

Women and Equalities Committee

Oral evidence: Work of the Minister for Women and Equalities, HC 393

Wednesday 13 December 2023

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Members present: Caroline Nokes (Chair); Dr Lisa Cameron; Elliot Colburn; Jackie Doyle-Price; Lia Nici; Kate Osborne; Kirsten Oswald and Bell Ribeiro-Addy.

Questions 1- 121

Witnesses

I: Kemi Badenoch MP, Minister for Women and Equalities and Marcus Bell, Director at Equality Hub, Cabinet Office.



Examination of witnesses

Witnesses: Kemi Badenoch and Marcus Bell.

Q1 Chair: Welcome to this afternoon's Committee, hearing evidence from the Right Honourable Kemi Badenoch, Minister for Women and Equalities, and Marcus Bell, director of the Equality Hub.

Apologies if this covers old ground. This morning in Women and Equalities questions, there was a question around the Mental Health Bill and the fact that it was not included in the King's Speech, with particular reference to people with learning disabilities and autism.

In the absence of a Bill, what are the Government going to do to make sure that people with learning disabilities are not unfairly detained?

Kemi Badenoch: Thank you. I spoke to Maria Caulfield about this earlier today. DHSC is working on the response to the pre-legislative scrutiny. This is one of those Bills, like the Employment Bill, that many people have been expecting, and for various reasons between No. 10 and the Departments, it is just not ready, but they are taking forward commitments around the Mental Health Act.

I asked questions around ethnic minorities, rather than disability, and I know that they are carrying out some pilots on culturally appropriate advocacy. I know however that a lot of money is being spent in this space. This is something that the Health Department cares about, so I am not concerned that there is going to be neglect. I have not seen the latest in terms of where the Bill is at. We just have to wait for the response to pre-legislative scrutiny.

Q2 Chair: That is an important point around protections for people from different ethnic minorities, particularly when it comes to people with learning difficulties. This Committee has done quite a bit of work particularly around young people with autism. Are there going to be similar protections put in place for them?

Kemi Badenoch: That would be a question for Health Ministers, not for me.

Q3 Chair: As the Minister for Equalities, what are you doing to champion disabled people, particularly people with learning difficulties, with the DHSC to make sure that they are putting safeguards in place?

Kemi Badenoch: You will remember how I have described my role and the way that the hub-and-spoke model of the Equality Hub works. We are not the delivery arm for Departments. We advise, we collect data, but if we took the sort of question you are asking to its logical conclusion, we would be working with every single Department on almost every single delivery area. The bulk of the work is done by the Disability Unit and Minister for Disabled People. A new Minister will be announced shortly, I understand. I have an oversight role, but I allow the Minister for Disabled



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People to have sole responsibility, because the DWP has almost all the levers.

We get involved in the setting of strategy and action plans. In terms of delivery, that is for other Departments to look at. This is, of course, something that we care about, it is something that we champion. But championing and caring does not add bang to the buck, that is about data. This is an area where a lot of data is already present, and it is now for the Departments to carry out their tasks.

Q4 Chair: We heard from the previous Minister for Disabled People that one of his challenges was that he did not feel he had the levers to oblige Departments to act. Should those levers sit with the Minister for Disabled People, whoever goes into that role, or should it be with the Equality Hub?

Kemi Badenoch: What kind of action are we talking about?

Chair: His particular frustration was that he could not, for example, oblige the DHSC to make sure that when it comes to the Mental Health Act there were protections in place for people with learning difficulties. He had no levers with the Department for Education when it came to supporting students with disabilities. So, if the role of the hub is not to deliver, what is it doing to champion those issues so that the next Minister for Disabled People does not suffer the same frustrations?

Kemi Badenoch: This is an inherent challenge with any issue where there is cross-government work. Every Department takes a lead. There are disability champions within those Departments, but at the end of the day, Departments need to be able to make their own decisions. We cannot do everything across Government, we do not have infinite resources. Departments are doing quite a lot for disabled people in each and every area, but on this specific issue, I know that the DfE, for example, is doing quite a lot on SEND, new strategies are constantly published, they are endlessly asking for funding.

What I would want to know is what is the specific gap across other Departments that you think we should be dealing with, given that we are still waiting for the DHSC to publish its Bill? If there is something specific and necessary that is missing, that is what we can champion, rather than the nice-to-haves. There is always more that can be done. There is always more that can be done, but if we spend all our time on that we will not deliver the policy that is necessary to keep things going.

Q5 Chair: Specifically in the remit of disability employment, is there anything that the Equality Hub is doing with the DWP to champion that?

Kemi Badenoch: Again, championing is not our job. We are not champions. We provide data.

Q6 Chair: Did you not say in your first answer that it was your job to champion?



Kemi Badenoch: There are ministerial champions who use their Department's levers to assist in this space as and when necessary. For example, in the DBT, it is a coincidence that I am there, but there might be work, for instance, around employment law that a particular Minister would be looking at. In that case, it would probably be Minister Kevin Hollinrake.

However, the question you asked was around the Mental Health Bill.

Q7 Chair: We have moved on from that. I would like to know specifically what the unit is doing to champion disabled employment.

Kemi Badenoch: I am sure work is being done at official level, but what does "champion disabled employment" mean? If it means are we doing anything to get disabled people into work, then yes, of course, there is so much the DWP is doing, there is a lot that has been funded, but we provide data, and we look at discrimination in particular. Are disabled people being discriminated against? What is there that we can do? There is so much work that has happened across Government in order to make that happen. Perhaps Marcus can provide some additional information.

Marcus Bell: Just to say that the Minister for Disabled People, to whom the Disability Unit reports, has for a long time also been a Minister in the Department for Work and Pensions leading on disability employment issues, so those two issues come together with that person, but they are not here to speak today.

Q8 Chair: So, the Disability Unit could not point to a single specific programme it is bringing forward, maybe around disabled entrepreneurship?

Marcus Bell: The lead on disability employment lies with the DWP rather than the Disability Unit. We just share a Minister.

Chair: OK, thank you. Elliot.

Q9 Elliot Colburn: Sticking with the King's Speech, Minister, the Conversion Practices Bill was not included either. The explanation you gave last week, and that the Government have given subsequently, referred to complications in specific areas, which meant it could not be published yet.

Could you talk us through those specific areas of complication that are holding up publication of the Bill?

Kemi Badenoch: I do not want to go into too much detail, because the best place for scrutiny will be at the pre-legislative stage, but we have had lots of feedback from stakeholders about conversion practices. You can split them roughly into two groups. There are issues around defining what we mean by gender identity. It is not something that is defined in law, so it is very, very difficult to do. If we want to ban the T in terms of conversion practices, how do we define that? Are we introducing new, novel concepts? There are also issues around how we make this sort of



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offence prosecutable. There are many different concerns from different areas.

This Bill would have come out if we were only doing LGB. We would have done it ages ago. But the T is what has made it complicated. Sexual orientation and gender identity are wholly different things. With regard to gender, for instance, people who say they are non-binary, how do you define an identity that can change, that is fluid in and of itself? There is a lot around that that needs looking at.

One of the things that will feed into this legislation is the Cass Review, which should have come out a long time ago.

Q10 Elliot Colburn: So, you want to see that published before you are ready to publish the Bill?

Kemi Badenoch: It definitely should be, otherwise we could end up just going around in circles. We expected it to have been published quite a while ago, and understandably it is not ready because this is a very complex area. If even the clinicians think this is difficult, then we should not be rushing out with legislation that may not survive contact with Parliament.

What is interesting is that there are people who are publishing private Members Bills and already, if you look at stakeholder feedback, there are many issues with those Bills.

I am hoping that I will be able to work together with people who want to see a legal ban on conversion practices that is actually going to work.

Q11 Elliot Colburn: So, you are still determined to go ahead with the ban, and it will be LGBT inclusive?

Kemi Badenoch: That has always been the case, certainly while I have been doing this job. But it has to be well-defined, something that makes sense, something that is actually prosecutable. We do not want to create a scenario where something is improperly defined in the legislation, and captures far more than is necessary, in particular clinicians just doing their jobs. We do not want to see clinicians criminalised. We do not want to see parents criminalised simply for talking to their children. Finding the right wording to do this is very difficult. As I said, if it was just LGB the Bill would probably be legislation now. It is the T that complicates it.

Q12 Elliot Colburn: Keeping on that subject of definitions, your predecessor in the role—

Kemi Badenoch: Which predecessor?

Elliot Colburn: Minister Freer. The legal test that he outlined was this issue of predetermined outcome. Will this be considered as part of the definition of non-physical practices or are the Government still—

Kemi Badenoch: I did not understand the question.



Elliot Colburn: Maybe I should explain it in a different way.

When Minister Freer said that conversion practices had a predetermined outcome, the idea was that they did not include, as you say, legitimate conversations between a child and a parent, a clinician, or a religious leader. The legal test was proving the predetermined outcome of changing someone's sexual orientation or gender identity.

Kemi Badenoch: You mean intent?

