

**Minutes of the meeting of the National LGBTI+ Inclusion
Strategy Steering Committee
Thematic Focus: Treated Equally
23 June 2021
10:30 – 13:00**

In attendance:

Minister Roderic O'Gorman, (Chair) DCEDIY

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| Adam Shanley | HIV Ireland |
| Ailsa Spindler | Gay Project |
| Bernadine Quinn | Outcomers |
| Bill Foley | Outlook |
| Breda Farrell | Department of Transport |
| Brendan O'Loughlin | Department of Social Protection |
| Cameron Keighron | AMACH! LGBT+ |
| Cathy Blake | Outwest |
| Chris Noone | National LGBTI Federation |
| Ciara Sugrue | Fáilte Ireland |
| Cillian Flynn | GOSHH |
| Colm Parnell | IHREC |
| Dairearca Ní Néill | Department of Health |
| David Joyce | IBEC |
| Dr Amir Niazi | Department of Health |
| Eoin Wilson, | DCEDIY |
| Gaelle Izabelle | Department of Agriculture |
| Gearoid Browne | Department of Finance |
| Gerard Harty | Department of Business Enterprise & Innov. |
| Gillian Tracey | Department of Health |
| Jane Ann Duffy | DCEDIY |

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| Janet Lacey | DCEDIY |
| Jed Dowling | Dublin Pride |
| Joseph Doyle | HSE |
| Laura Cooney | Department of Justice |
| Margaret Malone | National Transport Authority |
| Meadhbh Costello | IBEC |
| Michelle Ganly | Department of Public Expenditure and Reform |
| Michelle O'Connor | Tourism Ireland |
| Nicola Brassil | Department of Foreign Affairs |
| Padraic Sweeney | Department of Rural and Community Dev. |
| Padraig McMahon | Department of Agriculture |
| Patrick Mc Elligott | GOSHH |
| Paula Fagan | LGBT Ireland |
| Paula Kelliher | Department of Defence |
| Séamus Beirne | Irish Prison Service |
| Sinead Carson | Department of Health |
| Zbyszek Zalinski | RTE |

Secretariat:

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| Jennifer Stanbridge | DCEDIY |
| Alex Bassett | DCEDIY |
| David Noctor | DCEDIY |

Apologies

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| Eamonn Waters | Department of Housing, Local Government and Heritage |
| Kate Moynihan | LINC |

I. Opening Comments

The Minister welcomed everyone to the fifth meeting of the Committee to oversee the implementation of the National LGBTI+ Inclusion Strategy. He wished everyone a happy pride. He welcomed all Committee members and alternates attending on behalf of members. In noted that in addition to the draft agenda, members received:

- draft minutes of meeting 4
- traffic light report

The Minister noted that the main focus of committee business was the Treated Equally pillar. There would be briefings from areas with remits under that pillar:

- Equality Division in DCEDIY
- Irish Prison Service
- Department of Social Protection.

In addition to these items, there would be an update on the work of the recently established Sub-Committee on Research.

Because of the interest expressed in health issues by committee members, the HSE would be briefing on its commitments under the Strategy in relation to mental health, healthcare provision for Transgender people and healthcare provision for gay men.

The Minister noted the time slot for the meeting had been extended to 2.5 hours.

He acknowledged the disappointment at not being able to actually hold pride parades again this year but was pleased to see that festival organisers were again taking up the challenge to celebrate and campaign in a different way. He noted that the reasons for being in Waterford were disappointing, but it was an honour to be there and the LGBTI community and entirety of city has given a strong response.

Jed Dowling from Dublin Pride spoke about the plans for this year. There would be a focus on diversity training which has taken away focus on the parade. Small in-person events have taken place. They were concentrating now on a virtual event broadcast from mansion house on Saturday 26th June. Pride is the community's 'darkness into light'. The festival closes on 28 June with the Pride debate but some events are now taking place in July and August with a focus on outdoors. Jed wished everyone a happy pride and looked forward to seeing everyone at events.

2. Agreement of Draft Agenda and Draft Minutes

The Minister proposed the draft agenda and it was adopted. The minutes from the meeting in March would be taken as read. He would be mentioning the UN Convention on the Rights of Persons with Disabilities and the Community Services fund in AOB. No other AOB was proposed.

3. Adoptive Leave and Benefit for male same sex couples

Jane Ann Duffy from the Equality division, DCEDIY briefed the committee on developments in this area. The Secretariat will circulate

the presentation after the meeting. Changes to adoptive leave for same sex couples mean that all adopting couples will be able to choose which parent may avail of adoptive leave, including male same-sex couples who were previously excluded due to an anomaly in legislation. These amendments are part of new provisions under the Family Leave and Miscellaneous Provisions Bill 2021.

