

Women and Equalities Committee

Oral evidence: Reform of the Gender Recognition Act, HC 884

Wednesday 17 March 2021

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Members present: Caroline Nokes (Chair); Ben Bradley; Elliot Colburn; Angela Crawley; Alex Davies-Jones; Kim Johnson; Kate Osborne; Bell Ribeiro-Addy.

Questions 96 - 123

Witnesses

I: Nancy Kelley, Chief Executive Officer, Stonewall; Lui Asquith, Director of Legal and Policy, Mermaids; Cat Burton, Chair, Gender Identity Research and Education Society; Dr Jane Hamlin, President, Beaumont Society.

Written evidence from witnesses:

[Gender Identity Research and Education Society](#)

[Stonewall](#)

[Beaumont Society](#)

[Mermaids](#)



Examination of witnesses

Witnesses: Nancy Kelley, Lui Asquith, Cat Burton and Dr Jane Hamlin.

Q96 **Chair:** Welcome to this afternoon's evidence session of the Women and Equalities Select Committee's inquiry into reform of the Gender Recognition Act. For this afternoon's session, we have four witnesses: Nancy Kelley, the chief executive officer of Stonewall; Lui Asquith, director of legal and policy at Mermaids; Cat Burton, the chair of the Gender Identity Research and Education Society; and Dr Jane Hamlin, the president of the Beaumont Society.

We will, in the course of this inquiry, be hearing from other panels and those that may well hold opposing views to the witnesses we are hearing this afternoon, but this afternoon's session is an opportunity for us to hear from the witnesses this afternoon.

Can I start by asking each of you to very briefly introduce yourself, and then to explain a little about the process of a gender recognition certificate and why this is important for some trans people but not all of them?

Nancy Kelley: My name is Nancy Kelley and I am the CEO of Stonewall. I am delighted to be here today and to have the opportunity to talk about the Gender Recognition Act and its reform.

To the question of why GRCs matter, there are some really important practical things that a GRC enables for trans people. It enables a person to get a marriage or a civil partnership in their correct gender. It enables their gender to be correctly recorded when they die. It means that their pensions and insurance policies are administered in the correct gender.

Importantly, on a day-to-day, week-to-week basis, it helps protect privacy and safety by making sure that their birth certificate documentation is consistent with other records, such as medical records, passports and bank accounts, which are much more straightforward to update. We know that, when those things do not match, it leaves trans people at risk of their trans status being disclosed without consent, which can lead to discrimination, abuse and exclusion including from employers and service providers.

It is also important to note, on the importance of a GRC, that it is emotionally and symbolically important to many trans people. This is not about whether cis people like me accept a trans person's identity; this is about a trans person making a legal statement about who they are and having that reflected, remembering that the GRA is really about trans people.

The big reason why there is a disparity between the estimates of the general population of trans people in the UK and the GRA is to do with a range of factors. Some of that is to do with the fact that, at the minute, we have legislation that completely excludes non-binary people, which is



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approximately half of the trans population. That explains quite a lot of the disparity. There are also really significant problems with the GRA process itself, which I know we will have a chance to talk about today. Although it was ground-breaking when it was brought in, it is a very intrusive, demeaning and bureaucratic process. We know that that puts a lot of trans people off.

Dr Hamlin: I am Jane Hamlin. I am the president of the Beaumont Society, which is the longest established trans support group in the UK. Although we have members in other parts of the world as well, we are basically based in the UK.

My background is that I was a primary school teacher and headteacher for many years, and finally a university lecturer. It was while I was a university lecturer that I had the courage and the space to come out as my true gender. I found tremendous support among students and staff there.

Nancy has summed up a great deal about the GRC and why we are here, and I agree with everything she said. It officially recognises my gender. It is not a very impressive document. I do not know if you can see that. I did feel that, when I eventually died, it would be far too ironic if I was to be buried in my deadname, so it seemed worthwhile going through all the procedures I had to go through.

Cat Burton: Thank you so much for the opportunity to talk to the Select Committee today. I am Cat Burton. I am the chair of GIRES, the Gender Identity Research and Education Society. I have fairly recently taken up the post, following on from Bernard and Terry Reed's 20-plus years of hard work for the transgender community.

I am a transgender woman. I transitioned while working for British Airways as a captain and they actually paid me a great compliment when they inducted me into their gender and diversity team. I assumed that they were asking me to join that team because I was trans and that they would want me to mentor people following along in my footsteps. My chief pilot said, "Gosh, are there any, Cat?" I said, "Actually, the day that the notice came out telling people I was coming back to work as me, I got six emails from other transgender pilots saying, 'Thank you for doing that, Cat. Maybe there is hope for me now'".

He said, "You can do that as well if you like, but you are the most senior woman pilot in British Airways. I do not know if you even realise that". I would never have claimed that for myself, but he called me that and he said, "We need you on the diversity team because only 5% of British Airways pilots are women and we need you out in schools convincing more young women to become airline pilots".

My background in diversity is that, yes, I am a trans woman, but I am a woman. The simple fact of the matter is that all these things are not my label. My label is "Cat" or "person". I have lots of ingredients. One of



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them is woman. One of them is trans. Sometimes the trans ingredient floats to the top like the chilli in a mouthful of curry but it is still a curry, not a chilli, and I am still a woman. I am Cat. The gender recognition certificate, which I did apply for, allows me to quite confidently claim that I will be buried as Cat. That is one of the more esoteric reasons to get a GRC.

The only two practical purposes for a GRC are to change your birth certificate and to change which actuarial table you come under for pensions, both state and private. Pension providers are able to ask to see your GRC so they know what date we start accruing pensions in the female table—simple as that. All of the other ones follow on from the fact that we are able to change our birth certificate.

The process at the moment is not only time-consuming but demeaning. As Nancy said, we will have a lot of time this afternoon to talk to you about exactly why that is the case.

Chair: You will indeed.

Lui Asquith: Thank you for having Mermaids this afternoon. I am very grateful for that. I am Lui Asquith. My pronouns are “they” and “them”. I am the director of legal and policy at Mermaids. Mermaids is a registered charity that supports transgender, non-binary and gender-variant young people up to their 20th birthday, as well as their family, whatever that means to the individual. We are currently supporting in excess of 6,500 individuals per annum. I will be speaking today within that context, on behalf of the lived experience that we hear on the front line at the charity.

In respect of legal gender recognition and directly focusing on those under 18, the answer is somewhat in the title: “recognition”. The first step to equality is being recognised to exist. For those who are under 18, having that on their birth certificate currently, with no opportunity to change it, is a nod towards an idea that they are not deemed to exist and not believed to exist.

We know that legal gender recognition is part of the tapestry of work that needs to happen to change the culture towards trans people generally as well as trans young people, but it is an important component. To echo what Nancy referred to earlier, with that recognition comes privacy. At Mermaids, we hear countless testimony around unfortunate unwanted disclosure. A typical scenario we hear is a young person in school being outed due to the information that is on the system. It is an indirect product of what is on one birth certificate—the information that then pushes through on to the system.

This can lead to other issues and problems. A typical concern that we hear at Mermaids is about young people being told to use facilities that make them uncomfortable, and some really harrowing accounts come from this. I have heard first-hand from young people who are stopping



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themselves from eating and drinking in a day to limit the chance of them having to need the toilet. I have heard of young people unfortunately wetting themselves at school because they are so scared about using facilities that they are being made to use.

Legal gender recognition has an indirect impact on how young people are dealt with in everyday life. In short, it is recognition and privacy. I look forward to exploring that further with you this afternoon.

Q97 Kim Johnson: Good afternoon, panel. Evidence to our inquiry argues that the requirement of a diagnosis of gender dysphoria should remain to ensure that those applying for a certificate are doing so genuinely. What concerns do you have regarding this requirement and how would you respond to this argument?

Cat Burton: We often hear the argument that people without a medical diagnosis of gender dysphoria might use this to change their gender trivially and repeatedly. There are plenty of ways that we can avoid that. It is paradoxical that some people will say, "I am a woman today and I am doing that so that I can use the bathroom", when nobody asks to see your birth certificate to use the bathroom and that is the only real use of the GRA.

This is the solution that we envisaged, with a nod to Mermaids that it does not encompass young people, which definitely needs to be addressed. We already need a collection of statutory declarations in order to obtain a GRA. We need to change our name and a statutory declaration is very definitely the senior way to provide a paper trail of name change in the UK. We need a statutory declaration from a spouse and, again, we will probably come back to that later this afternoon. We need a statutory declaration to say that we have changed our name and whether our spouse is content to remain married. We often need a statutory declaration that our intent is that this should be a permanent change.

It is that statutory declaration of permanent change that would prevent trivial use of a revised Gender Recognition Act. The penalty for making a false statutory declaration is very clear; it is perjury. That is a custodial sentence if the judge deems it sufficiently serious perjury. There is no issue with protecting the GRA process from triviality.

However, can we just address that diagnosis of gender dysphoria? In point of fact, gender dysphoria is a self-diagnosed condition. The medical professionals who provide referee A certification are on the list that is approved as gender specialists, but all they can truly do is make sure that their patient does not have any underlying pathologies. Then they talk to their patient and, based on what the patient tells them, they will agree that the patient is suffering dysphoria.

There is no empirical test that they can provide to check that someone has gender dysphoria. It is simply what we tell them. It is a self-



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declaration to the medical professional that we are gender dysphoric and that we are the gender that we present and live as. It does not provide any back-up to that actual diagnosis. The second one is from our GP, who does not have to be a gender specialist, and it is literally just to list what treatments we have either sought or undertaken.

