# SUBMISSION ON LGBTI INCLUSTION STRATEGY

By LGBT Ireland



### Contents

1.	Abo	ut LGBT Ireland	2
		onal LGBTI Inclusion Strategy Consultation Key Themes	
(	a)	Health:	2
(	b)	Older LGBT+ People	4
(	c)	Rural Isolation	<del>6</del>
(	d)	Legislative & Policy Reform	E
Summary of recommendations proposed			
	References		



#### 1. About LGBT Ireland

LGBT Ireland is a national charitable organisation working to improve the visibility, inclusion and rights of LGBT+ people living in Ireland. Through our helpline, online and face to face services, we provide confidential support and information to thousands of LGBT+ people and their family members each year.

Informed by the issues and experiences raised through our frontline services, we also work extensively in the area of policy and legislative reform to ensure that LGBT+ people's voices are heard in the policy and practice developments that effect their lives.

The submission below is informed by the issues and experiences of the LGBT+ people and their family members who contact us. As a network organisation with seven regional member services, we also have a strong regional focus and the recommendations outlined below are deeply rooted in the knowledge and experience of our members working across the country.

#### 2. Consultation Key Themes for LGBT Ireland

On 22<sup>nd</sup> October LGBT Ireland's staff, and representatives from our regional member services, took part in a half day workshop with the strategy's consultation team. This submission builds on the issues and actions identified at this meeting and outlines recommendations which could bring about positive change in these areas, over the next two years.

#### (a) Health:

While LGBT+ people experience the same health issues as heterosexual people, there are also specific issues in relation to mental, sexual and physical health and screening, which need to be considered. These issues and possible actions to address them include:

#### **Mental Health:**

- With LGBT+ people at a significantly higher risk of experiencing mental distress, including suicidal ideation and suicide, substance misuse, and deliberate self-harm compared to the general population, resources are urgently needed to improve access to, and specific mental health services for this population. To support this work, a dedicated funding stream and national lead needs to be established within the HSE to ensure that accessible community based LGBT+ services, that provide prevention and early intervention supports, are available throughout the country in a consistent, sustained and equitable manner.
- To fundamentally address the mental health challenges facing LGBT+ people, tackling stigma and discrimination is essential. In the lifetime of this strategy a national public awareness



campaign, promoting positive visibility of LGBT+ identities and challenging discrimination, would be an essential step towards achieving longer term attitudinal change.

#### **Sexual Health:**

- With increasing levels of HIV and sexually transmitted infection (STI) diagnoses amongst the men who have sex with men (MSM) population, there is a need to rollout dedicated sexual health screening and treatment services nationwide, including access to PrEP.<sup>II</sup>
- To address misinformation among health professionals and among LBT women, in relation to their sexual health and screening, specific targeted Information about woman to woman STIs and sexual health is also needed.

#### **General Health:**

- To tackle elevated levels of smoking, alcohol consumption and recreational drug use within the LGB community<sup>iii,iv,v</sup> health promotion campaigns on these issues need to include and target the LGB population to raise awareness of the risks associated with these behaviours.
- With lower levels of physical activity among LGBT people, compared to their heterosexual peers, targeted initiatives that promote sport and physical activity should also be a priority.<sup>vi</sup>

#### **LGBT Awareness Training:**

In considering the specific health needs of the LGBT+ population and to improve their health seeking behaviour, it is crucial that this strategy address barriers faced by LGBT+ people when accessing healthcare. This includes addressing widespread reluctance by LGBT+ people to disclose their sexual orientation, gender identity or sex characteristics to healthcare providers, due to concerns of negative responses and discrimination from them. Vii, Viii, IX, X

A key factor to improving access, is the provision of LGBT+ awareness training to all health and social care professionals to enhance their understanding of the specific health needs of this population group and to support them to be inclusive and welcoming of LGBt+ people in their care.

#### Key recommendation: Develop a national training delivery model

A key recommendation for this strategy is the provision of adequate funding to develop of a national training delivery model, to enable evidence-based LGBT+ awareness training programmes to be made available to all health and social care professionals across the country.

