



House of Commons  
Women and Equalities  
Committee

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**Reform of the Gender  
Recognition Act:  
Government response  
to the Committee's  
Third Report**

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**Fifth Special Report of Session 2021–  
22**

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to be printed 23 March 2022*

## Women and Equalities Committee

The Women and Equalities Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Government Equalities Office (GEO).

### Current membership

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The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No. 152. These are available on the internet via [www.parliament.uk](http://www.parliament.uk).

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### Committee staff

The current staff of the Committee are Hannah Barlow (Committee Operations Manager), James Clarke (Committee Specialist), Chloë Cockett (Senior Committee Specialist), Mark Earl (Safeguarding and Witness Support Officer), Matthew Eaton (Committee Specialist), Radhika Handa (Second Clerk), Michelle Garratty (Committee Operations Officer), Mariam Keating (Committee Specialist), and Margaret McKinnon (Clerk).

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You can follow the Committee on Twitter using [@Commonswomequ](https://twitter.com/Commonswomequ).

## Fifth Special Report

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The Women and Equalities Committee published its Third Report of Session 2021–22, [Reform of the Gender Recognition Act](#) (HC 977), on 21 December 2021. The Government response was received on 10 March 2021 and is appended below.

## Appendix: Government Response

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### Introduction

1. The Women and Equalities Committee's (WEC) report on the Reform of the Gender Recognition Act (GRA) was published on 21 December 2021.
2. The report by WEC made 26 recommendations in relation to the Government response to the consultation on the review of the Gender Recognition Act 2004 and issues affecting transgender people.
3. The Government welcomes the WEC's work and recommendations on the legal recognition of transgender people and wider transgender equality issues. As we made clear in our written evidence submitted to the inquiry, Government is clear that we want people who are transgender to be able to live their lives as they wish.
4. The previous administration launched a consultation on reforming the GRA. The debate around this consultation was intense, reflected in the volume of responses received of over 100,000. As part of the consultation process and since it closed, meetings were held with approximately 140 representative organisations, including transgender, LGBT and women's organisations. The GRA is an important issue and we wanted to ensure it was fully considered and all opinions were heard.
5. We published our response on 22 September 2020. We concluded that the current provisions allow for those that wish to legally change their sex to do so, and we will not be changing the legislation. However, as set out in our response, we identified opportunities to improve the process and experience of transgender applying for a Gender Recognition Certificate (GRC). Since then, we have taken action to make the application process more straightforward. We will cut bureaucracy by digitising the process and enabling applications via gov.uk and we have already reduced the £140 fee to the nominal amount of £5.
6. In the year of Safe to Be Me: A Global Equality Conference and with our commitment to banning conversion therapy including practices aimed at changing someone's transgender status, the Government will continue to move forward with tangible action to improve the lives of transgender people.

## Part 1: Reform of the Gender Recognition Act

### Chapter 1: The Government's consultation and response to Gender Recognition Act Reform

**Recommendation 1: We recommend that the Government provide a response to this report explaining its rationale for reducing the fee from £140 to £5.** (Paragraph 30)

7. We reject the claim that the fee reduction was 'tokenistic'. In the National LGBT Survey, 34% of transgender respondents told us that the cost of applying for a certificate was holding them back from doing so. The 2018 consultation also found that 58% of respondents were in favour of removing the £140 fee. We reduced the fee to £5 rather than removing the fee entirely as the latter would have required primary legislation and taken more time. Instead we were able to quickly reduce the fee through secondary legislation, less than a year after our response was published, making the application process far more affordable.

8. Since the fee was reduced, we have seen a marked increase in the number of applications; there has been a 49% increase in GRC applications between July to September 2020 and July to September 2021; and a 72% increase in GRC applications between January to March 2021 and April to June 2021. This is a clear step towards meeting our commitment to make the gender recognition system more accessible.

**Recommendation 2: In response to this report the Government must set out and commit to placing the process online in the next six months. It should provide regular updates to stakeholders, including this Committee, on what stage the process is at and immediately clarify whether a non-digitalised system will continue to exist.** (Paragraph 39)

9. We continue to make progress with the digitisation of the GRC application process. The system is currently in its testing phase and will be operational by summer 2022.