Q13 Elliot Colburn: Yes, intent, that was the legal test. Is that still the Government's view, that predetermined outcome and intent is the legal test?

Kemi Badenoch: I do not think you can have a criminal Bill without intent. That certainly changes the threshold for what you would be looking to do. Intent is something that would need to be there, otherwise it is not prosecutable, if that is what you mean by predetermined outcome.

Elliot Colburn: Well, that is what we took your predecessor to mean.

Kemi Badenoch: I do not know the comments to which you refer, but you can ask me what I think. I do not know what he said.

Q14 Elliot Colburn: No, that is clear.

In which case, I want to take you back to the issue of timescales. You say that you want the Cass Review published before you publish the draft Bill. Does that mean that you are not in a position today to give us any timescales for when we might expect publication?

Kemi Badenoch: As I said, I was hoping that the Cass review would already have come out, so this is something which we are going to need to test with the legislation as it is being drafted. Even now, we are still getting feedback. Information is coming in on what we can do around the Bill to make sure that it can get through Parliament. Just publishing the Bill is only the first step. This is not an easy thing to do. I had a meeting with Hilary Cass, either early this month or late last month, and she was able to tell me about progress. That was when we discovered that it would take some time before it would be published. But we still hope it will be published very soon.

Q15 Elliot Colburn: So, she said to you that her review will still take some time?

Kemi Badenoch: Yes, she said that it was not ready. I am paraphrasing.

Q16 Elliot Colburn: Thank you for that, Minister.

On the issue of gender identity, last week there was a point that you picked up on in your statement to the House around the Gender Recognition Order. You said that the threat to many young gay people was conversion not to their sexuality but to their gender identity. You



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described it as an epidemic, but please do correct me if I am wrong. Has the GEO been collecting data as to how prevalent this is? Is that something that you can share with us?

Kemi Badenoch: We have collected data on the prevalence of conversion practices, and the vast majority of cases happened a long time ago. The prevalence of conversion practices around sexual orientation has certainly diminished. I went through a lot of the entries, and many of the people who gave evidence talked about things that happened in the '60s or in the '90s. I do not think that means there need not be a ban. Quite a lot of things are already illegal. So, we must make sure that we define exactly what it is that we are banning.

There is a lot of evidence on the issue of gay children being told that they are transgender and put on a medical pathway. That was something that Hilary Cass mentioned in her conversation to me. If you go back about four, five years ago, we were suddenly seeing an explosion in referrals and this was one of the things which resulted in us commissioning that review in the first place. It is one of the reasons why the clinics have not been able to cope, because there are so many more cases than there ever were before, outside what we would expect.

We have a lot of stakeholder feedback around this, so if it is an area that you are interested in, publishing information about what we are seeing could be helpful, but yes, this is something I am worried about. I did not say epidemic, I said almost an epidemic, but it is something that is specifically highlighted by the Keira Bell case.

A lot of what we are seeing are comorbidities with sexual orientation, confusion, autism, and perhaps other issues happening at home. When these things collide, we see a spike in terms of referrals, and we have to be careful that those children, if the issue is autism or sexual orientation, are not put on a pathway that will make them take decisions that cannot be reversed.

Q17 Elliot Colburn: Just to take you back, did I hear correctly that you are happy to publish that information?

Kemi Badenoch: I am happy to write more formally with details, but it is not new information. This is why we started looking at the cause of the increase in children referred to clinics. It is related to the entire Tavistock scandal and why we had to close that clinic. It is not something new or controversial.

Q18 Elliot Colburn: You have talked before about the Equality Act, and how there are misconceptions about equality. For example, in terms of bringing discrimination cases, some people apply the idea of race in only one direction, not two. In the case of sexual orientation, some people interpret that to mean you can only bring a claim of discrimination if someone is LGB, but not if they are straight, whereas actually it applies to both. It is supposed to capture everything.



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Is that same principle the basis for your view on a conversion practices Bill? In many cases we have heard of people being converted away from their sexual orientation or gender identity, or indeed in the cases you mentioned, towards being trans. Would this Bill provide protection for both groups?

Kemi Badenoch: These are the things we are looking at, because even what you describe is not that straightforward. That is one of the reasons why many people are critical of us publishing a Bill in the first place. There are a lot of stakeholders. There is a large call for us to publish a Bill. There is an equally large call for us to not publish a Bill, and it is because of those difficulties which you highlighted that you will hear many of the criticisms. These things are actually very difficult to put in law.

Q19 Chair: Can I just clarify something? Is the hub collecting data around transitioning and social transitioning? You said there was lots of evidence. Is that old evidence, or is a pattern being established?

Kemi Badenoch: I would say a pattern is being established. Marcus, you might know more in terms of the correspondence that we have received. I have spoken confidentially to whistleblowing clinicians. I have had multiple meetings with them, and I trust them. I do not think they are making this up. We should take it seriously.

Q20 Chair: You are absolutely right, we should take it seriously. What I am trying to understand is whether the hub is collecting data on that and, if it has been, over what period of time.

Marcus Bell: We are not collecting new data at the moment, partly because the Cass Review, which has already been mentioned, is looking at this whole area.

A couple of pieces of evidence that they have put in the foreground are worth mentioning. One is the significant increase in referrals from natal females to gender identity services that the Minister alluded to, which is part of the background to the Cass review and part of their terms of reference. One of the questions they have been asked to look at is why that is happening, and what is going on underneath the surface. There are a number of possibilities.

The second issue that the Cass Review highlighted in their interim report, having engaged with young people and parents, is that they certainly come across examples of young lesbians being pressured to be transgender, as well as examples of other people, perhaps transgender males, being pressured to be lesbians. They have heard examples of that from parents and young people, and that is part of the evidence base that is being developed.

Q21 Chair: So, there is evidence within the Cass review of specific examples.

Marcus Bell: Yes.



Q22 Chair: What I would like to know is whether any data is being collected specifically on natal females, and whether any data is being collected at the same time around young people with autism. Is a pattern being established specifically around girls with autism?

Kemi Badenoch: The question you are asking will be answered in the Cass review. There is no need for us to duplicate what they are doing. We are not collecting any new data. We are seeing a lot of information that shows that we probably should start collecting, but that again is going to be based on what the Cass review reports.

Q23 Chair: Okay, so you are not collecting data currently, but you are getting evidence that you should be.

Kemi Badenoch: I certainly would want to.

Q24 Elliot Colburn: Minister, I want to move on to the Equality and Human Rights Commission. I do not want to touch on GANHRI or anything like that at the moment, given the circumstances, but to focus specifically on the decision to seek advice from the EHRC around sex and the Equality Act. The EHRC has come under some scrutiny from its Scotland and Wales counterparts, who have argued that it was not their role to get involved.

Kemi Badenoch: From whom?

Elliot Colburn: The Equality and Human Rights Commission for Scotland and for Wales have criticised the Equality and Human Rights Commission for England to say—

Kemi Badenoch: That is not true.

Elliot Colburn: Sorry, the committees have. They have said that it was not their place as a regulator to provide advice on law to you as a Minister. Could you perhaps explain in a bit more detail why you sought their advice?

Kemi Badenoch: First, I still do not think a committee did it. An individual on a committee might have said that, and that person is not even on the committee anymore. It sounds like—is this the Lindsey Millen thing?

The criticism is wrong for several reasons. One, the Equality and Human Rights Commission is a regulator, but certainly in the Act that set it up, it is asked to give advice. Also, if you remember, there were two petitions signed by 100,000 people on this issue, about bringing changes to the Equality Act around the definition of sex. The sensible thing to do as a Minister is ask people who know more about this. It would be extraordinary to say that I should not be speaking to the EHRC about it.

Q25 Elliot Colburn: I was just asking your opinion on that criticism, that is all.

We have mentioned the EHRC before and the issues they are facing at the moment. Again, I do not want to go into that. But what steps are you



taking as a Government Equalities Office to safeguard the staff that work there from facing abuse themselves?

Kemi Badenoch: It is an independent organisation, so my job is around the chair and the board. The chair and the board would look after the staff. I have lots of arm's length bodies that I look after, especially on the business and trade side, such as the British Business Bank and UK Export Finance. It would not be my role to look after their staff. My role is to make sure that the board and the chair of the board in particular are functioning.

Q26 Elliot Colburn: Thank you for that, Minister. Now you have received the advice from the EHRC, what are your next steps? What do you plan to do with that advice?

Kemi Badenoch: Are you referring to the sex and gender issue?

Elliot Colburn: Biological sex and gender.

Kemi Badenoch: I have already commissioned work on how this could be done and what the implications could be. When we look at the section 35 order that took place in Scotland, or rather not the section 35 order, but the Gender Recognition Bill and the debate there, many of the amendments and the complaints people had were not taken forward. Clearly, this is an issue which needs more clarification. The arguments that were made about the Gender Recognition Bill in the case between For Women Scotland and the Scottish Government were then overruled by the Haldane judgment.

The law here is very confused, it is very messy. Even the definition of gender reassignment, as it was debated and discussed in 2004, is not how people understand it now. The Bill talks about transsexuals but some people do not like using that term anymore. Even the Equality Act is 14 years old. It all needs looking at, but we have to take the heat out of the debate.

