



**Report of the Overview and
Scrutiny Committee**

January 2013

Trans Equality Scrutiny Panel

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Panel's Foreword

This Panel was set up to highlight the challenges and inequalities facing transgender people in Brighton & Hove and to make some recommendations for change.

We set out to find answers to the question: what needs to be done to make things fairer for trans people to live, work and socialise in the city?

The answers are manifold: a step change is required before trans people can feel they are able to live their lives as they wish in Brighton & Hove. Nonetheless, we hope that as a result of this inquiry, steps can be taken that will result in significant change. Brighton & Hove is a diverse and vibrant city – we want it to be a place where everyone, irrespective of their gender or gender expression, can enjoy what the city has to offer.

During the Panel's inquiry, there was a substantial amount of incorrect and offensive media comment about trans people. The Panel released a strong statement that this sort of comment would not be tolerated. It is hoped that the work of this Panel will help address this misrepresentation and foster better relationships.

Nonetheless, there are many things the city does well, and many individuals and organisations working to mitigate the inequalities experienced by trans people. In addition, changes have begun since we started this inquiry in May 2012. As a result of our questions, and from listening to trans people in the City, the NHS Clinical Commissioning Group (CCG) have committed to a trans needs assessment in early 2013. They will also be organising trans awareness training for all CCG staff, clinical leads and GPs. Housing officers have started to commission trans awareness training and the sports and leisure team are looking at offering trans only swimming sessions. City Services are looking to introduce more flexibility on honorific titles (such as Mr, Ms etc) within on-line forms. The Panel warmly welcome all these actions. In addition, as a Panel we were honoured to receive an award from the Brighton & Hove City Council LGBT Workers Forum for our work on equalities.

The Panel would like to express their gratitude to all those who gave their time, and often very personal experiences, to help us in our inquiry. We have reflected on the evidence we received – although all recommendations remain those of the Panel.

We are very conscious that as a council we have not been as trans-aware or trans inclusive as we should be and should endeavour to rectify this situation. We commit to monitoring the recommendations in this report and to ensure that things do change.

In addition, the collaborative working behind this Panel, with the Scrutiny Team working in partnership with the Equalities and Communities Team and

LGBT Health Involvement Project (LGBT HIP) should be seen as a model of good practice.

Councillor Phélim Mac Cafferty, Councillor Warren Morgan, Councillor Denise Cobb, Jay Stewart, and Michelle Ross.

Terms and definitions

There is a full glossary at the end of this report but some frequently used terms are listed here. The definitions provided below are drawn from a number of sources. These can be found in the references section at the end of this report.

“Trans” is used in this report as an umbrella term for transgender. Trans individuals feel inherently that the gender they were assigned at birth does not correspond to their gender identity. The term trans man (or female to male - FTM) is used to refer to a person who was assigned female at birth but has a male gender identity. Trans men may plan to transition or may be transitioning or have completed transition to live as a man. Trans woman (or male to female - MTF) is a term used to refer to a person who was assigned male at birth but has a female gender identity and therefore may plan to transition, be transitioning or have transitioned to live as a woman. Both these transitions may or may not involve hormone treatment and various surgical procedures.

“Acquired gender” refers to the gender in which a trans person lives and presents to the world. This is not necessarily the gender they were registered at birth.

“Gender Dysphoria” is often used by the medical profession to describe the discomfort that arises when the experience of an individual as a man or a woman is incongruent with the sex characteristics of their body and the associated gender role.

“Gender Identity” refers to a person’s internal perception and experience of their gender.

“Gender expression” refers to the way a person lives, behaves, and interacts with others based on their gender identity.

The term ‘transitioning’ is used for the process by which an individual moves permanently to a gender role that differs to the one assigned to them at birth. This process of changing gender presentation may involve social, medical or surgical change – or it may not.

The term ‘Real Life Experience’ (RLE) refers to the process of a person changing their name and living full-time in accordance with their gender identity as part of a treatment pathway. The RLE usually lasts for at least one year and is required by Gender Identity Clinics (GIC) prior to approval for surgical gender reassignment procedures.

‘Cisgender’ is a term used for non trans people (people who experience a match between the gender they were assigned at birth, their bodies, and their personal identity).

Further information on the Equality Act 2010, the Gender Recognition Act 2004, and Gender Recognition Certificates is available in the glossary at the end of this report.

Executive Summary

There has been inadequate awareness of the lives of trans people for too long. Sensationalist media reporting coupled with a lack of understanding has led to trans people suffering undue discrimination, problems accessing services, and harassment.

This Panel has tried to engage actively with as many members of the trans community, support groups, and service providers as possible and has made a number of recommendations aimed at making life fairer for trans people.

There is a lack of hard data on the numbers of trans people accessing services in Brighton & Hove, with the result that service providers are not necessarily aware of the needs of trans people. This report recommends that, as a matter of some urgency, a needs assessment should be undertaken to identify the size of the trans community and its needs. This should involve trans people at every stage of the process in order to inspire the trust of the trans community. Following this, a city-wide trans equalities strategy should be developed by the council and its partners, including an action plan with clear leads and responsibilities led by a council 'Trans Champion'.

There are a number of recommendations in this report aimed at increasing awareness of the lives of trans people. Basic principles such as the importance of using appropriate pronouns to refer to someone need to be explained: mistakes in gender-related speech can be very upsetting and can be easily avoided. The need for trans awareness training runs through this report. Brighton & Hove City Council should be at the forefront of changing the perception of trans people in the city and there are a number of recommendations in this report to make this a reality.

Given the importance of health and health issues, this report makes a number of recommendations for health bodies, in particular the local Clinical Commissioning Group. Problems over accessing local appropriate and timely healthcare need to be addressed and the Panel trust that the relevant health bodies will take these recommendations on board.

During this Inquiry, the Panel asked "What needs to be done to make things fairer for trans people who live, work, study or socialise in the city?" It is hoped that this report is the first step on a journey towards providing answers.

List of Recommendations

(Please note the recommendations are in the order they appear in the report not in order of importance – the page numbers refer to where the recommendations are in the report. These recommendations should be read within the context of the report.)

Recommendation 1: Public service providers (including those contracted by the council) need to ensure that they have, as far as possible, relevant and up to date information on the number of trans people using their services and what they require of that service (p24).

Recommendation 2 : There is an obvious need for specific trans awareness training for front line staff both in the council and in partner organisations. The council should take the lead in both providing specific training for its own staff, including senior officers, and encouraging other local agencies to do so (p24).

Recommendation 3: The council should ensure that all Councillors undertake trans awareness training (p24).

Recommendation 4: Given the state of uncertainty around the future commissioning of gender identity services, it is imperative that there is a local Brighton & Hove professional within the Local Area Team (LAT) of the NHS Commissioning Board to ensure the views of the local trans population are fed into those who commission services. This named individual should be experienced in working with the trans community and be given explicit responsibility for ongoing engagement between the LAT and the trans community (p27).

Recommendation 5: The local Area Team should review current practices on how personal information is gathered and stored and, through the CCG, offer guidance on the correct procedures (p30).

Recommendation 6: The Clinical Commissioning Group (CCG) needs to mandate a rolling programme of trans awareness training for all CCG and GP practice staff and specifically improve the trans patient experience on the scorecard for GP surgeries. As part of this, the Panel recommend that an action plan must be put in place to ensure that real change occurs (p30).

Recommendation 7: The GP electronic check-in should be changed to remove the need to identify as Male or Female on arrival at the surgery, using alternatively surname and date of birth. In addition, patients should be provided with the option to use a non-gender specific honorific or to decline to provide one on NHS systems (p30).

Recommendation 8: Given the importance of GPs as the first point of contact for trans or gender-questioning people, the Clinical

Commissioning Group needs to ensure that all GPs in the city are fully aware of the appropriate care pathways for gender identity services and health needs of trans individuals. As part of this, GPs must ensure all their staff are trans aware and understand their role in supporting patients on the care pathway (p30).

Recommendation 9: Patients and others will need access to information about the gender identity care pathway. The Panel recommend that the Clinical Commissioning Group commissions an online resource and print resource to provide information for patients (p30).

Recommendation 10: The Clinical Commissioning Group should set up a feasibility study and pilot to develop a central Brighton practice as a centre for GPs with special interest in gender identity healthcare. This should ensure best practice is developed and meets the needs of patients undergoing gender identity transition (p31).

Recommendation 11: The Joint Strategic Needs Assessment (JSNA) should more accurately reflect the needs of trans people, particularly regarding suicide prevention. As part of this, health bodies in the city need to clarify what mental health support there is for people both on the trans care pathway and people who are not on the pathway but need support (p32).

Recommendation 12: Given the concerns of the trans community over the lack of local gender identity services, a feasibility exercise should be conducted by the National Commissioning Board LAT and CCG to commission a Gender Identity Clinic to provide a satellite service to operate from Brighton & Hove on a regular basis. This must be informed by consultation with the trans community. In addition, the CCG needs also to show it is being pro-active in bringing influence to bear on the NCB to ensure improvements are made in Gender Identity Clinics (p32).

Recommendation 13: The Panel welcome the Clinical Commissioning Group's commitment to work with the council on commissioning a trans needs assessment for the city. The Panel recommend that as a matter of some urgency a needs assessment needs to be undertaken to identify the size of the trans community and its needs. Trans people must be involved at every stage of this process from design, commissioning, implementation, analysis, reporting and influencing in order to inspire the trust of the trans community. The current public health Joint Strategic Needs Assessment (JSNA) must be updated to reflect this information (p34).

Recommendation 14: The Panel recommend that the public health team take action to identify the health status of the trans population, and put in place a robust plan for reducing any health inequalities for trans people in the city. As part of this the Joint Strategic Needs Assessment (JSNA) needs to be updated to address the health inequalities noted in this report (p35).

Recommendation 15: During the upcoming revision of housing strategies (homelessness, LGBT housing) the views of the trans community should be actively sought. Specifically, the Housing Options service should be reviewed to ensure that it is widely known about and used by trans people in housing need. A programme of outreach to the trans community to publicise the assistance available from the housing department should be undertaken (p39).

Recommendation 16: The Housing department should also commence a programme of awareness raising about the legal protections for trans people in housing provision and promote good practice within social and private landlords (p39).

Recommendation 17: Further work should be undertaken to address the transphobia and discrimination faced by older trans people such as in accessing adult social care services, supported housing and care homes (for example, personal care). As part of this, training on trans awareness and the needs of older trans people needs to be put in place for care homes and sheltered housing providers contracting with the council (p40).

Recommendation 18: The robust recording of police and community safety data on trans-related crimes and incidents should be developed and used to inform preventative measures. Further work needs to be undertaken to encourage reporting of hate crime. Building on existing relationships, an action plan needs to be put in place by the community safety team in conjunction with Sussex Police to address low levels of hate crime reporting including trans related incidents (p43).

Recommendation 19: The Panel recommend that Sussex Police provide trans awareness training for its staff, in conjunction with the community safety team (p44).

Recommendation 20: The council must continue to actively support the work of the Healthy Schools Team and Allsorts to provide guidance and support to trans children and young people. As part of this, the resources given to this work should reflect the demands on the service. In addition, specific trans awareness training should be provided in schools, as well to general LGBT training (p48).

Recommendation 21: The Panel welcomes the commitment from the sports facilities team that they will engage with the trans community. The Panel recommends that trans individuals are consulted in future facilities planning, and are also consulted and involved in helping to develop trans safe and trans only exercise sessions (p50).

Recommendation 22: There should be provision for accessible and gender neutral toilets in all areas. The council should take the first step, with consultation with trans individuals, to ensure gender neutral and

accessible toilets are available in public buildings. Where appropriate, this process should involve consultation with other groups affected such as disabled people who may have a view about widening access to toilet facilities designated as accessible for disabled people (p51).

Recommendation 23: Individual changing rooms should be available in all leisure buildings and the council should actively encourage other organisations to provide changing rooms that are appropriate for all users, whatever their gender identity (p51).

Recommendation 24: The council's Trans Toolkit is due to be revised. The Panel recommends that the council take advice from experts in trans awareness to ensure the toolkit is fit for purpose. This new Toolkit should then be proactively publicised and promoted to all staff within the council. Managers should be offered training on its use. In addition, guidance should be given for council staff on what to do when a person changes their name and gender marker following a gender transition (p53).

Recommendation 25: B&HCC Human Resources, in partnership with the LGBT Workers' Forum and the Communities and Equalities Team, need to reach out to trans employees to listen to their experiences of working for the council and to make changes accordingly. The B&HCC LGBT Worker' Forum is to be congratulated on their activities on trans inclusion. The Forum must continue to be supported and resourced to develop its work on this (p54).

Recommendation 26: The particular impacts on trans people of the government welfare reform agenda must be taken into account. As part of this, the specific vulnerabilities of trans people as recipients of welfare benefits should be explicitly acknowledged in the council's strategy on financial inclusion (p55).

Recommendation 27: When appointed, the Council's Trans Champion (see recommendation 36) should contact local high street banks, building societies and East Sussex Credit Union to encourage sharing best practice regarding staff training/awareness and bank records procedures for trans customers (p56).

Recommendation 28: All public bodies (including NHS bodies and schools) should publish an annual statement on what they have done to meet their public sector equality duty in respect of trans people (p58).

Recommendation 29: City-wide there needs to be wider recognition of non-binary gender. Further discussion should be undertaken with the trans community to ensure that all monitoring is sensitive, appropriate and properly implemented. Furthermore, the results of this monitoring, appropriately anonymised, should be made publicly available on an annual basis. (p59).

Recommendation 30: The importance of an on-going mechanism for consultation and engagement with trans people in the city should be recognised by the council. The Panel recommend that this should be funded accordingly (p59).

Recommendation 31: Infrastructure services and the Transforming Local Infrastructure project should continue to consider how to engage the city's trans community groups to ensure they have an active voice in decision making (p60).

Recommendation 32: Following the needs assessment (see recommendation 13) a city wide trans equalities strategy should be developed by the council and partner organisations with the full engagement and participation of trans individuals and support groups. This should include an action plan with clear leads and responsibilities. This should be led by the council's Trans Champion (see recommendation 36) (61p).

Recommendation 33: Any activity commissioned or supported by the council in relation to LGBT activities, and in particular Pride, needs to mandate trans inclusion (p63).

Recommendation 34: B&HCC should take the lead in creating an identity for the city as a trans friendly place that challenges stigma and discrimination. This includes such actions as a public statement on the website, trans branding, vocal support and partnership working with trans support groups, and publicity information including trans individuals as local citizens (p63).

