HOUSE OF COMMONS

Women and Equalities Committee

Oral evidence: Work of the Minister for Equalities on LGBT+ matters, HC 545

Wednesday 6 July 2022

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Watch the meeting

Members present: Kate Osborne (Chair); Elliott Colburn; Jackie Doyle-Price; Carolyn Harris and Caroline Dinenage.

Questions 1 - 44

Witnesses

I: Mike Freer MP, Minister for Equalities and Equality Hub at Government Equalities Office; Anna Thompson, Deputy Director LGBT domestic policy, International and Communications, Equality Hub and Marcus Bell, Director, Equality Hub.

Examination of witnesses

Witnesses: Mike Freer, Anna Thompson and Marcus Bell.

Q1 **Chair:** Welcome to you all to this one-off session looking at the work of the Minister for Equalities on LGBT+ matters. If you would briefly like to introduce yourselves and, I understand, Minister, that at the beginning of the meeting the Chair gave permission for you to speak for no more than two minutes, please. Thank you.

Mike Freer: I do not recall they gave me such a strict time limit, but I will do my best. Thank you, Chair, for the opportunity to reassure the Committee that there is a cross-government piece of work to address some of the day-to-day issues facing the LGBT+ community. We have the HIV action plan. Later this year we will have the women's health strategy, which should address the imbalance on access to IVF for lesbian couples. We are already expanding the Gender Identity Service. The former Secretary of State for Health had agreed there was more work to be done on trans healthcare. The ban on conversion practices is underway and the draft Bill is imminent, and we hope to get that before Parliament in the autumn; and there is the victim support scheme in place for victims of conversion practices.

Minister Hughes and I are meeting to discuss LGBT homelessness and the link with sex work. We are looking at the money that has gone into the education sector to tackle homophobic, biphobic, transphobic bullying. We are looking at targeted support, particularly at the university sector looking at student mental health. In terms of data gathering, where we believe there is still work to be done, the census included new questions. We have digitised the Gender Recognition Certificate. The armed forces have already addressed some historical convictions and expunged them. There is now more work being done by Lord Etherton. The Home Office is continuing to publicise the disregards and pardons scheme. Lord Herbert is continuing to do his work overseas, and there is an extra £2.7 million to address—particularly through NGOs—historical criminalisation to see if we can get those laws overturned.

Just 10 days ago, I led the first ever LGBT+ trade delegation to the States, where they were exposed to a variety of businesses with a variety of tech expertise. More importantly, we were able to look in some detail at a supplier chain diversity programme that I hope to be able to replicate. The programme, which is quite systematic in America, looks at under-represented groups like LGBT, women, race, veterans, and I think that is something we can learn from. That is a quick canter through some of the work going on across Government.

Q2 **Chair:** Thanks very much. That was well within two minutes so thanks for that. I am sure we will be touching on some of those areas in today's session. If I can start off, the Government have clearly stated the independence of clinicians providing gender identity healthcare services to adults, young people and children will not be affected by a conversion

therapy ban, and that legislation will not impact the existing professional frameworks that guide clinicians' ability to support people.

Similarly, Dr Hilary Cass, who is running the independent Cass Review on children and young people's gender identity services, explained that the review's terms of reference do not include consideration of the proposed legislation to ban conversion therapy. The Government have also been consistently clear that clinicians utilising outcome-neutral explorative approaches will not be impacted by a ban. Robust exploratory and challenging conversions, which are part of regulated care, do not fall within the scope of the ban. This should, therefore, also apply if the Government include transgender conversion practices in the Bill, should it not?

Mike Freer: I agree.

Q3 **Chair:** Can you tell us which clinical groups have expressed concerns about the Conversion Therapy Bill including the issue of transgender identity, and the progress of the additional scoping work on conversion therapy, which would protect clinicians in exploring gender identity with clients?

Mike Freer: In terms of the specific clinical stakeholders, that is a matter for Dr Cass. I have spoken to Dr Cass and, as you say, Chair, she has been extremely clear—she did this in a frequently asked questions section on the interim report—that the work on banning conversion practices is not dependent on her review, whether the interim review, the full review, or the Government's response to it.

We have made it abundantly clear that the Bill is a narrow-scope Bill which will clearly state what conversion practices are and what are not conversion practices, and that should provide clarity. Some of the professional bodies have talked about the "chilling effect", but they have been reassured. We believe we can present a workable Bill that ensures a clinician who starts from the point of believing that their clients are suffering from gender distress, and then pursuing and probing all the possible reasons why somebody is in gender distress, is not a conversion practice. Under the rules of the clinical guidance, as I understand it, it is only if a clinician is absolutely sure, having explored all the possible reasons for gender distress, that there is a clinical diagnosis of gender dysphoria would they recommend a clinical outcome for transitioning. That is the situation, but it has been caught up in a lot of misinformation. I believe the Bill can protect clinicians, parents and teachers from having proper robust conversations so they do not stray into conversion practices.