In our opinion, the best approach to achieve a model that has sufficient reach and depth to meet the diverse training needs of all healthcare staff working in Ireland, is to support the LGBT+ organisations who already provide evidence-based training in this area, to collectively develop a



delivery model that can harness existing expertise and materials and create an infrastructure that can support the rollout of training nationally.

This would require investment in a centralised booking system, where all approved training could be promoted and managed, to enable increased bookings and reduce administration. Funding for additional training posts would also be required by the organisations involved in delivery, to enable them to achieve the scale necessary to reach all healthcare services and sectors, with funding also needed to produce online and offline learning resources to support the programmes.

This collective approach is already being applied by LGBT Ireland, with national and regional LGBT+ organisations working together to develop a foundation level LGBT+ Awareness e-learning programme for the HSE, which is due for nationwide release in May 2019.

#### (b) Older LGBT+ People

When considering LGBT+ population health needs, it is imperative that the needs of those aged 65 years and over, are given significant attention in this strategy.

It is estimated that approximately 23,396 persons in Ireland aged-65 years and over may be lesbian, gay, bisexual and transgender (LGBT) people, and while some of the challenges in ageing may be similar for all ageing populations, older LGBT+ people face additional challenges. These include the "double invisibility" faced by older LGBT people compared to older people generally and the lack of appropriate community and social supports for this aging population.

With the current generation of older LGBT+ people statistically more likely to live alone and less likely to have children than their heterosexual peers<sup>xi</sup> it is important that mainstream health and social care services are welcoming and supportive of this population group, so they can access support when they need it. However, international research on older LGBT people supports the view that health and social care systems are often seen as unwelcoming, which leads to mistrust and poor uptake of mainstream health and social services.<sup>xii</sup>, <sup>xiiii</sup>

Statistics from the Irish Visible Lives study showed that 40% of the older people surveyed where not out to their healthcare provider and many feared that healthcare staff would not understand or would discriminate against them because they were LGBT. The study also found that many older LGBT people perceive nursing homes as unwelcoming or insensitive to their healthcare needs.<sup>x</sup>

The findings from the study emphasise the need to ensure that the healthcare staff are properly trained and that services are inclusive of LGBT+ people.

#### Recommendation: Support the rollout of LGBT Ireland's Champions Training Programme

To respond to this training need, LGBT Ireland has developed a specific training programme for health and social care professionals working with older people. Based on the Dementia Champions model, this programme builds the capacity of health and social care professionals to support them to become champions of LGBT+ rights, visibility and inclusion within their own services.

The LGBT Champion's programme, which includes ongoing training and network events for participants, is gaining recognition within the older age healthcare sector. However, to meet the



growing demand for the training and to achieve the scale necessary to reach a critical number of frontline healthcare services, funding is needed to employ three additional trainers.

If this level of investment were achieved, over the next two years the Champions network could be expanded to include key staff from all CHO areas and target professions, including:

- HSE staff with frequent contact with older people including, clinical and administrative staff working in acute settings, public health nurses and social workers.
- Nursing home managers, staff nurses, and home care coordinators.
- GPs and other relevant healthcare professionals working in private practice
- Undergraduate and post-graduate health and social care students
- Relevant voluntary and community organisations delivering services to older people.

The expansion of the Champions training programme would be further enhanced by the development of the national deliver model outlined earlier.

#### **Recommendation: Develop Pride in Care Quality Standard for Irish Services:**

In addition to the training programme outlined above, a future step to embed inclusive practice within older age services is to develop a quality standard, to be awarded to organisations providing quality care and support to older lesbian, gay, bisexual and trans people.

Building on the 'Pride in Care' model developed by Open Doors London<sup>xiv</sup>, LGBT Ireland recommends that this, or a similar model, is adapted for the Irish healthcare sector. The quality standard would assess services' awareness, attitude, skills, and practice in relation to caring for older LGBT+ people, in the following five areas:

- Customer Service
- Safety and Security
- Policy and Procedures
- Publicity and Promotion
- Recruitment and Training

This initiative would require initial funding to adapt, develop and promote a quality standard framework for Irish older age services however over time it is envisaged that this project would be self-financing through fees charged to acquire the quality mark.