What I find most difficult is that every time people raise concerns and I say, "We should look at this," I then get attacked and abused for being transphobic, being nasty, simply for talking about policy and looking at how we can make things easier. What I need to do, certainly as a Minister, is to take the heat out of this debate, bring some light into it, and make the arguments about where the flaws in the law are and see what consensus we can have, ideally cross-party, in order to get things over the line.

Q27 Elliot Colburn: I completely agree with you, and indeed, that was this Committee's advice when we published our report into the GRA, that the legal definitions are incredibly old and confused. Are you making a commitment to update the law in primary legislation, or are you not in a position to do that?



Kemi Badenoch: I am looking at the best way of delivering this, so I am not going to make a commitment here and now. There will be lots of ducks that we need to get into a row, but it is what I would like to do, because many of the battles that are being fought in Scotland and so on, would go away if we made this a lot clearer. But parliamentary time, or even a parliamentary majority—none of that has been tested. At the moment we are still in the policy formation phase.

Q28 Elliot Colburn: Speaking of getting ducks in a row, since the EHRC has given advice on it, I would like to delve a little deeper into the definition of biological sex.

Some concerns and criticism have been around what that means specifically for people who have had surgery, have undergone operations, or had medical treatment, and/or those that have a gender recognition certificate. Have you done any work yet to assess the impact on those two cohorts?

Kemi Badenoch: That is part of the policy work we are doing. When I refer to the implications of making sex and gender distinct, we then have to think about what that means for people who hold a GRC, and people who have had sex reassignment surgery, especially very significant sex reassignment surgery. It is not easy.

What I said when I made my statement last week, which it is important to reference, is that for many years, many transgender people were living their lives peacefully and nobody had an issue. It was not until predators started exploiting the loopholes that we had to tighten them up. It is because of the behaviour of people who are choosing to exploit rights given to transgender people, because the definition is very loose, that we are now having to look at what we can do in order to protect women and children who are the most vulnerable in single-sex spaces. It is not easy.

The ideal situation would have been if the predators had not chosen to exploit this loophole. I have to be clear that I am not saying that transgender people are predators, but there are more people who are predators than there are people who are trans. We need to think very carefully about how we draft legislation in order to protect all people who need single-sex spaces, whether they are transgender, women, or children. It is not an easy thing to do, but that is what I am working on.

Q29 Elliot Colburn: So that is ongoing work, and you have not come to a policy decision yet?

Kemi Badenoch: No. Not yet, and it should be said that there is no policy decision that is going to please everybody. Whatever we do is going to be difficult, but we have to do the right thing for those who are vulnerable.

Q30 Chair: Do the policy discussions run the risk of nullifying the point of having a GRC?



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Kemi Badenoch: I do not think so, but we have to look again at what the purpose of a GRC is. When it first came into being, same-sex marriage was not legal, and the primary purpose was to help people get married. You will remember how difficult those discussions were at the time. In fact, you voted against same-sex marriage when the Bill came to the House. So, this is not an area that is easy for people, and we need to make sure that it is not contentious.

It is not about a GRC, it is about the intent of the GRC. Is it still necessary? Is there something else that we can do? It is a very, very difficult policy space, but my primary purpose is protecting the vulnerable. That is what the Equality Act is about. It is about preventing discrimination. It is not about using it to do whatever nice things you want to do and set up nice things that you think would be great for a particular group. It protects all people. It is about characteristics, not groups. It protects straight people as much as it protects LGBT people. It protects men just as much as it protects women. It is about protection, and that is where we start from.

Q31 Kate Osborne: Minister, I want to ask you about trans hate crime. The Government's own statistics show that hate crime against LGBTQ+ people has been rising for many years, and we all know that the level of hate crime recorded by the police represents only the tip of the iceberg. This year we saw the first fall in the overall rate of hate crime for a decade, which of course is very welcome. But this was not the case for trans people, where police recorded a staggering 11% year-on-year increase in hate crimes targeting the trans community. The Office for National Statistics' own report stated that transgender issues have been heavily discussed by politicians, the media and on social media over the last year, which may have led to an increase in these offences.

So, Minister, your recent statements describing an epidemic, if that was indeed the word that you used, of children being told that they were trans, and gender-affirming healthcare as a form of conversion therapy, risk contributing to driving this rising tide of hate.

You said to us that you want to take the heat out of this debate. So will you, as the Minister for Equalities, take action to reduce the acute and rising risk to the trans community, instead of inflaming the situation, which at times I believe you have with the language that you have used.

Kemi Badenoch: I fundamentally disagree with what you have just said. This is the point I am making: if you cannot make policy statements without people, in Parliament even, saying that they feel unsafe because they disagree, we are never—

Kate Osborne: Maybe they do.

Kemi Badenoch: You asked me the question and I would like to answer. I have not described all gender-affirming care as conversion practices. But if it is done as it was done in the case of Keira Bell, then it is. That is a fact. If someone is not transgender, and you put them on a pathway



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and sterilise them, remove their sexual organs, what do you call that? It is wrong to ignore it. We cannot ignore it. And if people are talking about it, we need to be able to have that conversation in a way that takes the heat out of the debate.

This is not something anyone has ever heard me say. One of the things that was really noticeable after I made that statement was how many people said, "This is the first time that anyone has said this." How can that be causing a rise in hate crime? I am sorry, but what you have just said is part of the problem. We need to be able to have disagreement without turning it into, "I feel unsafe" or "This is triggering people." That is not our job as legislators. People out there might say things on Twitter and whatever, but as legislators, we should be the grown-ups in the room.

You are right that reports are showing there is an increase in hate crime against transgender people, and I think that is very strongly linked to a lot of predators exploiting rules that were made for trans people to carry out activities that those rules should be nowhere near. We see it with men exposing themselves in bathrooms. We see it with people trying to access single sex spaces, such as women's prisons, when they have been convicted for violence against women, and their victims are being forced to refer to them with female pronouns. That is not right. We have to make sure we can sweep all that away, and when we do, life will get better for transgender people.

Going back to your point about my using the word "epidemic," I will say again, "almost an epidemic." I talked about where the evidence was coming from in the previous question, but I am not going to shy away from this. We cannot create a chilling effect on politicians and clinicians or anyone else raising concerns. That is not what our job is.

Q32 Kate Osborne: So, you are saying that life will get better when we start being more careful with our language, but you seem not to include yourself in that. You have made statements that contradict the best available evidence, including the Government's own data. For instance, the LGBT survey that showed that there is no evidence of "transing away the gay" but substantial evidence that trans people were at twice the risk of being exposed to conversion practices. You have also made these statements using inflammatory language that likens children and young people coming out as trans to the spread of a disease.

Kemi Badenoch: I have never said that. That is a lie, and you should withdraw that statement. You are lying.

Kate Osborne: I am not lying to you. I am telling you—

Kemi Badenoch: You are lying. I have never ever used the word disease, and this is exactly what I am talking about. You are making statements in Committee that are untrue.



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Q33 Kate Osborne: I think you should withdraw the fact that you have just called me a liar.

Chair: Can I just remind the Minister that is unparliamentary language to use?

Kemi Badenoch: Right. What she has said is not true. It is not true, and we have to use facts in this room. We cannot just make stuff up. This is what I am talking about.

Q34 Kate Osborne: Well, I absolutely agree with you. I just do not think that your facts necessarily—

Kemi Badenoch: When was that statement made? And where?

Kate Osborne: This is the Government's own data.

Kemi Badenoch: No, no, no. You said I used the word disease. When?

Kate Osborne: I do not know. Did you?

Kemi Badenoch: Of course, I did not. You do not even know where that came from. Where did you get that from? Where did you get that from?

Kate Osborne: I am not here to answer your questions.

Kemi Badenoch: Because you do not know. It is not true. And you should not be saying that in this Committee when you do not know where that statement came from.

Q35 Kate Osborne: I am not calling you a liar. You called me a liar.

Chair: Please make sure that both of you use parliamentary language. I will not have this degenerate into a slanging match.

Kemi Badenoch: I will not have my name maligned by people making false statements about me that are not true. We have to do better than this.

Q36 Chair: I absolutely agree with you, Minister. We have to do better than this. You yourself used the word explosion in response to an earlier question about the numbers of young trans people and then did not produce any—

Kemi Badenoch: That was the number of referrals to gender identity clinics.

Chair: You have not provided the data to back that up.

Kemi Badenoch: I am sure we have that data because we know that—

Q37 Chair: Can you provide the Committee with the data?



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Kemi Badenoch: I am sure we can provide that data to the Committee. I do not have it to hand, but you asked me a question and I answered it. I can provide back-up data.

Chair: You used the word explosion without the data to back it up, so Mr Bell, perhaps you would provide us with the data that will evidence that. Thank you. Kate.

Q38 Kate Osborne: Thank you Chair. I am going to move on.