I would go so far as to say that I have had conversations with people who have said people are being forced to be trans. I do not share that view, but if you genuinely believe that people are being forced to be trans, then that is a reason to back the conversion therapy ban, not to oppose it, because the Bill is symmetrical. Sorry, I will calm down now.

Q4 **Chair:** Thank you. Will the scoping work be ready in time to include transgender conversion practices in the Bill? Will that work be done by then?

Mike Freer: The exact scope of the work has yet to be signed off, but it is certainly the Foreign Secretary's intention. She has been very clear on her intentions on this matter, and we hope the work will be able to inform the passage of the Bill through Parliament.

Q5 **Chair:** Thank you. The Government's own commissioned research tells us that most people volunteer for conversion therapy, yet it is my belief that it is mostly done under duress. Non-physical conversion therapies will protect under-18s regardless of circumstances, and over-18s who do not consent and who are coerced. This flawed concept of consent will leave some adult victims of conversion practices at risk, and the law is clear that personal autonomy must be restricted when there is an imbalance of power or where there is a real risk of a large number of vulnerable people giving consent through coercion or manipulation, which is not true consent. Why is it necessary to allow adults to consent to conversion practices?

Mike Freer: The Government position is very clear that, in a free and open society, adults should be able to make an informed choice. There are two aspects to consent. One is informed choice: we would expect anybody thinking of consenting to conversion practice to be clearly and explicitly informed that the practice they are about to embark on not only does not work, but it can cause lasting psychological harm. In terms of where the law would kick in, the level of the bar on harm would be set similar to other legislation. I think "serious harm" is the threshold. There are checks and balances within consent, but I appreciate it is a thorny issue which I look forward to exploring in more depth as the Bill progresses.

Q6 **Chair:** I think the question is, can you consent to something that some would deem to be abuse?

Mike Freer: The legal framework is that people can consent. The threshold at which you cannot consent is "serious harm". I am hoping that is the correct legal definition.

Q7 **Chair:** In a policy paper published on 10 May, which lists briefing notes on the announcements made in the 2022 Queen's Speech, it states that, "Recognising the complexity of issues and need for further careful thought, we will carry out separate work to consider the issue of transgender conversion therapy further". Can you tell us what these complexities are? Will you agree to publishing the Bill in draft so that it can be scrutinised by this Committee and others?

Mike Freer: I made it plain that I do not believe pre-legislative scrutiny is necessary for a variety of reasons. The Bill will be narrow in scope, and the opportunity for pre-legislative scrutiny to delay the passage of the Bill

is not one I would wish to take. We have taken long enough to get to this stage on a narrow Bill that I would seek to ensure is very clearly defined.

In terms of the complexities, the Foreign Secretary and I are very clear there may be a legitimate debate on other issues regarding trans people in the UK, provided those debates are dealt with in a balanced and respectful way. However, we believe that the issues, the complexities if you like, of how to protect clinicians, parents and teachers can be dealt with by a short, sharp review, and that is our submission to the Prime Minister.

Q8 **Chair:** You said it has taken a long time for us to get this far. Would it not be the case that, regardless of the narrowness in scope of the Bill, it would be better to take a little bit longer to make sure that consultation and other input is in there before publishing?

Mike Freer: In normal circumstances I believe that is a reasonable argument. I recall having, if not the first, one of the first debates on banning conversion practices in 2015. I accept that if it was easy, Government would have done it before now. Having said that, this debate has been raging for decades and I am not sure pre-legislative scrutiny would add anything to the debate or the Bill. My fear is it would simply be an exercise in both sides of the argument, just repeating the arguments we are already aware of. I am not sure it would provide any new information. We are very conscious of the issues and concerns people have on both sides of the debate, and I think we are now in a good place to be able to address those issues during the passage of the Bill.

Anna Thompson: I am the deputy director for LGBT policy in the Equality Hub. Just to add that, of course, we have already carried out an extensive public consultation. We will be publishing the results of the analysis of that consultation along with the Government response ahead of the introduction of the Bill.

Q9 **Elliott Colburn:** Minister, can I begin by asking you a very open question? Do you think the Government have a problem with trans people?

Mike Freer: No. I think there are elements of Parliament that have issues with trans people. Some of that I cannot get to the root of. Much of it is due to misinformation or lack of knowledge. My fundamental belief is that Parliament is rightly an accepting place, a questioning place, and I have no problems with those colleagues who do not understand or have genuine concerns. Many of the concerns I have discussed with colleagues are very genuine concerns, often from a position of lack of knowledge.

Can I, hand on heart, say that everybody in Parliament is not transphobic? No, I cannot. Clearly, we have a very heated debate going on within Parliament. Some people may have their own agenda, but on the whole Parliament is not transphobic. None the less, we have a lot

more work to do to educate and also to ensure that colleagues have their concerns respectfully listened to and, hopefully, addressed.

Q10 **Elliott Colburn:** I would be the first to agree with you that we need to take the heat out of this debate. Indeed, when I had the debate on the Gender Recognition Act in Westminster Hall, the genuine running theme was that MPs from across the House and from both perspectives of this debate wanted to take the heat out of it, but is the Government actually doing anything to try to take the heat out of this debate?