#### (c) Rural Isolation

Rural isolation features in many of the calls and messages we receive to our frontline services from LGBT+ people of all ages who are living outside larger urban areas and are looking for support to cope with feelings of isolation and loneliness. The impact of rural isolation is particularly difficult for older LGBT+ people. In 2017, 14% of the callers to our helpline were 55 years and older. The majority were from Connaught (32%) and Munster (44%), with the main reason for contacting our service, to find out about LGBT specific supports or social events in their area.

For the majority of these callers there were no LGBT+ supports or social events to signpost them to in their local area. This is particularly so for those living in the midlands and western regions, with an urgent need for accessible LGBT+ specific community-based services, similar to Outcomers in Louth or Teach Solais in Galway, to be developed in these areas.

## Recommendation: Establish a dedicated funding stream to support accessible community-based LGBT+ services:

As outlined in the health section of this submission, to ensure that community-based LGBT+ services are available throughout the country in a consistent, sustained and equitable manner a dedicated funding stream and national lead needs to be established within the HSE to support such services.

#### (d) Legislative & Policy Reform

In terms of legislative and policy reform, LGBT Ireland is actively engaged in the following areas:

- Rights and recognition for LGBT+ Families
- Recognition and recording of Hate Crime
- Improving rights and supports for LGBT+ Refugee & Asylum seekers living in Direct Provision.

#### (i) LGBT+ Family Rights

In consultation with LGBT+ families, LGBT Ireland has been campaigning to advance the rights and recognition of LGBT+ families living in Ireland. The campaign has a dual focus:

Firstly, to ensure that Parts 2, 3 & 9 of the Children and Families Relationship Act (CFRA) 2015 are fully commenced without further delay, to provide legal certainty to same sex couples with donor conceived children. The following case study illustrates what this means for families.



Elaine and Jenny are married and have a baby daughter, born in June 2018. Jenny as the non-birth parent, is unable to register as the legal parent (i.e.) be named on the child's birth certificate, as Parts 2,3 & 9 of the Act have not yet been commenced. Under the CFR Act 2015, Jenny will be able to apply for guardianship after the child turns 2 years of age.

Therefore, as the law currently stands, Jenny has no legal relationship to her child and is unable to establish a legal relationship until her daughter is two years old. This is despite the fact that the couple are married and planned the pregnancy together. This means Jenny is unable to apply for documentation (e.g.) a passport for her daughter and is unable to give consent including medical consent.

In addition to seeking full implementation of the CFR Act 2015, LGBT Ireland are also campaigning to seek additions and amendments to the General Scheme for Assisted Human Reproduction (AHR) Bill 2017. These changes are needed to ensure that the legislation reflects the reality of AHR procedures being undertaken by opposite sex and same sex couples, including extending provisions to surrogacy arrangements undertaken abroad, provided those jurisdictions have a similar regulatory framework to Ireland.

James and Kevin's story below highlights the need for a comprehensive legislative framework to be progressed urgently.

James and Kevin have two children, which they conceived using a surrogate mother in the UK. James is the legal parent of both children. The surrogate for the couple is in regular contact and is happy to consent to Kevin being recognised the children's other legal parent.

The couple have tried to pursue second-parent adoption as a way of establishing Kevin as a legal parent, however TUSLA have advised that this process isn't possible at the moment as surrogacy is not recognised in Irish law.

One of the children has significant health issues and needs regular medical attention, and while Kevin does have guardianship of both children this does not recognise his parental relationship to them, which has huge implications for the family, as James explains

"I have a little boy with a rare health condition which will mean he will need care AFTER his other dad's guardianship ends when he's 18."

#### Recommendation:

The issues and legal reforms needed in this area are extensive and complex. Therefore, rather than outline all of the recommendations here, we have attached separately our, *Proposals for Reform*, document which sets outs our recommendations in detail.



#### (ii) Hate crime recording and legal recognition

In the Burning Issues 2 consultation report published in 2016<sup>xv</sup> by the National LGBT Federation, the introduction of hate crime legislation was the key legal reform identified by the LGBT community.

LGBT Ireland supports the call for the introduction of hate crime legislation to send a clear message to Irish society that hate crime will not be tolerated. In conjunction with the need for the advancement of legislation, further work is needed in relation to under-reporting and under-recording of hate crime. In this regard LGBT Ireland is working with other civil society organisations to establish how best to engage the LGBT community, the Gardai and Irish criminal justice system to improve recording and reporting of discriminatory crimes.