Neither of those two medical referees is able to certify that we are gender dysphoric. They are able to certify that we are euthymic—in other words, we are not bipolar or something like that, and we are not suffering from a condition that may cause us to present as simply unhappy and looking for any old solution. Provided we are euthymic, they rely on us for that diagnosis. It is fine in terms of a medical treatment, but it does not belong in what is fundamentally a legal process. Let us make it a legal process, pure and simple, and let us make it a solemn legal process, not one that can be trivialised. Then you will have your answer.

Dr Hamlin: Cat has summed it up very well. As she says, we know that we are in the wrong gender or we do not; it is one or the other. We know better than anybody else so, as Cat says, we just need someone else to confirm that. Well, we confirm that ourselves.

Nancy Kelley: There are two major problems with the requirement for a diagnosis, picking up on what Jane and Cat were saying. The first is that it reinforces the false belief that being trans is a mental illness. The World Health Organization has formally removed the diagnosis of gender dysphoria from the International Classification of Diseases. It is covered in a section on sexual health settings now and described as “gender incongruence”. We are requiring a diagnosis that, in international best practice according to the World Professional Association for Transgender Health and the WHO, does not exist and should not exist.

The other thing is just very practical. To fulfil the requirement of having that diagnosis, an applicant has to show that that diagnosis has come from a registered medical practitioner or a registered psychologist. Our understanding is that there are only 96 of those in the UK at the minute. You either have to navigate this very long waiting list to see someone on the NHS, which is years in some cases, or you have to pay. That is an example of one of the ways in which chronic underinvestment in the system bottlenecks and harms trans people in all ways.

I agree with what Cat and Jane have said. This is a legal process of self-declaration and we should not really be medicalising it in this way.

Lui Asquith: We at Mermaids feel very strongly that the system needs to be de-medicalised. We need to move away from pathologising trans individuals. Just to add to what my colleagues have been saying, we need to be alive to the fact that the current system requires one to experience a distress in order to be legally recognised. When you acknowledge that, it is quite remarkable. We require someone to feel an anxiety, and to be in persistent and consistent distress, to be able to change their legal gender. When you acknowledge and take that in, you really understand



the human impact of what is being asked. Not everybody experiences dysphoria in a way that satisfies the diagnosis criteria. We say that is okay. We say that the right to self-determination should prevail over a diagnosis in this instance, and a de-medicalised process is one that, as I say, should prevail over any other.

Q98 Kim Johnson: Nancy, the GRA consultation responses recognise that discrimination towards trans and non-binary people was exacerbated in black and minority ethnic communities and some religious communities due to cultural differences, therefore limiting their opportunities to obtain a certificate. Can you tell us how your organisation works with black trans and non-binary people, and what recommendations you would give to Government policy to make gender recognition procedures intersectional and accessible?

Nancy Kelley: I will do my best, but this is a really important and complicated question, so we would love to revert back to the Committee with more thoughts on this.

The first and most obvious thing to say is that, by de-medicalising and simplifying the process and reducing barriers for all GRC applicants, you are reducing barriers for GRC applicants who may find it most difficult to access. There is also a really important issue here about the national conversation around both gender recognition and trans people generally. We live in a society where the way in which trans people as a whole are talked about is very negative, particularly in the press, all too often by politicians and other public figures. Again, reducing the stigma that is associated with all applicants for a gender recognition certificate will be enormously helpful for people who also experience marginalisation on the basis of faith or race.

Having that more positive, de-medicalised and streamlined environment opens the way to doing really deep work in communities. At Stonewall, we work in partnership wherever we can with LGBTQ and trans-led organisations that focus on the needs and experiences of trans people of colour, as well as the wider LGBTQ community. Working with those community groups, there is a huge potential to begin to uplift the voices of trans people of colour and listen to them about what would actually work, to help break down the stigma within their communities and families.

Lui Asquith: To add to what Nancy has said there, we believe that direct focus group and consultation work is imperative—actually listening to the lived experience of trans people of colour and trans young people of colour, to learn and to evolve policy to ensure that it is fully inclusive. We know that there is much work to be done in relation to this. We are doing focus work within the charity currently to advance our work specifically as a charity.

This is a problem and an issue that needs to be an interorganisational piece of work. Everybody needs to be alive to it. Everybody needs to be



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working together to illuminate the issue and the hurdles that we may not be aware of or privy to. It is about taking on responsibility as an organisation to become privy to and aware of those hurdles, and to provide a platform to ensure that we can break those down.

Kim Johnson: Cat, do you have anything to contribute to this question?

Cat Burton: I do not have a great deal personally. GIREs has some focuses, which we are working on for the coming year. Intersectionality is very much at the forefront of our thoughts at the moment.

Personally, I am the chair of Race Equality First, the charity that is the remnant of the old race equality council for south-east Wales. That is a Cardiff-based charity. I also work an awful lot with Diversity Role Models. In that particular role, I go into schools all over the UK to talk to young people about what it means to be transgender and why bullying of colleagues is not a good idea.

A lot of the schools I have been to have been in deprived areas of east London that have a large minority ethnic complement of pupils. There are some very particular needs for that community that come along the lines of, "How do you explain that my imam tells me that being transgender is a sin?" I cannot really answer that from the point of view of their imam's teaching, but I can say that there is no worldwide religion that says hate is a good thing. It very often is a case of being very careful with these minority communities, because they do have transgender members as part of their communities and those transgender members are the most deprived of support of all of us. The last thing they need is the intrusion of the current process in their lives to make it even more difficult than it is.

Dr Hamlin: I just want to reiterate what everyone else has said. The Beaumont Society is a small charity. We do not employ anyone. We are very much a mutual support group and, of course, we support each other as well as we can.

Q99 **Kim Johnson:** Should the requirement for a person to live in their acquired gender for two years be removed or reduced, and why?

Dr Hamlin: Two years can be an unnecessarily long time. It is, after all, an arbitrary period. There is no particular significance of two years. To successfully live in role anyway, one would need to have changed one's names and documents, like one's passport, driving licence and so on. There is a lot to do and lots to think about.

When I began to live as Jane full time, I knew very quickly that there was no way I was going to go back. I had been hiding this for decades, and suddenly there was this huge weight lifted from my back and I realised this was the real me. I did not need anyone else to tell me and I did not need two years to realise that.



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Whatever time period is chosen, evidence will have to be provided to prove that you have been doing it for that long and then checked, of course. That creates unnecessary bureaucracy and expense. It is not necessary.

Cat Burton: This is a brilliant question, actually. When I applied for my gender recognition certificate, my application filled the box that five reams of paper comes in, because part of the requirement for two years of lived experience is to justify it with every single piece of paper that has your name on it for that entire period of time. I sent it off, very carefully prepared, to the gender recognition panel, and I got a nice note back from the secretariat to say I had done their work by sectioning it all into little plastic folders and things.

It got knocked back. The reason it got knocked back is that I had sent them two years' worth of documentation but I had prepared it a month before the date on the application. That final month between the date I had put this package together and the date on the application was not justified by the documents.

They would not tell me that. The panel does not give any feedback whatsoever when it knocks back an application but, because I had been on the right side of the secretariat, they said, "It is because the last month of documentation was not there, Cat. If you send it back with the documentation up to the date of the application, it will get through next time", and it did. Of course, I had to apply again and pay the fee again. That process of justifying those two years is one of the most onerous parts of the entire application.

My suggestion would be that it needs a cooling-off period from the date of the application. What it does not need is time before the application. I would strongly suggest that the measure you look at to make sure that this is not done trivially and with no thought is to say, "From the date of the application, we are going to take three months to issue the gender recognition certificate. During those three months, you will be expected to live in role in an unbroken way".

The other real problem with justifying role with documentary evidence arises for young people. The documentary evidence that they sought to justify my two years in role was every pay cheque, tax return, utility bill, mobile phone bill and literally every letter from my employer. Every single piece of paper that comes to somebody with a name on it has to be sent to them to justify that the period of two years is unbroken. That is the thing that they are looking for: that there was no period where, for a month or two, you could not be bothered with this and you just went back to being the old you. Of course, young people are going to struggle immensely to provide documentation that they have been living in role, other than perhaps school reports.

Again, I would strongly urge the Committee to consider, yes, making it a period of time but making that period of time actually mean something



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and be useful. Let us say, arbitrarily, that you accept my recommendation of three months. During that period, you can be dealing with one of the other things that I know we are going to come to later in the agenda, which is spousal veto, and putting in place a different protection for the spouse of somebody who is seeking a gender recognition certificate. Other than a simple veto, you can use this period of time to allow for reflection and discussion.

Lui Asquith: Just to add to what Cat has said there, to be clear, Mermaids believes that this requirement, which is often known as real-life experience, is outdated and should be removed. We second the evidential problems that young people specifically have. There are also specific evidential problems for non-binary individuals.

To add to that, the whole real-life experience test reinforces stereotypical assumptions around gender, which are unhelpful to everybody. We have to ask, "How does one evidence gender?" Those watching this panel or on this panel who are cisgender could ask themselves, "How would I evidence that I am X gender?" It is hopefully an exercise that will allow you to really engage with what it feels like to have to put forward a test case for you being who you say you are. We believe in self-determination and that any arbitrary lived experience evidence is unnecessary and unnecessarily bureaucratic.

Nancy Kelley: It is also important to recognise that that period of time is one for which you are leaving trans people open to abuse and discrimination, because of uncontrolled disclosure of the way that they were assigned at birth on their birth certificate. That matters in the context of all of this unnecessary delay.