Mike Freer: I can say I am. I am not all the Government, but I do my best to call out where I think ministerial colleagues have it wrong. I do not think people realise the harm or the distress they can cause by making loose, throwaway comments, albeit with the best of intentions. Equally, I am very clear I will not tolerate any colleagues who seek to weaponise the LGBT community for a particular, if you like, culture war.

Q11 **Elliott Colburn:** Is there anyone in Government, other than you, who you could safely say is doing the same?

Mike Freer: I can tell you very clearly the Foreign Secretary is entirely robust on LGBT+ issues. I know she does not always get a good review from stakeholders, but I have found the Foreign Secretary entirely supportive on any issue I have raised over the work programme that she and I have agreed. We are as one on the Conversion Therapy Bill: our view is it should be trans-inclusive. Clearly, that is not currently the Government's position. To be fair to her, there are others across Government who, within their own Departments, are working very fairly and very diligently on things like trans health. If you look at the broader piece, the Minister for Homelessness is very constructive on how we address LGBT homeless. Minister Caulfield is very committed to helping address the IVF issue.

Across Government, there are many colleagues who are simply getting on with trying to address day-to-day issues. The sadness is that many of the toxic elements of the debate drown out much of the good work going on behind the scenes in Government.

Q12 **Elliott Colburn:** There is one Department in particular you did not mention there that was being helpful and constructive, and that is No. 10. Would you say No. 10 is preventing the GEO and other Government Departments from, in your words, "getting on" with that job?

Mike Freer: You are tempting me down a route I do not particularly want to go down. Like any Government Department there are a variety of views in that Department, but if you look at the work programme that I have outlined across Government that, clearly, has No. 10's seal of approval.

Q13 **Elliott Colburn:** Thank you, Minister. You are absolutely right, in my opinion. There are really serious questions to be addressed when it comes to trans issues, not least of which are the concerns around the

protection of single sex spaces and violence against women and girls. Of course, these are really important issues we need to be alive to and sensitive to, but do you think it is a good use of Government time and resource to be taking up so much of its time discussing these issues at the moment?

It seems like every other day there is another media story, another announcement about how we are going to scale back the rights of trans people or use that as, you might call it, a wedge issue or weaponise the issue. Is that really a good use of government time to put so much effort obsessing about what the best estimate gives us is 1% of the population?

Mike Freer: Is it the best use of government resources when we have so much to do? Certainly, there are bigger issues to deal with and I think we can address many of the concerns women feel they have in terms of dealing with transition. I understand the concern. It has been said to me, "But you are not a woman; you can't possibly understand," and I accept that. I believe, if we sit down in a respectful way, we can try to iron it out, because I think the disagreements are possibly not as wide as people would think.

Some people are, perhaps, trying to use differences for whatever reason, but we could address those issues on a day-to-day basis without making it a major policy announcement. If we are trying to illustrate what the Government are doing to tackle the cost of living crisis, what we are doing for the economy and what we are doing for the health service, etc, then some of these issues can be addressed on a day-to-day basis. Sometimes I do not think we need to make a massive hoo-hah out of it. Is it a waste of resources? Perhaps.

Q14 **Elliott Colburn:** Thank you, Minister, and I totally agree with your point, and I would be the first to say that I think the majority of colleagues across Parliament are not transphobic in any way, shape or form. I believe there is a much narrower gap of opinion than might be played out in the media.

Mike Freer: If I may, what I have discovered in parliamentary engagement since I took on this role is that quite often you will start from a point of opposing views, but over time, with constant dialogue, a willingness to listen and a willingness to, if you like, adjust positions to reflect people's concerns, it is possible. What I have seen in the last six months is the number of people with complete opposition has diminished dramatically to the Bill. Many people are now realising the Bill is not what they thought it was, and they say, "Yes, you are right to stop the hurt and the damage being done by conversion practices, provided our concerns and safeguards that we have already discussed are in the Bill".

Q15 **Elliott Colburn:** Thank you. Could I move on to ask a bit more about some of the day-to-day specifics? Starting with the recent announcement that the GRC process is now available online, could you talk me through some of the assessment the Department has done of the potential

increase in the number of applications you may now have as a result of it being available online and whether or not that process is, by its very nature of being digital, easier, harder, or no different than the process it is there to replace?

Anna Thompson: I can help with that. In terms of numbers, the Committee might like to note that the last full year of applications saw a 75% increase on the year before. That followed the reduction in the fee to the nominal £5. Our expectation, working with the Ministry of Justice, is that will continue to increase, not least due to the digitisation and the modernisation of the application process. I would not like to speculate about actual numbers. In terms of how we developed that process, Minister Badenoch led on that, together with our digital colleagues and our LGBT policy colleagues. I would particularly draw the Committee's attention to how closely we worked with real users in developing that process. We shared some examples of our engagement with users with the Committee privately, but real-life input to the digitisation process was absolutely key, and I hope will mean that it has the best value-add it possibly can.