#### Recommendation: Development of LGB Hate Crime reporting website

An opportunity currently exists for Ireland to be part of an EU wide research project on LGBTI hate crime in 2019. This would require the development and promotion of an LGB hate crime reporting website which could collect data on homophobic and biphobic motivated crimes in Ireland. This would complement the data on Transphobic related hate crimes which is already being recorded by TENI's Stop Transphobia and Discrimination (STAD) site.

The proposed new reporting site could be integrated into LGBT Ireland's existing website www.lgbt.ie which currently attracts over 65,000 visitors annually.

To ensure the data captured is used effectively to raise awareness of the level of LGBT+ hate crime and to build support for legislative reform with key stakeholders including; An Garda Síochána; the Judiciary; and criminal defence and prosecution lawyers, we would also recommend employing an anti-LGBT hate crime liaison officer to support the project.

This person would work closely with LGBT Ireland's helpline volunteers to offer follow up support to those reporting hate crime. The liaison officer could also provide LGBT+ Awareness training to key stakeholders, including specialist training for community Gardai as well as broader awareness training for rank and file officers.

#### (iii) LGBT+ Refugees & Asylum Seekers living in Direct Provision

It is currently unclear how many asylum seekers claiming international protection in Ireland are doing so on grounds of having been persecuted/or fear of being persecuted due to their sexual orientation or gender identity.

LGBT Ireland facilitates a monthly peer support group called Identity which specifically focuses on supporting LGBT asylum seekers living in Direct Provision. Currently 60 members are registered on Identity's WhatsApp group which provides online support and information to members by members.



The monthly attendance at peer support meetings in Dublin is usually 20 people coming from, on average, 10 counties of Ireland. For example, for November 2018's peer support meeting people travelled from Limerick, Kerry, Meath, Westmeath, Longford, Galway, Sligo, Dublin, Waterford and Monaghan.

Identity members know there are other LGBT+ asylum seekers who are not yet comfortable to join the group, some living in the same Direct Provision Centres as Identity members. They also know that there are LGBT+ asylum seekers who are not yet aware of the group. Through the Irish Refugee Council's Legal Drop-in Clinic, anecdotally it is believed that the number of international protection claims on said ground is significantly higher than those whom both LGBT Ireland and IRC currently know of and support.

LGBT Ireland is concerned by the level of mental distress we encounter during the peer support we offer to Identity. Members report feeling isolated, depressed and often dealing with the stress of living in the closet in their Direct Provision centre or, if not in the closet, then coping daily with the challenge of facing down verbal insults and threats of violence from homophobic roommates or other residents. Members report not feeling part of the LGBT community and of trying to cope without the emotional support of LGBT groups, activities and friends close by. Some members feel that they have less support around their LGBT identity living in Direct Provision centres in Ireland, than they did in their country of origin where they still had to live in the closet but also had their parallel life and their family of choice- other people like them.

Accessing as they do only a small weekly financial allowance, and living often in towns rather than cities, LGBT+ asylum seekers are extremely constrained in how they can reach and form bonds with the Irish LGBT+ community, as a way of replacing the emotional bonds they left back home. Having social connection is fundamental to breaking down isolation. Many Irish LGBT+ people living outside of Dublin, Cork and Galway where few or no LGBT+ spaces and supports exist know this experience of isolation. It has featured strongly as a need in this Inclusion Strategy. However, feeling isolated, lonely, sad, uncertain and often hopeless for their future are feelings compounded by LGBT+ asylum seeker's living with little or no connection/access to LGBT+ spaces, activities and people and living in the closet in very tight spaces.

Another huge cause for concern for LGBT asylum seekers and NGOs supporting them is their experience of being interviewed by IPO officials who assess their claim. It has been reported that interviewers, in their attempts to establish the credibility of the claim, have asked claimants to prove they are LGBT through culturally-bound stereotypes of what an LGBT person looks like and talks like. Claimants have also been asked for information about LGBT bars and clubs in cities like Dublin, places where they have never been and remain unaware of due to their isolation from the LGBT+ scene in Ireland. Claimants express a feeling of distrust that interviewers truly understand how LGBT+ people in many parts of the world need to train themselves to 'pass' as straight and how in new situations and with State agencies and agents of the State, LGBT+ people take extra stock of the risks of letting the mask slip or the armour down.