10. The digital process has been informed by user research to ensure that the application process is as straightforward as possible. User feedback has been positive, with users so far highlighting that the service is quicker and easier to use, and easier to understand as it adheres to the Government Digital Service (GDS) principles of 'plain English'. We are taking feedback from users on board to improve the service further in advance of making it operational. We provide updates on our progress to a number of relevant stakeholders and user representatives, and have shared examples of those updates with the Committee.

11. The process is being developed to the GDS service standard<sup>1</sup> using the gov.uk design system which is responsive<sup>2</sup> to different screen sizes and will be accessible on tablets and mobiles.

12. If they prefer, applicants will also continue to be able to make use of the existing paper-based application process, in line with GDS standards.

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1 <https://www.gov.uk/service-manual/service-standard>

2 <https://design-system.service.gov.uk/styles/layout/>

***Recommendation 3: The Government should bring back an action plan for reform to the Gender Recognition Act within 12 weeks in those areas where there was a majority in support for it. This should be done specifically in relation to the spousal consent provision, the requirement to live in the acquired gender and the diagnosis of gender dysphoria.*** (Paragraph 59)

13. It is our view that the position we set out in September 2020 is right and appropriate. The balance struck in this legislation is correct, in that there are proper checks and balances in the system for people who want to change their legal sex. The evidential and diagnosis requirements in the GRA ensure that the process is rigorous and provides assurance that the system is robust, whilst offering provision for people who wish to change their legal sex.

14. Ministers had been clear all along that we wanted to get the response right, as we understand the impact that these decisions can have on people's lives. This is an important issue and we wanted to ensure it was fully considered and all opinions were heard. The consultation enabled those opinions to be heard but was not a referendum, decisions were always for Ministers to take.

***Recommendation 4: We call on the Ministers of the Government Equalities Office and the leadership of the EHRC to restate their commitment to cooperating with this Committee in all future inquiries. We also call on the Leader of the House, the Speaker of the House and the Chair of the Liaison Committee to respond to the concerns we have raised and take action to ensure that the Ministers comply in future with these accountability procedures and the Ministerial Code.*** (Paragraph 75)

15. We acknowledge the Committee's recommendation regarding engagement with the work of the Committee. We recognise how important it is for departments to be held accountable, and that scrutinising the work of the GEO, and the wider Equality Hub, is a core element of the Committee's functions. The Government wholly commits to engaging fully with the Committee and continuing to build a constructive relationship.

16. The Government responded to the consultation on GRA reform on 22 September 2020. As part of that response, the Minister for Women and Equalities made a statement in the Commons on 25 September 2020 and the Minister for Women followed this up in the Lords on 19 October 2020 providing Members of both Houses with the opportunity to ask questions and hold the Government to account.

17. In that statement, and in subsequent correspondence, the Government has been consistent in its position and about how that position was reached: through lengthy consideration and wide-ranging stakeholder engagement.

18. For the response of the EHRC, we refer to their letter to the Committee dated 28 January 2022.

## Chapter 2: The Gender Recognition Act 2004

***Recommendation 5: The Government should remove the diagnosis of gender dysphoria from the Gender Recognition Act by 2023.*** (Paragraph 97)

19. It is our view that the position we set out in September 2020 is right and appropriate. The diagnosis requirements in the GRA ensure that the legal gender recognition process is rigorous and provides assurance that the system is robust.

20. Being transgender is not a mental illness and we will take steps to amend the specific reference to gender dysphoria as a “disorder” in the GRA via a remedial order in due course.

21. Regarding safeguards (paragraph 96), the Equality and Human Rights Commission is currently looking to update its guidance on the workings of the single-sex exceptions in the Equality Act. These should not be confused with the requirements under the Gender Recognition Act. We refer to this further in our response to Chapter 3 below.

22. Clear guidance is already in place for the specific example referenced by the Committee. The Ministry of Justice’s 2019 guidance on care and management of prisoners who are transgender<sup>3</sup> provides a robust framework for assessing and determining the appropriate location of prisoners within the prison estate, including assessing both risks to, and from, prisoners. Over 90% of trans women prisoners are held in the men’s estate, and some are also held in specialist units. There have been no assaults or sexual assaults by trans women in the women’s prisons since MoJ strengthened the risk assessment framework in 2019.