Minister, I want to ask you about access to health care for trans children and young people. Prior to NHS England's decision to close the Tavistock, which you mentioned earlier, and set up replacement services, children being referred to specialist gender identity services were already waiting years to get a first appointment. Now, poorly managed changes in commissioning arrangements mean that no new patients are being seen at all. A huge number of the children and families waiting for care will age out into adult services where the average waiting time is currently over four years. So, 14, 15, 16-year-olds will not see a specialist before they are 18, and then they will have to wait on an adult list. Those children who do see a specialist before their 18th birthday will have their care pathways severely restricted, with access to puberty delaying medication now only available to children who are enrolled in a research study that does not currently exist.

We know that LGBTQ+ teenagers are twice as likely as their peers to experience significant mental distress and to self-harm, and three times as likely to report suicidal feelings. For trans children and young people, years of waiting to access specialist care is placing intolerable stress on them and their mental health. In the most severe cases this has led to the death of young people like Alice Litman who died of suicide at the age of 20 after waiting many years to access care. The coroner at Alice's inquest specifically pointed to underfunding of gender-affirming health care as a factor that contributed to her death. Hers is not the only inquest to make such a finding, so, on the basis of current Government plans, when will trans children and young people be able to expect to access their first specialist appointment within 26 weeks, which is the time scale set by the NHS Compact? In the interim, what concrete additional services are in place to mitigate unnecessary suffering and harm to trans children and young people, as well as their families?

Kemi Badenoch: There is a lot in the question that you have just asked, and I would divide it into several issues that are occurring at once.

There is a general pressure on the NHS, not specific to gender identity services. The Government have spent more money on the NHS than ever before, and we are spending more per head than ever before, so this is not just a funding issue, but we recognise that clinics do want more funding.

There is also a supply issue. Many clinicians, and they have told me this in confidence, do not want to work in this space because it has become



so contentious. We are now seeing a lot of paediatricians saying they do not want to be in this space because of the hassle, because there is a lot of pressure to start with gender-affirming care as the default, and they do not always believe that gender-affirming care is right. I agree with them. Gender-affirming care as a way to treat gender dysphoria should be a last resort, not a first resort. Your question implies that that is the way to treat everybody who presents with gender dysphoria. That is not the case at all and is certainly not the general clinical consensus as far as I am aware.

On the demand side, if children who do not have gender dysphoria are being told that they are trans, they are going to block the queue for children who actually need that care. The activities that we are carrying out and the policy that we have will hopefully clear the pipeline so that only those who need it get that care and are in the queue for it, rather than everybody being led onto this pathway, whether by TikTok, peer pressure, or very, very bad advice from people who should know better. If we do all those things, we will resolve the issue.

The Tavistock had to close. That was a serious issue. It shows that this space is very difficult to deal with, but we are creating new gender identity clinics around the country. It is not the case that the Government are not doing anything at all.

Q39 Kate Osborne: You are talking about identifying those who need specialist services in this area and those who do not. Unless they can get an appointment for the support they need, how do you identify one from the other?

Kemi Badenoch: You are misunderstanding what I am saying. If children who do not need to see the specialist are put on a pathway to see a specialist then that changes the demand figures. GPs, and sometimes others in care positions, can do this.

Q40 Kate Osborne: Who decides whether they need to see the specialist?

Kemi Badenoch: Exactly. That is an excellent point. Not many people should be deciding at the moment, which is why we are bringing out guidance on gender questioning. At the moment, all sorts of people are saying, "This child is trans, that child is trans." They do not even know what trans is.

Q41 Kate Osborne: The question is: when will those services be adequate to meet the needs of the community that they are designed to serve?

Kemi Badenoch: Let us see what we can do about managing those issues. It is not an answer I can give. I am not a DHSC Minister, but I have told you what I am doing in this space to assist with that.

Q42 Chair: Can I ask a question on the data? You said there was an issue with doctors not wishing to continue practising in this specialism. Can you provide data on that? You said you had spoken to many.



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Kemi Badenoch: These are confidential whistleblowers, or I certainly would.

Q43 Chair: So it is anecdotal as opposed to any—

Kemi Badenoch: We can say it is anecdotal, but I believe it.

Q44 Chair: Has any data been collected on the number of specialists in those services leaving? Perhaps Mr Bell can answer that?

Kemi Badenoch: I am sure we can find out; it would be DHSC data.

Marcus Bell: We can look into it; I am not aware of it now.

Chair: Could you please? I think it would be helpful to have some data to back it up. Thank you. Kate.

Kate Osborne: That is it for now, Chair.

Chair: Lisa.

Q45 Dr Cameron: Thank you. My questions relate back to disability, and, for the record, I am still the chair of the all-party disability group. Did you mention earlier that a Disability Minister will be appointed at some point? I am pleased as people think it will be very important. It was great to have that clarified today.

The Department for Business and Trade set out to establish an extra costs taskforce as promised in the National Disability Strategy. Do you have an update on when you expect that taskforce to begin its work?

Kemi Badenoch: We had a consultation. This came out of the Disability Action Plan consultation which ran until October this year. We are still looking at the findings, so we have not yet reported back.

Q46 Dr Cameron: Do you have a timeline in mind?

Kemi Badenoch: It is not something that I have any further up-to-date data on, but, given that the consultation came out in October and will also be for DWP to look at, I would expect some time in Q1 next year.

Q47 Dr Cameron: The other question is: why did the Government decline to give evidence in August to the United Nations Committee on the Rights of Persons with Disabilities on progress in implementing the Committee's recommendations?

Marcus Bell: Can I pick that one up? We had agreed with the relevant UN committee in advance of their August session that we were happy to answer their questions at a further session they were having this March, and they were happy with that. It is not correct that we refused to turn up or engage. We had an agreement with the committee to address their questions differently, so that is in the diary for March.

Q48 Dr Cameron: Is it something that is going to be implemented, and something that you are committing to?



Marcus Bell: Very much so, yes.

Q49 Dr Cameron: How do the ministerial disability champions mentioned earlier ensure that any concerns they have with how their Department's policies affect disabled people are acted on as a priority? How is that co-ordinated?

Kemi Badenoch: Do you want to go first?

Marcus Bell: Yes. Primarily, it is for them to address within their Departments. Ministerial disability champions are junior Ministers within Departments who lead on disability within that Department as a whole. They take on responsibility to ensure that the interests of disabled people are being attended to in the policies of that Department and, typically, they sign up to a number of actions which are set out in the National Disability Strategy and, subsequently, in the Disability Action Plan that we will be publishing early next year. It is for them to take it forward within their Departments, but with support from the Minister for Disabled People and the Disability Unit if things are not happening.

Q50 Dr Cameron: We heard about that earlier but, from what you said, I was wondering how it is co-ordinated. Do they meet to discuss how they take issues forward?

Marcus Bell: Yes. They have regular meetings chaired by the Minister for Disabled People.

Q51 Dr Cameron: That will be linked to the new Minister. Do you feel that the Disability Unit should have the final say on policies affecting disabled people, regardless of the Government Department in which those policies originated?

Kemi Badenoch: No. From my own perspective, I am double-hatted. I look at equalities across the board. I look after business and trade. Sometimes I know the data from the Equality Hub says one thing, but actually we have a lot more data that makes the case for the other side of the argument. When decisions are made, it will be that departmental Minister who takes ownership of them so they should be the final arbiter.

If a separate unit makes decisions which you have to be responsible for, then I do not think it gives the right level of accountability. The hub-and-spoke model works very well. You can do it differently. You can create a whole equalities department separate from other teams and give them their own policy levers. However, I think that would have more disadvantages than advantages. The way it works now means more work, certainly for those of us who are doing two jobs, but it keeps eyes across Government and means that we can actually push the agenda where we see there is a significant issue.

Q52 Dr Cameron: I want to ask a question about conversion practices and put on record that I am a registered psychologist. I had not come across training on conversion therapy or the practice of it throughout all my 20



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years in the NHS. Do you have evidence from the British Psychological Society as to whether or not this is an ongoing therapeutic process at all in the UK? Certainly, from my own experience, I have not found that to be the case.

Kemi Badenoch: Off the top of my head, no. I know that there is an informal memorandum of understanding, but I do not think clinicians find it particularly helpful as it does not go into the detail and, in some areas, it might actually conflict with the law. I cannot say for certain as I have not seen it myself. This is a reason why I believe we need to bring conversion practices, certainly as a definition, into law. I know it will be difficult and contentious, but it is better that Parliament has these arguments and looks at these things. It may not work. It may be something that we vote down, but not to nail down the definition creates more and more confusion. The NHS and others will make up their own practices and carry on, but these decisions really should be made by Parliament one way or another.

Dr Cameron: Thank you.

Q53 Chair: Thank you. Mr Bell, can I take you back to the point about the UN? Why did you want to delay those discussions until March?

Marcus Bell: We felt that the discussion that the Committee had programmed for March was a more suitable forum for it. That was the main reason.

Q54 Chair: What was unsuitable about the previous forum?