There was a query about the wording 'when neither is mother or father'. Jane Ann Duffy noted that this was reflective of the drafting and not meant in the legal sense the mother or father.

4. Supports for LGBTI+ people in the Irish Prison Service

Seamus Beirne from the Irish Prison Service briefed the Committee. The Secretariat will circulate the presentation after the meeting.

Discussion points:

- Pride: Events were taking place e.g. there was awareness raising on the internet and a TENI piece on do's and don'ts. (People afraid they will say the wrong thing when they meet a Transgender person.)
Rainbow flags will be flown at all of prison institutions.
- The training being introduced for staff – was it mandatory?
- Transgender men: It would be a shame to wait until they appear in the system before policy is developed. Transgender men are at greater risk than transgender women.
- Non-binary voices and identities should be included in any policies being developed. What is the feedback being received on the training?

Is it having an effect on changing cultures and attitudes? Important that not just a tick the box.

- A lot of prisoners may not identify with LGBTI identities but be in same sex relationships. Is there sexual health provision for these people?
- Were there any initiatives around staff themselves – were there activities in that area?

Seamus Beirne noted:

- The IPS will engage with transgender men and non-binary people
- For recruit prison officers the LGBTI training it is part of the course and is mandatory. There is certain training that's mandatory, for instance health and safety. However the LGBTI training was not mandatory for established staff as there was no legislative basis for this but it is strongly encouraged.
- The IPS has been dealing with vulnerable prisoners for a long time and prisoners with diversity are dealt with fairly and with humanity.
- Comprehensive policy will be developed and input welcomed.
- Anecdotally, training is being positively received. One staff member has come out as transgender and has been overwhelmed by the support she has received. In Limerick there are 3 transgender prisoners and they have been treated with compassion and understanding and awareness. Professional training college will capture the learning outcomes in due course. They would like to hear from the non-binary community as well.
- There is healthcare for prisoners who wish to talk about sexual health e.g. STI testing. Prisons try to mimic healthcare available

outside the prison setting. There is also a course on consent that will be rolled out in Cloverhill in not too distant future.

- There were diversity champions although this has gone into abeyance somewhat – covid has changed priorities. Staff support officers are trained to be able to deal with issues including LGBTI.
- Joe Doyle, HSE noted that in the south east social inclusion has developed a rainbow sticker and a badge has also been developed. Joe would like to do this across the health service but is there an opportunity to standardise this across the sectors? Minister noted this was a useful observation and asked Joe to report back on the roll out in the health sector.

5. Information campaign on the provisions contained in the Children and Family Relationships Act

Brendan O’Loughlin, Department of Social Protection briefed the committee – presentation will circulate after the meeting.

Paula Fagan from LGBT Ireland acknowledged the work Brendan and the team had done. They have been very proactive in engaging with families and they understand the significance of birth certs for families. Families got letters congratulating them on the new birth certs, which was a very pleasant surprise. The Minister echoed with Paula said – there was a significant shift in policy, implemented in a human way that met the needs of the families involved.

6. HSE – Health Issues

The Minister welcomed Dr. Ameer Niazi from the HSE who briefed on the progress being made in Gender Identity Services.

The Minister asked Dr. Niazi for a note on this presentation which issued and is attached as an Appendix to the draft minutes.

Points raised:

- Is there a set date or timeline for families and parents and young people – when will service be operational? Service design – are experiences of young people and their caregivers with Tavistock being taken into account? Has consultation taken place and if so what recommendations are being put in place?
- There is a problem with CAMHS diagnosing gender identity issues as they don't seem to want to do it. Is there a plan to standardise the service – everyone must make an attempt to respond to issues that have arisen?
- It is welcome that progress is being made but delays for young people are a concern. Could a more formalised interim service for young people be considered?
- Could an independent person sit on the interview board (from TENI?)

Response:

Dr Niazi hoped by now they would be at stage of consultant appointment, but this has been affected by cyber issues and the need to find someone very experienced for the post. There are still one or two gaps but progress is being made. Dates have been pushed back but they very keen to make progress. If there is no interest in the role they will

try to find a different way to appoint a consultant. They meet with colleagues and advocacy groups and will be establishing a multi-disciplinary working group – service users and advocacy groups will be part of this. Dr Amir will be chairing this group.