***Recommendation 6: The Government should remove the requirement to have lived for a set period of time in the acquired gender from the gender recognition process immediately.*** (Paragraph 104)

23. It is our view that the position we set out in September 2020 is right and appropriate. The evidential requirements in the GRA ensure that the legal gender recognition process is rigorous and provides assurance that the system is robust.

24. The assessment by the Panel is based on the evidence provided, and the input of two independent medical experts, and does not look for or consider whether an applicant’s behaviours and presentation conforms to any gender-based stereotypes.

25. The Act requires that the applicant has lived in their acquired gender throughout the period of two years ending with the date the application is made. The evidence required can be documents, such as passport and driving licence, and correspondence with organisations such as HMRC, DWP or other bodies, payslips, utility bills, academic certificates and the like, where the applicant can be seen to have, for example, changed their name or title. This is routine documentary evidence, rather than evidence based on stereotypes.

26. We recognise that the application process can be made simpler. We have already reduced the fee to £5 and our work to digitise the application process will also help

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3 <https://www.gov.uk/government/publications/the-care-and-management-of-individuals-who-are-transgender>

remove any misunderstanding of the application process as it will provide clear, 'plain English' explanations of what the requirements in the Act mean in practice and the sorts of documentary evidence that can help.

***Recommendation 7: We recommend that the wording of the statutory declaration be amended to permit people who have legally changed their gender identity to reverse their decision, should they so choose by removing the 'until death' requirement.*** (Paragraph 110)

27. A statutory declaration is required reflecting the applicant's intention at the time of the declaration. We do not consider it necessary to change the requirement for a statutory declaration, as this provides another level of robustness to the gender recognition system. It is worth noting that 84% of consultation respondents wished to retain the statutory declaration for this reason.

28. Should a previous applicant's circumstances subsequently change such that they wish to reverse their decision, they would be able to apply for a second GRC and submit a second statutory declaration to the Gender Recognition Panel. .

***Recommendation 8: We recommend the requirement for spousal consent should be removed.*** (Paragraph 117)

29. For clarity, we are using the term 'spouse' to refer to legally-recognised partners within either a marriage or civil partnership.

30. A marriage or civil partnership is a contract between two individuals, the nature of which cannot be changed without the consent of both parties. For this reason, we consider it is equitable for the "spousal consent" requirement to remain in place.

31. Spousal consent does not mean that a spouse can prevent their partner from securing a GRC. It is a safeguard for the non-transitioning spouse to decide whether they want their marriage or civil partnership to continue before their partner is granted a GRC. It is right that both parties should have an equal say in the future of their marriage or civil partnership, given transition can fundamentally change its nature.

32. More widely, we anticipate that the Divorce, Dissolution and Separation Act 2020, which comes into force later this year, will help to reduce conflict in such circumstances.

***Recommendation 9: We recommend that the Government conduct a review on whether the Gender Recognition Panel could be removed and replaced with the Registrar General for England and Wales, who already has a number of existing functions under the Gender Recognition Act.*** (Paragraph 135)

***Recommendation 10: The Government Equalities Office should satisfy itself that the Panel is carrying out its feedback requirements in line with the GRA and provide reassurance in response to this report.***(Paragraph 135)

33. We are satisfied that the Gender Recognition Panel is fulfilling its duties and we will not be amending its structure. Since its inception in 2005, the Panel has refused less than 5% of applications. This does not suggest that the hurdles are too great, or that the system is unsuitable.

34. The Panel is made up of existing Tribunal Judges and medical experts. It would not be appropriate for the Registrar General for England and Wales to take on this function, given that the evidence submitted requires independent judicial consideration and the need to be able to deal with legal issues such as in relation to appeals. Currently the General Register Office's role in relation to GRCs is in keeping the Register and issuing new birth certificates. It is not set up to consider applications which involve the sort of assessment of documents required by the GRA. As to the recommendation that the Register Office nullify a marriage, considerable legislative change would be necessary to allow this with appropriate consideration of potential human rights issues.

35. We do not accept that there is any lack of transparency. The Panel President's name appears on the public website. The names of the Panel members sitting on each panel are set out in panel directions and decisions - though those decisions are not made public because of the level of privacy the Act rightly requires for applicants themselves and that is also appropriate for individuals working on such sensitive casework.

36. Reasons for the decision are provided to all applicants. Detailed feedback is only required for those few applications that are not successful, which as highlighted above, is less than 5% of applications. Such feedback may assist an applicant in making a further application.