Recommendation 35: The Panel welcome the addition of the honorific Mx by council benefits staff as giving an alternative option. The Panel recommend that all on-line forms are examined to look at the possibility of additional options, leaving blank or entering the title the individual feels is appropriate to them (p65).

Recommendation 36: The implementation of these recommendations is crucial and should be carefully monitored. The Panel recommends that a lead officer is appointed as a 'Trans Champion' within the council. This person should be at Senior Management level (within the Corporate Management Team or Assistant Director level or above) and will be responsible to champion the rights of trans people both inside and outside of the organisation. They will also have responsibility for the commissioning of the trans needs assessment and the lead on the development of a city-wide Trans Equalities Strategy (see recommendation 32). In addition, a councillor should be nominated as the council's Trans-Champion (as distinct from the existing LGBT champion) (p66).

Recommendation 37: The work of this Panel should be forwarded on to the government departments looking at trans equality, specifically in

response to the expected call for evidence after the Trans Gender Equalities Action Plan (p67).

Introduction

What do we mean by 'Transgender' or 'Trans'?

- 1.1 Transgender people have often been subjected to misunderstanding, harassment and discrimination. Social attitudes assume that there are only two genders (male and female) and make the presumption that a person's gender can not be changed. The lives of transgender people are often blighted by other people's ignorance. Indeed, even within the LGBT community, the 'T' is not always understood or accepted. Transgender people experience extreme discomfort and distress caused by the discrepancy between their sense of themselves as male or female and the gender they were assigned at birth (with all that goes with it).
- 1.2 **It is important to make clear at the very start of this report that gender identity is entirely separate from sexual orientation. Transgender individuals may be heterosexual, bi-sexual, lesbian, gay or asexual.**

Terminology

- 1.3 The terms 'transgender' and 'trans' are both used as umbrella terms for people whose gender identity and/or expression differs from their gender assigned at birth. In this report, the term 'trans' is used in place of transgender. Whilst acknowledging that not everyone is comfortable with the term 'trans', or may not want to identify with any gender terminology, this report is using the term broadly.
- 1.4 It is important to note that for some people their gender identity can be complex or fluid. Trans people may identify as transsexuals, cross-dressers or gender-variant people. They may identify as trans women (male-to-female/MTF) or trans men (female-to-male /FTM) or gender queer. They may choose to alter their bodies hormonally or surgically, or they may not. (There is a brief glossary of the terms used in this report on p5 and a fuller glossary at the end on p70.)

Why was this Panel set up?

- 1.5 Brighton & Hove has a reputation for inclusion and diversity, yet the trans community in the city faces significant discrimination, problems accessing services, and often health problems. In addition, trans people are significantly more likely to face mental health problems. The most recent analysis of the lives of trans people in Brighton &

Hove was *Count Me In Too* in 2008.¹ This report found that trans people:

*“are consistently one of the groups of LGBT people who are most vulnerable to marginalisation and exclusion on a number of measures”.*²

1.6 One of the starkest statements in this report was that:

“those who identify as trans are twice as likely to have had serious thoughts of suicide, more than three times as likely to have attempted suicide in the past five years, and over five times as likely to have attempted suicide in the past twelve months as non-trans people”.

1.7 The Department of Health report *Trans: A practical guide for the NHS* says that 34% of 872 trans people responding to a survey had considered suicide one or more times before receiving professional assessment and support.³ The guide goes on to say that this is considerably higher than the risk in other groups and:

*“ should serve to underline that trans people would not subject themselves to such experiences unless, for them, there was no better option..... there is nothing trivial or capricious about permanently changing gender role”.*⁴

1.8 A recent report *Trans Mental Health Study 2012*⁵ found that out of 889 people, 84% had, at some point, thought about ending their lives.

1.9 Nationally, steps have been taken recently with the introduction of the new Public Sector Equality Duty (see later in this report) and with the publication by the Government of their paper *Advancing transgender equality: a plan for action*.⁶ However, there is more to be done. There has been no recent local needs analysis, no coherent attempt to understand the issues facing trans people locally, and consequently no reflection of their specific requirements in service design and delivery. In addition, given that gender reassignment only recently became a protected characteristic, there is no baseline of work to draw upon.⁷ This Panel was set up to try and understand the specific needs of this one part of the city’s population and to take steps towards addressing

¹ Count Me In Too, LGBT Lives in Brighton & Hove by Dr Kath Browne with Dr Jason Lim December 2008

² Count Me In Too, LGBT Lives in Brighton & Hove by Dr Kath Browne with Dr Jason Lim December 2008 (Pii)

³ Figures from *Engendered Penalties* (Whittle S, Turner L, and Al-Alami M, The Equalities Review, February 2007)

⁴ *Trans A practical guide for the NHS*, Department of Health 2008, p6

⁵ *Trans Mental Health Study 2012*, Jay McNeil, Louis Bailey, Sonja Ellis, James Morton, & Maeve Regan, September 2012

⁶ *Advancing transgender equality: a plan for action*. December 2011

⁷ Equality Act 2010 – see page 58 of this report for more information

the inequalities they face. This reflects not only a commitment to equality and human rights for trans people, but is intended to help to meet the legal obligation placed upon Brighton & Hove City Council as a public body under the Equality Act 2010.⁸

- 1.10 In addition, there has been a substantial amount of mis-representation of trans people and the issues they face in the media. In this report, the Panel attempts to redress the balance.

Facts and figures

- 1.11 There are no reliable figures available nationally or locally on the size of the trans population. Nor is there any central data on how many people request or receive gender reassignment services in England.⁹ How to obtain an accurate measure of the size of the trans population is a sensitive issue: some people do not wish to identify as trans, or once transitioned¹⁰ no longer identify as trans. Some people do not wish to be asked. However, the lack of information on the number of trans people accessing services makes it more difficult to ensure services meet needs (see Section 8 on monitoring).
- 1.12 The report *Engendered Penalties* stated that despite considerable work on estimating the numbers of transgender and transsexual people in the UK:

“Nevertheless, there is no substantive knowledge of how many people in the UK identify as transgender or transvestite, or use any other gender identity descriptor, but estimates vary considerably...”¹¹

About the Panel

- 1.13 On 23 January 2012, at the meeting of the Overview and Scrutiny Commission (OSC) Councillor Phélim Mac Cafferty requested that a Scrutiny Panel was set up to look at issues around trans equalities, discrimination and access to services. It was agreed that a report would be produced to enable OSC to make a decision on the need for, and potential focus of, a scrutiny panel on trans equality. At the following meeting on 27 March 2012, OSC agreed to set up a Scrutiny Panel to look at the issues facing trans people in the city.

⁸ Equality Act 2010 –see page 68 of this report

⁹ A review of access to NHS gender reassignment services (England only) Updated version – November 2011, Equality and Human Rights Commission p3

¹⁰ Transition refers to the process of moving from one gender identity or expression to another. See glossary

¹¹ *Engendered Penalties: Transgender and Transsexual People’s Experiences of Inequality and Discrimination*. Stephen Whittle, Lewis Turner and Maryam Al-Alami. The Equalities Review P7

- 1.14 The members of the Panel from the Council were Councillor Phélim Mac Cafferty, Councillor Warren Morgan and Councillor Denise Cobb. The Councillors were delighted that two co-optees, Jay Stewart of Gendered Intelligence¹² and Michelle Ross, a Trans Awareness Consultant & Counsellor at the Terence Higgins Trust, both of whom are noted national experts, agreed to join the Panel.
- 1.15 It is worth recording, that despite the invaluable expertise shared with the Panel by both Jay Stewart and Michelle Ross, they were not paid for their time. Often meetings were held outside office hours and this report acknowledges with thanks the time volunteered by all those who participated in the inquiry.
- 1.16 The Panel held its first scoping meeting on 31 May 2012, where Councillor Mac Cafferty was appointed Chair. The Panel agreed their remit was to look at the key issues facing the trans community in the city with a view to making recommendations for action. It was also agreed that, in order to ensure that the Panel heard from as many trans individuals as possible, a facilitator would be appointed to assist the Panel. Nick Douglas, of the LGBT Health and Inclusion Project (LGBT HIP) kindly agreed to help the Panel to engage with trans individuals and support groups.¹³ The Panel were very keen to use as many ways as possible of hearing the views of trans individuals in the city and devised a 'listening exercise' to enable them to do so. The Panel would like to record their thanks to Nick Douglas for all his excellent work in facilitating these meetings.
- 1.17 Before the Panel formally started this inquiry and in advance of the 'listening exercise', the Panel had an excellent private trans awareness training session.
- 1.18 During this inquiry, the Panel were supported by Brighton & Hove City Council (B&HCC) Scrutiny Team who worked in partnership with the B&HCC Equalities and Communities Team and LGBT HIP. This should be seen as an example of good practice in collaborative working.

'Listening Exercise'

- 1.19 The Panel were very keen to hear from as many trans individuals, support groups, friends and family as possible. A press release was

¹² Gendered Intelligence is a community interest company that runs arts programmes, creative workshops, and trans youth group sessions that looks to engage people in debates about gender

¹³ A number of organisations in the city have commissioned a project known as LGBT Health and Inclusion Project (HIP) to conduct engagement activities with local LGBT people. (See <http://lgbt-hip.org>)

issued¹⁴ and Panel members attended the annual Idahobit event on 16 May 2012 - the international day against homophobia, biphobia and transphobia. Nick Douglas set up an online survey which ran until November 2012 to allow people to contribute anonymously. The results of this survey have informed this report.

1.20 An open session for the Panel to hear from trans people, friends and family was arranged and facilitated by Nick Douglas on 10 July 2012. This was widely advertised on Twitter, by fliers distributed around the city, with an advert in the magazine GScene and on the council's and LGBT HIP's websites. This session was very well attended with around 50 people coming to give their views.

1.21 In first part of the session people were divided into six groups to discuss the question:

“What needs to be done to make things fairer for trans people who live, work, study or socialise in the city?”

1.22 Each group talked about what are the issues, what is wrong, and what needs to change. This was carried out in a private safe space to ensure that those attending felt comfortable discussing their experiences and opinions and could be confident that they would not be publicly identified as trans if they did not wish to be.

1.23 Following this discussion, Panel members joined the meeting to listen to the feedback from the groups and ask (or answer) questions. This format of the initial private safe space followed by the Panel's attendance was repeated in four more sessions where support groups in the city kindly agreed for Nick Douglas to ask the same question to those attending their meetings. These took place as follows:

MindOut (the mental health project for lesbians, gay men, bisexual and trans people in Brighton & Hove) on 11 July 2012;

The Clare Project (a support group open to anyone who wishes to explore issues around gender identity) on 17 July 2012;

FTM Brighton (Female to Male support group) on 21 July 2012;

Transformers (the trans youth network) on 25 July 2012.

1.24 These five sessions gave the Panel a unique and detailed insight into the issues facing trans individuals in the city. **The Panel would like to record their thanks to all those who participated in these sessions and those who gave up their time for free.**

¹⁴ Volume 2 of this report contains the press notice, emerging themes paper and minutes of meetings. This will be available on B&HCC website.

- 1.25 Following these sessions, it was clear that a number of themes were emerging. A paper was put together and published on the Brighton & Hove City Council's (B&HCC) and LGBT HIP's websites.¹⁵
- 1.26 The key themes arising were (in no particular order): health; mental health; education; housing; homelessness; leisure and sports facilities; diversity and awareness; forms; hate crime; employment; domestic violence; confidentiality; information and misinformation; toilets; bullying; gender fluidity; counselling and support; grants; complaints; benefits, and intersectionality.¹⁶
- 1.27 Personal quotes taken from these five meetings are included in this report but, in order to ensure anonymity, it is not recorded who spoke or at what meeting.

Service provider meetings

- 1.28 The Panel held three further evidence gathering sessions on 20 September 2012, 25 September 2012, and 27 September 2012. The issues raised by trans individuals and support groups were discussed with health providers, the police, B&HCC officers from housing, schools support, community safety, public health, sports and leisure and human resources. During these meetings, the Panel also heard from support groups and from trans individuals with particular expertise in employment, disabilities, older people, and intersectionality.

B&HCC Staff

- 1.29 The Panel were informed at one meeting that council staff who identified as trans did not feel comfortable addressing the Panel in any of the meetings. Whilst there are obvious reasons why trans people may be wary of coming forward to discuss their issues, the Panel were concerned that council staff did not want to talk to them. The Panel were keen to try and ensure that the views of council staff could be fed into the inquiry – and their concerns communicated directly to the council's Human Resources team. This resulted in a separate facilitated meeting being held on 1 November 2012 for council staff

¹⁵ To view this report follow the link: <http://present.brighton-hove.gov.uk/Published/C00000741/M00004371/AI00030090/TransGroupsVisitsThemesAug2012pdf.pdf>

¹⁶ Intersectionality is the concept that people have more than one identity with which to relate to the world. Some people's primary identity may be trans, while others combine this with identities that are equally significant such being LGB, having a Black or minority ethnic identity, or living with mental health issues, or with a disability or any other combination of identities. As a concept, it draws attention to the multi-faceted nature of social and political identities and the different forms of exclusion, oppression and inequality that may result from those identity categories.

who identified as trans. Working with the LGBT Workers' Forum, Nick Douglas arranged and facilitated this session. Unfortunately, despite wide publicity, this meeting was not well attended. It is worth noting that only 10 people identified as trans in the council's most recent staff survey. Whilst this is a low number, it is of concern to the Panel that staff did not formally come forward to take part in the meetings. The report looks at this later.

- 1.30 The full details of these meetings and the meeting notes can be found in volume 2 of this report.¹⁷

Structure of the report

- 1.31 This report is structured to follow the key areas that arose from the 'listening exercise', namely:

Training and awareness

Health

Housing

Community Safety and Hate Crime

Education and Schools

Leisure and recreation (including facilities)

Employment

The responsibilities of Brighton & Hove City Council (B&HCC)

¹⁷ Volume 2 will be published on B&HCC's website in due course.

