stated that it was 'not okay,' 35% stated that it was 'terrible,' 24% that is was 'okay' and only 8% stated that it was 'great.' The group agreed that this was a worrying set of statistics.

The recommendations within the report are focused around leadership, gaining evidence (monitoring and recording sexual and gender identity in mental health), improving support and funding and Workforce development.

Jamie Green commends that this paper has done well to bring together all of this information in light of what was said at the last meeting on mental health inequalities. This is not an individualised agenda. He asks: What is the plan with this paper? How might we move forward and how might we maximise its potential for affecting change? Cara Spence suggests that this paper be brought to the attention of other units: The Equality unit and The Mental Health unit and to other CPG's: the Equalities in Health Group and the Mental Health Group. Alistair Rose points out that within Scotland we have some of the best research looking at mental health. We need to develop this, we are all affected by mental health issues in some way and we, as a community, have known this for a long time.

The Equality Network *Scottish LGBTI Rural Report* will be published in June and will address issues such as social isolation. Susan Hart highlights the notion that the culture within rural communities is that which does not encourage a feeling of safety in engaging with services. There is often concern with regards to disclosing one's identity within smaller rural communities. For this reason, many individuals

would prefer to travel to the city to access services. Of course this presents barriers in terms of finance and access. The Equality Network report will pick up on these issues.

- **Ideas regarding maximising *The LGBTI Mental Health Inequalities Report*:** It might be condensed in to a smaller format in order to get it in front of committees. The question is how might we do this? We could take this to the Equalities and Human Rights Committee in Scotland and to the Health and Sport Committee. We must consider how to successfully lobby this issue and how we might get this 'in to the chamber.' It may be useful to publish this online in conjunction with an event so that MSPs may use data from it. This may force the government to send a representative in to respond. Another suggestion was made that we bring Maureen Watts back to the CPG in order to present findings. It was also suggested that other cabinet members could be invited and this not have to do only with mental health remits. Tis is also about equality and access to services. Hugh Torrance suggests sending a letter of invitation to Maureen including some of the more troubling statistics. Jamie suggests that the statistics around young people's services might prompt a quick response. It was not decided who, within the CPG, would spearhead this. Recommendations should be fed in by all other groups. Jamie believes that these are the kinds of statistics that national newspapers would 'run with.' Alistair agreed that this should be in the media as 'Mental health issues are the biggest threat to health; no longer HIV but mental health' and that the disengagement within the last meeting, on the part of Maureen, was shocking. Jamie Green suggests that the paper be presented as commissioned by this CPG. We should make use of these existing relationships and perhaps present as a joint effort. It is hoped that there will now be more appetite for the Mental Health Unit to engage. Susan Hart from The Scottish Borders LGBT group suggests that we might be able to drum up press interest in the paper ahead of Mental Health Week supported by the Mental Health Foundation. We must check that there are no clashes here regarding what other organisations are doing here.
- The 5 stakeholders will discuss this offline and consider timings and a strategy for some kind of PR plan. Ideally a draft may be sent to MSP conveners ahead of the summer recess. Therefore any changes to this paper should be emailed to Cara Spence at LGBT Youth Scotland within two weeks. If none are received it will be presumed that all are ok with this version. This must be kept simple due to being time bound.

8. Any other business

S-X have been successful in gaining funding for a project on rural engagement and health services. This will focus on including gay men in discussion around how services are carried out. *LGBT Health and Wellbeing* have been given funding for a 2 year full time position for someone to work on a project on LGBT Dementia. This project will focus on LGBTI individuals with dementia and their carers. LGBT Youth Scotland hosted a successful event: *The National Gathering* in Dumfries, where the local community were very supportive and welcoming.

9. Next meetings – timings and agendas

It was agreed that the next meeting will be in September, after the summer recess.

The focus for these meetings will be:

- 1) Older LGBTI Issues
- 2) Homelessness and LGBTI issues

(It was stated that there will soon be a new homelessness service in Glasgow. Figures from elsewhere in the UK state that 1 in 4 people who are homeless are part of the LGBTI population)

The Youth Commission will be invited in to discuss their findings on this issue. They will also share with us what the housing minister, Kevin Stuart has said that he will do in this area.

3) Scotland's response to International LGBTI issues:

With regards to international development, criminalisation, what actions can be taken in this remit in order to influence and raise awareness around the world.

It was not established who would lead on this topic so it may be an open discussion. It was suggested that someone from STI, the International Development Team or St Andrews house may be invited to discuss this with us. There may be connections here with other CPG's. It was also suggested that Scott Cuthbertson from Equality Network may get some of his contacts along via skype or actual attendance. This may be more suitable for the meeting after next.

Additionally) Jamie Green also suggested that it would be a good idea to re-invigorate the conversation regarding whether or not this CPG should have a social media presence. This would be in order to discuss how to engage a wider group in to this CPG.

10. Action summary

- Tim Hopkins to circulate meeting minutes from CPG meeting on the 9th of November 2017
- Tim Hopkins to outline new member organisations with group via email.
- Date to be confirmed for next meeting as soon after the summer recess as possible.
- Minutes to be circulated from this meeting ahead of the next meeting.
- All organisations to send any changes for the LGBTI Mental Health Inequality Report to Cara Spence within 2 weeks.
- In the meantime all organisations are to stay engaged.
- The youth commission to be invited to our next meeting to present findings on homelessness, housing and LGBTI issues. (LGBT Youth Scotland)