Dr Niazi noted that in mental health 80 percent of cases were dealt with in primary care (GP) and about 18 percent in secondary care. Only 1 to 2 percent are dealt with in tertiary care which is the service they are trying to establish. It is a highly specialised area. The Purpose of this team is also to train colleagues at primary and secondary care. The gaps will be addressed in this way. HSE through social inclusion has been rolling out training to HSE staff working with Vanessa Lacy of TENI. National clinical programmes for mental health recognise the need to be aware of needs of LGBTI people in self harm programme sand other programmes. QAD will also be a feature. There is also a ‘treatment abroad’ scheme in place. Hopefully patients will be able to seen by the new service before the end of the year.

PAS is arranging the interview panel and the HSE doesn’t have an input but if Dr Niazi has an opportunity he will raise this with PAS. The chair of the board is always an independent (non-HSE) individual.

7. Report from the Sub-Committee on Research

The Minister noted that a research sub-group of the Strategy Committee had been established and that the group has met twice so far to consider what research might be required in the LGBTI+ area, especially in the area of Conversion Therapy. He thanked the members

of the sub-group and invited Janet Lacey from DCEDIY, who chairs the Sub-Committee to brief the committee.

Janet thanked the members for their expertise and time. The main focus of the group was effectively implementing outcome 4: ensuring better information available on needs of LGBTI community to inform policy. Conversion therapy was a priority. The Research Unit developed a scoping paper and the sub group considered it. The Group had begun to look at a questionnaire, led by Gráinne Collins in the Research and Evaluation Unit but decided that qualitative and quantitative external research was required and the best approach would be to go contract this. Work had commenced on a Request for Tender in this regard.

The Minister noted that a cross party group had formed to advance the issue of conversion therapy, and there was also a PMB sponsored by Senator Warfield. He noted that research was an important step in the design of the legislation. He thanked the sub-committee, he appreciated it was doing additional work.

Discussion Points:

- There was an all island dimension to this – is the research planned to capture the 32 counties? The Minister noted there was a cross border element – actions were being undertaken by the Northern Ireland executive. He will be reaching out to groups in NI. Janet Lacey noted that the Department was linking in with the department of the community in the north, as they are looking at Conversion Therapy as part of their new strategy.

- Assurance was needed about the evidence needed to push the legislation forward. How many people have experienced it should not be the focus. If nobody had experienced it, it should still be banned.
- The Minister noted that the qualitative angle was also very important but there also needs to be an evidence that ‘there is an issue here’. A Survey plus detailed research piece was the best approach.

8. Traffic Light Report

The Minister thanked departments for providing updates on the commitments that have been advanced since March by their divisions and agencies. He noted that the COVID-19 pandemic has continued to impact on progress in certain areas, contributing to delays or suspension of planned activities and expected the extension of the timeframe for the Strategy will allow the regaining of this ground.

9. Gay Men’s Health

Joe Doyle, HSE briefed the committee on gay men’s health services which reopened in January on a phased basis. Prep service has recommenced and consultations, testing and treatment are being provided as required. The Website has been updated to reflect services available. Public STI services are all operating again in line with social distancing requirements. For more information, go to:

<http://www.hivireland.ie/hiv/testing/free-hiv-sti-testing-centre-locator/>

10. Pride Update

Update from Abyszek Zalinski (RTE) noted there was a focus on community. Videos were created with community orgs with a move outside Dublin to showcase what was happening around the country. There was a new hub for LGBTI content that had been developed and will include content from TV, Radio and online. RTE is the official media partner to Pride. <https://www.rte.ie/eile/lgbtq/> and diversity@rte.ie

II. AOB

Open Call under the Community Services Fund

The Minister noted he will be launching the Open Call for funding under the Community Services Fund in early July. The Programme was a huge success again this year. He was especially delighted to hear from LGBTI Ireland during the week that “important work has commenced by national and regional LGBTI+ organisations developing new services in areas previously without LGBTI+ supports”. And in developing specialised supports for LGBTI+ people that experience intersectional discrimination e.g. LGBTI+ Traveller and Roma, older LGBTI+ people, seeking international protection here in Ireland.” It is vital that these services are maintained and further developed, the Minister noted and €700,000 will be made available to support community services and promote visibility and inclusion of LGBTI+ people. A press release had issued earlier announcing that the fund would be launched soon.