Section 1 - Training and awareness

- 2.1 One of the main issues to arise out of the Panel's inquiry was the urgent need for trans awareness training, both within the council and elsewhere. Basic principles such as stressing the importance of using appropriate pronouns to refer to someone need to be explained. Mistakes involving pronouns and gender-related speech can be most upsetting for a trans person. If a person has altered their gender presentation they are asking to be regarded as the gender in which they are presenting. If there is uncertainty on how someone may wish to be addressed, then people need to act with sensitivity, asking the individual how they wish to be addressed. Of all the things that are likely to upset and offend a trans person and make them feel misunderstood and distrustful, mistakes (intentional or not) involving gender-related speech are amongst the most upsetting. Yet, as noted by the guidance published by the NHS, they are potentially the easiest to pay attention to getting right.¹⁸
- 2.2 Training needs to go far beyond gender-related speech, however. Trans awareness involves not only using terms preferred by the individual, but not making assumptions about a person's gender, and showing respect.
- 2.3 Comments to the Panel included:
- "Training is needed generally so that the general public can interact normally with all trans people and recognise that trans people are a part of the constituency."*
- "Training for all staff and services is needed. Trans people seem invisible in policies and services and need to be integrated and 'on the agenda' throughout."*
- "People don't understand our lives or experiences and don't know how to respond. This is probably to do with training – people need to have information on how to talk to trans people to save the awkwardness."*
- "There can be very subtle discriminations, such as a raised eyebrow. There should be mandatory training for council staff".*
- "When I explained (to a utility company call centre) that I had transitioned and wanted to change my contact details, they told me to call back 'when he comes home.'"*
- 2.4 Several people made the point that they feel that they frequently have to educate others about trans issues, which can add to the stresses of

¹⁸ Trans: A practical guide for the NHS (p12)

transition. If the first point of contact a trans person meets gives the wrong or unclear information, things become unnecessarily difficult.

2.5 In all the service areas the Panel considered, the issue of training was central. If front line staff in organisations, be that the council or elsewhere, are not appropriately trained then trans people will never receive the service they require and deserve. **The issue of training arises in each section of this report.**

2.6 Charlotte Thomas, Head of Human Resources and Organisational Development, B&HCC, told the Panel that Human Resources officers received training in 2009 from the Gender Trust but have had no subsequent trans awareness training. The council has a Trans Toolkit and this is available for managers and staff.¹⁹ However, the Trans Toolkit is not actively promoted and there had been very few inquiries about it from managers. Charlotte Thomas told the Panel:

“If managers were asked they would not be aware of the Trans Toolkit but when they had an issue that is when they would go to the Wave [the council’s intranet site]: this is how the council’s managers deal with most HR policies.”²⁰

2.7 The Trans Toolkit is due to be revised shortly. The Panel have expressed concern at some parts of the Trans Toolkit and trust that this revision takes note of this report. This report looks further at this in Section 7 (Employment).

2.8 Mary Evans, Head of Communities and Equality, B&HCC, told the Panel that the council does not have a dedicated resource for trans awareness training. Each team in the council decides what training they require and then the Learning and Development team will liaise with the Equalities and Communities team to deliver the required training.²¹

2.9 It is also worth noting that there is an issue around that fact that training is often LGBT rather than specific trans awareness training. As one person put it:

“The training is often LGBT with the T lumped in and the training is not necessarily specialist”.

2.10 Specific trans awareness training would focus more closely on the complex issues that face trans people, rather than general equalities training.

¹⁹ The Trans Toolkit is the HR guidance for managers in B&HCC. See later in this report.

²⁰ By the time of publication, Charlotte Thomas had left B&HCC

²¹ Evidence 25 September 2012. By the time of publication, Mary Evans had left B&HCC

Intersectionality

- 2.11 The issue of 'intersectionality' was raised with the Panel. Intersectionality' is the concept that people have more than one identity with which to relate to the world. Some people's primary identity may be trans, while others combine this with identities that are equally significant such being LGB, having a black or minority ethnic identity or living with mental health issues, or with a disability or any other combination of identities. As a concept, it draws attention to the multi-faceted nature of social and political identities and the different forms of exclusion, oppression and inequality that may result from those identity categories.
- 2.12 Whilst considering training requirements, it is important to bear in mind that people have complex and varied ways in which they interact with others. Camel Gupta of Queers of Colour²² told the Panel that there had been some credible training models in Scotland for intersectionality. Good work on intersectionality takes time but it can be done structurally or in one area at a time, building awareness of the multiplicity of identities as time goes on.

Available Information

- 2.13 The Panel heard repeatedly that there is little information on the numbers of trans people using services. Equalities information often shows that there is no data in relation to trans service users. However, the Panel are pleased to note that since the inquiry began, there have been four occasions when teams carrying out Equalities Impact Assessments in relation to budget changes, have specifically considered the impact on trans groups. In addition, for the first time the Community and Voluntary Sector Forum are setting up a specific trans group on the budget proposals. This is a welcome move.²³
- 2.14 This lack of data can make it difficult to tailor trans awareness training appropriately. Council departments could usefully carry out an audit of trans services users - with an assessment of their needs - in order to inform any future trans awareness training. This must, however, be done in an appropriate and sensitive way (see Section 8 of this report looking at monitoring). As part of this, work needs to be undertaken with the trans community to raise awareness of the need for monitoring

²² 'Queers of Colour' is a small community group for people of colour and LGBT,Q. 'Queer' is a term preferred by some gender-questioning people. The term 'people of colour' is an American term but it is regarded by some as a more inclusive one than Black and Minority Ethnic (BME) which is often used.

²³ Information supplied by Equalities and Communities team.

and why they should participate in it. Confidentiality and anonymity will be paramount.

Recommendation 1: Public service providers (including those contracted by the council) need to ensure that they have, as far as possible, relevant and up to date information on the number of trans people using their services and what they require of that service.

- 2.15 It is important that specific trans awareness training is commissioned from providers with experience and expertise in trans awareness training. It should also involve trans people directly.

Recommendation 2: There is an obvious need for specific trans awareness training for front line staff both in the council and in partner organisations. The council should take the lead in both providing specific training for its own staff, including senior officers, and encouraging other local agencies to do so.

- 2.16 In addition to staff training, the council should ensure that all democratically elected members also receive relevant and up-to-date trans awareness training.

Recommendation 3: The council should ensure that all Councillors undertake trans awareness training.

Section 2 – Health

- 3.1 There are a number of health-related issues facing trans people. The pathway for health care is long and cumbersome; there is a lack of awareness by some GPs of trans people and their needs. The mental health pathway is not generally felt to be the most appropriate; there are no local gender re-assignment services and the waiting lists for the West London Gender Identity Clinic (also known as Charing Cross GIC) are lengthy.
- 3.2 Some of the things people told the Panel are reflected in the following case study.

Case Study - Health

“On health issues, I have no problems with medical professionals but I do have a problem with administrators. I was told I could not change my NHS number, though the PCT said I could. I was told I had to leave the practice and then re-register. The administrator did not know what to do. I had to have these conversations in public at the receptionist’s window.”

“The Health services seem to me like gate-keepers and I’m always made to feel as if I’m trying to queue-jump. As a guy I can’t self-medicate because testosterone is not available and I could be arrested for possession. But oestrogen can be taken. We know the health risks. But there is no proper system of informed consent and we have to try to jump through hoops. It took 6 months for me to receive consent forms but my paperwork was lost and now I probably have to wait at least until the end of next year. I can’t self-medicate and can’t alleviate my feeling of dysphoria. It is very frustrating.”

“It would be an amazing day if Brighton were ever to get its own clinic. We would not have to take a whole day off work (to travel to London), have to explain reasons for absence etc. There is also the issue of the cost to the local economy of travelling – we wouldn’t have to take a whole day off.”

“Yes people do self-prescribe because GPs block progress and being seen at Charing Cross takes so long. But that means you can’t get the 6 monthly blood test that shows if the liver is functioning properly.”

“We understand ourselves best. We don’t need someone to tell us who we are. To have our own GIC would be great. There are a lot of gender experts in Brighton & Hove and they could do something.”

- 3.3 To understand fully the health issues faced by trans people, the existing processes and systems need to be examined.

National background – commissioning of services

- 3.4 The Health & Social Care Act (2012) abolished the current statutory NHS commissioners, the Primary Care Trusts (PCTs – that is, NHS Brighton & Hove), and replaced them with Clinical Commissioning Groups (CCGs). PCTs will be abolished from 1st April 2013. Until then, PCTs retain statutory responsibility for the bulk of NHS commissioning, contract management, quality assurance and local strategic leadership. CCGs will not become statutory organisations until April 2013 at the earliest. However, in order to achieve a smooth transition, CCGs have already been established in every local area. Technically they are operating as sub-committees of PCTs; but in practical terms they have actually taken over many PCT responsibilities for planning and commissioning services. CCGs are not mirror images of PCTs and will not undertake all the work that PCTs do – they will not, for example, commission primary or specialist healthcare, and they will not have quite the same role in systems leadership as PCTs.
- 3.5 Many of these non-CCG functions are currently still being undertaken by PCTs. In addition, PCTs have been ‘clustered’ on a sub-regional basis, with, for example, the four Sussex PCTs combining to form NHS Sussex.
- 3.6 The recently established national NHS Commissioning Board (NCB) is currently implementing a regional structure, and the sub-regional arm of the NCB, the Surrey & Sussex local Area Team will take on many of the roles currently residing within NHS Sussex. Formally, this will not happen until April 2013, but in practical terms the Area Team should replace the PCT cluster by late Autumn 2012.
- 3.7 Following a written question on the future strategy, Jo Scott (the then Assistant Director Mental Health, South East Coast Specialist Commissioning Team) explained that the local Area Teams will commission gender identity services and will facilitate the local relationship with CCGs. However, many other questions the Panel had asked were unable to be answered at this stage – the NCB strategy is not yet in place.
- 3.8 The written submission from NHS Sussex and Brighton and Hove Clinical Commissioning Group makes the point:

“It is essential to note when considering the gender reassignment pathway that the processes, assessments, requirements and core services included are agreed and designed on a national basis, and contracted on a regional basis. Prior to the current restructuring of the NHS, Primary Care Trusts in the South East contributed funding to the commissioning of the pathway, and this commissioning was delivered by the South East Coast Specialist Commissioning Group. In the new NHS structures, a national contract and

service specification for gender reassignment services is being developed by the NHS National Commissioning Board (NCB) and services will be commissioned and contracted for by regional offices of the NCB.”

3.9 The Panel heard from Geraldine Hoban, Chief Operating Officer for the Clinical Commissioning Group, and Jo Scott, the Associate Director Mental Health, South East Coast Specialist Commissioning Team and lead on Gender Identity Clinical Reference Group (CRG). At the same meeting, they heard from Dr Tim Ojo, Executive Medical Director, Sussex Partnership NHS Foundation Trust and Lead Psychiatrist and Phil Seddon, Equality and Diversity Manager, NHS Sussex.

3.10 Geraldine Hoban explained to the Panel:

“The NCB would be responsible for gender services, primary care and GPs; CCGs will have a more generic role with responsibility for mental health, hospital and community services but not screening.”²⁴

3.11 Brighton & Hove has a unique status in the Sussex and Surrey area. The Panel heard that, because of the city’s reputation for diversity and inclusion, a greater proportion of the population is likely to be identifying as trans than elsewhere in the region. The Panel believe that it is imperative that local concerns are fed into the commissioning process. Whilst the Panel recognise that there will be a local Health and Wellbeing Board, it is important that the views of trans people living in Brighton & Hove can feed directly into the Sussex and Surrey LAT. There is a real fear that regionally commissioned services for specialised services will not be sensitive to local needs.

Recommendation 4: Given the state of uncertainty around the future commissioning of gender identity services, it is imperative that there is a local Brighton & Hove professional within the local Area Team of the NHS Commissioning Board to ensure the views of the local trans population are fed into those who commission services. This named individual should be experienced in working with the trans community and be given explicit responsibility for ongoing engagement between the local Area Team and the trans community.

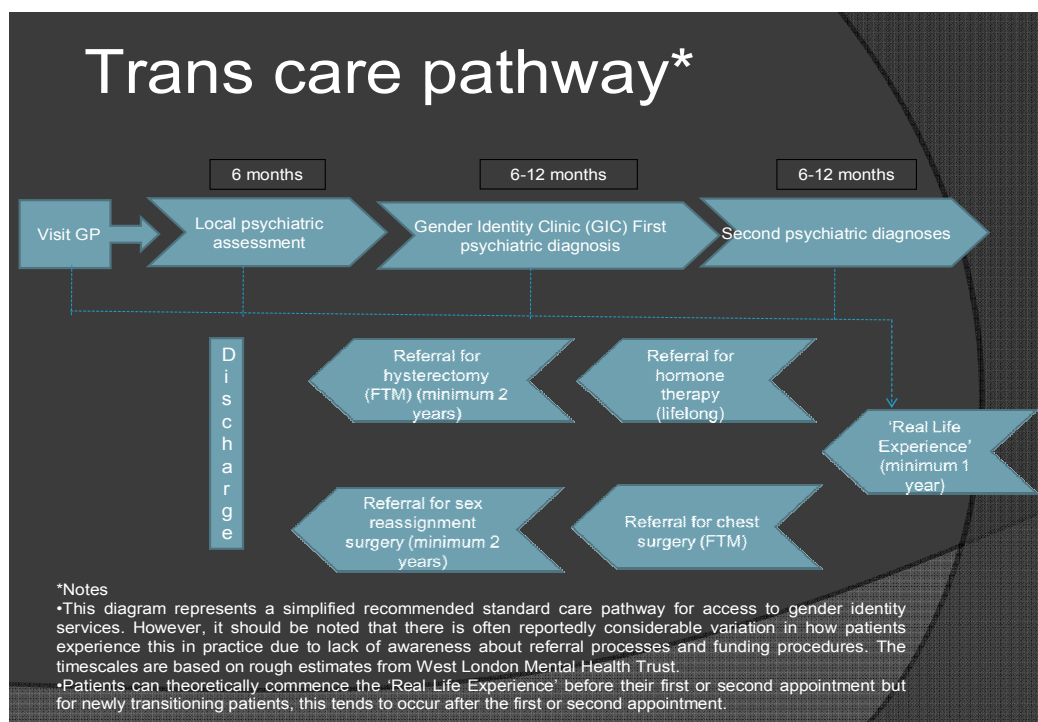
The NHS care pathway

3.12 A number of people raised concerns over the existing NHS care pathway. The submission from the NHS Sussex and Brighton and Hove Clinical Commissioning Group (CCG) summarises the health and wellbeing issues that relate to the gender reassignment process as:

²⁴ Mins 20 September 2012

location of specialist Gender Identity Clinic and lack of local provision; length of time on the gender reassignment pathway; lack of agreement as to which procedures are considered 'core' to the pathway; satisfaction, experience and trans engagement in the pathway; and psychological support and psychological assessment.²⁵

- 3.13 The existing NHS pathway for a trans individual is shown below. However, it should be noted that due to inconsistency and lack of awareness among healthcare providers, there is often reportedly variation in how patients experience this in practice.