These are learned behaviours over years, in order to stay alive and safe. They cannot be expected to disappear in a short time of months, particularly when people remain isolated from the wider society and LGBT+ community where they may have opportunity and positive experiences which would give them cause to relax their self-protective behaviour. Rather the need for this behaviour



continues to be reinforced when they are living with homophobic residents in DP centres which signal little or no awareness of LGBT+ people, supports and spaces in the local area.

#### Recommendations:

#### Special accommodation considerations for LGBT+ asylum seekers

LGBT Ireland recommends that LGBT asylum seekers who disclose their sexual orientation and/or gender identity be accommodated in those Direct Provision centres based in cities (Cork, Galway, Dublin) and towns (Dundalk) where wraparound supports exist to enable living in Direct Provision to be a less frightening, less isolating, less detrimental experience for people's mental health and well-being. Through being part of the nearby Irish LGBT+ community, they can access social, cultural and skills development to ease their positive and safe integration into Irish society when that becomes a full option open to them.

LGBT Ireland welcomes the National Standards for Direct Provision Centres and recommends their full and timely implementation as well as an independent oversight body to report annually on implementation progress.

#### Training of relevant IPO officials, immigration and Gardai

LGBT Ireland recommends that all immigration officials and Gardai working at points of entry into Ireland, as well as IPO interviewers are both trained in the type of LGBT+ Awareness described earlier, as well as publicly displaying information and symbols which communicate to claimants that the Irish State and its agents are aware of and actively protect LGBT+ human rights.

#### Irish embassies and consulates use their reach and leverage

Irish embassies and consulates need to become active in the countries and regions of the world where they are based and where the situation for LGBT+ people remains legally and culturally very dangerous to life, and the civil and political rights of LGBT+ citizens and groups are difficult to exercise. They can do this by:

- (i) providing safe spaces for celebratory events (Pride events, film screenings etc.) and enabling networking between LGBT+ activists and representatives of supportive governments to develop cultural and time appropriate strategies to bring LGBT+ human rights onto the national agenda or advance same;
- (ii) providing important financial assistance to enable LGBT+ activists operate safely and to best effect in their own countries, to support LGBT+ people, to document and to build a grassroots as well as a strategic larger movement for challenging and changing homophobic laws, practices and beliefs;
- (iii) making appropriate public gestures (flying the rainbow flag) and statements at times of particular violent attacks and incitement- verbal, physical- to signal a safe haven and a friend to those being persecuted and terrified as recently witnessed in Tanzania



#### 3. Summary of recommendations proposed

The issues raised in this submission, and the recommendations to address them, are not meant to be an exhaustive list of all issues facing the LGBT+ community. Therefore, we are hopeful that through the consultation process the actions required in other key areas will be captured, including in relation to:

- The specific issues facing the Trans community including the urgent need for accessible healthcare pathways to be resourced.
- The need for a cohesive approach to workplace inclusion to be developed.
- Development of specific initiatives that promote positive visibility of LGBT+ identities in the arts, culture and community.

In summary the recommendations included in this submission are as follows:

#### **HEALTH**

- Establish a dedicated funding stream and national lead needs to be established within the
  HSE to ensure that accessible community based LGBTI services, that provide prevention and
  early intervention supports, are available throughout the country in a consistent, sustained
  and equitable manner.
- Develop a national public awareness campaign, promoting positive visibility of LGBTI identities and challenging discrimination.
- Rollout a dedicated sexual health screening and treatment services nationwide for MSM, including access to PrEP.
- Develop specific targeted Information about woman to woman STIs and sexual health.
- Include the LGB community in health promotion campaigns in relation to alcohol and drug misuse.
- Develop targeted initiatives that promote sport and physical activity to the LGBT population.
- Fund the development of a national training delivery model for the sector.



#### **OLDER LGBT+ PEOPLE**

- Fund the rollout of the LGBT Champions Training programme.
- Develop an LGBT+ quality standard award for older age services.

#### **RURAL ISOLATION**

Develop a dedicated funding stream to support community-based LGBT+ services.