Marcus Bell: I cannot tell you. The decision at the time was that it seemed more suitable to do it at the meeting in March rather than the one in summer. The point I wanted to make is that we were not a no show. We did not tell them we were not going to turn up or not engage. We agreed with the Committee to deal with their questions at the March meeting rather than the August one.

Q55 Chair: Sticking with the United Nations, can I ask a question on GANHRI accreditation? Would there be any important bodies or committees that the UK would miss out on if our GANHRI accreditation was downgraded?

Marcus Bell: Do you mean UN committees?

Chair: If GANHRI downgraded the EHRC from A status, would that exclude us from any bodies?

Marcus Bell: I cannot instantly tell you. We will have to write about it.

Q56 Chair: Would it not matter?

Marcus Bell: I am not saying it would not matter. It would be unfortunate for that to happen, but I cannot instantly tell you whether we would be excluded from any particular discussions as a result.

Chair: Thank you. Kirsten.



Q57 Kirsten Oswald: Minister, can I take you back to the question Lisa asked about policies affecting disabled people but broaden it to policies affecting people more widely? Can you explain how you are holding Government Departments to account on their obligations, under the public sector equality duty, to have due regard to equality in all aspects of their work and carry out effective equality impact assessments?

Kemi Badenoch: I do quite a lot in this space because I do not think people understand the public sector equality duty. In fact, it was my topical statement. I am going to be writing, outside of the civil service and Whitehall Departments, to public authorities. I have seen multiple instances of people misunderstanding what an equalities impact assessment is there to do. I have written multiple times, and we are reissuing guidance as well to Departments.

The guidance is important, particularly on social cohesion. Post the 7 October attacks in Israel, we have seen a rise in antisemitism and a lot of fear in the Jewish community. There is so much fear. People are not living their lives the way they used to, and a lot of complaints have been made about how public authorities are treating them. One thing missing is the equality under the law principle, so it is something that the updated guidance we will be sending should hopefully help with.

Kirsten Oswald: Thank you. Chair.

Q58 Chair: Thank you. Turning to healthcare, and I appreciate this may well be a DHSC or, indeed, a Home Office lead, but how important is it that women can access safe abortion care?

Kemi Badenoch: It is very important.

Q59 Chair: Then why are we still waiting for the enactment of legislation to prevent protests outside abortion clinics?

Kemi Badenoch: This is an area that the Safeguarding Minister has been looking at. I remember when we had the vote; it was another free vote but quite contentious.

There was a public consultation launched by Lord Sharpe. He has confirmed that the legislation will be implemented in spring next year. The implementation of safe access zones is something that the Home Office wants additional views on for non-statutory guidance. It is one of those spaces where different parts of equality law clash; freedom of speech, freedom of belief and, of course, making sure that women are not being discriminated against. Whenever we see different parts of the Act collide, it takes a little more time than we would like.

We have seen enforcement when people have prayed near abortion clinics and been arrested. There have been complaints about how it is being enforced, so it is something that we want to do properly to make sure it lasts.



Q60 Chair: There are already buffer zones in Ealing and in Bournemouth. How are you balancing the freedoms of women to access healthcare against religious beliefs? Do you think the balance is right at the moment or are you content to keep waiting?

Kemi Badenoch: That is a question for the Home Office. This is something we are aware of. We have given a view, but this is a delivery for Home Office officials and, to a lesser extent, DHSC. It is not a question that I can answer.

Q61 Chair: As the Minister for Women, how are you championing women's access to safe abortion care?

Kemi Badenoch: By working with other Departments to make sure legislation is brought in.

Q62 Chair: Are you content that they are still waiting?

Kemi Badenoch: As I said, guidance is coming. Obviously, we would like to do things faster but—

Q63 Chair: That is a yes, you would prefer it to have been faster?

Kemi Badenoch: Caroline, please do not put words in my mouth. I am answering your question, but I do not need words put in my mouth. I have answered the question.

Chair: You want it to be faster. You just said that.

Kemi Badenoch: We would love everything to be faster, but that is not quite the question as you phrased it then.

Chair: I think it was. Kate?

Q64 Kate Osborne: Thank you. Minister, in your role as Minister for Women and Equalities, how have you contributed to the review of RSHE guidance? Is it a joint piece of work between you and the Secretary of State for Education?

Kemi Badenoch: No, it is not.

Q65 Kate Osborne: So how have you contributed?

Kemi Badenoch: I am not contributing to that piece of work. It is a wholly DfE area.

Q66 Kate Osborne: You have not been feeding into the review at all?

Kemi Badenoch: No. I have been working with them on gender questioning guidance. There is only so much that we can do. We could be in everybody's policy space. We could be working with the MOD on the LGBT Veterans' Review and all the areas I talked about with the DWP. We could prepare gender questioning guidance or look at RSHE. There are simply not enough people to work with everybody on everything they are doing. This is one area, given that the Prime Minister had appointed a



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separate panel, where we will see what the guidance is before it comes out. It will go to right round and we can feed in then, but it is not something that I am actively working on.

Q67 Kate Osborne: But you will be feeding in at a later date?

Kemi Badenoch: These things will come right round, so there will be collective agreements, I expect, because this is statutory guidance. In terms of policymaking, this is one that we have left to DfE.

Q68 Kate Osborne: We are all surprised at that. We thought you would be feeding in to develop a strategy with them.

Kemi Badenoch: That might be happening at official level but, as I said, we could feed into every single policy. We would then need to duplicate the same amount of resources that already exist outside Whitehall. We simply cannot feed into everything.

Q69 Kate Osborne: The Children's Commissioner said that a culture war over RSHE is preventing children from being taught comprehensive sex education and is helping to drive a "Shocking increase" in STIs. Do you know if those concerns are being addressed?

Kemi Badenoch: I read the article and spoke to her about it. That is not what she said, it is what was in the headline. She said it was a very light comment, but newspapers like to make stories newsier about there being a culture war on RSHE. That is certainly the case in terms of different groups having different opinions and being quite animated about it.

What she strongly emphasised is that she thinks that RSHE, and I agree with her on this, is something that is being taught by those who are not experts. This is leading to a lot of the junk that we are seeing in schools right now, with materials that are wholly unsuitable for children at specific ages. What she would like to see is more dedicated RSHE teaching by those who know it best, rather than something that the maths teacher does on a Friday afternoon. We will wait and see what the recommendations from the panel are and see if that is something that is implemented. I know the DfE worked very closely with the Children's Commissioner.

Q70 Kate Osborne: The Children's Commissioner said that a "Culture war" over RSHE is preventing children from being taught. Do you agree with that?

Kemi Badenoch: That is not what she said. She said there is, but she did not say that that is why it has been prevented. It is a non sequitur. It is just the way it is written in the newspaper article.

Q71 Kate Osborne: Do you think, as I do, that this is taking us back to the days of section 28 as we are at risk of not allowing schools to discuss LGBT issues? How can kids protect themselves and identify problematic relationships? Do you agree that this runs the risk of putting kids at harm?



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Kemi Badenoch: I agree that what runs the risk? RSHE education?

Kate Osborne: If we are not going to allow children to be educated on different relationships.

Kemi Badenoch: I do not think anyone is proposing that. Is someone proposing that?

Kate Osborne: I am saying this is how it feels.

Kemi Badenoch: Why?

Kate Osborne: That we are going back to the days of section 28, where it is suggested that certain relationships should not be or cannot be—

Kemi Badenoch: I am not clear what you are talking about. The review that is taking place is due to materials in schools that were teaching nonsense, like there is no such thing as biological sex.

Kate Osborne: Who says it is nonsense?

Kemi Badenoch: One MP, in the statement last week, raised the issue of a genderbread person! That is actually what the Children's Commissioner is talking about; all sorts of people are wading into RSHE and they do not know what they are talking about. We need to make sure that there is expertise and rigour. I do not think that it is section 28.

Kate Osborne: We will disagree on that.

Kemi Badenoch: What are we disagreeing on? Are you saying that there should not be rigour in RSHE teaching and that that is section 28, or that anyone should be able to teach it?

Q72 Kate Osborne: No. I am not saying there should not be rigour, but I am not here to answer your questions, Minister, so I am going to move on and ask you the next question.

Kemi Badenoch: I want to make sure that I am not being misrepresented again.

Kate Osborne: I did not misrepresent you before.

Kemi Badenoch: You did.

Kate Osborne: You used the word epidemic, which means disease.

Kemi Badenoch: That is not—

Kate Osborne: Look it up in a dictionary, Minister. You will see that a disease—

Kemi Badenoch: Again, you are putting words, this is exactly what I am talking about. You are the one who used that word.



Kate Osborne: You used the word epidemic.

Kemi Badenoch: You are the one putting words in my mouth, and I will not have you misrepresenting me.

Q73 Kate Osborne: Did you or did you not use the word epidemic?

Kemi Badenoch: I said that there is almost an epidemic.

Kate Osborne: Almost? Okay.

Kemi Badenoch: An epidemic does not mean disease, and this is exactly a prima facie example of why we have this problem. This is why.

Q74 Kate Osborne: If you look in a dictionary, Minister, you will see that epidemic is a disease or almost a disease.