- 3.14 As detailed above, the first point of contact for an individual who is questioning their gender identity is their GP. The Panel were told that there were mixed standards for GPs – some are fantastic, some are not helpful. One person told the Panel that they felt that some GPs do not want to get involved and can get 'freaked out'. There was a general feeling that GPs could benefit from specific trans awareness training – as could front line staff. One person commented:

“There are often inappropriate reception processes and people are often not handled in a sensitive or respectful manner. Trans people often find themselves arguing in a public place with someone who doesn't understand”.

- 3.15 The written submission from the NHS Sussex and the CCG states that as a result of local engagement and national research, the NHS is aware that:

²⁵ Written submission

“Trans people report often encountering difficulties in their interactions with health professionals that range from lack of awareness and understanding of their identities and gender status to outright hostility and prejudice from staff who have difficulty accepting gender reassignment or gender dysphoria as legitimate.”²⁶

- 3.16 In addition one person noted: *“Doctors and GPs have no understanding of trans bodies and trans issues”*. Geraldine Hoban told the Panel that the CCG had a responsibility to offer support to GPs and could arrange and encourage training. Following the Panel meeting, a number of written follow-up questions were asked. In response to a question on training, Geraldine Hoban wrote:

“The CCG will be organising awareness sessions for CCG staff and clinical leads from a range of equalities groups in early 2013. This will include trans awareness.”

- 3.17 The Panel welcome this commitment arising as it does from the Scrutiny Panel’s inquiry.
- 3.18 In response to written questions, NHS Sussex informed the Panel that the CCG was developing Equality and Diversity strategies for 2012-14. These are not yet published but:

“This strategy includes actions to improve the collection of patient protected characteristic data at both GP practice level and provider trust level in order to ensure that service development and commissioning is fully informed by the needs of local communities.”²⁷

- 3.19 The Panel look forward to seeing the strategies once they are published. The collection of patient protected characteristic data should be used to improve the experiences of trans patients.
- 3.20 Recording, monitoring and privacy are core issues for improving services for trans people yet the Panel has heard evidence from many trans people that information handling (including by health professionals) is often problematic for both the individual and for the service provider.
- 3.21 Trans people have clear legal protection from disclosure of their trans status and previous gender identities upon the receipt of a Gender Recognition Certificate (GRC). However, NHS Sussex stated they were aware that some NHS providers and GP practices are often unclear as how to store information on trans people prior to the receipt of the GRC and how information can be provided when required

²⁶ Written submission for NHS Sussex and Brighton and Hove Clinical Commissioning Group,

p4

²⁷ Answer to written question

without revealing a person's trans status. This can cause anxiety for trans people and NHS staff.

Recommendation 5: The local Area Team should review current practices on how personal information is gathered and stored and, through the Clinical Commissioning Group, offer guidance on the correct procedures.

- 3.22 The point was also made to the Panel that trans people will sometimes face the assumption that their health needs are inextricably linked with their trans status and find it difficult to access generic advice and treatment without their gender identity being considered a causal factor in their health needs.²⁸
- 3.23 Clarity around these issues should be addressed through appropriate training and subsequent monitoring. It is not sufficient to provide training without then having the mechanism to ensure that real change occurs as a result.

Recommendation 6: The Clinical Commissioning Group (CCG) needs to mandate a rolling programme of trans awareness training for all CCG and GP practice staff and specifically improve the trans patient experience on the scorecard for GP surgeries. As part of this, an action plan must be put in place to ensure that real change occurs.

- 3.24 The issue of check-in at GPs surgeries was also raised: on arrival, people have to input their date of birth and indicate if they are male or female with no option for non-binary gendered people. The Panel can see no reason why this cannot be amended to so people do not have to indicate a gender, or for this part of the check in to be removed entirely.

Recommendation 7: The GP electronic check-in should be changed to remove the need to identify as Male or Female on arrival at the surgery, using alternatively surname and date of birth. In addition, patients should be provided with the option to use a non-gender specific honorific or to decline to provide one on NHS systems.

Recommendation 8: Given the importance of GPs as the first point of contact for trans or gender-questioning people, the Clinical Commissioning Group needs to ensure that all GPs in the city are fully aware of the appropriate care pathways for gender identity services and health needs of trans individuals. As part of this, GPs must ensure all their staff are trans-aware and understand their role in supporting patients on the care pathway.

²⁸ Written submission NHS Sussex and CCG

Recommendation 9: Patients and others will need access to information about the gender identity care pathway. The Panel recommend that the CCG commissions an online resource and print resource to provide information for patients.

Recommendation 10: The Clinical Commissioning Group should set up a feasibility study and pilot to develop a central Brighton practice as a centre for GPs with special interest in gender identity healthcare. This should ensure best practice is developed and meets the needs of patients undergoing gender identity transition

- 3.25 Traditionally, the NHS pathway for trans individuals has been the mental health pathway. A number of people expressed concern that this pathway is too narrow and can be inappropriate. There was a perception that this leads to trans being seen as a mental illness. Dr Tim Ojo (Executive Medical Director, Sussex Partnership NHS Foundation Trust and Lead Psychiatrist) was very clear that trans is not a mental health issue – he made this categorical statement. He went on to explain that whilst some people may have had a worse service than they should expect, when looking at health conditions it is important to ensure there are no underlying psychiatric issues.
- 3.26 Historically, the lead clinician in the trans care pathway has been a psychiatrist. However, Dr Tim Ojo was of the opinion that in a properly resourced service, this did not necessarily have to be the case. Mental health services do have an important role to play but there is no reason why it is solely a mental health pathway to gender services. Nonetheless, Dr Tim Ojo emphasised that the effect of the Real Life Experience on trans people should not be underestimated.
- 3.27 In addition, Dr Tim Ojo explained that trans people contacted the mental health services for different reasons. There are those people who wanted to go through the pathway to gender re-assignment ('instrumental' contact), those suffering depression due to discrimination and harassment, and those experiencing stress after transition (social issues).
- 3.28 The Panel heard that trans people on the trans care pathway are not always getting the mental health support they need. Gender Identity Clinics are oversubscribed and local services aren't meeting demand. All too often trans people are falling through the gaps in service provision. Mental health support provided locally for people on the trans care pathway – and those needing support prior to embarking on the pathway – needs to be considered.
- 3.29 The Brighton & Hove Joint Strategic Needs Assessment (JSNA) states that trans people were twice as likely to have thoughts of suicide and five times more likely to have attempted suicide in the past year than

LGB people.²⁹ The section of the JSNA looking at suicide prevention states that future local priorities will draw on the national draft strategy which identifies six key areas for action.³⁰ One of these areas is work to improve the health of groups at risk of mental health problems. The list in the JSNA includes “Lesbian, gay & bisexual people” but does not include trans people. It is important that the JSNA explicitly mentions trans people as a group at risk and not just LGB people.

Recommendation 11: The JSNA should more accurately reflect the needs of trans people, particularly regarding suicide prevention. As part of this, health bodies in the city need to clarify what mental health support there is for people both on the trans care pathway and people who are not on the pathway but need support.

Gender Identity Clinic (GIC)

- 3.30 Following a local psychiatric assessment, trans individuals are then referred on to a Gender Identity Clinic. For people in Brighton & Hove the nearest is the West London Mental Health Trust. There is no local provision. This need to travel to London creates an additional financial burden and, for those in work, more medical leave time. In addition, a number of people reported that there were lengthy delays for appointments.
- 3.31 It had been suggested to the Panel that a specialist from the West London GIC could travel to Brighton & Hove – for example, hold appointments locally once a month. This would mean that people did not have to travel to London so often, with the associated costs in time and money. In response to a question, Jo Scott, Assistant Director Mental Health, told the Panel that Brighton & Hove spends around £34,000pa on the West London GIC which is not enough to bring a specialist to Brighton. There is also a national shortage of clinicians so it would exacerbate the problem to spread them wider geographically. The problem of needing to carry medical records for trans people in paper form, rather than electronically, was also mentioned.
- 3.32 All things considered, the Panel do not think that it is unreasonable for the NCB to consider providing a local service at regular intervals in Brighton & Hove. The Panel appreciates that funding is problematic, but steps could be taken to bring some services locally.

Recommendation 12: Given the concerns of the trans community over the lack of local gender identity services, a feasibility exercise should be conducted by the National Commissioning

²⁹ JSNA. Count Me In Too found that those who identify as trans are over five times more likely to have attempted suicide in the past twelve months than others.

³⁰ <http://www.dh.gov.uk/health/files/2012/09/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf>

Board (NCB) local Area Team and Clinical Commissioning Group (CCG) to commission a Gender Identity Clinic to provide a satellite service to operate from Brighton & Hove on a regular basis. This must be informed by consultation with the trans community. In addition, the CCG needs also to show it is being pro-active in bringing influence to bear on the NCB to ensure improvements are made in Gender Identity Clinics.

- 3.33 A number of other concerns were raised with the Panel, including the problems of self-medicating, access to appropriate screening, and problems with NHS records and administration. There are also a lot of inconsistencies, for example, one trans man told the Panel that he was unable to get a hysterectomy from the local hospital without a letter from the GIC which delayed matters; a trans man at the same meeting had been referred directly by their GP with no problems. Single-sex hospital wards were cited as problematic for trans people who would prefer to be able to choose where they feel most comfortable.
- 3.34 Trans people need to have access to screening and services appropriate to their birth gender. However, trans individuals reported problems in accessing relevant screening services, for example, breast screening for trans men or prostate screening for trans women. This is an area that needs to be addressed by health professionals: there is no easy answer. A number of people reported problems with changing NHS numbers to reflect their gender identity. Geraldine Hoban told the Panel that a new NHS number effectively 'wipes' a patient's health history. This could be an issue for anyone with chronic health problems.

Accurate data

- 3.35 As mentioned at the start of this report, there is a lack of up-to-date data on the numbers of trans people in the city. In response to a written question, Dr Tim Ojo told the Panel:

"We currently do not have accurate data about those waiting to transition. However we do know that about 86 people on average each year have been accepted as referrals from our Trust to the West London GIC."

- 3.36 The Public Health Joint Strategic Needs Assessment (JSNA) relies on Count Me In Too (2008). In response to written questions following a Panel meeting, Geraldine Hoban of the CCG told the Panel:

"The CCG has committed to work in partnership with the City Council to commission a trans needs assessment for the city, to take place in early 2013."

- 3.37 The Panel welcome this commitment as a pleasing result of this scrutiny inquiry. However, some joined-up working will be required as it is important that the needs assessment is not restricted purely to health but also covers the areas of housing, leisure and employment needs.

Recommendation 13: The Panel welcome the Clinical Commissioning Group's commitment to work with the council on commissioning a trans needs assessment for the city. The Panel recommend that as a matter of some urgency a needs assessment needs to be undertaken to identify the size of the trans community and its needs. Trans people must be involved at every stage of this process from design, commissioning, implementation, analysis, reporting and influencing in order to inspire the trust of the trans community. The current public health Joint Strategic Needs Assessment (JSNA) must be updated to reflect this information.

Public Health

- 3.38 The Panel heard from Becky Woodiwiss, Health Promotion Specialist in Public Health. The responsibility for public health is moving from the PCT to the council from April 2013. The majority of this public health role involved the commissioning of health and wellbeing services. Becky Woodiwiss told the Panel:

"It was important to get past the bi-classification of male and female. All general health population needs apply to trans people with some additional specific health issues that need addressing such as mental health, access to physical activities, maintenance of a healthy weight."

- 3.39 The Public Health team were keen to have a better dialogue and better monitoring throughout the commissioning process to enable all people to be able to access all services.

- 3.40 The JSNA 2012 states that one of the recommended future local priorities is to:

"Await the outcome of the Brighton & Hove City Council Trans Equality Scrutiny review, which will examine aspects of health, safety, housing, employment & leisure services."³¹

- 3.41 The Panel welcome this statement and recommend that the Public Health team first identify the health status of the trans population. As local authorities are now responsible for reducing health inequalities, in order to know whether they achieve this outcome for trans people, they

³¹ <http://www.bhlis.org/jsna2012>

must first know what the health status of the trans population is, what inequalities they face, and what actions are likely to address them.

Recommendation 14: The Panel recommend that the public health team take action to identify the health status of the trans population, and put in place a robust plan for reducing any health inequalities for trans people in the city. As part of this the Joint Strategic Needs Assessment (JSNA) needs to be updated to address the health inequalities noted in this report.

Section 3 – Housing

- 4.1 Access to appropriate and affordable housing was raised repeatedly with the Panel. Some young trans people or people who are transitioning may not feel safe in shared accommodation or with shared facilities. The Housing Options service completed an Equalities Monitoring Analysis in early 2012 - more information will be available from this later in the year. Initial headlines include the statement “*the transgender community have reported that they would not feel comfortable living in many of the supported projects that are currently available.*”³² Barriers for trans people accessing supported housing need to be explored in the LGBT Housing Strategy.
- 4.2 In addition, the Single Room Rate (SRR) restricts the maximum housing benefit certain claimants in the private sector can receive to the rate for a single room in a shared house (as opposed to a self-contained studio flat or one-bedroom property). Since January 2012 this has applied to claimants aged 35 and under – a change from the previous rules of applying to under 25s.³³ This change in the rules will have a particularly negative effect on trans people due to issues around privacy and safety. The Advice Strategy Partnership told the Panel that the Brighton Housing Trust had two recent cases where clients identifying as trans had reported this as a key barrier.
- 4.3 Although the SRR restriction is a matter of legislation, the Panel have been told that the council has an, albeit limited, ability to ‘top up’ local housing allowance payments for a period with ‘discretionary housing payments’. Housing officers need to be fully aware of the needs of trans people.
- 4.4 There is also the question of where people are housed – some trans people are being housed in areas of the city where they do not feel safe but find it difficult to move. The Panel heard that the high level of supported housing, the high student population, and the vibrant private rented sector, have led to high prices. People are then forced for financial reasons to the margins of the city, where they may not have chosen to live. One person said:
- “It’s very very difficult to live as a trans person in some places, for example, you can get unpleasant things put through your letterbox.”*
- 4.5 Another person told of “*problematic neighbours who had an unhelpful attitude during transition*”.