To come back to your previous question, Kim, the Government have an incredible opportunity in terms of banning conversion therapy to do great work for black and Asian trans people in particular. We know that the highest risk populations of conversion therapy are trans people, black people, Asian people and people of colour. Sending a really clear message that all forms of conversion therapy are unacceptable, whether they are religiously or culturally motivated or to do with pseudo-psychotherapy, would be a huge step forward in sending a signal to those communities that young black trans people, Asian trans people and trans people of colour should be respected and valued for who they are.

Q100 **Kim Johnson:** In your written evidence, Cat, you argue that the term "acquired gender" in the GRA is inaccurate. Can you expand on this, please?

Cat Burton: Yes, by all means. "Acquired gender" is certainly not the language that, as far as I know, any of our organisations currently recommends. "Acquired gender" assumes that you were not that gender before you acquired it: that there is a change of gender. In point of fact, all there is for most trans people is a realisation of gender. I have always



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been Cat. I did not always present as Cat. I did not always know I was Cat. That does not alter the fact that I always was Cat.

When I was 14, I dabbled with a young school friend and the two of us dressed as girls. As a result of that, I shied away from transitioning because I looked like what I was: a 14-year-old rugby player in a frock. I put it away in a little tin box at the back of my brain marked "Do not open this box under any circumstances". It stayed locked until my 50s. Then a trivial thing—it is irrelevant what it was—opened the box, and I realised that you actually only live once and you have to be the best person you can be.

Unfortunately, as soon as the box was opened, I realised that most of my life had been camouflage. I wore a beard for most of my adult life. I became an airline pilot and there was nothing more camouflaging than doing that job back in the 1970s. If I had been presenting as the real me back in the 1970s, I would not have got my job. I would not have had my fabulous career. The simple fact of the matter is that I have always been me; I just did not always know it.

Q101 **Ben Bradley:** Hello, everybody. I have three questions for you. First, Cat touched earlier on spousal consent. I am interested in how that affects trans people applying for a certificate and whether it should be removed, as well as your view on the counterargument. Some people would argue that there is the possibility of a spouse being trapped in a marriage, where obviously the circumstances have changed a great deal, or that it might force a divorce in a scenario where, perhaps for religious reasons or whatever, people are not comfortable with divorce. I wonder what you make of those arguments and your views on the spousal consent provision overall.

Cat Burton: I find spousal consent particularly offensive. It has the potential to hold the trans person hostage and I do not think anybody particularly wants that situation. I do, however, strongly support the idea of a requirement for a conversation between two adults, whether that be under legal supervision or other. There is a great argument for honest and fair treatment of the spouse of a trans person who does not wish to remain married.

Obviously, the ideal solution is that both people can resolve their differences and remain married but, if that is impossible, the current solution is that that person withholds spousal consent, which can go on indefinitely. If the person does not wish to give consent, they are currently eligible not for a divorce but for an annulment. In legal terms—I am sorry if I am teaching you to suck eggs here—that simply means that it is as if the marriage had never taken place. I do not know of any religious or moral objections to a marriage being annulled. Even Henry VIII had his first marriage annulled rather than a divorce.

The simple fact of the matter is that I am not saying somebody has to remain locked into a marriage unless they wish to give consent. All I am



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saying is that the consent at the moment is hostage taking. There should be a mechanism for everybody to resolve it in an amicable way and there should also be, very firmly, a time limit on how long that spouse can obstruct the issue of a gender recognition certificate.

At the moment, the mechanism is that, without spousal consent, you get an interim gender recognition certificate, which does precisely nothing. It is literally a placeholder until such time as the differences are resolved, either by annulment or by somebody coming up with consent at a later date.

I am not trying to say that the trans person is the only person here who is important. What I am saying is that both parties are important. They need to treat it like a pair of adults and talk about it, even if that is under legal pressure to do so. That is where my three months come from in the original argument. You may wish to say that three months is not long enough and I will not argue with you on that. The simple fact of the matter is that, after the application, there should be time to discuss this problem, but there should never be a case where it can be blocked for longer than a non-notional period, whether that be three or six months— a sensible and justifiable period of delay after the application.

Dr Hamlin: I believe that all individuals should have autonomy over their own lives. Someone else should not be able to shackle them in this sort of way. The spousal veto is more likely to cause friction when they are probably already under severe strain. I agree with Cat that there needs to be mechanisms so that people can talk this through in a positive and constructive way.

I am not talking particularly about the GRA here, but there should be counselling support available for the spouse and the family to help them understand why someone wants to transition. In our experience, there is no such support service. Our GP was able to organise some counselling for my wife but it is not a standard procedure. It is just another bureaucratic complication that adds to the cost of the process.

My own wife found the declaration process unnecessary and intrusive, but agreed to make it because she wanted to support me. We were in this together. Fortunately, my application for the GRC coincided with us updating our wills and the solicitor threw in a free spousal declaration and my declaration as part of the deal. He was very happy—I think it was the first one he had done—to do mine, but he felt a bit embarrassed that he had to go through the same procedure for my wife. He thought it was unnecessary as well, and she obviously did too. As I say, she was very happy to do it because she wanted it to be successful.

Nancy Kelley: I really support everything that both Cat and Jane have said. There are a few things to add. The original reason or rationale behind spousal veto was in part to do with homophobia; it was a relic of pre-equal marriage times, based on the assumption that finding yourself as a woman married to another woman without meaning to was always



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an undesirable outcome. When equal marriage was introduced in Scotland, they removed spousal consent at the same time for that reason. It is important to have that context.

In terms of the concerns that I know are often raised about spousal consent, for people who no longer wish to be in a marriage, the obvious answer is to seek a divorce for whatever reason, including this. I do not mean to trivialise divorce—I have been married to my wife very happily for 14 years—but that is the obvious solution.

I know that sometimes people have raised concerns around making it easier for people who are in abusive relationships to leave in a way that is supported, and for people whose religious and cultural beliefs make divorce inaccessible or harder to access. There are a couple of things to think about here. First, with both of those scenarios, the overwhelming majority of couples for whom that is an issue—abuse within the couple, or religious or cultural prohibitions against divorce—are straight and cisgendered couples. The GRA is not really a great mechanism for dealing with that as a social issue.

Exactly as Cat and Jane have pointed out, there are lots of ways, if it is required to deal with it specifically in the GRA, to decouple it from a veto situation. Having an annulment on the grounds of a GRC being issued would be the most obvious thing, as opposed to a delay in the issuing of a GRC. That would achieve the same protections for those people who were trapped in marriages they did not want to be in and, for a range of reasons, found it difficult to exit.

Lui Asquith: It increases the risk of coercive control within a relationship, just to repeat that point. I know Nancy alluded to it.

Q102 **Ben Bradley:** My second question is about the gender recognition panel. We have touched on it before. What is your view of the role that it plays? Some people have argued that it is inaccessible and too secretive. There are various issues around it.

Lui Asquith: Looking from the perspective of a trans individual, what we hear at Mermaids is that people do not really understand who it is on the panel. There is no real transparency around the process and that creates a barrier, because people do not want to have to evidence to what feels like a panel of strangers, and objectively is a group of strangers, matters that strike right through the heart of their personal life and private life.

That is what we are dealing with here. We are talking about incredibly personal issues. Having to disclose them to what is a panel of strangers can serve as a huge issue around transparency. Of course, a product of that is not knowing whether to trust or not understanding what it is that you are having to subject yourself to. We hear at Mermaids that that is a huge anxiety within the process.



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Nancy Kelley: I am just going to say a couple of things briefly, because Jane's and Cat's testimony on this is the most important, in a sense. One of the things that Cat has alluded to is really important: that you do not know why you get rejected when you get rejected. It is a complete black box. You put an input in, and then an answer comes out and you do not know why. That is really important.

The other thing I wanted to flag, which will perhaps get expanded later, is that there is a real issue with the way in which this very untransparent panel has experienced scope creep or involved scope creep. One of the things at the heart of how intrusive, difficult and off-putting this process is is the level of detail that the panel requires in medical reports. Those things are not required on the face of the Act but the panel works in a way that is dealing with these incredibly intrusive medical reporting processes. It is simultaneously asking you the most personal things for no good reason and totally unaccountable to you as an individual.

Dr Hamlin: I am sure the people on the panel are worthy people who want to do their best for those who make applications but, as people have said, we have no idea who they are, what their qualifications are and, as Cat has been saying, why my application was approved and hers was not first time. Like Cat, I did not find it easy to collect all the necessary evidence that I needed. I have a gender-neutral title. When I changed my name, I did not change my initials. We had to find the utility bills and, of course, my wife pays half the utility bills anyway.

We were living in the same house for over 20 years and had been together as respected members of the community, as they say. What must it be like for younger people who live at home or have no settled accommodation? It must be incredibly difficult. It is unfortunate. We would like to know more about it.

Ben Bradley: It needs more openness.

Cat Burton: We do know a bit about how the gender recognition panel is constituted. They are retired judges. It is a very nice little earner for judges in retirement. We are not allowed to know who is on the gender recognition panel, nor do we get any feedback from them.

My personal view is that the panel should simply be disbanded. All we are asking for is a very simple bureaucratic process; it should be no more than that. In fact, moving online, as it has, would make a simple bureaucratic process ideal, because all you really need to do is have a look and say, "Are all the required statutory declarations there? Has the fee, whatever it may be, been paid? Yes, approve or, no, disapprove of this application". It does not need a huge pile of evidence.

In fact, one of the main reasons why it is expensive and requires a panel is that they have to sift through a box of papers that is nearly a foot deep. If you got rid of all the bureaucratic requirements and simply made



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it a box-ticking exercise, an office staff could make sure that all the boxes were ticked.

