

Written evidence submitted by Miss Amelia Kelly [GRA1306]

Please see below my answers to the call for evidence regarding the GRA Reform Inquiry. I write these responses as an individual who believes all people are created equal and deserve equal rights and protections under the law.

Will the Government's proposed changes meet its aim of making the process "kinder and more straight forward"?

- Moving the process online helps to a degree, but this is the bare minimum that can be expected from a functioning government in 2020. The process as it stands remains unkind and obstructive.

Should a fee for obtaining a Gender Recognition Certificate be removed or retained? Are there other financial burdens on applicants that could be removed or retained?

- A "nominal fee" is rather vague, as long as this is affordable. Many transgender people have been forced to pay out of pocket for private healthcare for years due to chronic NHS waiting lists. In the efforts to maintain a good level of oversight and monitoring, a private gender doctor would expect to see normal patients twice a year, at a cost of around £100-£200 per session. Add to this the cost of getting a new passport and driving license, and it is clear that transgender people are forced to pay large sums to live as their preferred gender. Reducing the cost of obtaining a GRC is important, and I believe it should be under £100.

Should the requirement for a diagnosis of gender dysphoria be removed?

- Yes. Obtaining a diagnosis of gender dysphoria requires either waiting in line for 2-4 years to see an NHS gender specialist doctor, or paying out of pocket for multiple private gender clinic appointments, often with c.6 month long waiting lists. This is unacceptable. If an NHS gender specialist doctor could be seen within a matter of months not years, then this restriction would make sense, but not in the current environment. Indeed, this restriction should be lifted until the NHS waiting time is reduced to its target of 18 weeks. The legal right to live as your preferred gender should not be restricted by a lack of NHS resources.

Should there be changes to the requirement for individuals to have lived in their acquired gender for at least two years?

- There should be no time requirement, a person's legal right to live as their preferred gender shouldn't require two years of experience or evidence. Medically transitioning with surgery requires a person to live as their preferred gender for a set period of time prior to commencing. The GRC is not irreversible surgery, and a person's rights should not be restricted in this way.

What is your view of the statutory declaration and should any changes have been made to it?

- Seems appropriate, no changes should be required.

Does the spousal consent provision in the Act need reforming? If so, how? If it needs reforming or removal, is anything else needed to protect any rights of the spouse or civil partner?

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- Somebody's transition should not be restricted by their spouse's opinion. More needs to be done to protect the rights of the person seeking a GRC, not the spouse, who may block a person's GRC out of spite. I cannot see any legitimate reason why a spouse's permission would be required.

Should the age limit at which people can apply for a Gender Recognition Certificate (GRC) be lowered?

- With a parent/guardian's permission, I would support lowering this age limit.

What impact will these proposed changes have on those people applying for a Gender Recognition Certificate, and on trans people more generally?

- Since the announcement of the GRA reform consultation the transgender community has seen a sharp rise in hate crime and discrimination. The proposed changes fall short of what transgender people were hoping for, and need. In the face of support from the British Medical Association and many, many others, it is surprising that Liz Truss has limited the reforms to essentially nothing. Putting the system online constitutes less than the bare minimum, and is certainly not a productive result of a two year long consultation. Frankly I do not believe that the Minister for Women and Equalities has the best interests of the transgender community at heart, as she has displayed a complete lack of willingness to ensure transgender people have equality. That said, the GRA

What else should the Government have included in its proposals, if anything?

- A central list of people with Gender Recognition Certificates should not be kept. A new birth certificate should be issued, and databases updated with a person's new details, but no more. Keeping a record of who has a GRC easily singles out the trans demographic, and puts this minority at risk.

Does the Scottish Government's proposed Bill offer a more suitable alternative to reforming the Gender Recognition Act 2004?

- Yes.

Why is the number of people applying for GRCs so low compared to the number of people identifying as transgender?

- This seems self-evident by the need for GRA reform. The GRC process is not fit for purpose. The process is long, emotionally straining, complicated, and expensive.

Are there challenges in the way the Gender Recognition Act 2004 and the Equality Act 2010 interact? For example, in terms of the different language and terminology used across both pieces of legislation.

- Clear definitions should be set out for all terms used, so there is no confusion around the language and terminology used.

Are the provisions in the Equality Act for the provision of single-sex and separate-sex spaces and facilities in some circumstances clear and useable for service providers and service users? If not, is reform or further guidance needed?

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- The transgender community understands that the Equality Act protects trans people's right to access single-sex spaces based on their preferred gender. Anti-trans lobbyists argue the opposite, that people should be limited to the single sex space of their assigned gender at birth. This difference is dangerous and results in discrimination and abuse. The government should state without ambiguity that trans people are protected and able to use the correct single sex space/service for them.

Does the Equality Act adequately protect trans people? If not, what reforms, if any, are needed

What issues do trans people have in accessing support services, including health and social care services, domestic violence and sexual violence services?

- As previously mentioned, trans healthcare lags far behind, and is completely unacceptable in its current state. 2-4 year waiting lists for NHS services, or very expensive private services are currently the only option for trans people wishing to transition medically. Even if a trans person doesn't want to medically transition, they still need to go through this process to get a GRC, which seems wholly unnecessary. The current system is needlessly slow in addition to long waiting lists, with many trans people's first appointment at a gender clinic being simply to fill out forms before waiting another 6 months to a year for a second appointment where progress can finally start to be made. The NHS target waiting time of 18 weeks has been blown out of the water by a potential 4 year wait before an initial appointment, followed up by potentially another year waiting for a second appointment before hormone treatment can begin. Trans healthcare is disappointing at the GP level as well, even if a person pays out of pocket for a private gender clinic, a GP might refuse to enter into a shared care agreement, forcing the trans person to pay even more extortionate fees for private prescriptions and blood tests. This is unacceptable.

Are legal reforms needed to better support the rights of gender-fluid and non-binary people? If so, how?

- Absolutely, gender neutral options should be available for all forms of ID, and gender non-conforming people should have their rights supported to ensure equality with cisgender people.

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