Q16 **Elliott Colburn:** Thank you, Anna. A 75% increase on the previous year is an absolutely whopping great increase. I suppose there are two questions that come out as a result: first, are you confident the infrastructure is in place at the other end to process these in a timely manner; secondly, you mentioned the reduction in the fee, but is any work being undertaken to understand the reasons why that number has shot up so dramatically?

Anna Thompson: I would put some actual numbers on that percentage increase, because in isolation 75%does sound like a lot, but what that means is in the last full year we have had 802 applications, and the previous year was 460, so we are still talking quite small numbers.

In terms of the capacity behind the scenes, I would suggest our work on the digitisation process means we are in even closer contact with Her Majesty's Courts and Tribunals Service, which operates and supports the Gender Recognition Panel, and the admin team that works with the panel and, indeed, with applicants. This is not necessarily given enough airtime. What users have told us is, in practice, the support and guidance of the admin team in their application process is really valuable and the digitisation process should make that more so. We are confident about the capacity at their end, and our liaison with MOJ and HMCTS. Forgive me, I think there was a further point that I have forgotten.

Q17 **Elliott Colburn:** Yes. As well as assessing the reasons for the increase, is there confidence the system can cope with the numbers?

Anna Thompson: Our close liaison with MOJ and HMCTS deals with that. I think you were also interested in what the reasons for the increase might be. I would flip it the other way round and say the reasons we identified the reduction in the fee and the digitisation as the key elements

we were going to take forward was off the back of some of the intelligence from the previous consultation—people pointing out that financial burden, because the fee previously was £140, and the clunky administrative process via the post. Those things were getting in the way. Those were two of the key barriers we identified through that consultation and have therefore tackled.

Q18 **Eric Colburn:** Going over some of the more day-to-day issues, Minister, in the Westminster Hall debate we had on GRA reform there were two commitments made at the Dispatch Box—to remove disorder from the GRA and remove the spousal veto. Could you update us on the progress of those two commitments?

Mike Freer: I might let the officials answer so I do not get that wrong again, but I am not sure where we are up to on the relevant Act regarding divorces.

Anna Thompson: It is in force now, and that Act enables no-fault divorces to happen more smoothly, so it is not a question of changing any provision in the Gender Recognition Act; it is more that the Divorce Act should facilitate a process where both partners in a relationship, in a marriage, or a civil partnership, are not happy for the relationship to continue after transition.

Mike Freer: The ability of a partner to block it has been reduced—before I get told off for using the wrong terminology.

Q19 **Elliott Colburn:** And the progress on removing disorder from the GRA?

Anna Thompson: That is work we continue to plan to do; it is fair to say that we have not yet started.

Q20 **Elliott Colburn:** Thank you very much for being honest. The last question would be around the, sadly cancelled, Safe To Be Me conference, but also it is relevant to reference the fact that last weekend was the 50th anniversary of the first ever Pride march in London. Minister, what would your assessment be, given the conference being cancelled and the anniversary of that march, on where the Government's current policies stand in terms of reflecting the priorities of the LGBT+ community in the UK?

Mike Freer: We are not in a good place. As I have said several times now, it is a shame we continue to keep having these debates about equality. Some of us had thought those issues had been settled and just as we feel we have made progress on equality, those who seek to roll back our rights seem to rear up their heads again. That is a real disappointment.

In terms of the good work we are doing across Government on trying to address some of the day-to-day practical issues facing the LGBT+ community, it is something I believe in passionately. Equally, allowing ourselves to get into futile, dry debates about who should attend

conferences, who should not attend conferences, and own goals that manage to alienate and hurt sections of the LGBT community, is something I find very difficult.

I have spent all my time in Parliament trying to work on equality issues—not necessarily LGBT+ issues but issues to do with faith and general equality issues. If you think what this Government have achieved in the UK since the Civil Partnership Act by Tony Blair's Government, From equal marriage to PEP and PrEP, to blood donations, to the stuff we are doing on the armed forces, and to the work we have done on the GRA, so much good work has been done which has really improved life. It is a bitter disappointment that we allow own goals that blow us off course, poison the well and hurt the community—sometimes for an easy headline. As I mentioned before, weaponising any element of the LGBT+ community for a quick headline, which then allows the whole Government programme to be blown off course is something I find very difficult to deal with.

Q21 **Elliott Colburn:** Thank you for your candour, Minister. It is very much appreciated. One final question from me and I will leave you alone: I can sense the frustration in your answer to that last question. Do you have any optimism that there is an appetite in Government to repair that relationship with the LGBT+ community?

Mike Freer: If I did not have any optimism, I would not come into work every day.

Elliott Colburn: Thank you very much, Minister. Chair, that is all from me.

Chair: Thank you. If I can bring in Jackie Doyle-Price, please?

Q22 **Jackie Doyle-Price:** Thank you, Chair. My questions, Minister, are about the violence against women and girls strategy. Could you tell the Committee how you are working with the Home Office to make sure the specific needs of LGBT+ victims are met by this strategy?

Mike Freer: Anna will take this because she will have more technical information.