I am a pilot. I apply to the CAA for licences on a regular basis and it now has an online process. You upload the documents from a flight skill test, or something like that. Within about 24 hours they have had a look at what has arrived in your file, they tick “yes” and the licence gets sent. It should be no more complex or expensive than that. There should quite simply be no panel. It does not require learned judges to approve of all this. It just needs for somebody to check that all the required answers are on the documentation and then say yes.

Q103 **Ben Bradley:** I have one final question I want to ask of you, Nancy, on the basis that it cropped up from your written evidence. You and I spoke about this before last year, and I agreed with a lot of the stuff, particularly around bureaucracy and the complexity of it all. The thing that perhaps we could not agree on, which gets to the heart of the Act and the discussion around it, is the suggestion you put in your written evidence that the Equality Act should include gender identity instead of gender reassignment, and perhaps remove things like single-sex space exemptions. That seems to be the heart of the conflict, if that is the right word, around all of this.

Do you see the argument and conflict, if you think there is one, around doing that and the rights of women based on sex under the Equality Act? If you do see that, how do you suggest resolving that conversation?

Nancy Kelley: I will give that a go. There were quite a few questions rolled into one there, but all really good. The Equality Act protects on the basis of both sex and gender identity. The protections for trans people and the gender identity protections are not attached to whether someone has a gender recognition certificate, and that is really important for a tonne of reasons, including the way in which the two pieces of legislation do and do not interact.

It is really important to say that we do not advocate for the removal of the single-sex exemptions in the Equality Act. When the Equality Act was first introduced, Stonewall did. That was because we were worried that they would be applied in a really blanket way and would be used to wholesale exclude trans women from many single-sex spaces. We know that that has not been the case.

The bar set in the Equality Act, which is that trans women and trans men—although it is mostly used around trans women—access to women’s spaces should only be restricted as a proportionate means of achieving a legitimate aim, is very high. There has to be a very specific set of reasons to exclude trans women from single-sex spaces. Although we dearly wish that no single-sex spaces wished to exclude trans women, trans men or non-binary people, we also recognise that, for the minority of spaces that want to, it is probably not a particularly safe service for those trans people to access.



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The main concerns that come up around access to single-sex spaces—and I am going to talk primarily around women’s spaces, if that is okay, because that is how this argument takes place—cluster around a few different issues. The first that I would really like to address, because I know that it was addressed in previous evidence, is the idea that trans women are unsafe and therefore it is unsafe for trans women to be in, for instance, a domestic abuse setting or any other single-sex setting. There is no evidence of this.

I know that previous witnesses have pointed to a very specific study around offending and trans people. I would really like to address what is in that Swedish study because it does not say what it was represented as saying. Indeed, the author, Dhejne, has publicly explained many times that that is not what the study says. That study, which tends to be relied on when people say trans women are not safe, looks at two cohorts of trans people. One is an older cohort of people who transitioned between 1973 and 1989, and the other is a younger cohort of people who transitioned between 1989 and 2003.

In that first cohort, the people who transitioned quite a long time ago, it finds similar levels of criminal convictions—all types of convictions, so not specifically sex crimes or any of the things that it is sometimes represented as saying—for trans women and cis men. In the younger group, so everybody who transitioned after 1989, which is quite a long time ago, that is not the case. Trans women do not have higher levels of criminal convictions in that cohort since 1989.

The author themselves says that their assumption is that, as trans people have become more socially accepted and more able to have employment in mainstream settings, they have not been pushed into subsistence and low-level criminal activity because of poverty and marginalisation, and that the elevated rates of criminal convictions are most likely attributable to that. It is really important to say that there is no evidence that trans women represent any kind of real-world safety risk to cis women.

The other thing that sometimes gets talked about is the idea that this somehow takes resources away from cis women like me, particularly in the violence against women and girls sector. Again, it is really important to remember that this is a tiny population and a grossly underfunded sector. This month, the Government announced a £90 million investment into the violence against women and girls sector. It is incredibly welcome but it is nowhere near enough. The estimate is that around £393 million is needed for refuges and other life-saving services. It is really disappointing that publicly, and sometimes in the media, trans people and trans women specifically get blamed for this, including by institutions that are not really interested in violence against women and girls.

It is this pitting of one vulnerable group of women against another vulnerable group of women. We are really side-stepping all of those important things about the Government stripping back funding or there



not being enough funding in the context of austerity for violence against women and girls services. We are really keen to focus on the fact that there are a great many violence against women and girls services that are explicitly trans-inclusive, a vast majority that are trans-inclusive by default and just get on with it, and a minority for which that is deeply inimical. We know that being trans-inclusive in those services can work really well and our perspective is how we can support more services to work in that way. Sorry, that was a bit of a long answer.

Ben Bradley: Thank you, in particular for clarifying that what I had read was obviously older evidence as opposed to what you advocate as change.

Cat Burton: First, sorry for my little expletive against you a little earlier on.

Ben Bradley: No problem.

Cat Burton: I had not muted myself in time. It was because this is obviously not within the scope of this discussion and it is a completely separate Act of Parliament; it is the EA 2010, not the GRA 2004. It is nevertheless an important part of the overall discussion, because that concatenation of the two Acts is a huge part of the arguments that have been raised against GRA reform. I would encourage you to remember that we are only talking about GRA reform here. I do not think that any of us would argue that the single-sex space protections are wrong. I also do not think any of us would argue that they are not currently proportionate. I would certainly argue that we do not need a blanket ban against transgender women in single-sex spaces. I am perfectly happy with a proportionate response to a genuine problem.

The simple fact of the matter is that women's spaces are subject to the same public order laws that everywhere else is. I talk to coppers, to police trainees, and I explain that the basic situation is that, if a trans woman goes into a bathroom to have a pee, they have not broken the law. If a trans woman goes into a bathroom and starts flashing genital parts around, they have broken the law. If a trans woman goes into a bathroom, just quietly goes into a stall and has a pee, and a cisgender woman makes a fuss, they potentially have breached the peace. They are the ones who have broken the law.

That is because the response is not proportionate. If the transgender woman has gone in and committed an offence, yes, there are legal protections that protect the women in that space. If a transgender woman has gone in simply to have a pee, they have not committed any offence and they do not need to be excluded for the sake of the women they have not affected.

Q104 **Ben Bradley:** I appreciate what you said. The reason I raised it is that, as you pointed out, the arguments for one are often used against the other.



Cat Burton: They are, but it is specious to raise that argument for something that is so focused. The GRA is focused on the change of a single document, and that is all that this is really about. By introducing arguments against single-sex spaces, you widen it into an argument that really is not valid. We are not trying to invade women's spaces by getting a GRC. Nobody is going to ask for my GRC for the rest of my life. Nobody is ever going to ask to see a birth certificate if I want to go and have a pee. I suppose it is conceivable that they may ask to see a passport or some other gendered documentation, but a birth certificate is not even legal identification in the UK. It has nothing to do with the single-sex space argument. While I appreciate that you needed to ask the question, the definitive answer is that it is outside the scope of this discussion.

Ben Bradley: Thanks, Cat. I am glad you were able to make that point.

Lui Asquith: I just have a simple point to add. We have been hearing so many hypothetical situations and I just ask the Committee to look to the reality. The fear of something happening without evidence is no reason to stop progress.

Q105 **Alex Davies-Jones:** Thank you to all of our witnesses for giving evidence to us this afternoon. Before I ask my questions, it is important to note that the biggest threat to women and transgender women is actually men, and we stand in solidarity with all women on that.

Lui, I would like to address my questions to you. You argue, and Mermaids argue, that the age limit to apply for a GRC should be lowered to 16. You alluded to some of the reasons why at the start of this. Can you give us any more explanation on that?

Lui Asquith: Yes. Thank you to the Committee for allowing Mermaids to give oral evidence on this specific point. Acknowledging that there was no dedicated question to under-18s in the initial consultation, we are very grateful for this opportunity.

To bring us back to what I alluded to at the beginning, the first step to equality is recognition of existence. This is the principle that underlies where we are coming from. We know that trans, non-binary and gender-variant children and young people exist. We know this quite simply because trans, non-binary and gender-variant adults exist. It is a really simple deduction. We know there is existence there. For as long as we do not recognise them, there is a simple message being pushed out to that population of young people: "We do not recognise you enough to allow you to be part of this particular system". I must emphasise that young people are seeing this; they are hearing this; and it is having an impact.

We believe that those who are under 18 should also have access to legal gender recognition. From a very clinical perspective, it would simply allow this system to align with other state systems, the obvious example being the passport system. If a young trans binary individual wishes to change



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their gender marker, there is the opportunity for them to do that. This system is currently incompatible with other state systems.

The indirect impact of the current system not acknowledging young people strikes to the heart of the well-being of young trans, non-binary and gender-variant people. It has an impact on their everyday because it simply increases the risk of young people being outed unwantedly in their everyday life, school settings, healthcare settings and general social settings. This exposes an individual to a risk of harm, harassment and discrimination that we simply should not allow for in wider society.

I have to say unequivocally that we are dealing with a population of young people in this country completely differently to any other population of young people. We need to recognise that, within the context of legal gender recognition, the continuation of not acknowledging this population of young people is simply being interpreted as "I am not seen. I am not respected". That trickles out into wider society. People in schools do not know what they should do with their trans pupils, for example. They do not even know what they are allowed to do.

