

OVERVIEW AND SCRUTINY COMMISSION

Agenda Item 79

Brighton & Hove City Council

Subject:	Trans Scrutiny: Scoping report		
Date of Meeting:	Overview and Scrutiny Commission		
Report of:	Strategic Director, Resources		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This scoping report follows the request for scrutiny of trans equality issues from Councillor Phelim MacCafferty, presented to 23 January 2012 Overview and Scrutiny Commission.
- 1.2 The Council's Trans Toolkit for Managers is reproduced for information, as Appendix 1 to this report.

2. RECOMMENDATIONS:

- 2.1 That the Overview and Scrutiny Commission consider the scoping report and agree whether further scrutiny action is required.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

Background

- 3.1 At OSC on 23 January 2012, Cllr MacCafferty presented a request for a Trans Scrutiny panel and highlighted the following as potential issues: Discrimination, Physical Health, Mental Health, Housing, Safety, Accessing Services, Engagement, Workplace. It was agreed that a report be produced to enable OSC to make a decision on the need and potential focus of a scrutiny panel on trans equality.
- 3.2 Whilst we do not have numbers for our trans population we know that trans people migrate to the city because of the perception of LGBT friendliness. Trans equality has been an area of concern in the city for a number of years due to the particular vulnerabilities of trans people particularly in relation to discrimination and safety.
- 3.3 The Count Me in Too survey provided useful evidence and analysis of the local issues and work on LGBT equality in the council and the health service has focused on specific trans issues in some instances as described below.

Count Me In Too

- 3.4 In 2008, the Count Me in Too (CMIT) research project produced a specific report on their findings in relation to trans people in the city. The report highlights the issues as presented by Cllr MacCafferty and also describes the marginalisation that is faced by trans people in both LGB and straight communities.
- 3.5 In response to these findings, representatives from the Council and the PCT committed to ensuring that the needs of trans people would be addressed within their equality work. The set of general recommendations from the report would be considered as part of this and in particular the statutory sector would work with Spectrum LGBT Community Forum to develop a city-wide trans strategy.
- 3.6 Subsequent to this, Spectrum LGBT Community Forum was unable to continue to operate and therefore the work that has continued has not been drawn together into one strategy.

Health

- 3.7 Trans people report experiencing problems with both general and mental health services.

General Health

- 3.8 In terms of general health services, some trans people report difficulties in accessing primary healthcare services, with front-line staff (particularly GPs) displaying a lack of awareness of/sensitivity to trans issues and sometimes being actively antagonistic. If groups of people under-use primary healthcare, then, on average, they will have poorer long term health outcomes, because health conditions may not be routinely identified at an early stage: early diagnosis and treatment of many conditions is strongly correlated to better outcomes and lower expenditure. In addition, primary care is an increasingly important forum for preventive health messages: people who do not have regular contact with primary healthcare may not be receiving all the advice they need to lead healthier lives.
- 3.9 Moreover, groups which under-present to primary healthcare tend, on average, to over-present to secondary care – e.g. at hospital A&E. This has cost implications and can exacerbate the already considerable capacity problems faced by urgent healthcare services.

Mental Health

- 3.10 Trans people are disproportionately likely to use mental health services. Given that trans people typically experience high levels of bullying, discrimination etc, it is unsurprising that they should suffer disproportionately from conditions such as depression and anxiety. However, given that trans people are more likely than average to experience anxiety/depression, it may be that services treating these conditions should be particularly careful to ensure that they meet the needs of the trans community.
- 3.11 Some trans people also feel that they tend to be categorised as having mental health problems simply because of their trans status. This is a complex issue, as there are recognised mental health conditions which directly relate to gender

dysphoria (i.e. being uncertain about one's gender), even though gender dysphoria is not itself formally classified as a mental illness. However, the point is essentially that while it may be that some people with gender-related mental health problems may tend to identify as trans, it does not follow that everyone who identifies as trans suffers from mental illness.