³² Written submission para 12.3

³³ Written submission Advice Strategy Project

- 4.6 The comment was also made that trans people are discriminated against when looking for rental accommodation. Private landlords and housing associations are not always welcoming to trans tenants.
- 4.7 Stephanie Scott of the Clare Project told the Panel that Brighton is seen as a 'haven' for trans people and every month people contact the Clare Project wishing to move here. However, if a person does not have a 'local connection' then they can only access the private rental sector which is expensive and in many cases inaccessible to those on benefits.³⁴ James Crane, Service Improvement Manager in the housing team, B&HCC, told the Panel that the local connection issue would be addressed in the upcoming Single Homelessness Strategy. The criteria used to review housing need and for assessment for the provision of assistance should be informed by the specific housing vulnerabilities that trans people report. This includes: transphobic discrimination and harassment and exclusion from the private sector due to low income engendered by employment discrimination and structural inequality.
- 4.8 Trans people reported to the Panel that if there was a need to move house post-transition, the existing process is not sufficiently flexible for people to be able to either move, or move up to a housing band that would enable them to be re-housed. The Panel were told that the Housing Act sets out certain criteria that local authorities have to give 'reasonable preference' to, including homelessness, overcrowding or unsanitary accommodation, and to ex-servicemen/women. In addition, the Panel were told it is a political decision on which categories of people are housed as a priority.³⁵
- 4.9 Housing officers told that Panel that (at the end of July 2012) 21 tenants had thus far recorded that they were trans – although it was felt that this is likely to be an under-representation. Other figures provided by the Housing Options team, based on equalities monitoring, gave a figure of 16 people who had identified as trans who were threatened with homelessness. Once again, the data for the numbers of people who identify as trans is inconsistent. The written submission from the Housing Commissioning team stated the Housing Options/Homeless team does consider requests under gender if someone "does now or have ever identified as trans or gender variant." It goes on to say:
- "Base line equalities data for the trans community is difficult to obtain. Data is not collected routinely in either the Housing Register or Housing Benefits Sections of the council and therefore a base line is difficult to establish".*
- 4.10 The Panel was told that the housing benefits team do ask people if they identify as trans, but then do not record that data on the system as

³⁴ Evidence 25 September 2012

³⁵ Evidence 27 September 2012

there is no legal requirement to do so. The review of housing services needs to include a robust mechanism to enable housing need among trans people to be identified and quantified.

Training

- 4.11 The issue of training for front line staff, those entering people's homes, and landlords was raised. Nick Hibberd, Head of Housing and Inclusion, B&HCC, told the Panel that they were aware that they needed to do more staff training, specifically on trans awareness. Housing officers and providers need to be aware of the vulnerability of some trans people and their specific needs. **As a result of the Scrutiny Panel process and the issues and awareness it has raised, housing officers have started commissioning trans awareness training. This is to be welcomed and must be made available to all housing staff.**

B&HCC

- 4.12 The council owns and manages nearly 12,300 homes in Brighton, Hove and Portslade (including 23 sheltered housing schemes), around 11% of all housing in the city. The council is also by far the biggest landlord in the city with 2,300 leasehold flats. Tenants are involved in the development of the housing service. However, the housing team recognise that they engage with tenants who do not reflect the totality of the tenant profile and that more needs to be done to encourage trans tenants to come forward and be involved in service development. **The Panel look forward to hearing what progress has been made on this in due course.**
- 4.13 B&HCC has an LGBT Housing Options officer, a role that was developed out of the LGBT Housing Strategy and *Count Me In Too*. It would be interesting to have further information on this work, and how it feeds into the housing strategies. *Count Me In Too* found that 29% of trans respondents lived in social housing, 39% owned their own homes, and 24% lived in the private rented sector. At that time, 36% of trans respondents had experienced homelessness. The report found that trans people had particular vulnerabilities with transphobic landlords in the private rented sector and in council supported housing.³⁶ There is no up-to-date information on the current situation.
- 4.14 The Housing team need to know what proportion of council tenants are trans and should have base line figures with regular monitoring in

³⁶ Count Me In Too, LGBT Lives in Brighton & Hove, Dr Kath Browne with Dr Jason Lim, Trans People, Additional Findings Report, December 2008,pvii

place. Only with reliable information will the service be able to fully meet the needs of all its service users.

- 4.15 Housing officers are due to embark on a new Homelessness Strategy in 2013 with the review taking place late in 2012. The Panel heard that the most recent homelessness consultation was 2007 and involved an LGBT event. The LGBT Housing and Support Workers Group no longer exists but the Panel were told that this may be reconstituted.³⁷ The Panel would like to see a thorough and widespread community engagement programme in advance of the development of the new housing strategies. This should ensure that trans tenants and trans individuals are given the opportunity to take part. The concept of “nothing about us without us” needs to be embedded as part of the process informing the new strategies.

Recommendation 15: During the upcoming revision of housing strategies (homelessness, LGBT housing) the views of the trans community should be actively sought. Specifically, the Housing Options service should be reviewed to ensure that it is widely known about and used by trans people in housing need. A programme of outreach to the trans community to publicise the assistance available from the housing department should be undertaken.

Recommendation 16: The Housing department should also commence a programme of awareness raising about the legal protections for trans people in housing provision and promote good practice within social and private landlords.

Older trans people

- 4.16 The Panel heard from Ruth Rose, of the UK Advisory Panel on Ageing. Some trans people report feeling very isolated from those around them and this can increase with age. There is a perception that people may go into sheltered housing or a hospice and then find themselves further isolated, in particular because other residents can have very uninformed views about trans people. **The council needs to look at what positive steps can be taken to bring a better social acceptance of trans people among the communities of older residents in sheltered accommodation and residential homes.** As with other areas of housing, there has been no specific training for those working in sheltered housing since the training that followed *Count Me In Too*. A recent East Sussex County Council report looking at social care for LGBT people noted that for older trans people:

“There are also particular physical and personal care matters that must be acted on appropriately - proper attention to

³⁷ Evidence 27 September 2012

*hormone replacement regimes; intimate care, skin and hair care; appropriate attention to personal choice of clothing and style and privacy. There are legal requirements about confidentiality of personal identity that providers need to be aware of and ensure their staff comply with.*³⁸

- 4.17 The isolation that older trans people can experience could be addressed by ensuring that older people's services contracted by the council have robust processes in place to ensure that older people can access appropriate services. Stephanie Scott made the point to the Panel that trans people often want to move to Brighton & Hove but there are no plans in place to deal with an ageing LGBT population. **The Panel feel that discussions should be taking place to plan for a likely increase in number of older LGB and T people in the city.**
- 4.18 In addition, it seems likely that trans people may find themselves more likely to be in a position where they do not have family to look after them as they age. Without people they know to take care of them, there is a concern that carers may not understand trans bodies or trans needs. With the provision of in-home care, people may also be worried about others coming into their homes who do not understand them and who therefore won't look after them appropriately. **The council must take steps to ensure that older trans people can be confident they will receive appropriate care and that those who provide care on behalf of the council are rigorously monitored. In particular, during the role-out of personal budgets, the council needs to be doing what it can to encourage carers who will be sensitive to the needs of trans people.**

Recommendation 17: Further work should be undertaken to address the transphobia and discrimination faced by older trans people such as in accessing adult social care services, supported housing and care homes (for example, personal care). As part of this, training on trans awareness and the needs of older trans people needs to be put in place for care homes and sheltered housing providers contracting with the council.

³⁸ An assessment of the needs of lesbian, gay, bi-sexual and transgender (LGB and T) people in the East Sussex area using or needing to use Adult Social Care's services, p19 <http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/localbriefings/ESCC-LGBT-needs-assessment-march2012.pdf>

Section 4 - Community Safety and Hate Crime

5.1 Brighton & Hove has a reputation as a diverse city where people can be supported. Camel Gupta from Queers of Colour told the Panel that there is a strong sense at LGBT events across Europe and elsewhere that Brighton & Hove is a good place to live. Despite this, the Panel heard that hate crime and incidents blight the lives of many trans people in the city. Combined with a lack of awareness and a fear of reporting crimes, many trans people are finding it difficult to live safely in the city.

5.2 People told the Panel their stories:

Case Study – Hate Crime

“It is particularly bad on Friday nights, especially as the clubs are opening; there’s a surge of macho men in the streets at that time. I don’t go to West Street at all now.”

“Many trans people in the city are in effect LGBT refugees who had fled to escape transphobia in other parts of the country and seek sanctuary”.

“I lived elsewhere and suffered many violent attacks in 18 months, some resulting in hospital admissions. If you are a visible trans person you can be at risk of your life. Eventually, I put my belongings in suitcases and came to Brighton.”

“I was a victim of hate crime from a middle class area of England. People do come to Brighton for that reason.”

“There should be zero tolerance of hate crime. We need to define what that means and how it would be carried through. It is felt to be acceptable to bash trans people and there has to be a step change – start with no tolerance.”

“Brighton is a great city to live in. I have found council people totally polite and efficient but other people have had different experiences.”

Hate crime

5.3 There are a number of issues surrounding hate crime – not least that it is historically under-reported. In 2011 the police figures show there were 225 LGBT incidents or crimes of which 167 were logged as incidents and 58 as crimes. Of those 58 crimes, 35 remained

undetected. Of the 225, in only 16 of these did the victim identify as trans with the remaining 209 identifying as LGB.³⁹

- 5.4 The Panel heard from PC Rachel Piggott and Rory Smith of Sussex Police, and Peter Castleton and Eric Page of the Community Safety team in the council at separate meetings. PC Rachel Piggott told the Panel that she had been part of the Police LGBT Liaison team for the past two years. During this time she had worked with different community groups to gain trust and build confidence. The LGBT Liaison team hold drop-in sessions in public places (for example, libraries and cafes) and run a monthly on-line session for people to contact the police electronically. It is worth emphasising that the LGBT Liaison Team has been cited to the Panel as an example of good practice. Rory Smith is a civilian (rather than a police officer) who works as part of Sussex Police looking at LGBT Hate Crime. Part of this role was to examine hate crime reporting to try and gain more detailed hard data.⁴⁰
- 5.5 Peter Castleton, Community Safety Manager and Eric Page, LGBT Officer, Community Safety Team, told the Panel that several years ago there was a difficult relationship between the team and the trans community but this has been improving year on year. The challenge was to establish trust and for the community to feel confident to talk to the police and the Community Safety team. A new duty phone number (the anti-social behaviour and hate incident reporting line) has recently been set up (01273 292735) and this will be promoted. **The Panel would like to see this number widely publicised and promoted.**
- 5.6 It is important that appropriate recording of police and community safety data on trans-related crimes and incidents is developed and used to inform preventative measures wherever possible. In a recent, and welcome, change the Police have started recording trans crimes as a separate crime to the LGB marker. In addition, the Community Safety team are developing a system to work with community agencies to get anecdotal evidence to help inform data collection. Without better reporting – and better evidence of transphobia – it is difficult to secure relevant funding to deal with the issue, or to put in place specific preventative measures. Eric Page told the Panel that the lack of monitoring was a key issue. Without hard data it is difficult to target specific mechanisms and preventative work.

*“There is a need to keep listening and expanding awareness of reporting”.*⁴¹

- 5.7 As part of this ongoing process, when the council funds the development of LGBT community safety projects or interventions, such

³⁹ Written submission

⁴⁰ Evidence 20 September 2012

⁴¹ Evidence 25 September 2012

projects should be required to demonstrate the active and meaningful participation of trans people.

Recommendation 18: The robust recording of police and community safety data on trans-related crimes and incidents should be developed and used to inform preventative measures. Further work needs to be undertaken to encourage reporting of hate crime. Building on existing relationships, an action plan needs to be put in place by the community safety team in conjunction with Sussex Police to address low levels of hate crime reporting including trans related incidents.

- 5.8 The view was expressed to the Panel that often it was visitors to the city who were the worst perpetrators of trans hate crime. There is no hard evidence to support this: one view is that those that carry out hate crime are not just transphobic but carry out other hate crimes.
- 5.9 The Panel were told that more needs to be done on training and trans awareness for pubs and clubs in the city. People need to know that hate crime – including harassing people because of their appearance - will not be tolerated and public venues were well-placed to help put this message across, for example with posters, or leaflets.
- 5.10 The council’s Statement of Licensing Policy states that:
- “In line with statutory requirements and the council’s Inclusion Policy, the Licensing Authority shall have due regard to the need to eliminate unlawful discrimination and to promote equality of opportunity and positive relations between persons of diverse backgrounds, for example communities of interest such as: lesbian, gay, bisexual and transgender people; disabled people; racial and ethnic groups; religious and faith groups.”*
- 5.11 In addition the Licensing policy supports the Crime and Disorder Reduction Partnership’s crime reduction strategy, in particular it seeks to “confront and reduce racist, homophobic, transphobic and religiously motivated crimes, incidents and anti-social behaviour”. Under the reviews section of the Statement of Licensing Policy it also notes that where a style of operation of a premise leads to applications concerning likelihood of racist, religiously motivated, or transphobic crimes or incidents, *“the review process should also support the community safety policy. Action should be proportionate and licences would normally be suspended or revoked in these circumstances to deter further incidents.”*
- 5.12 When the council is looking at licenses for premises in the city, there is a case to be made for ensuring that premises – and the staff that work in them – are fully open to all individuals. (The issue of facilities in venues is considered later in this report).**

Training

- 5.13 The Panel are aware that there have been incidents when people have been wrongly assigned a gender by police officers when they call in to report an incident, which has led to upsetting and insensitive handling of that individual when they present to the police station.⁴² There is a training DVD on trans awareness but it has not necessarily been widely used – it is important that trans awareness training is delivered across the police force.
- 5.14 The Panel questioned the Community Safety team about their training and there appear to be some gaps with new staff. The Panel recommend that the community safety team ensure that everyone on the team receives trans awareness training as a matter of some urgency.

Recommendation 19: The Panel recommend that Sussex Police provide trans awareness training for its staff, in conjunction with the community safety team.

Domestic violence

- 5.15 The issue of domestic violence was raised with the Panel. Statutory and non-statutory services can forget that domestic violence affects trans as well as cisgender people. It was a concern that there are no safe spaces or refuges for trans men or women. Refuges and safe spaces may reject trans people – and even if they are let into these spaces, residents may associate them with their birth gender thus causing problems. The Panel heard that there were no funds for an additional refuge or safe space. **Nonetheless, there is a key issue around community safety and safe spaces for trans people who are either homeless or suffering from domestic violence or both that needs to be addressed. As part of this, staff in refuges should be trained in trans awareness.** The Panel heard from Joanna Rowland-Stuart from Regard, a charity run for and by disabled LGBT people.⁴³ The Panel heard that domestic violence is an issue for disabled and trans people. Disabled trans people can be refused care or asked to present in their birth gender and not their acquired gender.
- 5.16 The report *Domestic Violence. A resource for trans people in Brighton and Hove* stated that:

“Trans people can experience domestic violence from a same or opposite sex partner, and can do so regardless of the gender identity of either person.