Anna Thompson: We are working closely with the Home Office and with the Ministry of Justice in particular on a cross-Government basis. There are probably two or three elements I would pull out in particular around better recognition of the support that victims need and the reality for LGBT victims, along with other groups. Specialist support is really important because otherwise there is no trust and confidence in accessing support. There is an element around recognition and specialisation of support. There is an increase in funding, and there will be 1,000 specialist sexual violence and domestic violence advisers before too long, which is a big increase. Putting funding on a multi-year basis as well provides a great deal of stability.

The third element I would point to is a more systematic, co-ordinated approach to the commissioning of support at local level for victims. My colleagues have been in all those conversations with counterparts in both Departments articulating the need for LGBT requirements to be taken into account and helping to provide the additional insight as to what is really required.

Mike Freer: If I may, obviously the issue of women and girls tends to sit in the portfolio held by former Minister Badenoch. The elements that come over to me is in terms of where we ensure hate crime is accurately reported, and we have made progress on that, and where we see the issue of restorative rape or forced marriage as part of conversion practices, which is something we are addressing. Caroline Nokes may remember that some time ago, when I was not in this position but on the Back Benches, we had conversations about one of things I was working on with the then Home Secretary, Theresa May—same sex domestic violence, because it was not understood by police forces. Kemi would have dealt with the broader issue of violence towards women and girls. There is still an awful lot of work to be done—better reporting, better support, and better training for our police forces.

Q23 **Jackie Doyle-Price:** You have actually pre-empted my question. As we are viewing this issue from the perspective of victims, we are seeing there is a hierarchy of victims, and male victims are missing in this space. Frankly, we can look at recent reporting and see that male victims of sexual violence are not treated as seriously, but there is a basic issue about how we have treated sexual violence generally. The services have not been there. For me, we should be talking about male violence as opposed to violence against women and girls; let us make it clear where the issue is.

Coming back to Anna's response, it is reassuring that those discussions are happening, but collectively we need to recognise that support services for victims are pretty rubbish. You mentioned the commissioning. My experience is the Government will say all these nice things about "We must improve support for victims," and the NHS publishes its lifetime care pathway for victims of sexual violence, but when it actually comes to commissioning those services, police and crime commissioners say, "Nothing to do with us," and the NHS says, "No, it's not our problem, it's a victims thing." Are you satisfied that the commissioning problems are being dealt with, and that the specific nature of each victim of these crimes will be properly reflected? If we just end up with a commitment to a quantum of spend without a relation to actual outcomes for survivors, it is not going to be worth the paper it is written on, is it?

Anna Thompson: Shall I respond?

Mike Freer: They are all fair criticisms, but you will know more about how this is being addressed across Government, because it does not quite sit in my portfolio.

Anna Thompson: I start by saying I am sure there is always more that can be done and more informed conversations that can be had. For the resources we bring to it, we are pretty impactful in those conversations. I take your point about funding; it is not always the answer, although it is normally part of the answer. The focus on those very specialised roles and having a better recognition of those specialist adviser roles is critical. I would also point to the existence of the LGBT domestic abuse helpline that the Home Office has on contract with Galop, the LGBT safety specialist charity, funding for which is being increased, along with all the other helplines the Home Office runs, so the end of things that are closest to the victim, helplines, advisers and so on are getting a lot of attention in this approach.

Q24 **Jackie Doyle-Price:** Going back to what you said there about male victims in this space, I do not want to diminish violence against women and girls strategy because, frankly, female victims have been second rate for far too long, but I do recognise we do need to do more about male victims, not least to raise awareness, because I think it is hidden. There is stigma for any victim, but it is a different kind of stigma for men. Do you have any long-term projects for actually addressing this, outside and complementary to the VAWG strategy?

Mike Freer: It is not currently in the cross-government work programme, and you have just pointed out the glaring omission, which I will take away.

Jackie Doyle-Price: Thank you, I do not want to speak for the rest of the Committee.

Mike Freer: It might be in the strategy for other Government Departments, but it is not something on mine, and therefore you have pointed out a big gap, which I will plug.

Q25 **Jackie Doyle-Price:** The two things do not need to be in competition, actually you could have a violence against women and girls strategy but raising awareness about male-on-male violence in this space is important.

Mike Freer: And women on male?

Q26 **Jackie Doyle-Price:** Yes indeed, but it does tend to be a male crime, and when we are looking at it from the perspective of victims, we can miss that part of it. Moving on, we have talked about engaging with the Ministry of Justice on the Victims Bill to make sure that also meets the needs of LGBT+ victims, is there anything else you would like to add to what you have said already on that?

Mike Freer: We were quite happy to see in the Bill the work we did on the impact of chemsex in terms of crime and victims. It was quite refreshing that there was no pushback, and Minister Malthouse readily accepted it should be included.