This is having a real-life impact. It is about the state pushing out a message, if nothing else, that we see young trans people, we know they exist, and we are going to afford them the dignity and respect to be acknowledged legally. I do not know whether you want me to go on to what the proposed system looks like. I could go on for a long time about this, so I will leave it there for now.

Q106 Alex Davies-Jones: Thank you. It is great to hear your evidence here today. Some of the evidence we have had as part of the inquiry has argued against lowering the age limit because young people are still in the process of developing and may not understand some of the long-term implications of transitioning. How do you respond to these arguments?

Lui Asquith: Thank you for raising this. First, I would say that transitioning is an incredibly individual and personal experience. There is no one way to homogenise what transition looks like for any young person. The principles we need to work with as a country are care, kindness and listening. We need to provide systems that allow a young person to explore their gender identity in a comfortable way without expectation. We need to provide this environment so that a young person feels confident in themselves to go on into life, hopefully thrive, and give back to society as any other person would want to.

In respect of the conversation about what is often deemed regret, which is what the question is alluding to, it is important to acknowledge here that any system should allow for an individual to change their gender marker in a smooth way. We need to acknowledge, and it is nothing to be scared of, that some people de-transition. Some people re-transition. Some people have non-linear experiences of gender, me included. We should provide a system that allows for that and is inclusive of those



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experiences. That in itself would answer most of the issues that come up. It is about caring for each young person.

It is about listening to each young person, respecting each individual journey and providing a system that does not make any journey wrong or difficult, but makes every journey accessible and makes legal recognition accessible, within the context of this conversation.

Q107 Alex Davies-Jones: I have been doing some work with Jo's Cervical Cancer Trust on the importance of inclusive language in healthcare, particularly when it comes to trans men and ensuring that they get access to what they need. How well are under-18s who want to transition currently supported by the Government and the NHS? What more can we do to support trans children?

Lui Asquith: Thank you for raising this issue. Every single day at Mermaids, we hear about the anxiety and distress that is being produced through an unfortunately delayed and untimely healthcare system. First, I would like to say very clearly that we recognise and are very grateful for the hard work of NHS workers, not only within the pathways that focus on trans healthcare, but outside of that, and certainly reflecting on the past 12 months. We want to recognise that.

However, the current system is simply not providing trans people with the support that they need in a timely and accessible way. We see the real human impact of that every single day. I speak directly with parents. It is difficult to find the vocabulary for what we hear, in all honesty. You can imagine the love of a parent for a child. In the reality of a young person not getting the support they need in a timely way, where does someone go? This is the question that is being asked.

In a broader answer to your question, there is not enough. There is not enough resource. We can see that from the waiting times that have already been alluded to in this session and the personal testimony that is coming through. One huge message I want to give, and a plea to the Committee members here today, is that there are so many trans, non-binary and gender-diverse young people who are subject to the current health system and want to talk to people like you. If you are interested in speaking to young people directly, please do reach out. I want to say that.

Generally, we need to look more to primary healthcare, GP access, decentralising the process or diversifying it, whichever way you want to put it. Diversify healthcare to allow for more timely, accessible support. We are making the really important point that not every young person requires medical intervention. I want to make this point really clearly, because the dialogue that is out in wider society right now would lead any reasonable individual to think that every young person goes on to require medical intervention.



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The vast majority of young people simply require emotional support, which leads me to my final point before I hand over the mic. Mental health support needs to get so much better. I have to say that there is not really anything out there right now, certainly for trans, non-binary and gender-diverse young people, and certainly in terms of accessible and timely support. We need to train up our healthcare professionals to ensure that they are empowered to deliver a fantastic service to all young people, including trans, non-binary and gender-variant young people.

Nancy Kelley: Stonewall completely supports everything that Lui has just said. Our positions are really closely aligned with Mermaids as partners, so I will not repeat it because that would be a waste of time. I just wanted to make a couple of points about the lack of guidance that supports social transition. What Lui just said is incredibly important when we talk about trans and non-binary children and young people. The public conversation focuses almost exclusively on the very small minority who go on to receive endocrine services while they are still minors. The vast majority of trans and non-binary children do not always receive the social support that they require.

The key thing that I wanted to point to here is that there is a complete absence of guidance to schools about how they should support and include trans children and young people. In fact, the only guidance that currently exists from DfE tells you what you are not supposed to do; it does not tell you what you are supposed to do as a teacher when you have a trans child in your class.

There is a huge gap around how you do trans inclusion positively in school to support those children and young people. Aligned with this, we are really keen to make sure that the Government support a great implementation of LGBT-inclusive relationships and sex education. As part of that, children and young people can start to learn about trans identities as well as LGB identities within the classroom.

From all of our work with teachers who are trying to support LGBT children and young people in classrooms, teachers and headteachers are absolutely desperate for great tools to support trans children and young people in their setting. The Government could do much more to give positive guidance around supporting trans and non-binary children and young people to thrive in their day-to-day lives.

Cat Burton: I absolutely support Lui in every single thing they said. Non-timely intervention for trans young people can be a lifelong tragedy. I just want to say that, yes, the vast majority just need socialisation, support and talk. But, at Tanner stage 2, there is a very limited window of opportunity to prevent long-term damage from inappropriate puberty. That is where puberty blockers are essential, and those puberty blockers really need to be prescribed at the onset of Tanner stage 2.

For those of you who do not know in detail what the Tanner stages are, Tanner stage 2 is the first visible sign of puberty. If you do not intervene



then, the young person very quickly moves on to later Tanner stages. Particularly for a young woman who is suddenly getting a flood of testosterone, some of those changes are very difficult to correct in later life. Most notably, the voice breaks, and there is very little one can do about a voice that is broken other than an awful lot of hard work. Facial hair arrives. I had 147 hours of electrolysis, and I really do not want anybody to know what that felt like. All of that was because of damage caused by testosterone during puberty.

That timely intervention cannot currently be given because of waiting lists. I hope we are going to get the opportunity to talk about medical pathways in much more detail later on in the session, because there are better ways for it to be done than simply having a single clinic with a huge waiting list. Money is not the solution.

Q108 Ben Bradley: I will come to you, Lui, as this is about young people specifically. The issue that is raised all the time around lowering the age limit is about safeguarding and what is the appropriate use or time to intervene. The Tavistock has had around a 4,000% increase in young girls among its patients in the last 10 years. Why do you think that is happening? Is there a role for some of the campaign groups to talk about young girls in particular being affected by peer pressure, online forums and perhaps the desire to avoid the sexualisation of young women that we have in our western culture? Are those things factors at all?

Lui Asquith: The increase in numbers should not shock us objectively. If we look at the figures, an estimate is that around 1% of the population may be trans. If we take that and plonk it in the population of young people, we are talking about thousands and thousands of young people who are statistically expected perhaps to be under that umbrella of trans. When you take the context of the numbers, certainly relating to the Tavistock, within that context, it suddenly becomes more understandable.

As a society, we should take the increase in numbers as a success story, in that it is likely to mean that we are creating a culture whereby people can come out. People feel empowered to say, "This is who I am, and I would like some support for that". How is that ever going to be a bad thing? In respect of the figures you brought up there, in relation to people who are assigned female at birth, interestingly, there is currently a higher percentage of individuals who were assigned female. Not so long ago, the trend was that there was a higher proportion of assigned-male individuals. It will be interesting to see how that looks in future.

Simply, we can look at the data. We can look at statistics, but it is important to remember the individual and the young person at the heart of it. It is about saying, "The data and the numbers can be X at any given time", but what we have to come back to is that we know that trans, non-binary and gender-variant young people exist. We know that some of them require healthcare support and we need to provide a system that offers the support that those individuals need at any one time.



Q109 **Kate Osborne:** Hello to all the panel. Thank you so much for your evidence so far. It is really helpful. I am going to focus on the Government's response to the GRA consultation. All of my questions are to all of you. First of all, did the Government ask the right questions during the consultation? If not, what would you have liked them to have included?

Nancy Kelley: I will try to be uncharacteristically brief. Broadly, the Government did ask the right questions. They should have focused also on non-binary inclusion, as I have indicated, and on minors. In general, as a consultation, the problem was not the questions. The problem was that the consultation remained open for such an extraordinary length of time, which allowed a lot of anti-trans mobilisation to happen, and that the Government, most importantly, then did not respond to their own consultation.

All of the things that we have been talking about today, in terms of de-medicalising the process, having a simple statutory declaration and removing spousal veto, were supported by the public when they responded to the consultation. From our perspective, there are some things that could definitely have been improved about the questions, but the primary issue was not the questions. It was the failure to act and respond to the answers the Government got.

Q110 **Kate Osborne:** Nancy, you touched on this. The Government opened the consultation in 2018 and responded in 2020. Let us know your view of the time taken for the Government to respond. What else, if anything, should the Government have included in their proposed changes, and why?

Nancy Kelley: There was no reason to leave the consultation open as long as they did. It meant that there was a lot of really frenetic anti-trans organising. There was a flourishing within our media, which is famous around the world now for being transphobic, which is incredibly sad, of really persistent anti-trans narratives. That then made it incredibly difficult to act on the results of the consultation.

Many of the things that the public in asked for in their responses are the things that we would have wanted to see. We have ended up with some valuable but minor changes to the scope of gender recognition, when we could have stepped back into the space of being among some of the leading nations internationally with simple, dignified processes of self-declaration. The Government had the mandate for doing that in the responses to their consultation. It is just unclear to us why they did not take that political leadership at that time.