- 3.12 Another complicating issue is that the pathway for gender reassignment surgery is managed by mental health services, with people seeking reassignment essentially being treated (according to many of the individuals involved) as if they have mental health problems. Gender reassignment services are specialist services which are not provided locally. Brighton & Hove residents seeking gender reassignment have to use services at Charing Cross hospital, London. There is wide-spread and long standing user dissatisfaction with this service. For several years, Sussex Partnership NHS Foundation Trust (SPFT) has been planning its own gender reassignment service, but this is still at the planning stage, and in the short term there is no realistic alternative to Charing Cross.

Housing

- 3.13 The Housing Strategy 2009-2014 included a specific LGBT Housing Strategy for the same period with the following objectives:

Strategic Objective 1: Plan and provide accessible, welcoming and safe housing and support services that are responsive to the needs of LGBT people and promote their health and well-being

Strategic Objective 2: Plan and provide housing and support services that actively contribute to LGBT community safety and challenge harassment, discrimination and hate crime

Strategic Objective 3: Plan and provide housing and support services in consultation with the LGBT community

- 3.14 One of the specific actions against these objectives was the creation of a specialist LGBT Housing Options post. This enables trans people to access tailored and sensitive support with their housing issues.
- 3.15 Housing services are working in partnership with Social Care services, the Police and the community and voluntary sector. Working groups have looked at LGBT Domestic Violence and Abuse, LGBT Community Safety, and LGBT Sexual Exploitation, to make sure they are working efficiently in partnership with all sectors.
- 3.16 In 2008, around 50 housing staff received a specific programme of trans awareness training.

Safety

- 3.17 The new Community Safety, Crime Reduction and Drugs Strategy 2011-14 continues to have a focus on tackling LGBT hate crime and improving the confidence of the LGBT community in the services of the Partnership Community Safety team and Brighton & Hove Police.
- 3.18 The commitments within this strategy are:

Outcome: Hate incidents and crimes motivated by an offender’s prejudicial views or hatred of sexual orientation or gender identity are reduced

Sub-outcomes:

- The safety needs of marginalised and vulnerable groups within the LGBT population are understood and reflected in the partnership’s work
- Multi-agency and inter sector LGBT-led partnerships are strengthened and sustained
- Community engagement with LGBT groups, services and individuals is improved, building trust and confidence
- Awareness of best practice informed by research and service data is maintained and findings are further embedded and mainstreamed into the work of partners
- Joint working and capacity for responding to LGBT community safety issues among LGBT groups and services continues to develop
- LGBT community safety is mainstreamed across all services provided in the neighbourhoods where LGBT people live

3.19 The Safe in the City Partnership supports a number of multi-agency LGBT working groups, including a Casework Panel and an LGBT Community Safety Working Group, with standing groups around topics including mental health, housing and domestic violence and abuse. These groups have been instrumental in providing improved partnership solutions to reducing hate crime and incidents and mainstreaming LGBT concerns across front line services. One example of a specific development is the establishment of weekly trans drop-in sessions by The Clare Project, which are facilitated by LGBT PC officers and/or community safety officer to address trans community issues.

Accessing Services

3.20 CMIT reported that trans people are more unlikely to feel uncomfortable in using mainstream public services and are more likely to report that they find such services to be very unfriendly. They are also less comfortable in completing monitoring information unless they deem services to be LGBT friendly.

3.21 The Communities & Equality team have been working with colleagues from Research & Analysis to provide a new equalities monitoring form to be used for service monitoring. This was the result of consultation with representatives from different groups and has been agreed by the City Inclusion Partnership. The questions that are included for trans people are as below:

What gender are you?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
Do you identify as the gender you were assigned at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

Engagement

- 3.21 Trans people reported some feelings of exclusion from the LGBT community but CMIT recommended that it was important to continue to consider the needs of the trans community as part of the LGBT community and not separate from it.
- 3.22 In response to a lack of trans engagement activity on health issues in 2011 the PCT worked with a consortium of LGBT organisations in the city to develop the LGBT Health Involvement Project. This project is hosted and managed by the LGBT voluntary sector organisations and has specifically addressed the needs of trans people within its work. For example work with the local sexual health clinic, the Claude Nicol, where a group of trans people were involved in understanding their services and feeding back to the staff how the clinic could be more trans friendly.
- 3.23 The Council has now entered into a partnership with the PCT in funding this project which from January 2012 was renamed the LGBT Health & Inclusion Project. This has enabled council consultations on Neighbourhood Councils and the Equality & Inclusion Policy to proactively include the wider LGBT community.
- 3.24 As the project has a good track record in addressing trans issues, and the Clare Project is one of the partnership organisations, this mechanism represents a very positive step forward in engagement with trans people.