What we are finding goes back to the frustration that there is a lot of noise that distracts and sometimes blows us off-course, when, in reality, day to day we are actually managing to address issues. Broadly speaking, it has to be a work in progress. If I can tack back to the Conversion Therapy Bill, we are actually referring to conversion practices now. One of things we are very keen to do is work with the Ministry of Justice and the Policing Minister to ensure there is very clear guidance to the police on how to handle complaints, particularly when it comes to talking therapy where two people are in a room and the complaint has to be handled with sensitivity. This ensures those making the complaint are treated correctly, but equally those who are on the end of the complaint are also treated fairly. If I can be blunt, I do not want to start seeing vicars being dragged down the aisle, so to speak. We need to ensure that the implementation of how we deal with faith communities and consent is dealt with in a pragmatic and sensitive approach, so that we do not end up with the police being heavy-handed, whilst ensuring that cases are correctly investigated.

Q27 **Jackie Doyle-Price:** One of the things that gets played back to me from speaking to victims is they find the whole experience very dehumanising—effectively, they are treated like a piece of evidence. That is a massive impediment to bringing these offences to justice, because when you are reliving what has happened to you, you are re-traumatising yourself. If you found the actual process of reporting dehumanising, it is not going to encourage you to appear in court. I can see there is a potential issue if people feel they are encountering discrimination as well which exacerbates it. Is there any evidence that that is a material factor when it comes to LGBT+ victims?

Anna Thompson: We absolutely have evidence in the UK and internationally that LGBT victims are less likely to use reporting mechanisms than others because of concerns about whether their particular circumstances and the impact will be appropriately recognised, and whether there will be a sympathetic hearing at the very least. There is certainly that evidence. In addition to the Bill work, the actual legislation and the creation of the criminal offence, I would point to our intention to create a system of protection orders on a more preventative basis using civil law, the guidance the Minister mentioned to police, and education safeguarding professionals and health professionals. We have mapped the various statutory agencies that we will need to communicate with, and we have launched the victim support service for victims and those at risk of conversion practices which will be available to anybody who feels they have been or are at risk of that practice. That sort of support is crucial, alongside the other elements of the strategy.

Q28 **Jackie Doyle-Price:** Minister, I have witnessed your pain in dealing with some of these issues, and it strikes me that we seem to have got into a space in all our public discourse that every issue is viewed in a very binary way when actually most of the time the solutions are in the grey area in the middle.

Mike Freer: You might say non-binary way.

Q29 **Jackie Doyle-Price:** Indeed. There is a challenge on us all to actually improve the quality of that, and I would commend you for the way you have engaged with these discussions, because it has not always been easy. When we look at the issue of conversion therapy, and I have been first in the queue to give you challenge on that, I will readily say that when it comes down to it, we are both at one in terms of the outcome we want to achieve—basically a law that eliminates harm. When we get into these very emotional debates about rights, and particularly where there is a potential conflict of rights, which there is in some areas of these discussions, perhaps there is some virtue in starting from an outcome basis rather than the actual first principle, and we might actually get rid of a lot of this pain. Any reflections on how you have experienced this?

Mike Freer: It is very difficult because clearly as a member of the LGBT+ community having suffered queer bashing, homophobic abuse and discrimination at work, you feel the pain and the homophobic slurs. Colleagues sometimes make mistakes by just being ill-informed, and there is no malice behind it. However, when you hear colleagues use phrases or descriptions where there is hurt intended, or it is a depiction of the community that demonises them, then I have to check myself because I realise that inevitably I react with passion because of my background and personal experience. I will not always get it right, and what I try to do is understand the positions of those people who have genuine concerns. If somebody is coming from a position of "no", then that can be a futile argument, but many colleagues I have had discussions with have genuine concerns, and that is when you park your fears, and you try to work through those concerns and hopefully achieve a compromise. As you say, most of the engagement you and I have had, and I have had with colleagues, has ended in a much better place.

There are some people who are seeking to oppose the Bill for a reason I find frustrating and hurtful, which is when someone says, "Well, how prevalent is it?", and then question the evidence and the volume of people being hurt as not being true. Then I say, "Well, what's your threshold? How many people have to be hurt before you think it's an issue we should address?", and I find that very painful, because it minimises the hurt and the impact on the victims because one victim is worthy of protection. We do not have thresholds of "Well, once we get to 1,000 victims, then we'll act," which is the bit I find the hardest in this job. We are all human and sometimes I will be very passionate in defending what I want to achieve but I sometimes will back off and try to work through people's genuine concerns, to hopefully get us both into a better place. Does that answer your question?

Q30 **Jackie Doyle-Price:** It does. It is about framing the dialogue and focusing on the outcome. But what I have understood very clearly from you today is there is hurt in the way we sometimes debate these issues. Notwithstanding that we are all here to articulate opinions, this is not a

game, and we need to be cognisant of that. We are all human and we do not always get it right, but I do not think there are many people who really intend it actually.

My final question: what assessment have you made of the proposed reservations against the Istanbul convention, and what impact do you think that might have on LGBT+ victims of violence against women and girls?

Mike Freer: I turn to my advisor on that one.

Anna Thompson: It is really good news that we have reached the point of being able to say the UK has ratified, because that has been the intention for a long time. The reservations in particular, we would probably have to take away and look at any LGBT aspect of that. With a different hat on, I also work on international aspects of gender policy, and it is really good news, not least for the standing of the UK in the wider world, that we have been able to announce the ratification.