Kemi Badenoch: I do not need to look in a dictionary. I know exactly what I said. It is quite clear you think this is a trial. You are not scrutinising the work I am doing.

Kate Osborne: I am trying to move on to my next question.

Kemi Badenoch: I do not think you are because you are the one talking about a dictionary.

Chair: Next question, please.

Q75 Kate Osborne: Thank you. It has been reported that the new non-statutory guidance on pupils socially transitioning for schools may expect teachers to inform parents when a pupil is questioning their gender without a child consenting. Is this not outing them in a way that might put them at risk? Has there been an assessment of the potential risk to children of such an approach?

Kemi Badenoch: I think this is an extraordinary thing to say. Telling a parent that a child is questioning their gender is not outing them. No one loves children more than their parents. There may be some very extreme and very rare cases where there might be a safeguarding issue, but that will be something already known to the teachers. That will be a special—

Q76 Kate Osborne: How do you know that?

Kemi Badenoch: What do you mean, how do we know that? There is guidance on safeguarding. This is common knowledge in education. Hiding things from parents is not what schools are there to do.

Q77 Kate Osborne: Are you suggesting that schools know the situation at home for every child and, therefore, it is safe to be able to “out” them, as you put it, at home?

Kemi Badenoch: No, you used that phrase.

Kate Osborne: I used that word, that is fine. You used it too actually.



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Kemi Badenoch: I was repeating your words back to you. Please stop putting words in my mouth.

Q78 Kate Osborne: I do not want to put words into your mouth. That is the last thing I want to do. I am trying to get your view on this. You do not think there needs to be an assessment on the potential risk to children that are being outed?

Kemi Badenoch: Starting with the premise that parents are a danger to their children is the wrong one. Absolutely the wrong one. Teachers do not love children more than their parents and the fact of the matter is that, if there are safeguarding issues, a school should be aware of them but assuming that any child who is questioning their gender is at risk from their parents is the wrong premise.

Q79 Kate Osborne: I think that assuming that everything is safe and okay—

Kemi Badenoch: We have not made that assumption, that is why I recommend safeguarding.

Q80 Kate Osborne: That was my question. Has an assessment been made for the potential risk to children for this approach?

Kemi Badenoch: Yes. The guidance will reflect what schools should do in those situations.

Q81 Kate Osborne: If the guidance is non-statutory, does it mean that schools cannot be legally required to tell parents and carers if a child is socially transitioning at school or questioning their gender?

Kemi Badenoch: It sounds like you are asking me if schools should ignore the guidance that we put out.

Q82 Kate Osborne: No. The question is, if it is non-statutory, does it mean that schools cannot be legally required to tell parents and carers?

Kemi Badenoch: That again sounds like we would want schools to ignore the guidance. When Government put out guidance, it is because we expect schools to follow it. The guidance is being written with the legal framework in mind, and it explains what the legal duties are. Schools should not be breaking the law. Just because guidance is non-statutory does not mean that the advice in the guidance is not based on a legal framework.

Q83 Kate Osborne: Is it the case that, if the guidance is non-statutory, it means the schools cannot be legally required to tell parents?

Kemi Badenoch: As I said, the guidance that I am working on is one that should stand up to legal scrutiny, and I would certainly not be recommending that any school breaks the law.

Q84 Kate Osborne: Neither would I, but I am just saying the guidance is non-statutory.

Kemi Badenoch: I have answered the question.



Kate Osborne: Thank you, Chair.

Q85 Chair: Thank you. Alder Trust, which is a charity that works in my constituency, provides RSHE for primary aged children. It is reporting some truly terrifying things like young people having problems with pornography, sexting, and intimate violence. They are not teachers. It is an outside agency who are brought in to provide support to teachers with RSHE. You made the point, quite rightly, that RSHE is more than, perhaps, a maths teacher can face on a Friday afternoon. How do they fit into a framework when it comes to the relationship between teachers, pupils, and parents? Should there be a statutory duty on them to report to teachers?

Kemi Badenoch: I would not want to speculate. This is not my area. I am not working on RSHE. I can talk about gender questioning guidance, but those are issues that I would be giving personal opinions on, and I do not want to do that.

Q86 Chair: The Children's Commissioner has raised some truly alarming statistics about young teenagers, aged 13, contracting horrible diseases like syphilis and antibiotic-resistant gonorrhoea. When it comes to age appropriateness, are you feeding in, as the Equalities Minister, to the Secretary of State for Education about how we should be defining what is age appropriate or is that left—

Kemi Badenoch: Work may be taking place at official level, but I am unaware of that. I am not working on RSHE with the DfE.

Q87 Chair: Okay. Marcus?

Marcus Bell: No. I do not think we are either at the moment.

Q88 Chair: I am conscious that, across many Government Departments, there will be young people. If you were to look at the MOD, there will be cadets. If you were to look at the health service, there will be many instances where the health service is interacting with young people. If you look at DWP, they will have responsibility for apprenticeships, although that might sit with the DfE as well. What work is being done to co-ordinate and make sure that all Government Departments which may come into contact with young people are making coherent representations to the DfE? Is that left to the individual departmental champions?

Marcus Bell: Making representations to the DfE about what, sorry?

Chair: The RSHE review is a really important piece of work. It is absolutely crucial that we are equipping young people with the skills they need to navigate adult life and relationships, whether that be on financial education or on access to pornography, whether it is about sexually transmitted infections or whether it is about equipping them to know how to navigate everything involved with being an adult. I am just trying to establish whether the Equality Hub is performing any sort of co-ordinating role to make sure—



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Kemi Badenoch: It would not be our job to do that. We do not own RSHE.

Q89 Chair: No, I am not suggesting you own RHSE at all. I am conscious that you do own the protected characteristic of young people though who might interact with many Government Departments.

Kemi Badenoch: We own the protected characteristic of age. The Equality Act is about anti-discrimination law. We can look at all these things. There is an infinite number of things we can look at, but this is not a discrimination issue.

Chair: It is not a discrimination issue. Fine. Jackie?

Q90 Jackie Doyle-Price: Our priority, as legislators, must be to outlaw all harms. I want to come back to the issue of gender dysphoria in children because we seem to be approaching this from an equalities issue when it is actually about making sure there are safe care pathways for children.

For context, there was debate earlier about the rise in referrals. Basically, referrals to Tavistock had gone from 250 to 5,000. Within that they were almost entirely male to start with and then became disproportionately female. Against that background, it would have been utterly irresponsible not to have investigated.

We know from Hilary Cass's interim report that she has raised issues about the safety of medical treatments for teenage children. We just do not know what the impact of puberty blockers is in the long term. We do know that there are often comorbidities, as you referred to, and it is not just about gender non-conforming behaviour. There is autism and mental health issues. Actually, gender dysphoria can often be a reaction to sexual abuse. Do you think that we need to have a much more mature and informed discussion about the complexity of gender dysphoria because it is not simply trans?

Kemi Badenoch: That is right. This goes back to the earlier question of defining what trans is in law. The root of the definition was gender dysphoria, but now many other things are presenting, and people put them into the same bucket which confuses things. As much granularity as possible is important because what is a health care issue has been hijacked by different people for their own agendas. There are all sorts of activists and campaigners in this space. There are lots of people making money out of giving not particularly good advice in this space. We need to do more work in terms of bringing out the root of what gender dysphoria is and how people can recognise it.

We know from medical reports that social contagion is something they think is linked to it. So you are absolutely right, we need to make sure we understand what is going on, and that we do not rush into treatments that are still not very well understood. Puberty blockers are still very divisive treatments, and their primary use was not for this. Puberty blockers being talked about as trans treatment worries me, because it is



making people concerned about the medical treatment in and of itself when it is actually needed for lots of other serious cases. This is where we need to work more closely with DHSC, but the issue is bandwidth. The more that people ask us to do, the harder it is for us to focus on the most acute issues.

Q91 Jackie Doyle-Price: The truth is that children's gender services were developed because of an under-provision for adults. It was seen as a way of reducing the waiting list by getting people in earlier. Really, there is a whole ethical dilemma about how you treat children in this space because it is quite normal for children, as they are growing up, to experiment with their identity. It is part of growing up.

In terms of Hilary Cass's work, you said you had expected it to have been done by now, but it is going to take more time. Perhaps you could explain why. Is it because she is finding more complexities to investigate?

Kemi Badenoch: Yes. Certainly, we thought the terms of reference we set for her were pretty straightforward, and it is one reason why I was really pleased there was an interim report. The interim report showed that there was quite a lot more to do. She has also been waiting for the publication of other pieces of evidence, possibly peer review, I cannot recall exactly. It has had a knock-on effect: she is waiting on some things, and we are waiting on her.

This is one reason why the gender questioning guidance is so important. In her interim report she talked about social transitioning, which is one of the issues creating the pipeline pathway. This is an area in which Government can do something. People assume they know what it is, and rush into actions that are actually unhelpful. Getting the guidance out so that schools know what to do, what it is, understand where there are likely to be issues and have something to rely on is very important. At the moment, they are all at sea. They are begging for this guidance to be released. What I am trying to do is make sure that it is really robust, that it is legally robust, in particular, because we do not want schools being challenged after following advice which we have written for them.