37. The Gender Recognition Panel administration team supports applicants in their applications through email, telephone and written correspondence. People who responded to the 2018 consultation who had gone through the application process commended the time and support that the administration team put into helping their applications. There is no evidence that care and support is not appropriately provided by the team to applicants going through this process.

38. The 2018 consultation identified areas where there were opportunities to improve the process and experience of transgender people applying for a GRC. We have already worked to make the application process more straightforward by reducing the fee from £140 to £5 and are in the process of digitising and simplifying it, identifying and tackling any misconceptions as an integral part of this work.

***Recommendation 11: We recommend that the Government amends section 22 of the Gender Recognition Act to ensure that only cases where there is evidence that the disclosure was deliberate and knowing, are covered.*** (Paragraph 141)

39. We do not consider that it is necessary to amend section 22 of the GRA in the way recommended by the Committee as this would require primary legislation. However, it has been brought to our attention that section 22 may interfere with some professions and organisations in management of trans service users. We are consulting with other Government departments to identify if any changes are necessary.

### **Chapter 3: The Equality Act 2010 and its interaction with the Gender Recognition Act 2004**

**Recommendation 12:** *We reiterate our predecessor Committee's recommendation for better guidance on the single-sex and separate-sex exceptions and urge the Government Equalities Office and Equality and Human Rights Commission to publish this guidance.* (Paragraph 158)

40. The EHRC has committed to developing and issuing guidance. We refer to their response to the Committee dated 28 January 2022.

**Recommendation 13:** *conduct a review into the use of the occupational requirement exception and how it is currently being applied.* (Paragraph 164)

41. The EHRC has committed to issuing separate guidance on the occupational requirement provisions. We refer to their response of 28 January 2022.

**Recommendation 14:** *We recommend that the EHRC and GEO work with the Sports Council Equality Group to publish supplementary guidance that clearly and correctly addresses some of the main concerns sporting bodies have in relation to this exception, including under what circumstances it is acceptable to use the sports exception.* (Paragraph 170)

42. In September 2021, the Sports Councils' Equality Group published the Guidance for Transgender Inclusion in Domestic Sport<sup>4</sup>. The Sports Councils are currently working with a small number of sports to pilot some practical ways of using the Guidance, with the aim of then disseminating the learnings from the various approaches within the different sports. The National Governing Bodies (NGBs) involved in this pilot cover a broad range of sporting activity and the Sports Councils are confident at this time that the results will be translatable across the vast majority of other NGBs. The Sports Councils and the NGBs are committed to this for the next 6 months.

43. As such, the Government believes that time should be given to sports to consider the new guidance, to use the support being offered to them by the Sports Councils, and to allow the pilot work to conclude before deciding whether additional guidance is needed.

44. For the response of the EHRC, we refer to their letter to the Committee dated 28 January 2022.

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4 <https://www.sportengland.org/news/new-guidance-transgender-inclusion-domestic-sport-published>

## Part 2: Wider issues affecting transgender people

### Chapter 4: Transgender healthcare

**Recommendation 15:** *The Government Equalities Office should work to update the language in both Acts in relation to sex and gender, ensuring consistency in the definitions used.* (Paragraph 178)

**Recommendation 16:** *The Government should also aim to update all official documents that conflate the terms sex and gender.* (Paragraph 178)

**Recommendation 17:** *The Government Equalities Office should work closely with trans rights groups and researchers to develop clear guidelines around data collection in relation to sex and gender.* (Paragraph 181)

45. The appropriate collection and use of sex and gender statistics can help government deliver its services. The Government is working with the Office for National Statistics (ONS) and the Government Statistical Service (GSS) who have issued guidance on the collection of data on sex<sup>5</sup> and gender<sup>6</sup>. Draft harmonised standards on gender identity data collection were also produced by GSS in June 2020<sup>7</sup>. ONS and GSS are considering next steps on how to finalise these standards and guidance.

46. The Government Equalities Office continues to work with all relevant stakeholders in this space. We recommend that stakeholders adhere to the recommendations from the National Statistician's Inclusive Data Taskforce, which states that 'regularly collected (and also legally protected in England, Wales and Scotland) characteristics such as sex, ethnic group and disability status should continue to be comprehensively and appropriately recorded'<sup>8</sup>.