Q31 **Caroline Dinenage:** Welcome. Minister, I need to first of all shower you with apologies as I was late turning up to this meeting, and I am going to be leaving early because I am chairing an event about female offenders. I just wanted to put on record my gratitude for your candour and the human way in which you have answered your questions, which is quite refreshing to this Committee.

I have been in your shoes before, as beautiful as they are, and one of my core beliefs is that the GEO, albeit a small Government Department, has a superpower in that it has tentacles that, if used effectively, can reach out to every other Government Department. What you do impacts every other Government Department and vice versa, and because of that there is a huge symbiotic relationship between the GEO and every other aspect of Government, and where Government work in silos you have an amazing ability to break through that nonsense.

With that in mind, I am really keen to know to what extent you have been able to break down those barriers between the GEO, the Department of Health and the NHS to look at how we address some of the health issues and health inequalities that have been identified with LGBT+ people's outcomes?

Mike Freer: Personally, I have not found Ministers in the Department very difficult at all in every approach I have made, whether it be on things like trans healthcare, the HIV action plan, or IVF for lesbian couples. One of the issues I am quite keen to address is ensuring that some of the reductions in sexual health clinics made a few years ago are reversed, because I do not think you can fulfil your HIV infection eradication programme without having sufficient sexual health clinics that people can go and get checked and tested rapidly. But I have to say that whether it was Sajid Javid, Minister Throup or Minister Caulfield, it has been a completely open door. I met no resistance whatsoever.

Q32 **Caroline Dinenage:** That is really good to hear, and to what extent is

the GEO able to furnish them with data and information to support their activities?

Anna Thompson: We are doing a fair amount of that. There is the same relationship at official level—very conducive conversations about what we could do around sexual health and mental health within the Department. We also work really closely with the team that works on trans healthcare, so there is really good dialogue both ways. I would additionally point to the role of Dr Michael Brady working with DHSC colleagues. He is the first ever LGBT NHS adviser—a role which since your time as a Minister has become embedded in the NHS. Your point around data and evidence is one of his key areas of focus in ensuring that data is better collected, recognised and used across the system.

Marcus Bell: Just a very quick comment from me is that because of the pandemic, those at the centre of Government have spent a huge amount of time working on public health over the last two years, and therefore have much better contacts with not just the Department of Health, but the NHS, NHS Digital, NHSX and all the various different agencies in that world. We do have much better contacts than we did, and of course those happened because of Covid, but we can use them for other things.

Q33 **Caroline Dinenage:** Are you happy with the sense of direction in terms of the outcomes for LGBT+ people in our health services?

Mike Freer: I am certainly happy in terms of things like the women's health strategy and how that will eradicate, if you like, the imbalance on access to IVF for lesbian couples. In terms of the work on the HIV strategy, I believe that is world beating. The access to PEP and PrEP, although there is a bit of a battle with elements of the NHS, has been a game changer in how we are handling HIV, so I am very comfortable with how that work is going. If you have never met Dr Brady, he is a remarkable physician in terms of what is doing to change how we approach LGBT+ healthcare.

There are two slightly more difficult issues. One is obviously reversing some of the reductions we made in sexual health clinics. Of course, any time money is involved is always a slightly harder conversation, but they are genuinely looking to see what they can do to address that.

Equally, on trans healthcare, the NHS, as Hilary Cass has said and certainly the former Secretary of State accepted, was not in a good place, but we have made some steps forward with the new clinics, although there are still too many trans people opting out of the NHS and then buying crap online to self-medicate, and we do not know what they are buying or if they are taking the right doses. Also, the mental health supports that are there for them as well, all that needs fixing. The other problem it causes is, because they opt out of the NHS, we do not have the data, so it becomes a chicken and egg situation. You say, "We need to do this," but there are not enough people to provide the service. It is not really a priority, and because they are opting out, we do not know

how many people there are. But I think there is a genuine willingness in the NHS and the ministerial team to put this issue right.

Q34 **Caroline Dinenage:** That is really helpful, thank you. You mentioned equality of access to fertility treatment which leads me on to the question as to whether you are still working towards fulfilling the commitments that were in the LGBT action plan. One of them was LGBT people with learning disabilities for example, are those still areas you are working on?

Mike Freer: Before my time, so I will have to seek guidance.

Anna Thompson: To some extent we are. We undertook some work around recognising inclusive health practices a couple of years ago, and the wider work for people with disabilities that is happening within the Equality Hub, and we do connect the dots as far as we can. The role of Dr Brady is probably pretty central on most health issues.

Q35 **Caroline Dinenage:** Is there a plan to publish some sort of assessment tracker of the LGBT action plan? We know that from time-to-time Ministers change—quite a lot in the last 24 hours—and sometimes pieces of work can get left behind. Could we do a stocktake on that action plan?