⁴² Evidence 20 September 2012

⁴³ Evidence 25 September 2012

*In some cases, abusers will use the process of 'coming out' or transition as an additional form of control. This can be particularly difficult where children are involved.*⁴⁴

⁴⁴ <http://www.riseuk.org.uk/documents/Domestic%20Violence%20-%20A%20Resource%20for%20Trans%20People.pdf>

Section 5 - Education and schools

6.1 During the Panel's listening exercise, one of the key areas where it was felt that changes could be made that would have a forward reaching positive effect was in terms of schools and the provision of education. Trans or gender-questioning children and young people can be hugely affected by what happens to them in their early life. Concerns around gender stereotyping, the curriculum, awareness and training, bullying, and lack of support were all raised.

6.2 Comments made to the Panel included:

"PSHE should include people's different experiences of being human."⁴⁵

"More training is needed in schools because bullying of trans people has been rife. There should be greater awareness by both children and parents. The whole range of different gender identities needs to be better acknowledged."

"I would have loved to have transitioned when I was still at school; that might have meant moving to a different school where I wasn't known, but that would have been ok."

6.3 The Panel heard from Elliot Klimek of Transformers (the support group that works with young trans people between 16 and 25 years old: the group is part of Allsorts Youth Project, an LGBTU youth project), from Marianne Lemond of Allsorts Youth Project (a LGBT youth project) and Sam Beal of the Healthy Schools Advisory Service in B&HCC.

6.4 Transformers works with young trans people in group work and advocacy, and with parents. Elliot Klimek reinforced what the Panel had heard in other areas, that there are issues around accessibility and the physical environment in schools, for example, toilets, PE, changing rooms, competition in sports. Teachers can be nervous around the law on trans people taking part in PE lessons. One person who attended Transformers had never felt safe enough to go on a residential school trip.⁴⁶

6.5 The Healthy Schools Advisory Service and Allsorts Youth Project work in partnership to "support schools to prevent and challenge transphobia and to support transgender and gender questioning children and young people in school settings".⁴⁷ The Panel were told that support materials and training were delivered to help schools meet the Public Sector Duty of the Equality Act 2010. The new Ofsted Framework identified trans children as a vulnerable group. These two things

⁴⁵ Personal, Social and Health Education

⁴⁶ Evidence 20 September 2012

⁴⁷ Written evidence p1

together have led to more focus on preventing and challenging transphobia. In particular, the new Ofsted Framework can now be used to encourage schools to consider more closely the needs of trans children and young people.

- 6.6 Within this work they support primary and secondary schools to deliver effective PSHE education and provide careers education, information, advice and guidance. This includes work on developing anti-bullying and equalities, of which supporting schools to understand the needs of trans and gender-questioning children and young people is a part. In addition, Sam Beal told the Panel that materials are being developed to support the PSHE curriculum in schools to include work around transphobia, gender and gender identity as well as sexuality and homophobia.⁴⁸
- 6.7 Allsorts and the Health Schools Team are also working on a trans Toolkit for schools on supporting trans and gender questioning children and young people. This is still in draft but the Panel heard that the Toolkit will include the issues that trans children face, such as toilets, and gendered uniform. As it is developed the young people involved in Transformers will be involved, as well as Allsorts. It is important that when the Toolkit is developed, people know how to use it and that it is well advertised and implemented. Schools will need to be confident that they not only know about the Toolkit but how to use it.
- 6.8 In terms of reaching out to schools and knowing what training is going on, however, there is not currently the time or resources within the council team or Allsorts to do this. For funding and capacity reasons, the support and guidance offered by Allsorts and the Healthy Schools team in this area, is reactive not proactive. They work with schools and parents who have approached them, and offer training support to all schools in the city. They offer central training as part of the Toolkit development but there is not the capacity to monitor what all schools are doing. Sam Beal told the Panel their workload was increasing:
- “Young people transitioning in school communities or between schools or with a trans parent are increasingly asking for help in a visible way. More people have made contact over the last eighteen months.”⁴⁹*
- 6.9 Sam Beal explained that the main challenges are time, capacity, and training the whole school in a complex subject.⁵⁰ Marianne Lemond told the Panel that Allsorts were getting more demand for their support now: some of this is as a result of more younger people identifying as trans or gender questioning at an earlier age. She noted:

⁴⁸ Evidence 27 September 2012

⁴⁹ Evidence 27 September 2012

⁵⁰ Evidence 27 September 2012

“There has been an increase in the number of trans and gender questioning children accessing Allsorts and an increasing number of parents too. Currently, the demand for Allsorts service is exceeding capacity.”⁵¹

- 6.10 It is also of concern that it is when children leave the more nurturing climate of primary schools for secondary school that is when gender questioning children face more problems. Elliot Klimek of Transformers noted that schools need to be capturing data on transphobic bullying and all teachers should signpost trans children and young people to Allsorts (some do, but not all). The Healthy Schools Advisory Service informed the Panel they will be launching guidance for schools on recording and reporting of bullying and prejudice based on incidents by type (including those resulting from perceived or actual gender identity). The local authority will also request that schools return bullying data by type, including that relating to gender identity.⁵²
- 6.11 Whilst bearing in mind the financial climate, given the importance of children and young people’s formative years and experiences, both those who may be trans and gender questioning, and those who may not be, the Panel is of the opinion that if we are to create a cultural shift towards more understanding and awareness of gender diversity, more work needs to go into the provision of trans awareness in education and the schools in the city.
- 6.12 Schools will also need to be aware of their Public Sector Equality Duty (see p57 of this report) and be able to set out what they are doing to ensure that they are compliant with the duty in regard to gender reassignment.⁵³

Recommendation 20: The council must continue to actively support the work of the Healthy Schools Team and Allsorts to provide guidance and support to trans children and young people. As part of this, the resources given to this work should reflect the demands on the service. In addition, specific trans awareness training should be provided in schools, as well to general LGBT training.

⁵¹ Evidence 27 September 2012

⁵² Written submission p2

⁵³ The Equality Act 2010 provides protection for ‘transsexual people’ under the protected characteristic of gender reassignment. For more information see p58 of this report.

Section 6- Leisure and recreation

- 7.0 The importance of exercise and a healthy lifestyle is well documented, both in terms of physical and mental health. However, the Panel heard that access to sports and recreational activities is problematic for trans individuals. Issues around gendered toilets, gendered changing rooms, and lack of awareness of trans individuals and their needs, and gendered sports (for example women's netball or men's basketball) were all raised with the Panel.
- 7.1 The Panel heard that many trans people can feel excluded at sports facilities not only because of transphobia, but because they feel uncomfortable using the changing facilities. There is a lack of general awareness around facilities for trans people, in particular a lack of gender neutral changing areas.

Case Study –changing rooms and toilets

“A lot of people don't like unisex changing rooms .. some women (and men) don't feel safe in mixed changing rooms.”

“A simple loan key system (for an accessible toilet) would make swimming more accessible for trans people.”

“Huge amounts of money have been spent on redeveloping parts of King Alfred Leisure Centre. It should have been easy to include suitable facilities – changing areas, toilets, showers – for trans people. That would make a big difference to me.”

“The only place I feel comfortable to change in, is the toilet.”

“Intergender loos – it would be nice not to think you are causing a problem just because you need to go to the loo.”

“If the only other option than M and F is ‘disabled’ then it should be called ‘accessible’ and be for people who can't use other toilets for whatever reason.”

“Often in men's toilets, even if there is a cubicle, often there isn't a lock. This is low down in pubs/clubs' priorities but as a trans person you feel unsafe.”

Training and awareness

- 7.2 The Panel heard from Ian Shurrock, Commissioner, Sports and Leisure and Toby Kingsbury, Sports Facilities Manager, B&HCC. The Panel

heard that the sports and leisure team had undertaken broad equalities training but no specific trans awareness training. The team recognised that further training was needed around trans awareness and would welcome views on how best to provide this training.⁵⁴ **The Panel would encourage the sports and leisure team to commission appropriate trans awareness training (see recommendations 1 and 2 on a service users audit and training.)**

- 7.3 The Panel asked for data and any experiences of trans people accessing services or transphobic behaviour, but there was none available. The point was made that the lack of reporting doesn't mean it isn't an issue. Indeed the sports service would be concerned if this meant that people were no longer using the facilities but the team were not aware of it.
- 7.4 Ian Shurrock told the Panel that his team welcomed the chance to talk to the Panel and take on board the issues for trans people in accessing their service. The team do run Muslim women only swimming sessions and noted that programmes can change in relation to demand. A session can build up from a low participant base. **Following the Scrutiny Panel meeting, the sports and leisure team started to explore the option of trans only swimming sessions in St Luke's swimming pool – the Panel welcome this as a positive step forward.**

Facilities

- 7.5 A number of trans people told the Panel that one of the main things that prevented them attending activities in the city's sports and leisure centres, was the lack of changing areas and toilets where they felt safe.
- 7.6 **It is worth highlighting that the issue of appropriate, non-binary toilets and changing areas was raised in relation to all buildings (including schools, work buildings and pubs/clubs). The comments made in relation to sports and leisure facilities should be seen to be applicable to other buildings and venues.**

Recommendation 21: The Panel welcomes the commitment from the sports facilities team that they will engage with the trans community. The Panel recommends that trans individuals are consulted in future facilities planning, and are also consulted and involved in helping to develop trans safe and trans only exercise sessions.

- 7.7 A variety of options are available to make toilets more accessible. Suggestions have included offering trans people the option to use the

⁵⁴ Evidence 27 September 2012

accessible toilets with RADAR locks. Whilst this may be helpful for some, there are associated problems. Any consultation looking at how to make more toilets accessible to all should include trans users and disabled user groups.

- 7.8 It is worth noting that changes to toilet provision would have a wider beneficial effect. For example, more unisex toilets would mean that toilet spaces are effectively utilised and may have the effect of reducing queuing.
- 7.9 A Scrutiny Panel has recently been set up to look at the provision of public toilets in the city. Whilst this is in early stages, that Panel should be aware of the concerns raised by trans individuals in relation to toilets.

Recommendation 22: There should be provision for accessible and gender neutral toilets in all areas. The council should take the first step, with consultation with trans individuals, to ensure gender neutral and accessible toilets are available in public buildings. Where appropriate, this process should involve consultation with other groups affected such as disabled people who may have a view about widening access to toilet facilities designated as accessible for disabled people.

- 7.10 The council should actively examine the changing rooms provided in its leisure and recreation centres to see if there are sufficient accessible changing facilities to accommodate all users, whatever their gender. In addition, when facilities are being refurbished, the opportunity should be taken to ask users what facilities they would like to see. As part of this process, trans support groups should be asked for their views.

Recommendation 23: Individual changing rooms should be available in all leisure buildings and the council should actively encourage other organisations to provide changing rooms that are appropriate for all users, whatever their gender identity.

Section 7 – Employment

Employment

- 8.0 Persia West, from *A Place at the Table* told the panel that employment was central to any consideration of how to make life more equitable for trans people. Employment gives people a place in the world, financial value and a sense of identity. However, trans people can find it difficult to find employment, and for those in work, there are often problems of abuse or lack of understanding, particularly if they are transitioning.
- 8.1 One person told the Panel how they ended up leaving their job - 'forced out' - as their employer did not provide support, or indeed allow them to use the appropriate facilities. Other people told the Panel that medical leave can be problematic for those transitioning. Unison has produced a factsheet (Transgender workers rights – April 2012) which states many trans workers face discrimination, despite the fact it is unlawful. It states: "41% of trans respondents to our most recent UNISON members' survey feared for their job security if people knew they were trans. 60% of them had experienced transphobic comments from colleagues and managers."⁵⁵
- 8.3 Repeatedly, the Panel heard both how employers did not know the legal and employment rights of trans people, and that trans people themselves did not know their rights. In a complex legal arena, there is confusion and misunderstanding on both sides. Ultimately, in a difficult economic climate, any person whose needs are perceived to be more onerous than those of others (however misguided or uninformed that perception), may find themselves penalised. The Panel are aware that there are existing protocols and policies in place aimed at protecting the rights of trans people at work. However, there is an issue over how informative – or even factually correct – these are, and how well used.
- 8.4 Persia West told the Panel that there had been a LGBT jobs fair several years ago – it had been useful but had only been attended by a small number of people. Nonetheless, the council should consider arranging a new LGBT jobs fair to bring SMEs and advice organisations together. The previous job fair had helped identify the barriers facing trans people looking for employment. There is still a role for that today.
- 8.5 There is a lack of 'specialised' advice on employment rights for trans individuals –the Advice Strategy Partnership acknowledge this gap and are exploring opportunities for developing this service.

⁵⁵ Transgender workers right – April 2012. From the website. There is no information on how many people took part in the survey.

8.6 From the other perspective, JobCenterPlus informed the Panel that:

“Diversity in general is seen as a selling point and benefit to the city by most employers due largely to the city’s profile as a liberal and vibrant place to do business. The ‘Pink Pound’, Pride and other high profile events and festivals attract a huge cross section of society which is catered for by businesses in the city. Brighton Jobcentre staff closely mirror the diversity amongst its customers.”⁵⁶

B&HCC employees

8.7 B&HCC carry out an annual staff survey. In 2012, 10 members of staff who filled in the survey identified as transgender. This small number makes it difficult to extrapolate meaningful data, but looking at the responses to the questions asked in the survey, the views of those who identified as transgender were similar to those of all staff.

8.8 At one meeting, the Panel were told that council staff did not feel safe to talk about their experiences with the Panel. On questioning Charlotte Thomas, Head of Human Resources and Organisational Development for the council, the Panel were perturbed to find that HR had no explanation for this. It is imperative that staff must feel safe to discuss any concerns or problems they have with the relevant people and to be assured that remedial action will be taken where necessary. The Panel heard that the council’s Trans Toolkit is available for managers to access over the intranet pages but there is very little in terms of active support. More worryingly, Panel Members highlighted two areas of the Toolkit where they had concerns over a lack of compliance: namely, in the section on what questions could be asked at the interview and in the section on how will personal records be amended & confidentiality assured. It is imperative that this is remedied as a matter of some urgency to reflect current legislation.⁵⁷

Recommendation 24: The council’s Trans Toolkit is due to be revised. The Panel recommends that the council take advice from experts in trans awareness to ensure the toolkit is fit for purpose. This new toolkit should then be proactively publicised and promoted to all staff within the council. Managers should be offered training on its use. In addition, guidance should be given for council staff on what to do when a person changes their name and gender marker following a gender transition.