There are still things that can be done within the scope of non-legislative GRA reform that we would really recommend the Government use this opportunity to do: setting a clear timescale; moving on in a really positive way around digitisation; removing the fees; but also, really importantly, streamlining the medical and panel components of this



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process, which are not all required on the face of the current Act. We would see it as an enormous shame if the Government firstly ignored the responses to their own consultation, and then proceeded not to take all of the opportunities they could take without legislation to make this process more appropriate, more dignified and more supportive of trans communities.

Cat Burton: Nancy has put it in a nutshell. The problem with the consultation was that, when it closed, nothing else happened.

Dr Hamlin: There were over 100,000 valid responses, so it was appropriate that the Government would take some time if they were going to consider them carefully. However, I was very disappointed about the time they did take to respond, particularly when that response demonstrated an ignorance of the bulk of the evidence submitted.

I am grateful to you on this Committee for keeping the consultation alive and I really hope it is not going to be another waste of everybody's time. Are all those 100,000 responses, all the thought that went into it and all the time that people spent invalid? Have they gone to waste? We have been through it all before. As has already been alluded to, people who were hostile to the rights of trans people submitted prepopulated questionnaires.

Only 1% of the respondents had submitted an application or had one granted. In spite of that, a vast number of responses from the public were incredibly supportive of what we wanted: getting rid of the bureaucracy, getting rid of the intrusive medical statements and so on. I hope that, when you eventually question the Minister, you will do it rigorously on why all these responses were rejected and all these people's efforts were thrown on the scrapheap in such a cavalier manner.

Lui Asquith: Conversation and respectful debate are massively important, but what we saw within that interim period was a dangerous move to questioning the existence of trans people within this country. We saw that play out mainly, as Nancy referred to, within the media. No doubt, this delay in response contributed to that continuing and snowballing throughout that period of time. There was no unequivocal message from Government to say, "This is where we stand. We include trans people and we will not tolerate intolerance".

The delay added fuel to the confusion, which we referred to earlier, between the Equality Act and the Gender Recognition Act. Incorrect information was put out. At the time, it added to the idea that this erroneous information was correct. That was a huge problem. Just to make a bullet-point note of what our service users were incredibly disappointed at not seeing in the response, there was no under-18 recognition, non-binary recognition, de-medicalisation or eradication of the two-year real-life experience test.

Q111 **Kate Osborne:** What should the proposed nominal fee be for the GRC?



Should a fee, indeed, exist at all?

Nancy Kelley: Our preference would be nothing. If it has to be a fee, it should be the lowest possible fee so as to create no barriers to people in accessing a GRC.

Cat Burton: The main reason why the fee is set high is because of the degree of bureaucracy and the fact that there is a panel of learned judges. If you take the complication away, the fee can go too.

Q112 **Kate Osborne:** Jane, in your written evidence, you argue that the fee is not a key issue, but both the National LGBT Survey and the GRA consultation state that the fee is a barrier to many. At the same time as giving us your views on the fee and whether there should be one, could you maybe expand on your view of it not being a key issue?

Dr Hamlin: The fee obviously is an issue, but it is not a key issue because all the other issues we have been discussing this afternoon are far more important. We are not clear what the purpose of the fee is. If it were absolutely clear, perhaps we would be happier about it. As Cat has just said, if the whole system were simplified and we got rid of all the bureaucracy, there would not need to be a fee, except perhaps a notional fee. If it were a notional fee, it would probably cost more to collect than it would bring in. That is what I mean, really. It is not that the fee is not an issue; it is just a minor one compared with all the other ones that are much more important to us. It is not because we are wealthy or anything.

Lui Asquith: I have nothing much more to add. I would just simply suggest that, in the recommended system that we put forward, the fee would not have to be any higher than the cost of a new birth certificate. I echo Nancy's point that there should be an opportunity for a fee waiver for those who cannot afford that.

Q113 **Kate Osborne:** Earlier on, Nancy and Cat both touched on this around digitisation. What key changes would you like the Government to make when digitising the GRC application process? Do you have any concerns about it going online at all?

Nancy Kelley: There are two points to make. Obviously, digitisation is very good for access in certain circumstances, but we need to think about how people who are digitally excluded for a range of reasons, which can include poverty, disability and other factors, will access GRCs. It is important to think about what the non-digital pathway looks like.

I am a great fan of the Government Digital Service. I trust the Government to make a perfectly sensible piece of software. The key opportunity is to strip out some of the bureaucracy that has developed around the process and the panel, go back to the Gender Recognition Act as it is and ask what is strictly required on the face of the Act. Just digitising a process that is incredibly bureaucratic, overwhelming in the buckets of documents required, intrusive, and dysfunctional in all the



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ways that we have described does not do that much to improve. If, when you digitise, you look at the scope creep of the panel and the ways in which we have created a bit of a monster around the Gender Recognition Act, and ask, "What here can we strip back without resort to legislative changes?", digitisation will offer some real benefits.

Cat Burton: There is one huge concern in my mind about digitisation. How on earth am I going to send 2,500 sheets of paper justifying my last two years of life? Putting them together in a box and sending them to Leicester was one thing, but scanning them all into the Government system is something else entirely. Unless you stripped away all this bureaucracy, there is no way that a current gender recognition application could work digitally.

Dr Hamlin: Nancy and Cat have covered it all, really. Would someone have to scan all these documents? Hopefully not—hopefully that will all be dumped. One would hope that, if they were not, the data protection measures would be sufficient. Quite intimate information is included in the documents we have to submit. I would not like to think that someone could accidentally click a mouse and it would be sent here, there and everywhere.

Lui Asquith: Digitally excluded people must have access to the process.

Q114 **Kate Osborne:** Recent events have highlighted how so many people do not have those facilities to hand, like so many of us do. How much of an impact will the opening of the three gender identity clinics have on those people wishing to transition? Do you consider that these clinics are new clinics or a continuation of the three pilot schemes previously announced?

Nancy Kelley: I will answer the question at the end first and then maybe talk about the pipeline in terms of care for trans people. Our understanding is that they are not new. We would be incredibly happy to be told that we were wrong about that, but our understanding is that the three clinics are the three pilot projects that had already been announced. It is not new provision in that sense, which means this is not even beginning to touch the sides of the requirement for really high-quality, accessible, appropriate, transition-related healthcare for trans people in the UK.

We know that the waitlists at the moment are extraordinarily long. You can have waitlists that are many years. When you think about the statutory standard in the NHS for these services, it is 18 weeks from referral to treatment. We have trans people waiting for years and years and years to access healthcare. This shows the scale of the problem.

This is partly about availability, but it is also about transformation. This is not just about how long the waitlist is for the existing gender identity services—these very centralised services. This is about how we can develop really person-centred, primary care-led models in a way that Lui has pointed to. There are examples of this. The new Indigo Gender



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Service in Manchester, led by LGBT Foundation, is a primary care-led model. In Wales, the Welsh Gender Service has always been moving towards a much more primary care-led model than we have in England.

This is not just about whether we can replicate a GIC and how many GICs you need. This is about needing an absolute step change in not only the available of transition-related care, but the accessibility of it, the equality of it and the degree to which it focuses on the needs, experiences, and perspectives of the trans community.

Dr Hamlin: As Nancy said, there is going to be virtually no difference at all. So many of our members are frustrated with the waiting lists. They have been waiting for two or three years, and they are still being told that they may have another year or more to wait, just for a first appointment before they begin the process. This leads some people to spend their savings having private consultations, but then running out of money and finding themselves having to go the back of the queue of the NHS. We would love to see more, but what Nancy was saying about bringing it more local and bringing it into primary care would be a much more positive, and I am sure much more successful, process than just sticking up new centres in cities all around the country.

Lui Asquith: To echo what Nancy said, they are not deemed new clinics. We understand them to be pilot schemes. I know I have already had a period of time talking about healthcare, so I will not take up too much more time or repeat what I have previously said. I will again emphasise, however, that the current healthcare system is subjecting young people to years and years of waiting time. It is subjecting young people, within that period of time, to years of uncertainty, and simply a lack of support.

Looking to find alternative mechanisms and processes to ensure timely support for young people is vital. We see this working not only through an increase in resource. As Cat alluded to earlier, this is related not only to money. This is about decentralising and looking to other areas of the healthcare profession to dilute the workload and to offer more opportunities for young people in need of support in a timely and accessible way. We are keen to work with Government on how that would look going forward.

Cat Burton: I am from Wales. We do not really see that three pilot schemes that are pretty much replicating what we have been doing for the last two years are in any way improving gender healthcare in England. I urge you all to look at the Welsh model of the new Welsh Gender Service. It is completely different; it has rewritten the book on gender treatment.

The model we took was not anything to do with gender; it was to do with type 2 diabetes. When type 2 diabetes became so widespread that it was a problem that could not be handled by specialists, it was taken on by primary healthcare—your GP. Nobody expects to be referred to a



specialist now just because they have developed type 2 diabetes. Your GP will deal with it locally.

In Wales, the system is very simple. Some additional training is being offered to any GP who is interested. That additional training qualifies them to be the lead on gender identity within their GP cluster. We have 70 clusters in Wales or something of that order. Each of them has at least one specially trained GP. Your GP, who may not have the knowledge, only sends you to the cluster GP in your town or locality, somebody very close with that extra training. That GP has access to the gender centres. We have one in Cardiff at the moment, but we are planning another three. That gender centre is there for two reasons: first, to provide expertise to that cluster GP; and secondly to provide a place for that GP to refer more complex cases to.