UN Convention on the Rights of Persons with Disabilities

The Minister noted that the Convention on the Rights of Persons with Disabilities had been ratified by Ireland in 2018. The Department is

beginning the design process for an implementation Plan for the UNCRPD and the plan will progress Ireland's commitments under each Article of the Convention. As part of that the Department is going to start looking across the range of Equality Strategies to see what UNCRPD work might be already progressing through them. This is possible because Disability intersects with other equality areas. For instance, Article 6 of the UNCRPD relates to Women with Disabilities, so there may be work happening under the National Strategy for Women and Girls that can be linked with this Article.

With this in mind, as a future agenda item the Committee may spend some time to identifying which actions have direct alignment with the UNCRPD and the Minister asked members to keep this in mind and perhaps to begin thinking which of their actions may be relevant.

This ties in nicely with some feedback we received this week from LGBTI Ireland about Action 13.1 in the Strategy, which this Department is responsible for progressing. This Action is: *Design and implement programmes and measures to address intersectional discrimination in partnership with NGOs and target communities.*

The Minister noted this is something that should be discussed at a later meeting as there is progress to report – albeit piecemeal at the moment. For instance, the International Protection Accommodation Services Unit in the Department is now starting to look at developing an LGBTI policy. The Department is also looking to engage with NGOs on this as it is very much a joint action so if there are thoughts, or if there has been work done in this area he asked the Committee to submit these.

The Minister noted that the issue of 'intersectionality' is something that will be looked at as part of a review of all of the Equality strategies and the development of new ones. This overarching review is pegged to take place later this year and running into 2022.

The Minister noted that he met with the National traveller's women forum and intersectionality was being raised as an issue.

Discussion points

- The launch of the Community Services Fund was welcome. The benefits of funding are being felt – people in rural areas are beginning to see themselves being represented. The continuity of funding is very important so it's vital that the view is not taken 'share to everyone equally'. Small pots that don't go far is not ideal.
- The point about not being able to make training mandatory in the IPS because it's not legislated for. Is this something that could be brought in? Training for equality and inclusion in govt/public services – could this be made mandatory?
- The Minister noted the point about funding distribution and the training issue – this will be considered further.

The Minister thanked presenters, departmental agencies and reps, the Secretariat, and everyone for their engagement. Next meeting would be in the autumn and he wished an enjoyable summer and pride.

Appendix

Mental Health Summary Update for National LGBTI+ Inclusion Strategy Committee, 23rd June 2021

Services for transgender care in Ireland are well established and have evolved organically over the last number of years, with the adult National Gender Service (NGS) based in St. Columcille's Hospital, Loughlinstown (part of Ireland East Hospital Group - IEHG) with children's services located in Our Lady's Hospital for Sick Children (OLHSC), part of Children's Health Ireland (CHI), in Crumlin. Endocrinology and Psychological support services are delivered on both sites.

A Model of Service was developed between 2012 and 2017 to support the development of HSE Gender Identity Development (GID) services. This development was associated with the allocation of additional resources to enhance existing services. The waiting list for both child and adolescent, and adult services have increased exponentially over the last number of years and further posts have been approved to address this waiting list.

The NGS has submitted business cases for additional staff, with approval already provided for a number of posts (including Admin posts) to begin addressing the waiting list and allow the NGS to offer a more diverse range of supports and interventions (including Psychology and Occupational Therapy, for example).

The HSE is also working on the establishment of a Child & Adolescent service in Ireland including the recruitment of a Consultant Psychiatrist with a special interest in Gender Identity as part of the model of care (closing date for expression of interest was May 28th 2021). The need for clear transition pathways from child to adult services was a consideration in the development of the CAMHS Consultant job specification. CHI at Crumlin recently recruited a replacement Consultant Paediatric Endocrinologist who will be part of the multidisciplinary team (already partly staffed).

Further members of the multidisciplinary teams for both the NGS and Child & Adolescent service will progress subsequent to the appointment of the CAMHS Consultant Psychiatrist.

Pending the establishment and full operation of the Irish Child & Adolescent service, there is ongoing discussions with Tavistock in relation to active patients and the current waiting list.

The “Final Report of the Steering Committee on the Development of HSE Transgender Identity Services” identified two main “outcomes” which the HSE have successfully progressed in 2021:

- Development of job description for CAMHS post, the purpose of which is to facilitate the move from the current system of psychological support for those under 18 years old to ensure services are provided and delivered by the Irish Health Services.
- Development of a governance forum / working group across both IEHG / CHI which will continue to ensure ongoing review of the development of seamless and integrated transgender healthcare services in Ireland.

National Mental Health Services have a long-standing open engagement with a number of LGBTI+ advocacy groups, including TENI and Belongto, which we are very grateful for and would welcome further opportunities for feedback and guidance.