8.9 It is important that Human Resources engage with all staff – including trans staff. The feedback that the Panel heard that council staff were too anxious to talk to Human Resources is of concern. One person

⁵⁶ Email from JobCentre plus

⁵⁷ P6 and p11 of the Trans Toolkit

expressed the view that the council as an employer didn't care enough about its trans staff and needed to do more to ensure that they understood their rights to protection from discrimination at work. However, one person did tell the Panel that they had managed a person undergoing transition and had found the council very good in supporting this person. This would indicate that there is good practice in the council, but it is down to individual managers.

- 8.10 The council has a LGBT Workers' Forum supported by the Communities and Equalities Team. The LGBT Workers' Forum Panel also supports a LGBT Mentoring Scheme. Whilst it would not be appropriate for the Panel to have information relating to this, it is hoped that processes are in place to learn from the experiences of trans staff.
- 8.11 Brighton & Hove City Council uses the Stonewall index to measure progress on employment equality for LGB people. **Stonewall does not include trans people: the council needs to consider how it is including employment equality for trans people in its assessment processes.**
- 8.12 Galop published a report called *Shining the Light* that set out 10 clear steps to becoming a trans positive organisation. Whilst this was aimed at LGBT organisations that want to be inclusive, not local authorities, it is a valuable document. When asked, Charlotte Thomas, Head of Human Resources at the council replied that on a scale of 0-5 in *Shining the Light*, the council would be 2.5. **The council needs to examine how to move towards being a trans friendly organisation – along the lines of the *Shining the Light* guide.** As part of this, the council needs to have a review of monitoring and employment practices, including how posts are advertised to reach trans people.

Recommendation 25: B&HCC Human Resources in partnership with the BHCC LGBT Workers' Forum and the Equalities Team need to reach out to trans employees to listen to their experiences of working for the council and to make changes accordingly. The LGBT Workers Forum are to be congratulated on their activities on trans inclusion. The Forum must continue to be supported and resourced to develop its work on this.

Small and Medium Enterprises (SMEs)

- 8.13 It was suggested to the Panel that smaller employers were less likely than large organisations to have trans policies in place. This had a negative effect on trans people gaining employment and on support for those transitioning whilst in work. The lack of easily available information and of training and support was reiterated to the Panel. The idea of advocates was raised with the Panel as one way of giving support to a trans person, and this could include specialist advice for finding and maintaining work. **The council should look at ways of**

opening a dialogue with employers in the city to raise awareness of the employment rights of trans people.

Financial inclusion

8.14 Paul Sweeting, from the Advice Strategy Project,⁵⁸ submitted a written paper to the Panel. This noted that trans people face significant barriers to employment, and discrimination in the work place. As a result of barriers to employment, they may be more likely to be on lower incomes and be reliant on benefits. The concomitant effects of this are self-explanatory.

8.15 Persia West told the Panel that if a person was well educated and employed, transitioning may not be a problem.

“The problems arise for those not in such a good social position: for them transitioning can be a tragedy. It is important to look at the unemployed who may get caught in the benefits trap.”

8.16 It is noted earlier in this report (Section 3 Housing) that the changes to the Single Room Rate have a particularly negative impact on trans people. The cumulative effect of benefits and welfare changes need to be examined.

Recommendation 26: The particular impacts on trans people of government welfare reform agenda must be taken into account. As part of this, the specific vulnerabilities of trans people as recipients of welfare benefits should be explicitly acknowledged in the council’s strategy on financial inclusion.

8.17 The Panel were told that if you are a trans person entitled to benefits, your details are restricted so that if you make a phone inquiry often you cannot be advised at once but have to be called back by someone with authorisation to access your files. This measure was introduced as a proactive step to protect information about a trans person’s status but it has had the unintended consequence of increasing delays and administrative problems for trans people. The Panel heard that the Criminal Records Bureau have a special phone line and a dedicated team that trans individuals can call when requesting a CRB check. This would seem a sensible way forward for benefits advisors to follow.

Lack of understanding

8.18 Several people reported problems to the Panel in banks when staff insinuate a trans person is trying to de-fraud the bank or to use another

⁵⁸ The Advice Partnership brings together a range of providers, funders and partners to develop a co-ordinated, strategic approach to advice provision.

person's bank account details. People in organisations such as banks need to be aware that individuals may not always comply with gender expectations. As one person put it:

“People ought to recognise that an a-typical gender presentation is not a sign of criminality.”

Recommendation 27: When appointed the Council's Trans Champion (see recommendation 36) contact local high street banks, building societies and East Sussex Credit Union to encourage sharing best practice regarding staff training/awareness and bank records procedures for trans customers.

Section 8 - The responsibilities of Brighton & Hove City Council

Public Sector Equality Duty

9.1 The Equality Duty is a duty on public bodies and others carrying out public functions. It came into force as part of the Equality Act 2010. The guide for public sector organisations states the purpose of the Duty:

“It ensures that public bodies consider the needs of all individuals in their day to day work – in shaping policy, in delivering services, and in relation to their own employees.”⁵⁹

9.2 The new Equality Duty replaces the three previous public sector equality duties – for race, disability and gender. It covers the following ‘protected characteristics’:

- age
- disability
- gender reassignment⁶⁰
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation

9.3 The Equality Act designates people who have undergone or intend to undergo gender reassignment as having a ‘protected characteristic’ and places an obligation on public bodies (such as councils) to demonstrate how they are meeting the ‘equality duty’ for groups with such characteristics. The Act does not require people to be under medical supervision in order to be protected.

9.4 The Equality Duty has three aims. It requires public bodies to have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act; advance equality of opportunity between people who share a protected characteristic and people who do not share it; and foster good relations between people who share a protected characteristic and people who do not share it.

⁵⁹ Equality Act 2010: Public Sector Equality Duty. What do I need to know? A quick start guide for public sector organisations (www.homeoffice.gov.uk/equalities/)

⁶⁰ The Equality Act 2010 provides protection for ‘transsexual’ people defined in the Act as “people who are proposing to undergo, are undergoing, or have undergone the process of changing their sex”. These people now have the protected characteristic of gender reassignment.

- 9.5 The council needs to demonstrate very clearly how it is meeting its Public Sector Equality Duty. It is hoped that this report will assist the council in meeting its duty in regards to gender reassignment.

Recommendation 28: All public bodies (including NHS bodies and schools) should publish an annual statement on what they have done to meet their public sector equality duty in respect of trans people.

Equalities and monitoring

- 9.6 Monitoring of trans service users or staff is a complex and sensitive process. The Scottish Transgender Alliance makes the following point:

“When monitoring numbers of transgender service users or staff, the security and safety of the information that you gather is essential, and you may wish to consider the systems you have in place for storing and coding the information. Organisations who have attempted to gather this information in the past have found these systems are crucial to building the trust and confidence of those being monitored, whether they are staff or service users.”⁶¹

- 9.7 They go on to say that many transgender people are extremely protective about the privacy of their gender identity and gender reassignment history. In addition, identifying somebody as having the protected characteristic of gender reassignment without their permission, even accidentally, could lead to either civil court proceedings for unlawful harassment and discrimination under the Equality Act 2010 or even to criminal charges under section 22 of the Gender Recognition Act 2004. It is therefore vital that data is anonymous and untraceable.
- 9.8 Mary Evans, Head of Equalities and Monitoring, B&HCC, told the Panel that through the City Inclusion Partnership a single monitoring form was being developed across the statutory sector. This would have the same questions and format so that information could be shared where appropriate. The form was originally based on the 2011 census but has now changed and has an additional question around gender identity. Mary Evans told the Panel there was now a question on gender and a ‘please specify’ option to allow people to identify as gender variant or genderqueer. The Council needs to ensure that a common data set is developed to ensure that monitoring information is uniform and can be analysed and compared.
- 9.9 Paul Sweeting, of the Advice Partnership noted that it is difficult to undertake a robust assessment of the current use of local advice

⁶¹ www.scottishtrans.org

provision as it is not consistently or substantially monitored. Paul Sweeting suggested that the council “consider including the collection of equalities data in a standardised format by advice agencies as a standard requirement in funding agreement”.⁶²

- 9.10 It is important that the council has a clear policy on monitoring, and uses a minimum data set with the same questions used consistently. Partners and subcontractors must be encouraged to use the same questions.

Recommendation 29: City-wide there needs to be wider recognition of non-binary gender. Further discussion should be undertaken with the trans community to ensure that all monitoring is sensitive, appropriate and properly implemented. Furthermore, the results of this monitoring, appropriately anonymised, should be made publicly available on an annual basis.

Community development and engagement

- 9.11 B&HCC are one of the organisations that fund LGBT HIP – and this Panel has benefitted enormously from the help of Nick Douglas who facilitated the Panel’s ‘listening exercise’. However, there are issues around levels of funding to community groups, the capacity of these groups to take on more work, and engagement with the trans support groups. In addition, work needs to be done to embed trans awareness into the policies of the council and its partners.

- 9.12 As all different sectors of the council look at their training needs and their consultation processes with the trans community, they also need to consider the funding for these services.

Recommendation 30: The importance of an on-going mechanism for consultation and engagement with trans people in the city should be recognised by the council. The Panel recommend that this should be funded accordingly.

- 9.13 The Panel heard from several people that they referred trans or gender questioning people on to the Clare Project, yet the Clare Project is a small community based organisation with very limited resources. FTM Brighton, Allsorts and Transformers also raised the issue of limited capacity. In addition, these organisations and support groups explained that their limited resources are devoted to addressing the unmet need for information and support among trans people who are not receiving this from statutory services. This means they do not have the time or resources to put in bids for further funding - this becomes a self-perpetuating circle of under-funding and scarce resources.

⁶² Written submission

- 9.14 It is important that the issues of capacity building and longer-term sustainable funding are addressed. Without the capacity and the funding for long-term support, the trans community will continue to struggle to receive support.
- 9.15 Bearing in mind that the national picture is that of reductions across the board in public expenditure to reduce the deficit, the council still needs to ensure that these support groups – that have been described as “life saving” – are able to continue. The city’s trans support groups are currently small and not obviously part of the wider community and voluntary network. There are a number of generic and specialist infrastructure support agencies in the city, who could, as part of the wider Transforming Local Infrastructure project, be asked to collectively consider how they could help trans community groups have an active voice in decision making.

Transforming Local Infrastructure⁶³

- 9.16 A partnership made up of six infrastructure organisations in the city secured over £300,000 in government funding to transform local support services to grassroots groups, charities and other not-for-profit organisations in the city. The partnership leading the project is “committed to ensuring that the design and delivery of new and current support services are accessible and take into account the needs of equality groups.” As part of this, the project will need to ensure that trans support groups’ needs are identified and, where feasible, addressed.

Recommendation 31: That infrastructure services and the Transforming Local Infrastructure project continue to consider how to engage the city’s trans community groups to ensure they have an active voice in decision making.⁶⁴

Trans Equalities Strategy

- 9.17 Following the publication of *Count Me In Too*, work commenced on a city-wide Trans Equalities Strategy, led by Spectrum (Brighton & Hove’s LGBT Community Forum). However, following the closure of Spectrum, the strategy was never completed. It is unclear to the Panel what happened to this initial work, but the Panel is clear that following a comprehensive needs assessment (to include housing and adult social care, as well as health) a city wide trans equalities strategy should be

⁶³ Transforming Local Infrastructure” (TLI) is a Cabinet Office project, with money being distributed through the National Lottery’s “Big Fund”. The project’s aim is to support infrastructure charities – those that provide services to other charities and voluntary or community sector groups, rather than direct to service users – to work in partnership more effectively; it is also aimed at supporting sustainability in the sector by increasing volunteering, fundraising and development opportunities.

developed. This strategy should be lead by the council's Trans Champion (see Recommendation 36) who will have a responsibility to ensure that the findings of this report result in action.

Recommendation 32: Following the needs assessment (see recommendation 13) a city wide trans equalities strategy should be developed by the council and partner organisations with the full engagement and participation of trans individuals and support groups. This should include an action plan with clear leads and responsibilities. This should be led by the council's Trans Champion (see recommendation 36).

Representation and acceptance of trans people

- 9.18 Hate incidents and transphobia are closely linked with media representation. The Panel were told *"it is seen as culturally acceptable to harass trans people"* and *"transphobia is the last acceptable bastion of this sort of humour"*.
- 9.19 Whilst it is beyond the council to change media representation of trans people, there is a lot it can do in terms of making the public statement that both the council – and the city – are trans friendly. During the course of this inquiry, there was a substantial amount of incorrect and offensive media comment. This Panel put out a strong statement that this sort of comment should not be tolerated:

"We acknowledge and regret that the tone and content of much of the on-line debate over the last week has caused distress and may have damaged the trust we have sought to build up. We condemn the offensive and discriminatory tone of much of that comment, and reiterate that all members of the panel remain committed to transgender equality. We also recognise the need for balanced, fair and accurate media reporting and will be working proactively to encourage this regarding the scrutiny going forward."⁶⁵

- 9.20 Brighton & Hove City Council as a leader in the city must do what it can to counter inappropriate representation of trans people and foster wider acceptance.
- 9.21 People told the Panel:

"Brighton should invest in its public image as a gender diverse city, in the same way as there is LGB diversity."

"It is a public image issue not a police issue."

⁶⁵ <http://www.brighton-hove.gov.uk/index.cfm?request=c1210574>

“It will take a long time for change. But this is a fantastic opportunity for Brighton to be a real star in separating out the T from the LGB. Normalisation is key.”

“It would be amazing if Brighton could put trans on the map, so there was no more embarrassment. That would take away the fear.”

“To feel included and supported by Brighton, its Lesbian and Gay community, the council and other professional services would go a long way to easing the sense of isolation and vilification we encounter.”

- 9.22 The Panel agree that there is a lot the council can do to take the lead in changing perceptions of trans people. The council has a dual role in leadership as a ‘Trans Champion’ and also in helping to address the information gap. There are issues around the lack of publicly available information, both for employers and for trans people themselves in terms of their rights and entitlements. The council needs to be at the forefront of working with groups and organisations in the city to help close this information gap. There is also a case to be made to look at how Brighton & Hove as a city presents itself. For example, positive entry adverts that Brighton is a diverse city and intolerance has no place here could be located at key areas in the city like the railway station - and on the council’s website. One person remarked:

“It would make a huge difference if the council made a big public statement that it is open to trans people.”