47. We have no plans to amend either the Equality Act 2010 or the Gender Recognition Act 2004. In terms of future legislative drafting, the Committee will wish to note that last year the Government committed to reviewing its approach to drafting legislation on subjects which prompt questions around language relating to sex and gender. As in the case of the Ministerial and other Maternity Allowances Act 2021, the most obvious area is legislation relating to pregnancy or childbirth, but there will, no doubt, be other related subjects where similar issues arise. Work on reviewing the approach will consider those as appropriate, as well as debates in both Houses arising from the passage of the 2021 Act and practices adopted in other English language legislatures.

48. In relation to wider documentation, references to sex and gender have developed over the years, and are often used in a context-specific way. In some contexts, for example much international and multilateral work, both terms can be and are used in relation to the rights of women and girls. Sometimes it would not be material to insist on a technical differentiation. Against this backdrop, we do not consider that it is necessary or proportionate to seek to revise all official documentation in this way.

5 <https://osr.statisticsauthority.gov.uk/publication/draft-guidance-collecting-and-reporting-data-about-sex-in-official-statistics/>

6 <https://gss.civilservice.gov.uk/policy-store/sex-and-gender/>

7 <https://gss.civilservice.gov.uk/policy-store/gender-identity/>

8 <https://uksa.statisticsauthority.gov.uk/the-authority-board/committees/inclusive-data-taskforce/inclusive-data-taskforce-report-leaving-no-one-behind-how-can-we-be-more-inclusive-in-our-data/>

***Recommendation 18: We recommend that the Government Equalities Office works closely with the Department for Health and Social Care and NHS England to ensure that NHS England maintain the five pilot gender identity clinics unless or until the time that more permanent facilities with greater capacity, geographical scope and powers can be established.*** (Paragraph 189)

***Recommendation 19: The Minister should work closely with NHS England to continue to open facilities in under-resourced areas to tackle lengthy waiting lists and provide other much needed services including mental health services. We would urge it to consider opening clinics in the West Midlands and the South West of England, given the lack of services in those regions.*** (Paragraph 189)

49. NHSEI is committed to the commissioning of a new service model for adults in the future, building clinical capacity in primary care and sexual health services, to reduce waiting times. DHSC and NHSEI welcome the positive feedback and impact the pilot clinics are having for patients during the current evaluation phase. The pilot clinics have been established to understand and evidence whether these services can be delivered in new ways that produce improved outcomes for patients. It is important that they are evaluated so that assurance can be given to patients and clinicians – particularly GPs and sexual health clinicians who may be interested in specialising in this area of medicine – that the new models are clinically safe and effective. All pilots are being evaluated by an independent third party (Rocket Science, a consultancy) and this will inform the development of a new service specification against which new services can be commissioned on a permanent basis. NHSEI Regional teams, working as part of Integrated Care Systems, will use the findings to consider how to adopt them in their regions, tailored to local needs and circumstances. The process for awarding any permanent contracts would have to follow procurement regulations. NHSEI is committed to ensuring that any grounds made in reducing waiting times through the pilots are not lost in the transition to commissioning permanent new service models.

50. Through the establishment of the new clinics, we have adopted a community-based approach to address any geographic disparities in access to clinics. The NHS will take the learning from these pilot sites to consider how to roll them out regionally. This is already happening in some parts of the country, such as in South West England where NHSEI is working with local stakeholders to move adult gender services from the established Gender Dysphoria Clinic in Exeter to a new provider model by 2023 using the pilot models as a template for change. Regarding the provision of mental health services, the government remains committed to the aims of the NHS Long Term Plan, investing at least £2.3 billion of extra funding a year in expanding and transforming mental health services by 2023/24. This extra funding will enable an extra 2 million people to be treated by NHS mental health services by 2023/24.

51. The Government Equalities Office, at both Ministerial and at official level, continues to work closely with a number of other Government Departments to improve the lives of LGBT people. This includes in relation to the work of the Department of Health and Social Care, and that of the National Advisor on LGBT Health, to improve the treatment of trans people and reduce waiting times.