Q92 Jackie Doyle-Price: Yes. To be honest, the harm is being done out of good intentions because there is just not enough understanding in this space. It takes me back to the promised ban on conversion practices. We have reached a good place in terms of sexuality. Everyone understands what a law should look like, and what it is outlawing. When evidence was collected to inform this law, there was no evidence of anything having taken place in a health setting since 1970. We are very clear that it is not therapy; it is practices designed with a specific purpose to convert people.

We could bring forward a law change on sexuality now, but that would inevitably bring amendments in the House for a ban on gender as well. Is there really a clear evidence base of what so-called conversion practices for gender looks like? We have had evidence of practices which were brought to Ministers' attention when the lobbying for a ban was made,



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and at that time it was just on sexuality. Gender appears to have been grafted onto it.

Kemi Badenoch: Yes. That is a fairly accurate way to describe it. I know that you were a mental health Minister previously and you would have seen quite a lot of this evidence.

It is really difficult because, under Prime Minister Johnson, there was a point when people advocated just to look at sexual orientation, which was the original intention. There was an outcry that this was transphobic, that we should not leave gender identity out of it. That has slowed everything down because we are trying to make as many people happy as possible. We are trying to do something that will pass through Parliament, but the more people we try to accommodate the more complex it becomes.

As I said at the beginning of the session, if it was just on sexual orientation the Bill would already be law now. It may be that PLS recommends that we cover sexual orientation and leave gender identity but, as you said, this would be subject to amendments in the House.

What I am particularly worried about, and I have seen this happen, is people feeling pressured into voting a particular way because they will be attacked by others for being bigots and transphobic. So MPs themselves are fearful. There is a lot of harmful treatment abuse out there, and I saw something recently with another MP. We cannot be in a position where activists and campaigners are putting undue influence on us in order to make us vote in a particular way. That is why I believe it is better to have something that is comprehensive. Hopefully, we can get something that works. I cannot promise that we will get something that works, but I want people to see this at PLS because they will understand why it has been so difficult.

Q93 Jackie Doyle-Price: I want to come back to the Chair's question about abortion clinics. What we are talking about here, fundamentally, is a conflict of rights between freedom of belief and freedom of women to exercise their reproductive rights. To be frank, that is what we have been dealing with for decades.

We now have a situation where the Abortion Act is more than 50 years old. Medical transformations since then are significant. The law was written when abortion had to be surgical. If we want to have safe care pathways, surely the law needs to reflect that, for most people now, it is a medical procedure. Is there any need for it to take place in specific clinics that attract that kind of protest when, actually, they can be administered in any health setting?

Kemi Badenoch: That is an interesting question. I have never thought of that before.

Q94 Jackie Doyle-Price: No one ever does. That is the problem. The Government treat this as a conscience issue when actually it is a patient safety issue. I am not criticising you, Minister, but it is quite convenient



not to get involved in it as a Minister because it is a conscience issue and not a patient safety perspective. I will just leave it with you. We now have a Women's Health Strategy, and we have a women's health ambassador, but they should really be looking at patient safety.

Kemi Badenoch: I can certainly take that away. It is an interesting question. The vote we had on pills by post touches on that. I did not vote for it as I thought it went too far. It is fine for people like me, but if you are in a household where there is a lot of abuse and so on it can be quite dangerous. Parliament passed it. So there are ways for people to avoid clinics already but, of course, people do not always necessarily know when they are pregnant. Sometimes it goes beyond a point where it is something you would want to do, but we can take it away and ask Health Ministers to look at it. It is not something that I am instinctively opposed to.

Q95 Jackie Doyle-Price: Basically, most abortions were undertaken by two independent providers who drove pills by post. Back in the 1990s, when legislation was passed that enabled pills by post—

Kemi Badenoch: That was during covid.

Jackie Doyle-Price: The legislation was passed in the 1990s that was used during covid to deliver pills by post. When it was passed in the 1990s, Kenneth Clarke was Health Secretary. He envisioned that people would access pills via sexual health clinics and mainstream health settings, not by telemedicine and post. It is an illustration actually of how the law does not keep up with things because it is an issue of conscience. Even though the foundations were set way back then, it took a pandemic before it was actually utilised, and utilised in a less safe way than if you could go to your GP for example.

Kemi Badenoch: It could make a good report for the Committee, potentially.

Jackie Doyle-Price: Thank you.

Chair: Bell?

Q96 Bell Ribeiro-Addy: Thank you, Chair. Moving back slightly to something you said about the issue of transitioning being a healthcare issue, I know that we are dealing with physical and mental health. I was wondering to what extent Gillick competence and the Fraser principle were being applied in these particular matters, as in providing young people with some agency given their level of competence?

Kemi Badenoch: Gillick competency is a medical term, which is one reason why, when people use it in talking about transitioning in schools, it does not quite work. A teacher is not able to assess Gillick competency, but it is one of the issues we think about when we look at policy in this area, so we certainly do consider it.



Q97 Bell Ribeiro-Addy: And the Fraser principle, because that is specifically about sexual health?

Kemi Badenoch: I do not know what that is.

Bell Ribeiro-Addy: The Fraser principle allows people younger than 18 to access sexual health services without necessarily having parental guidance.

Kemi Badenoch: Yes. Even the Gillick competency, certainly the first court case was around access to the pill. I am not sure I understand the context in which you are asking the question. Can you give me a scenario?

Q98 Bell Ribeiro-Addy: We have been talking about education, children's privacy, the information they are given and what they consent to in terms of treatment. I was wondering to what extent these principles are applied when you make decisions on policy.

Kemi Badenoch: We certainly consider them in policymaking, but there is a big difference between sexual health treatment and irreversible treatment that can permanently sterilise. The threshold for the latter cannot be the same as the former.

Q99 Bell Ribeiro-Addy: I could give you one potential scenario, though it would be a very rare one. You may have a situation where it has been necessary to remove an ovary from an individual because of a burst cyst or, potentially, they would go on to suffer more pain. This is something that could significantly affect reproductive ability moving forward. I know Gillick competence would be considered when consulting a young person, say aged 14 or 15, about whether or not they were willing to do it given the irreversible nature of it.

Kemi Badenoch: Yes, that is always considered but I am not a medical professional so I cannot give a case-by-case analysis of when it would apply. If you are asking whether we think about these things more generally in policymaking? Yes, we certainly do.

Q100 Bell Ribeiro-Addy: Yes. Whether or not it is universally considered, sometimes we apply them to things such as privacy, information and healthcare but we do not necessarily apply them to all these things, particularly when we are talking about mental and sexual health.

Kemi Badenoch: We do apply them in all cases but the threshold at which they would come in will be different.

Bell Ribeiro-Addy: Thank you, Chair.

Chair: Kirsten?

Q101 Kirsten Oswald: Minister, under the Online Safety Act, Ofcom is required to consult on and publish guidance for platforms on how they can reduce the risk of harm from content and activity that disproportionately impacts



on women and girls. Are you confident Ofcom is sufficiently resourced to deal with that, and how would you intend to monitor it?

Kemi Badenoch: It would not be a question for me, that would be a question for DCMS. I could not answer how well Ofcom is resourced.

Q102 Kirsten Oswald: You do not have a role in monitoring whether it is working?

Kemi Badenoch: No, I do not. This is what I was alluding to earlier. There is an infinite number of policy areas that I could be working in. It is simply not possible to do it all. That is why we need the Departments to carry out this work. They know they have a public sector equality duty. They know that they have to have equalities impact assessments in the same way that I look at the Competition and Markets Authority or the British Business Bank in terms of how they are resourced. Sometimes it is around prioritisation but that would be a matter either for DCMS or for DSIT but not for me.

Q103 Kirsten Oswald: Thank you. The Government have placed a reservation on article 59 of the Istanbul Convention pending the results and evaluation of the support for migrant victims scheme pilot. When will a decision be made on this and why is it taking such a long time?

Kemi Badenoch: I thought we had already ratified the Istanbul Convention.

Q104 Kirsten Oswald: Yes, but there is a carve-out for migrant women which is particularly problematic given the real issues and vulnerability that these women already face. Why is it that this is taking such a protracted period of time?

Kemi Badenoch: We can write to you. It is not an area that I cover. Ratifying the Convention I followed, but not the carve-out. That would either be Home Office or FCDO, but we can write to you.

Q105 Kirsten Oswald: I understand. I have heard you say numerous times today that certain things fall with particular Departments; you cannot be held responsible for that but is this perhaps an example of where oversight is needed? It seems wholly unacceptable to me that that is the situation.

Kemi Badenoch: Well, I disagree. You can have oversight but again—

Q106 Kirsten Oswald: You think it is acceptable that this is happening?