Lui mentioned earlier that the vast majority of people do not need medical intervention. The vast majority of people just want to talk to somebody about this problem and potentially transition socially. A tiny minority actually need to proceed as far as surgery; an awful lot stop at hormone treatment. If that can be provided locally, the idea in Wales is that, within a week of you going to see your GP, you are seeing someone who can provide hormones for you, if that is the pathway that is requested by the patient who leads the process. It does not cost us a fraction of what it would have cost to set up four gender identity clinics in Wales. It is not a money solution; it is a complete, fundamental rewrite of the system. I would strongly urge all of you to look at the Welsh model and see whether that can be implemented in the rest of the UK.

Q115 Kate Osborne: How well has the Equality and Human Rights Commission engaged with the Government's consultation and their response? What more, if anything, would you have liked to have seen from the EHRC during and after the consultation process?

Dr Hamlin: From what I have seen of it, it does not seem to say very much. I am very disappointed, really. I do not have much to say, unfortunately. I wish I did, but I am sure someone else has more to say on this.

Cat Burton: The answer to that is that they have tried to engage. I am not sure that they actually have any point of engagement. I am not sure that they have anywhere that they can turn to and say, "This consultation was absolutely clear cut. Do something about it". I am not sure it is the EHRC's problem or its fault that its engagement is perhaps less than we would have hoped.

Nancy Kelley: We are broadly supportive of the position that the EHRC has taken around GRA reform, particularly since it has updated its position on spousal vetoes since the consultation. We recognise that it has made some incredibly useful public statements that clarify the difference between the Gender Recognition Act and some of the Equality Act protections around single-sex spaces that we were talking about



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earlier with Ben. It has been able to bring clarity to the question of the Equality Act and Equality Act exemptions.

We really recognise that the Equality and Human Rights Commission has done a lot of good work in this space. We would love for it to engage more wholeheartedly in the defence of trans people, as a very small minority who are extremely vulnerable to discrimination, exclusion and abuse. The responses you have had from Jane and Cat have been really instructive in that regard. You asked, "What has the Equality and Human Rights Commission done?" To a degree, the answer is "I do not know". That should not be the case for a human rights body.

Lui Asquith: At Mermaids, we hear about a feeling of a lack of advocacy from the commission. Obviously, the commission is commissioned to stand up for those with protected characteristics, one of which is those subject to the gender reassignment section. Quite frankly, those who are protected by that section currently do not feel as though the commission is standing up for them as much as they would like. There is huge disappointment, but there is a commitment to wanting to work with the commission and change that. I suppose the feeling around the commission, certainly from the trans population, will only change through public action. We hope to see that in the near future.

Kate Osborne: Thank you all for your answers to my questions.

Q116 **Elliot Colburn:** You have already addressed more or less everything that I had on my list of questions, so thank you for covering it off earlier. Perhaps I could ask you all just one question, then. It is fair to say that all the panellists agree on implementing a form of self-identification, or self-determination, as it has been phrased. Could you all say a little more about how you envisage this working in practice? What does a system of self-determination or self-ID actually look like?

How do we do it in a way that addresses the concerns, which I am sure all of you have heard, that have been submitted in response to this Committee's work? I am thinking of a few examples that I am sure you have heard regularly. Access to women's changing rooms and bathrooms, access to women's sport and access to women's prisons are all examples that come up very often and are played out in public media when they are having these discussions. Can I ask you how you envisage this working in practice and how it addresses those concerns?

Nancy Kelley: On the basis of the first part of the question, which is how we would envisage it working, we would support any sensible, legally witnessed statutory declaration process that is in line with all of the other processes we use around identity documents, things like passports, et cetera. One of the great tragedies around Gender Recognition Act reform is that this is something really simple that could have made trans people's lives better, which cis people like me endlessly make much more complicated than it needs to be.



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In terms of the concerns and arguments that get raised about single-sex spaces, prisons, et cetera, the first and most important thing, and it is hard to overstate this, is that those things have nothing to do with gender recognition certificates. They are also scare stories about trans people. I can talk to the Committee, probably ad infinitum, as I already have talked at great length, I am afraid, about the idea that trans women are dangerous, et cetera.

But a GRC is not how you get into a women's refuge. A GRC is not how you get on to a women's football team. A GRC is not how you get allocated into particular parts of the prison estates. It is so important, when we think about the process for legal recognition of trans people, that we do not fall into the trap of reiterating those arguments when they have no legal or factual relationship with any of those contexts. I will resist the urge to refute in detailed ways all of the arguments around single-sex spaces because that just adds to the confusion.

Lui Asquith: We already have all the systems in place that we can learn from: the passport and driving licence systems, for example. Broadly, a process would essentially remove, as we have said, any medical or evidential requirement around a lived experience. We would be keen to work closely with the Committee and Government on really working out how that would look intricately. There are already lessons that we can learn from systems that are in place.

In relation to self-ID, we cannot say enough that we must distinguish the GRA from the Equality Act. That has been said a number of times, but I will say it again. Of course, we have seen that it has been claimed that a process based on self-ID would undermine women's rights specifically and increase the risk of harm. There is no evidence to support this; I cannot bold italic underline that enough. We as policymakers should be looking to evidence to make our policy. There is no evidence to support it. The fear of something happening, which is all this is, is not evidence and should not be used to stop progress.

To finish, we cannot reduce the huge problem of violence against women and girls that we know exists, and we absolutely must tackle, by pointing the finger to a marginalised population. This is a tactic that has been used throughout history and it is happening today in modern-day Britain.

Dr Hamlin: We have already self-identified; the declaration is the thing. I would recommend that the panel looks at the Irish form. I find it incredible that the Irish Government are ahead of the UK Government, but it is very simple. It is four pages as opposed to the other one's 16 pages. The first page is just instructions on how to fill it in. The second one is your name, your address and all the boring details like that. The third page is your statutory declaration where you solemnly declare what you are doing. The fourth page is your witness statutorily declaring that they have witnessed you signing the document. I do not see why it needs to be anything more than that.



Cat Burton: You asked about three questions in one there.

Elliot Colburn: I did.

Cat Burton: For the first one, the process should be simple as possible: a series of statutory declarations and a simple application. As regards the other ones, as has been said, they are really EA 2010 questions, but they still need addressing because they are quite legitimate fears. Safety is the ultimate thing. The way EA 2010 addresses safety is on a case-by-case basis. If somebody is to be put in the female estate in prison, for instance, a risk assessment is carried out. If that person poses a risk to the rest of the estate, they are not put in the female estate. You will notice I never used the word "trans" in that explanation because that simple rule applies to both trans and cisgender women. If they pose a risk to the rest of the female estate, they are put in the male estate. Where does the trans issue in that come into play?

The second one is sport. I helped to write the MoD's guidelines on sport within the cadet forces. We have a very simple little flow diagram that you follow. The first question you ask is whether allowing this person to participate in sport would be dangerous, to them, anybody else in the teams or their opposition. If the answer to that is yes, a proportional response is to say, "I am ever so sorry, but you cannot take part in this".

The next question you ask is whether that person would have a demonstrable competitive advantage. If the answer is no, you let the kid play the sport. If the answer is yes, there is another question you have to ask. "Would it matter?" If the answer to that is, "No, it does not matter because it is a friendly game between a couple of air cadet squadrons", you let the kids play. If the answer is "Yes, it would matter because it is at some higher level, which is for a trophy between the air cadets and the army cadets", or something like that, you simply defer to the sport's governing body.

It has absolutely nothing to do with EA 2010 or GRA 2004. If it is a sporting matter and it is important enough that the differences between a trans person and a cis person matter, let the sport's governing body have the final say. It is as simple as that.

Q117 **Ben Bradley:** I want to pick up on something Cat said about sport. It is only around the issue of fairness, really. We have seen high-profile examples involving trans women. For example, a cyclist who has won various world medals was born male and now competes in a female sport. What you said there about risk seems very sensible. Do you recognise that people feel that that might be unfair? What is your answer to that, regardless of the level of it?

Equally, do you see and recognise that there are lots of lobbyists in the trans lobby, for want of a better phrase, who have not expressed that kind of thought and have been pushing for inclusion in things like rugby or across a range of sports, where it might pose those risks?



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Cat Burton: I just come back to my answer, really. I recognise that there are concerns; I am not quite sure I recognise that they are legitimate concerns. There are no elite trans athletes in Britain—not one. There is a reason for that: most of us are not good enough. I certainly could not compete in any sport now, not that I ever did. At 14, I played rugby, but I was not very good at it then.

The simple fact of the matter is that the sport's governing body should be the final arbiter. Yes, there is a feeling that being trans might give you an advantage; there is not an awful lot of evidence that it is true. If cycling has made a mistake and allowed somebody to compete when they have not lost the advantage, it simply needs to have a look at its own rules again. For the most part, young people, who were obviously those I was writing rules for in the cadets, do not have any advantage because the hormones have not kicked in to give the advantage yet. It is hormones that give the advantage, not chromosomes.

The next stage on from there with an adult athlete is almost always that they need to reduce their testosterone to an acceptable level. Having done so, they need to wait for a considerable period of time. I can promise you that I am so much weaker than I was before I transitioned, as a result of virtually zero testosterone for the last 10 years or so and cross-gender hormones during that time. There is absolutely no way that I could compete with my old self in any sport. Yes, there are concerns, but I question their legitimacy.

Lui Asquith: We are talking about unfairness. An unfairness I want to illuminate is an increase in barriers and lack of opportunity because of who you are. We work very closely with young people who enjoy sport. Sport is a wonderful thing. We believe very strongly that every young person and individual should be able to participate in sport as who they are without requiring a change to their biology.