***Recommendation 20: The Government Equalities Office, DHSC and NHS England should provide this Committee with annual updates on the progress of these developments, including the current pilot clinics, informing us of the impact they are having on waiting times and their targets to reduce them.*** (Paragraph 190)

52. DHSC are happy to provide the Committee with annual updates on the progress of the pilot clinics and the impact they are having on waiting times. The new pilots based in primary care seek to address an individual's health care needs holistically within an integrated care pathway, including access to psychological and well-being services. NHSEI is actively putting in place new arrangements to increase the support offered to GPs and local clinical teams in caring for children and young people who are referred to the Gender Identity Development Service (GIDS). It is establishing Regional Professional Support Services that will be multi-disciplinary and will provide expert advice and support to referring clinicians to help them establish individual care plans while children are waiting to be seen by GIDS, working with local health teams. We are also providing around an additional £500 million in this financial year [2021/22] to address waiting times for mental health services, give more people the mental health support they need, and invest in the NHS workforce.

***Recommendation 21: The Department of Health and Social Care should work with NHS England to attract more trainee doctors to specialise in gender identity healthcare.*** (Paragraph 197)

53. Work to attract more trainee doctors to specialise in gender identity healthcare is already underway and has seen significant progress, alongside progress to increase the size of the wider gender identity workforce. This work is already ongoing, and progress will continue. NHS England has embarked upon a programme of work to build a new clinical workforce to train and specialise in this field, rooted in primary care and sexual health services. The pilot clinics have enabled the NHS to build a new clinical workforce using clinicians who have not tended to specialise in gender healthcare before and who are continuing to deliver other aspects of healthcare alongside their specialist gender work – such as GPs, sexual health physicians and clinical nurse specialists. They are based in local health settings thereby integrating care more holistically and closer to the patient's clinical network. To increase the professional workforce, the UK's first accredited post-graduate training credential in gender medicine was established in 2020. The course is overseen by the Royal College of Physicians and delivered by the University of London. The Royal College of Surgeons has been asked to develop a similar credential for surgeons wanting to specialise in gender reassignment, and while this is being considered by the RCS, funding for individual fellowships is available for surgeons who want to train in gender reassignment surgery – the first fellowship will commence later this year at St George's Hospital. The establishment and training of two new surgical teams to deliver masculinising surgery is also being funded.

***Recommendation 22: The Government Equalities Office and Department for Health and Social Care should develop a healthcare strategy for transgender and non-binary people within the next year.*** (Paragraph 215)

***Recommendation 23: Both departments should set out how they will measure progress across each of these areas in order to improve the experiences of trans and non-binary people.*** (Paragraph 215)

54. The healthcare for transgender and non-binary people continues to evolve and can be complex. There is a host of activity that is occurring to improve healthcare for transgender and non-binary people. The Department of Health and Social Care will continue to work with the Government Equalities Office to improve the provision of healthcare for transgender and non-binary people. This ongoing work includes work by the National Advisor for LGBT Health (Dr Brady) who is working on guidance for GPs to support adults with gender dysphoria. Safe to Be Me: A Global LGBT+ Conference will deliver on the UK's twin international commitments: co-chair of the Equal Rights Coalition (ERC) alongside Argentina, extended until 2022, and co-chair of the European LGBTI Focal Points Network (EFPN) alongside Cyprus. The Minister for Women and Equalities has set out her top priorities including banning conversion therapy, delivering the Safe to Be Me conference; digitising the gender recognition certificate application process; and improving healthcare for trans people. We will set out further details on other policies in due course.

55. The Department of Health and Social Care and the Government Equalities Office continue to work closely together and in collaboration with the National Advisor for LGBT Health (Dr Michael Brady) on these issues. Dr Brady is delivering guidance for GPs to support adults with gender dysphoria, complementing wider work on the provision of bridging prescriptions, blood test monitoring and shared care agreements with both NHS gender identity services and private providers.

56. NHS England has also recently commissioned Phase 2 of a benchmarking and quality assurance programme that will work with 50 NHS Trusts across a range of areas (including a focus on training) to support them to better address LGBT health disparities in healthcare provision and experience. The aim of this project is to build in a more systematic approach to LGBT awareness and inclusion within NHS organisations, and to address issues around monitoring, culture, education and training of the workforce more consistently.