Kemi Badenoch: Departments make policy and should be held accountable. If you want an answer to that question, you should ask the person who is responsible. There is oversight. It is just not with me. What I find, not just in this Committee but also at orals, is that there is an infinite amount of demand. Equalities touches everything we do, every hour, every day. There is no way that one Department could do all that it is asked to do. Where we do have an input, we can give a view. Where we have fed in, we can give a view. Where we cannot or have not, then



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we cannot, especially when we are not responsible for the policy area. It is just not possible.

Q107 Kirsten Oswald: Do you understand why people might find that a challenging answer to deal with given your role as Minister?

Kemi Badenoch: No because there is someone—

Kirsten Oswald: Can I finish, Minister?

Kemi Badenoch: I do not think so.

Kirsten Oswald: You do not think I can finish my question?

Kemi Badenoch: No, I do not think that people would be concerned.

Q108 Kirsten Oswald: If I can say the whole question, then you may give me the same answer. Do you appreciate that this may be something that people might find surprising or challenging given that your role is Women and Equalities Minister? This is an issue that affects a very vulnerable group of women, and you are essentially telling me that you have nothing to say on this. It is nothing to do with you. So, notwithstanding your other comments, do you appreciate why people might find that somewhat perplexing?

Kemi Badenoch: No. If they do, it is again because they do not understand how this rule works. I have said it ad nauseum at this Committee. We run a hub-and-spoke model that we feed into, we provide data, but it is for other Departments to carry out their equality duties. There is a public sector equality duty. It is not a Minister for Women and Equalities duty. Everybody, even you as an MP, has this duty. It is not my job to check what you are doing. You have to do that, and you have to be responsible and accountable. Asking me why I am not checking what every single person is doing at every point—

Kirsten Oswald: That is not what I asked.

Kemi Badenoch: But that is the implication of the question.

Kirsten Oswald: I just asked what I asked.

Kemi Badenoch: We have priorities. We cannot do everything. A lot of the work I do no one asks questions about, probably because we are doing it well. We have a whole two-year strategy on race inclusive Britain. No one asks about that. That is one of the things I am referencing. We do get the challenge of being asked what other Departments are doing but we really need to focus on what our Department does. Where we are remiss, we will say so. We will go away and do some work. But I am not the Home Office. I cannot do the Home Office's job. We have already fed into the Istanbul Convention. If the Home Office has a carve-out, there will be reasons why. Equality and human rights do not always apply on issues like migration. You will know



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that. We are free to discriminate on the basis of nationality. That is not a women and equalities issue. That is just the law.

Q109 Kirsten Oswald: Migrant women are a group of women, presumably, so would discrimination be on the basis of their sex? You said you would write to me on this.

Kemi Badenoch: We can get the Home Office to write as they are the ones responsible.

Q110 Kirsten Oswald: If I can ask then that you look at the public sector equality duty and how it is working there? Minister, this year we have taken evidence on sexual abuse in the NHS, in schools, and in the music industry. We have heard, in all these situations, that victims are reluctant to come forward and those who do come forward are waiting up to five years for justice. One in six boys think Andrew Tate is a good role model. These are deeply concerning things. Do you think that the Government are failing women?

Kemi Badenoch: Because boys like Andrew Tate?

Kirsten Oswald: I have asked the question, and I am putting that to you.

Kemi Badenoch: We do not run an authoritarian state. In a liberal democracy, there will be things that people do which we do not like. It does not mean that the Government have failed. It is not for us to get into everybody's heads and minds and control their opinions. It is disappointing. There are good role models out there. We have a very difficult challenge, in the information age, when information is no longer coming from institutions and single reputable sources that perhaps the Government have a relationship with. Billions of terabytes of content are available now that is user generated. It is very hard to control that. I do not think that that means that the Government are failing people.

Q111 Kirsten Oswald: Can we get back to the first part of my question, if you do not mind, about the evidence that we have had on sexual abuse in the NHS, in schools and in the music industry and the reluctance of victims to come forward because they are waiting such a long time for justice in some cases? Do you think that that is an indicator of a failure somewhere?

Kemi Badenoch: As I said before, Government put a lot of resources into these areas. Sorry, I was very confused about the Andrew Tate reference and did not understand how that came into it. On the point about waiting lists, you would have heard the MOJ and other Departments talk about a lot of the work they are doing with courts and so on. The system is under a lot of pressure. We are spending more money than ever. We are even borrowing in order to provide these services, and it is a challenge.

Convicting rape and sexual offences is something that this Government have done so much on. We have brought in new offences. We have the



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Violence Against Women and Girls Strategy. There is so much in that plan which we are delivering, and we are working on it. There are some statistics that are improving according to Home Office Ministers. I have heard them say so at the Dispatch Box. I do not have the particular facts to hand, but I do think that, in terms of what the Government are doing, we have spent the last 13 to 14 years undertaking a phenomenal amount in the space around violence against women and girls. This was something that was a huge priority under Theresa May as Prime Minister. She started this strategy. We have done a lot on modern slavery. Certainly, I do not think, in terms of intention, anyone can—

Q112 Kirsten Oswald: I am not asking about the intention. I am sorry to cut across you, I am just aware of time, Minister. All the things that you have said, I am not going to get into just now. It is the reality that this is what we have heard. Do you think that there is a significant issue or not?

Kemi Badenoch: There will always be an issue because justice delayed is justice denied. What we can do is try to reduce that, and that is why we have brought in all this legislation. We have brought in the regulations. We have put out guidance. That is where Government can make an impact.

Kirsten Oswald: Thank you.

Q113 Chair: Mr Bell, can I ask you a quick question about CEDAW? As a state party to it, when do you anticipate the next inspection of the UK to be?

Marcus Bell: I am not certain, I am afraid. Quite soon. Probably over the next year, but I cannot give you exact timing for it.

Q114 Chair: What is the Equality Hub doing to prepare for it?

Marcus Bell: I cannot tell you that now. I am happy to write, Chair.

Q115 Chair: Thank you. We were last examined in 2019, so we can be reasonably confident there is an inspection coming soon. There was a suggestion from CEDAW that we should consider establishing a national oversight mechanism to co-ordinate and monitor the implementation of the Convention. What have we done to secure that?

Marcus Bell: I am not sure. If I was asked that question now, I am not sure we would say we need a national mechanism to oversee implementation. We can certainly do an assessment of how implementation is going, but I am not sure we need a permanent standing mechanism if that is the question.

Q116 Chair: Their recommendation was to consider it. You have considered it and we do not need one?

Marcus Bell: That would be my off the cuff response.

Q117 Chair: That is your reading?

Marcus Bell: Yes.



Q118 Chair: A quick final question. You will be conscious that we have done a lot of work on abuse and harassment in the music industry, in sport, and in various sectors. A repeat theme that comes up is about non-disclosure agreements. We have received evidence that victims of discrimination abuse are being forced to sign NDAs. In too many instances, the victim leaves an organisation, having signed an NDA and received a payoff, and the perpetrator stays in place. We know that there has been a move to remove NDAs from higher education. Should we be looking at more sectors?

Kemi Badenoch: Should we be looking at more sectors?

Chair: Or more widely?

Kemi Badenoch: If people are removing NDAs. Is that what you mean?

Q119 Chair: Yes. Should we be looking at what can be done to prevent the exploitative use of NDAs?

Kemi Badenoch: This is something that I am actually looking at as Business and Trade Secretary. There was an amendment which we were hoping to put into the Victims and Prisoners Bill, but it did not quite work because of the definition of victims. I do not have the very latest on that. I know that my team is working on it.

The key problem that we need to resolve is people understanding what the legal basis of an NDA is, and that is it is not something that should stop you from making a report to the police. It does not contain you. It is effectively an informal agreement. What has been happening is people use it as a way of making others think that this is a legally binding contract. My preference is for us to put some wording in statute that can explain that this is not the case, but finding the right vehicle has been a challenge. I am waiting for an update from my Department on what more we can do. There is an elegant solution that we are working on, but I do not have the details to hand.

Q120 Chair: Can you give us an indication of how long victims might wait for that elegant solution? We heard evidence from Zelda Perkins, a very brave woman, and we keep getting the sense that it takes the very brave to stick their head above the parapet and they are looking to Government to help them.

Kemi Badenoch: I do not know the evidence that she gave, but this is something that we are actively looking at. It needs a legislative vehicle. It needs to be something that works and does not get thrown out in the Lords. The process of making sure that things get into statute and work as intended is not that straightforward, but it is an area that we are working on.

Q121 Chair: Would it necessarily require a legislative vehicle? Can it be done by secondary legislation?



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Kemi Badenoch: I do not think it can be done by secondary legislation because there was a sub that came to me when we looked at this as that would have been a lot faster. I do not want to misspeak. Either it was not something that was within our gift, or it would interact somewhere else. So we are bringing something brand new, which is why we were hoping that the Victims and Prisoners Bill could do it but that ran into some trouble. We are working with the MOJ on it. It is something that I have been talking about with Laura Farris but not recently, as in this week.

Chair: I was going to say, she was only made a Minister very recently.

Kemi Badenoch: Yes, not this week.

Chair: Thank you. Can we have some follow-up in writing for the points that were raised with you during the course of this afternoon? I thank the Minister and Mr Bell for their evidence.