- 9.23 Brighton & Hove City Council was one of the first to raise the transgender flag on council buildings on the Transgender Day of Remembrance on 20 November 2009. As noted by the report *Human Rights and Gender Identity – Best Practice Catalogue*:

“Official endorsements by city councils help raise awareness on the situation of trans people and have positive repercussions in the respective institution as well as in society at large.”⁶⁶

- 9.24 As a city, Brighton & Hove is seen by many as a safe refuge and a place where they can be themselves and live their lives as they would wish. This is one of the city’s great strengths and something all who live here should be proud of. It is also a reputation that city leaders’ must enhance through actions and demonstrable policies of inclusion.
- 9.25 Trans people are as much a part of the population of the city as anyone and should be represented as such. There are obvious sensitivities

⁶⁶ **Human Rights and Gender Identity** Best Practice Catalogue, Silvan Aguires, Richard Kohler, Sophie Aujean, Julia Ehrh. December 2011. www.igla-Europe.org

over including trans people in publicity materials just ‘because they are trans’, but there is scope for reflecting the trans population in the same way that older people or LGB people are included in information.

- 9.26 Stephanie Scott informed the Panel that there had been a move to rebrand Pride, the annual event in the city, as Gay Pride. Stephanie Scott felt this move should be rejected.⁶⁷ The Panel agree – Pride has long aspired to be an inclusive event and to rebrand it in this way would be counter-productive.

Recommendation 33: Any activity commissioned or supported by the council in relation to LGBT activities, and in particular Pride, needs to mandate trans inclusion.

- 9.27 The Panel was told that there has recently been a publicity campaign running in Washington DC to educate people. As part of the role of ‘Trans Champion’, the council should consider running a positive educational campaign in the city.

Recommendation 34: B&HCC should take the lead in creating an identity for the city as a trans friendly place that challenges stigma and discrimination. This includes such actions as a public statement on the website, trans branding, vocal support and partnership working with trans support groups, and publicity information including trans individuals as local citizens.

Advocacy

- 9.28 The subject of advocacy was raised with the Panel. People need to be supported to feel they can make complaints about services where appropriate. An advocacy service would empower trans people to make complaints and also to feel confident to engage with services.
- 9.29 Several people questioned whether complaints about council staff had been properly resolved. In response, the Head of Standards and Complaints, Brian Foley told the Panel:

“It is very worrying that the initial consultation showed there was no confidence in the complaints system.”

- 9.30 Brian Foley went on to say if there were any specific examples, these would be addressed – it is difficult to see where systems need to be looked at, based on generalisations.

“Standards and Complaints can provide information to trans people on how to make complaints. I would be pleased to do what ever we can to ensure trans people have access to our

⁶⁷ Evidence 25 September 2012

website, our email address, telephone number and complaints leaflets.”

- 9.31 It is worth noting here that the new local Healthwatch will begin in April 2013. The Department of Health briefing states:

*“Local Healthwatch goes to the heart of the government’s ambition for a health and care service that is centred around patients and users. Local Healthwatch will gather people’s (whether current users of services or not) views on, and experiences of, the health and social care system. In this way, community views will have real influence with those who commission and provide services about what users, carers and citizens need and want from them. This can help them to be more responsive to what matters to service users and the public, and to design services around their needs”.*⁶⁸

- 9.32 It is hoped that Healthwatch will be a strong voice for all patients and users – including trans people – and that there will be an advocacy role as part of this.

Forms and honorifics

- 9.33 The Panel were told that some trans people found it difficult to select an appropriate option when completing forms – particularly online – that have an obligatory honorifics box. It can create an unnecessary sense of exclusion and frustration to be forced to accept a title that doesn’t reflect someone’s gender expression. One person gave the example of being unable to complete a form for a bus pass without identifying their title– an identity they did not wish to have. City Services told the Panel that recently, following a request from a customer, Revenues & Benefits explored the opportunities available across the service to use Mx as a title within their forms and computer systems to reflect the change in an individual’s gender identify. This change did not cost anything. The team explained:

*“Discussions took place with the technical support team to see if the software could accommodate such a change and it was found to be an easy add-on to the system. With regards to forms, no changes were required: some do not request a customer’s title and others have a blank box so people can choose their own. The whole process took about a week from initial discussion to updating the system to include the prefix.”*⁶⁹

⁶⁸ Department of Health *Local Healthwatch: A strong voice for people– the policy explained*
<http://www.healthwatch.co.uk/sites/default/files/Local-Healthwatch-policy.pdf>

⁶⁹ Written submission

9.34 Given recent press coverage of the subject of honorifics, the Panel would like to make clear that they never had any intention of recommending that the use of honorifics should be removed. The recommendation of this report is aimed at giving more choice to those who do not want to identify as Mr/Ms/Mrs/Dr. It is worth noting that this may not just apply to trans people: others may not choose to use a honorific if given the option.

Recommendation 35: The Panel welcome the addition of the honorific Mx by council benefits staff as giving an alternative option. The Panel recommend that all on-line forms are examined to look at the possibility of additional options, leaving blank or entering the title the individual feels is appropriate to them.

Conclusion

- 10.1 The Scrutiny Panel heard from a number of trans individuals, support organisations and service providers in the city. They heard that in many areas (health, housing, leisure, and employment) trans people faced more difficulties than many others.
- 10.2 The Panel were profoundly moved on hearing the experiences of trans people and how a better understanding and simple changes could have a huge impact on people's lives. One of the most upsetting things for a trans person, leading to mistrust and misunderstanding, is the mis-use of pronouns. Yet, this should be a simple thing to get right. People alter their gender presentation because of a profound and inherent conviction that this is their identity. Using the correct pronoun and respecting an individual's choice is paramount. This is just one example of how a step-change in social attitudes could make a real difference. Brighton & Hove prides itself on its inclusive and diverse reputation and it is time to take some steps to make this a reality for trans people who live, work, study and socialise here.
- 10.3 This report aims to remove some of the inequalities faced by trans people and makes a number of recommendations for action. The Panel would hope that all of these can be accepted and result in real change. A number of recommendations in this report are aimed at partners in the city, particularly in the area of health. The Panel intends that the council will play the role of trans champion, not only in areas where it has direct responsibility, but also in encouraging others to take these recommendations on board.
- 10.4 To ensure that tangible results do come out of this inquiry, the Panel recommends that a lead officer is appointed in the council to act as a 'Trans Champion'.

Recommendation 36: The implementation of these recommendations is crucial and should be carefully monitored. The Panel recommends that a lead officer is appointed as a 'Trans Champion' within the council. This person should be at Senior Management level (within Corporate Management Team or Assistant Director level or above) and will be responsible to champion the rights of trans people both inside and outside of the organisation. They will also have responsibility for the commissioning of the trans needs assessment and the lead on the development of a city-wide Trans Equalities Strategy (see recommendation 32). In addition, a Councillor should be nominated as the council's trans-champion (as distinct from the existing LGBT champion).

- 10.5 Despite the best efforts of the Panel, there are some areas that warrant further examination that this Panel did not cover. Adult Social Care

Services, in particular, Home Care Services, suicide prevention services, the support given to parents, domestic violence and safe spaces, and the wider issue of capacity building all need to be examined. In addition, the council needs to consider the access of trans people to democratic and political participation in the city. **The Panel trust that these issues will also be picked up by the Trans Champion.**

- 10.6 The Government is due to put out a 'call for evidence' following the Trans Gender Equalities Action Plan. The Panel would like this report to form part of that work.

Recommendation 37: The work of this Panel should be forwarded on to the government departments looking at trans equality, specifically in response to the expected call for evidence after the Trans Gender Equalities Action Plan.

Legislation

Equality Act 2010

The Equality Act was enacted in October 2010, and aimed to simplify and harmonise protection offered to people from discrimination, harassment and victimisation (Public Sector organisations also have the duty to promote equality and good relations between all protected characteristics).

The act covers nine protected characteristics, which cannot be used as a reason to treat people unfairly. Every person has one or more of the protected characteristics, so the act protects everyone against unfair treatment. The protected characteristics are:

- Age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

The Equality Act sets out the different ways in which it is unlawful to treat someone, such as direct and indirect discrimination, harassment, victimisation and failing to make a reasonable adjustment for a disabled person.⁷⁰

A key part of the Act is the Public Sector Equality Duty. Section 149, the public sector equality duty, includes the requirement that public authorities have due regard to the need to eliminate discrimination, harassment and victimisation against transsexual people, to advance equality of opportunity and foster good relations between transsexual people and others. **Under the specific duty, public authorities are obliged to publish information used to demonstrate how they have complied with this duty.**⁷¹

Gender Recognition Act 2004 (GRA)

The purpose of the GRA was to provide transsexual people with legal recognition in their acquired gender. The legal recognition follows from the issue of a full **Gender Recognition Certificate**. On issue of a full GRC the person will be entitled to a new birth certificate in their acquired gender.⁷²

⁷⁰ <http://www.homeoffice.gov.uk/equalities/equality-act/>

⁷¹ Taken from The Workplace and Gender Reassignment - a guide for managers

⁷² It should be noted that surgical intervention/gender reassignment surgery is not a requirement for the issue of a GRC.

International context

The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity are a set of internationally recognised principles intended to address violations of the rights of lesbian, gay, bisexual, trans and intersex (LGBTI) people. They were developed at an experts' meeting held by the International Commission of Jurists (ICJ) and human rights experts in 2006 in Indonesia. The twenty-nine principles were adopted unanimously by the experts, along with recommendations to governments, regional intergovernmental institutions, civil society, and the United Nations (UN).

In March 2010, the CoE Committee of Ministers adopted a *Recommendation on measures to combat discrimination on grounds of sexual orientation and gender identity*. They address many key issues for LGBT people under various headings,

namely:

(i) right to life, security and protection from violence ((a)“hate crimes” and other hate-motivated incidents and (b)“hate speech”);ii) freedom of association;(iii) freedom of expression and peaceful assembly; (iv) right to respect for private and family life; (v) employment; (vi) education; (vii) health; (viii) housing; (ix) sports; (x) right to seek asylum; (xi) national human rights structures and (xii) discrimination on multiple grounds.⁷³

⁷³ <https://wcd.coe.int/ViewDoc.jsp?id=1606669>

Glossary

There are a number of sensitivities around the terminology used in talking about transgender. The list below is not exhaustive and reflects a number of sources.

Acquired gender refers to the gender in which a trans person lives and presents to the world. This is not necessarily the gender they were assigned at birth

Cis-gender is a term used for non trans people (people who experience a match between the gender they were assigned at birth, their bodies, and their personal identity).

Cross-dresser is a term for an individual who wears the clothing of the gender opposite to the one they were assigned at birth but who doesn't usually live permanently in that role. Sometimes referred to as a transvestite.

Gender affirmation surgery refers to any surgery which is part of transition. (sometimes referred to as gender realignment surgery or gender confirmation surgery)

Gender Dysphoria is often used by the medical profession to describe the discomfort that arises when the experience of an individual as a man or a woman is incongruent with the sex characteristics of their body and the associated gender role.

Gender-queer is a term sometimes preferred by a person who may identify as between genders or as neither a man nor a woman.

Gender-questioning is a term sometimes used for a person who is questioning their gender expression.

Gender variance is a term sometimes used to describe all variations from expected gender norms.

Intersex describes an individual for whom genetic, hormonal and physical features typically thought of as male and female both exist.

Real Life Experience (RLE) refers to the process of a person changing their name and living full-time in accordance with their gender identity as part of a treatment pathway. The RLE generally lasts for at least one year and is required by Gender Identity Clinics (GIC) prior to approval for surgical gender reassignment procedures.

Trans is an umbrella term for transgender. Trans individuals are those who feel inherently that the gender they were assigned at birth does not correspond to their gender identity. The term **trans man (FTM)** is used to refer to a person who was assigned female at birth but has a male gender identity. Trans men may plan to transition or may be transitioning or have

completed transition to live as a man. **Trans woman (or MTF)** is a person who was assigned male at birth but has a female gender identity and therefore may plan to transition, be transitioning or have transitioned to live as a woman. Both these transitions may or may not involve hormone treatment and various surgical procedures.

Susan Stryker and Stephen Whittle (2006) use transgender as their term of choice for: *“a wide range of phenomena that call attention to the fact that ‘gender’ as it is lived, embodied, experienced, performed and encountered, is more complex and varied than can be accounted for by the currently dominant binary sex/gender ideology of Eurocentric modernity”*.⁷⁴

Transgender and trans are terms that: *“describe a person who feels that the gender they were assigned at birth is not a correct or complete description of what they are or feel themselves to be. The term transgender can be used to describe a person who undergoes gender reassignment in order to live in their self identified gender (for example, men or women), but can also be used to describe a wide range of gender expressions that are variations from normative gender expression (for example, masculine or ‘butch’ women, feminine men and cross-dressers)”*.⁷⁵

Transsexual describes a person who wishes to undergo, has undergone or is undergoing transition. It is most commonly used in relation to clinical practice. The Gender Trust’s definition is: “A person who feels a consistent and overwhelming desire to transition and fulfill their life as a member of the opposite gender. Most transsexual people actively desire and complete gender reassignment surgery.”⁷⁶

Transitioning is the process by which an individual moves permanently to a gender role that differs to the one assigned to them at birth. This process of changing gender presentation may involve social, medical or surgical change – or it may not.

Transvestite is a term for an individual who wears the clothing of the gender opposite to the one they were assigned at birth but who doesn’t usually live permanently in that role.

⁷⁴ A Transgender Studies Reader, New York & London: Taylor & Francis: Routledge (with Stryker S., eds) (2006) p3

⁷⁵

http://www.cssd.ac.uk/sites/default/files/downloads/supporting_transgender_students_at_central.pdf

⁷⁶ www.gendertrust.org.uk

Acronyms

B&HCC	Brighton & Hove City Council
CCG	Clinical Commissioning Group
FTM	Female-to-male
GRC	Gender Recognition Certificate
GIC	Gender Identity Clinic
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian, Gay, Bisexual, Transgender
LBGT,Q	Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning
MTF	Male-to-Female
NCB	NHS Commissioning Board
PCT	Primary Care Trust
PSHE	Personal, Social and Health Education

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