57. This work is ongoing and a formal strategy is not necessary to ensure its successful implementation.

## **Chapter 5: The LGBT Action Plan**

***Recommendation 24: The Government should commit at the earliest possible opportunity to continuing the implementation of the LGBT Action Plan across all departments. It should also reinstate its LGBT Advisory Panel.*** (Paragraph 221)

***Recommendation 25: We call on the Government to write to this Committee outlining the next steps in this work and providing a timetable by which they hope to achieve it.*** (Paragraph 221)

58. Significant progress has been made in delivering those commitments including appointing Dr Brady as the National LGBT Health Advisor, taking action to tackle bullying in schools, and taking steps to ensure the safety of LGBT people at home and abroad.

59. Last year, before the Committee, the Minister for Women and Equalities set out her top LGBT policy priorities. The Government is committed to promoting and realising

equality for LGBT people at home and abroad and we continue to be recognised as one of the top 10 countries in Europe for LGBT rights. We are making good progress towards delivering these priorities. We have run a public consultation on our plans to ban so-called conversion therapy; we are digitising the GRC application process, having already reduced the fee; and we are improving healthcare for trans people. In December 2021, the Government published the HIV Action Plan, whilst also announcing the end of the ban on HIV+ people joining the UK armed forces. We have also included action on so-called 'chemsex' in the new 10 Year Drugs Strategy, and deepened our understanding of LGBT homelessness in liaison with key stakeholders. We have announced a review into the impact of the historic ban on LGBT veterans and the extension in scope of the Disregard scheme. We will set out further details on other policies in due course and will always be happy to update the Committee on our progress.

60. The UK will also be hosting its first global LGBT conference in June, Safe To Be Me, which will bring together government representatives, businesses, civil society and international parliamentarians to address the safety of LGBT people at home and abroad.

61. Alongside the team of Ministers working on equality issues, we are able to draw on advice from experts on LGBT equality, these include the LGBT business champion, Iain Anderson, the National Advisor on LGBT health, Dr Michael Brady, and the UK Special Envoy on LGBT rights, Lord Herbert of South Downs.

***Recommendation 26: The Government should clarify what the barriers are that prevent it from allowing non-binary people to be legally recognised. The Government should lay out reasons in writing to this Committee at the earliest possible opportunity, within a maximum of 12 weeks. The Equality and Human Rights Commission should undertake research in this area so that proposals to allow for legal recognition of non-binary people can be brought forward during this parliament.*** (Paragraph 226)

62. GEO officials have considered the experiences of both people with variations in sex characteristics (VSC), otherwise known as 'intersex', and people who identify as non-binary, details of which are set out below:

- 1) **Analysis of call for evidence on the experiences of people with variations in sex characteristics** - On 17th January 2019, GEO launched a call for evidence on the experiences and needs of people with variations in sex characteristics. In particular, the call for evidence was aimed at those who have VSC; and those who look after people who have VSC in a personal capacity, such as parents, legal guardians, carers. The call for evidence included a combination of closed and open questions. Questions were divided into themes: terminology; health; education; support services / organisations; workplace, benefits, sport and leisure services; and sex assignment, birth registration and correcting birth certificates.

We have analysed the responses and are in the process of finalising the report for publication in due course. The analysis provides valuable insights on the issues faced by people with VSC, parents and carers, and service providers. We believe that more research would help us better understand the issues raised in the report, and will be liaising with stakeholders and other Departments to take this work forward.

- 2) **The experiences of non-binary people** - GEO has considered this issue, as part of the Government's successful case against a legal challenge, to inform policy work on the issue of so-called X-markers on passports (that is, the option, introduced by some countries, for passports to provide for a third category beyond male and female). We reviewed published evidence on the value and purpose of sex and gender identifiers on official documentation, and how the gender identity of non-binary people affected their interactions with key public services, in order improve our understanding of issues relating to non-binary identities and X-markers. We also conducted a short scoping exercise, involving interviews with policy officials in a number of departments about how sex and gender markers are used and the possible impacts that could arise from a hypothetical X-marker.

63. To be clear, the Government's position remains that no changes are needed to the GRA. In UK law, individuals are considered to be the sex that is registered on their birth certificate – either male or female, with the GRA providing for individuals to be able to change their legal sex.

64. Our work, as referenced above, aimed to further explore this emerging and complicated area of policy. However, as was also highlighted in *R (on the application of Elan-Cane) (Appellant) v Secretary of State for the Home Department (Respondent)* 12 July 2021<sup>9</sup>, many other countries are also developing their understanding of this area.

65. For the response of the EHRC, we refer to their letter to the Committee dated 28 January 2022.