Q118 **Bell Ribeiro-Addy:** My first question is to Jane. Different pieces of written evidence have outlined their different views on defining the term "trans". Woman's Place UK and Stonewall both agree that the term has a much broader application and is therefore an umbrella of 17 individual categories. As Stonewall's umbrella term of "trans" describes a different and much larger demographic than the one for which the GRA was intended, do you believe that the Act should be reformed to fit this new definition, and why?

Dr Hamlin: We would define "trans", like Stonewall, as an umbrella term for anyone who experiences gender variance or gender diversity. People use all sorts of terms. We see "trans" as an umbrella term and we are happy with that. We see no reason to change it. It is simple for everyone.

Q119 **Bell Ribeiro-Addy:** Nancy, we have received evidence arguing that Stonewall's umbrella definition of "trans" with its inclusion of the term "cross-dresser" could not have been the intention of the Equality Act, implying that cross-dressers have the protected characteristic of gender



reassignment. How would you respond to this? Can you elaborate a bit more on the definition?

Nancy Kelley: First, I will make the obvious point, which is that Stonewall is not the Government. One of the reasons that Stonewall's definition of what comes under the umbrella of trans is not relevant to the Equality Act, the GRA or anything else is that we are not the Government and do not get to write legislation. For me, context is really key here. If we are talking about the appropriate definition of "trans" or "transgender" for the Equality Act or the purposes of the Gender Recognition Act, which we are talking about here, we might agree that a narrower definition was useful.

We are welcoming in the work we do on outreach with communities, which includes being welcoming to people of many generations. Some of the terms that are under the trans umbrella that Stonewall uses, or that others have recognised, were much more common in older generations. Some of the labels that you might see are much newer. If we are providing a programme, we want to make sure all people who feel it is relevant for them feel welcome and feel invited in. That is the main thing that I would say. What we would argue for, whether it is a definition of "trans", "man", "woman", or in most cases the need for gender-neutral statutory drafting, which I am a big fan of, would be completely context specific, if that helps.

Q120 **Bell Ribeiro-Addy:** Cat, many pieces of evidence in this inquiry have expressed the problematic conflation between sex and gender in the GRA legislation. It has been argued that the Government should clarify the definitions of sex and gender. Should there be statutory definitions of sex and gender? If so, why, or why not? How would you define the two terms if you were given the chance to reform the legislation?

Cat Burton: That is a really good question. Sex and gender are different and neither of them is defined in the GRA. The simple fact of the matter is that we are not talking about a sex recognition Act; we are talking about the Gender Recognition Act. Whereas sex might be described as some biological factor, the definitions that we are seeing bandied about in arguments against GRA reform remind me of GCSE biology. They try to reduce everything to the simplest possible terms of XX or XY, and that is so infantile that it is almost impossible to believe that people are using that argument. It completely ignores the fact that there are numerous combinations of human chromosomes, all of which result in somebody. Whether or not that person presents as female or male, they are still a person, and they expect the same dignity that everybody else does.

Most of those result in what we call intersex conditions, and intersex people almost seem to be ignored in this whole discussion. You can use "intersex" as an umbrella term if you accept that "intersex" can also include the sexual disorder that is called being transgender. Some intersex people are very happy to be under our umbrella, which is a very broad term. Some, on the other hand, object strenuously if we try to put



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them under the umbrella because it is not our umbrella; it is their umbrella if we are trying to pull them under it.

You have to be really careful when you try to proscribe who can and cannot be described as “sex: female”. If you make it about chromosomes, you are going to get it wrong a lot of the time. The other argument is that you could make it about hormones. If you make it about hormones, I am very definitely “sex: female” because my hormones are absolutely normal for a 68-year-old woman who is post-menopausal. I have stopped taking female hormones now. I get the hot flushes; they have nearly finished. How do you want to define sex? You cannot do it if your understanding of biology finished in year 11 at school.

As far as gender is concerned, I like to tell people, if I am off giving a talk to the police, schools or whatever, that when I transitioned my gender transition happened between the ears, not between the thighs. Nobody needs to know what is down there, to be perfectly honest, apart from my partner or my doctor. I do not reveal to most of these talks whether or not I have had medical intervention. It is none of their business, but the gender is what is going on up here. I know who I am. My labels are “Cat” or “person”, and my ingredients definitely include “woman”.

Nancy Kelley: I have two things. First, it is important, and I am sure the Committee knows this, that sex and gender are used interchangeably across most English law and the legislation across the UK. They are used interchangeably almost throughout. It is really important that, when we are thinking about whether we should define “sex” and “gender” in law, we recognise that that would involve rewriting pretty much the entire canon.

This brings me to my second point. What is the purpose? I am not nearly so clever as Cat; I am not sure I even have year 11 biology, so I am not even going to attempt it. Where there is a specific need to define sex and gender, we should define around that purpose. This is a good example. I know it is contentious, but I am going to try to say it even though everyone always gets terribly aerated. If you are the NHS and you are interested in cervical smears, you will very commonly use “women” as a way of understanding your population group. Because of the way in which NHS records interprets “women”, that can lead to a problem in which you invite women who do not require a cervical smear, and you do not invite non-binary people and trans men who do require a cervical smear. In that very specific context, how we define what we are interested in matters a lot.

Another example is what I hope was accidental in the recent maternity Bill. By insisting on sex-specific language in a piece of legislation that was originally drafted in the normal gender-neutral terms, it has accidentally created a situation where—and would it not be lovely?—if a trans man wanted to go on parental leave because he was pregnant while a



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Government Minister, we would have to pass a whole other Act of Parliament.

It is not that defining “sex” and “gender” in specific pieces of legislation or service pathways is irrelevant; it is definitely relevant. But, when we are doing that, we need to think about that specific context and the aim we are trying to achieve. My great fear is that the way that people talk about the need to define “sex” and “gender” in legislation at the minute will result in a potential, in some cases accidental and in some cases perhaps deliberate, exclusion of trans people from protections and entitlements under the law.

Q121 **Angela Crawley:** My first question is to Nancy and Cat. We touched on it earlier, but what countries should the UK look towards for best practice when considering how to progress the gender recognition legislation?

Nancy Kelley: I am going to say the obvious, which is Ireland. We think it does a great job. It is very close and we love it very much, but it is not the only European country that already has a really straightforward gender recognition system based on self-determination. Denmark, Norway, Ireland, Luxembourg, Malta and Iceland are all good places to look.

Cat Burton: I would echo that entirely. Argentina led the way. Ireland and Malta followed. It is interesting to note that those are countries, because of their religion, that one would normally expect to be quite reluctant to be liberal in this way. In fact, we led the way in 2004 and we are now following those three Catholic countries. Yes, I would strongly urge that you look at the Irish model.

Q122 **Angela Crawley:** Jane, you also touched on that earlier. Ireland’s model of legal recognition has been cited as among the best in international practice, but what is your view of the system of legal recognition? Should the UK seek to adopt a similar approach, or are there other countries such as the ones you mentioned that have a better approach?

Lui Asquith: In relation to Ireland, addressing those under 18, there is the possibility for a 16 or 17 year-old to also access legal gender recognition. There is a specific system there that still requires medical evidence and parental support. For those under 16, as far as I understand, that is currently being considered.

There are absolutely teachings and learnings that we can take from Ireland’s system, but it is by no means a gold standard. I would encourage and be very welcome to engage with the Committee on what would essentially be a pick-and-mix exercise. I am happy to put this in written form to you. It would mean identifying what we can take as those gold-standard models from various states around the world, of which there are many. For example, there are nine countries that offer under-18s legal gender recognition. We would offer a pick-and-mix picture as to



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which aspects of those would be helpful when considering this issue further.

Angela Crawley: That evidence would be incredibly helpful to the Committee, Lui.

Lui Asquith: I will sort that, Angela.

Q123 **Angela Crawley:** How well do the UK Government interact with the international principles on trans equality? Be as brief and short as you can.

Dr Hamlin: To be honest, I am not sure.

Angela Crawley: That is as good an answer as any. Thank you.

Dr Hamlin: I will let other people who know better come in.

Cat Burton: Poorly, in a single word. Even when we get down to the way the gender identity clinics currently work, they should simply follow WPATH guidelines. The World Professional Association for Transgender Health is the definitive best treatment pathway worldwide, apart from the UK, where we seem to think we know better.

Lui Asquith: This is a quick acknowledgement that we can look to the Europe rainbow map and index to illustrate the unfortunate demise, which might sound exaggerated but is not, in how the UK is perceived in respect of trans rights. We have moved from fifth place to ninth over the past few years, for reasons around healthcare as well as legal gender recognition. We should take that very seriously, look to learn from our international colleagues and work with best practice. Again, I am happy to provide more information on that in written form given the time pressing now.

Angela Crawley: Absolutely, any evidence from Mermaids would be appreciated. Thank you.

Nancy Kelley: Just to answer really directly on the concept of international principles and the recognition of gender identity, the Yogyakarta principles are probably the most relevant point of reference. They were created by international human rights experts on international standards around both sexual orientation and gender identity.

In principle 31 of the Yogyakarta principles, it states that everyone, regardless of their gender, gender identity, sexual orientation or sex characteristics has the right to identity documents that are true to themselves. It calls on member states to ensure access to quick, transparent and accessible mechanisms. It states that no eligibility criteria, such as medical or psychological interventions or psycho-medical diagnoses, should be made as a prerequisite to those changes of one's legal sex or gender. That principle 31 is so far away from where we are in



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terms of an appropriate, dignified, valuing of trans people system for gender recognition in the UK. That is the relevant standard in our view.

Chair: Can I thank all of the witnesses for their contributions this afternoon? It has been hugely appreciated. I know several of you have said that you will follow up in writing with additional info; please do so and we will seek to include that.