Workplace

- 3.25 Our workforce monitoring statistics show 4 people who identified as trans. They are non-schools based staff.
- 3.26 In 2008, the council produced a Trans Toolkit for managers that provides practical guidance on understanding and supporting transgender employees. (Attached to this report as Appendix 1) The Gender Trust, a national charity supporting people affected by gender identity issues helped to develop the toolkit and it has been recognised by ILGA-Europe (European region of the International Lesbian and Gay Association) in their best practice guide published this month.
- 3.27 The LGBT Workers Forum has made a commitment in their business plan to focus on developing the inclusiveness of the forum to trans staff. This will include exploring the current barriers and developing potential new activities. As part of this work the Forum have been learning from best practice from the LGBT Excellence Centre in Cardiff and are exploring (with HR and the Communities & Equality team) the use of the GALOP resource – “Shining the Light: 10 keys to becoming a trans positive organisation”.

4. AREAS FOR POTENTIAL SCRUTINY

The areas where it looks like additional activity might be useful are:

Friendliness of front line services:

- 4.1 This was an area that was highlighted in Count Me in Too and there has been some progress with the provision of trans awareness training for Housing staff. More training for front-line staff across the Council as part of the Improving Customer Experience programme is likely to be useful. This is an area where

some analysis of best practice and dialogue with the trans community could add value and the LGBT HIP provides a vehicle for this.

Health:

- 4.2 Looking at training for healthcare workers, particularly for GP and GP surgery staff. Potentially focusing on sensitivity to and understanding of trans people (e.g. that trans people are not mentally ill; that people can have health problems which are entirely unrelated to their gender status)

Mental Health:

- 4.3 There's potentially a piece of work here looking at why mental health workers are perceived as treating trans status as in itself a mental health problem and what can be done to build more trust in the trans community.
- 4.4 In terms of unhappiness with current gender reassignment services, it's not clear what value scrutiny could add: there is relatively little opportunity to influence the regionally commissioned services provided by Charing Cross hospital, and also little to be done to encourage Sussex Partnership NHS Foundation Trust to speed up the development of their own reassignment services – realistically, they have to be able to justify the development of a Sussex-based service in business terms, and this will necessitate identifying users from a much broader geographical base than Brighton & Hove.

Housing:

- 4.5 The mechanism for engagement with the trans community on Housing issues was the LGBT Housing Group which was struggling to generate very much interest from the community and has not met for a while. There is therefore an opportunity to look at more effective ways for the Council to work in partnership, perhaps on a wider range of issues, with past members of this group, other stakeholders and the trans community.

5. COMMUNITY ENGAGEMENT AND CONSULTATION

- 5.1 Relevant Council officers have been consulted in the preparation of this scoping report.

6. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

If agreed, scrutiny action would be carried out within existing resources.

Legal Implications:

The Commission has the following options:

- (i) to appoint an Ad Hoc Overview & Scrutiny Panel to carry out a short,

sharply focused piece of scrutiny, and report its findings to the relevant Council Committee.

(ii) to propose a Select Committee review to carry out a more in-depth investigation. Such a proposal would need to be supported by recommended terms of reference, membership, scrutiny brief and resource requirement.

(iii) to keep a watching brief on the issue and review any need for involvement in the future.

(iv) to agree that no further scrutiny action is needed.

Equalities Implications:

Equalities implications are included in the scoping report.

Sustainability Implications:

None directly in relation to this report.

Crime & Disorder Implications:

None directly in relation to this report.

Risk and Opportunity Management Implications:

None directly in relation to this report.

Public Health Implications:

None directly in relation to this report.

Corporate / Citywide Implications:

Full implications would be addressed by any future scrutiny action.

SUPPORTING DOCUMENTATION

Appendices:

1. Trans Toolkit for Managers

Documents in Members' Rooms

None

Background Documents

None