Mike Freer: I am not particularly keen on action plans. There is a cross-Government work programme and there are elements I want to put into that that are key measures. I do not want to provide a long list of deliverables, because this is a day-to-day issue. One of the weaknesses of having an action plan, particularly cross-Government, is it can provide a false sense of security because a Department can just tick the box, "Yes, I've done that bit—job done," and although it is true you can be challenged and probed, I think sometimes you are going to just tick the box take your foot off the pedal. I much prefer to say, "Where do we want to go? What's the objective?" and then measure milestone by milestone, rather than having this long list of deliverables so that if you only achieve one out of 10, you get beaten up because you have only done 10%. I would much rather have a published work programme with some key deliverables, and those should, of course, change once you have achieved one—what is the next step—rather than having just a long list of hopeful items to address.

Q36 **Caroline Dinenage:** Nevertheless, It would be somewhat useful, I would suggest, to have done some sort of stocktake on what our aspirations were at one point, to see to what extent we have reached anywhere towards the aims and how far we still have to go.

Anna Thompson: If it is helpful, I can confirm the majority of the commitments in the action plan have seen progress through the wider work we are doing.

Q37 **Caroline Dinenage:** But is there a plan to publish anything that would kind of reassure us, rather than your very reassuring words?

Mike Freer: Not at the moment. I am always willing to be quizzed.

Q38 **Chair:** Thank you. Can I just pick up on something that was said there? You made reference to access to fertility services, and you mentioned lesbian couples as an example. Apart from the actual access, there are issues around cost as well, where lesbian couples often have to pick up the cost from day one. Can you tell us if you are doing anything around that?

Mike Freer: My understanding is that there will be parity, but again I am looking for confirmation. That is Minister Caulfield's policy area, so I am not over the detail, but I understand that broadly there will be parity now, so there will be no discrimination.

Q39 **Chair:** But at the moment it is often up to the individual health trusts.

Mike Freer: Yes, basically, my understanding is where we will get to is a heterosexual couple and a lesbian couple living in the same health area will have the same access to IVF treatments.

Anna Thompson: With the current requirement for same-sex female couples and other LGBT couples who would value this service for their family formation, the costs arise particularly out of the requirement to self-fund several rounds of artificial insemination before IVF services can be accessed. That is the commitment we are fully expecting, assured and have seen will be in the women's health strategy when it is published, probably before the recess.

Chair: Okay, that is great, thanks very much.

Q40 **Carolyn Harris:** The Committee has previously expressed concerns about the lack of clarity, capacity, waiting times and waiting lists in gender identity clinics. We put forward a list of recommendations, especially around the long-term prospects of the pilot clinics and how successful they were. The Government's response was they would be making an evaluation of each individual clinic. Has that been done or is it due to be completed? If so, will it be published, and when?

Anna Thompson: I do not know how much of it will be published, but my understanding is something will certainly be published, at least one of the evaluations has been completed and is at quality assurance stage, and the evaluation findings are very positive about the community-based clinic model, so I am looking forward to being able to share more of that.

Q41 **Carolyn Harris:** We look forward to seeing that. Prior to the pandemic, there were 13,500 people on the waiting list in the clinics, and some of those had been waiting up to three years for their first appointment. Do you have a breakdown of what the waiting lists are looking like now? How many are actually waiting for their first appointment, and can you give us an idea of the geographical scale of that?

Anna Thompson: We do not have that information to hand, and indeed one of the issues is the information is not collected centrally—it is

published on each clinic's website—but we can take that away and provide that to the Committee.

Q42 **Carolyn Harris:** We would be grateful to receive that. One more question from me: in May 2021 the LGBT Foundation argued there were huge issues with the mental health and associated concerns of LGBT people, and the GEO Ministers did not properly consider or research the mental health effect of the pandemic on the LGBT community. Is that a fair criticism, and can you be specific about what steps the Government have actually taken to correct that impression?

Mike Freer: The other witnesses may have more detail, but generally speaking we have accepted that mental health support of the LGBT community is not where it should be, which the NHS has accepted as well. In terms of the exact numbers and what the NHS are proposing to do about it, we would have to go back to our health colleagues to get a bit more detail for you.

Anna Thompson: We are working with DHSC mental health team to see what we can develop together to address the issues. I guess the other thing I would point to is sometimes the value we can add is signposting and channelling people a little. When the Department of Health and Social Care issued grant opportunity last year for grassroots-based organisations to bid for suicide prevention grants, we were able to get the word out to the LGBT community and to the LGBT grassroots organisations through. for example, the LGBT Consortium, which represents around 1,000 organisations—I cannot remember off the top of my head—of different scale. That would not have happened if we had not been having the right conversations with Department of Health and Social Care officials at the right time.

Q43 **Carolyn Harris:** Is it a priority for the Department?

Anna Thompson: It is for us. We are actively looking into what we can do at the moment with the Department of Health and Social Care who are very willing to engage, I should add.

Q44 **Chair:** Thank you. Can I ask Members if they have any further questions? No, okay. Minister, is there anything you would like to say to the Committee?

Mike Freer: I have said enough.

Chair: In that case, can I thank you, Minister, Anna, Marcus, for your time. Particularly Minister Freer, I would like to thank you for your candour and honesty today. It was certainly refreshing for the Committee to have such honest and straightforward answers, thank you.