#### **LEGISLATIVE AND POLICY REFORM**

- Family Rights: Adoption of the legal reforms proposed by LGBT Ireland in: LGBT Pathways to Parenthood: Proposals for Reform, attached separately.
- Hate Crime: Support the development of a dedicated LGB hate crime reporting site and fund an anti LGBT+ officer post to work with key stakeholders to develop good practice in identifying and responding to LGBT+ hate crime.
- LGBT+ Refugees and Asylum Seekers: Special accommodation considerations be made for LGBT+ asylum seekers; Training of relevant IPO officials, immigration and Gardai; & Irish embassies and consulates use their reach and leverage



#### References

https://ec.europa.eu/health/sites/health/files/social determinants/docs/stateofart report en.pdf

<sup>&</sup>lt;sup>1</sup> Higgins, Agnes, Doyle, L, Downes, C; Murphy, R; Sharek, D; DeVries, J; Begley, T; McCann, E; Sheerin, F & Smyth, S (2016). *The LGBTIreland report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender & intersex people in Ireland.* Dublin: <a href="https://www.belongto.org">www.belongto.org</a>

<sup>&</sup>quot;HSE. Health Protection Surveillance Centre. HIV in Ireland, 2016. Dublin: Health Protection Surveillance Centre; 2016.

Bourne, A., Davey, C., Hickson, F., Reid, D., & Weatherburn, P. (2016). Physical health inequalities among gay and bisexual men in England: a large community-based cross-sectional survey. *Journal of Public Health*, 13, 1-7.

<sup>&</sup>lt;sup>iv</sup> Gonzales, G., Przedworski, J. & Henning-Smith, C. (2016). Comparison of health and health risk factors between lesbian, gay, and bisexual adults and heterosexual adults in the United States: results from the national health interview survey. *JAMA Intern Med.* doi:10.1001/jamainternmed.2016.3432

<sup>&</sup>lt;sup>v</sup> Green, K. E., & Feinstein, B. A. (2012). Substance use in lesbian, gay, and bisexual populations: An update on empirical research and implications for treatment. *Psychology of Addictive Behaviors*, *26*(2), 265-278.

vi Englefield, L., et al (2016). Sports, Physical Activity & LGBT. A Study by Pride Sports for Sport England. <a href="https://www.sportengland.org/media/11116/pride-sport-sport-physical-activity-and-lgbt-report-2016.pdf">https://www.sportengland.org/media/11116/pride-sport-sport-physical-activity-and-lgbt-report-2016.pdf</a>

vii Zeeman, L. et al (2017) State-of-the-art study focusing on the health inequalities faced by LGBTI people. European Union.

viii McNeil, J., Bailey, L., Ellis, S., & Regan, M. (2013). Speaking from the Margins Trans Mental Health and Wellbeing in Ireland. Transgender Equality Network Ireland (TENI).

<sup>\*</sup> Higgins, A., Sharek, D., McCann, E., Sheerin, F., Glacken, M. Breen, M. & McCarron, M. (2011). *Visible lives: identifying the experiences and needs of older LGBT people in Ireland*. <a href="http://lgbt.ie/wp-content/uploads/2018/06/attachment">http://lgbt.ie/wp-content/uploads/2018/06/attachment</a> 233 Visible Lives - Key Findings Nov 2011.pdf

xi Stonewall UK. (2011). Lesbian, Gay & Bisexual People & Later Life https://www.stonewall.org.uk/sites/default/files/LGB\_people\_in\_Later\_Life\_\_2011\_.pdf

xii Phillips J. and Marks G. (2008) Ageing lesbians: Marginalising discourses and social exclusion in the aged care industry. *Journal of Gay and Lesbian Social Services* **20**(1), 187-202.

xiii Grossman A.H., D'Augelli A.R. and Herschberger S.L. (2000) Social support networks of lesbian, gay, and bisexual adults 60 years of age and older. *Journal of Gerontology: Psychological Sciences* **55B**(3), 171-179.

xiv http://openingdoorslondon.org.uk/?s=quality+mark

xv National LGBT Federation. (2016). *The Burning Issues 2 Report*. <a href="http://nxf.ie/wpcontent/uploads/2016/06/Burning-Issue-2-Report-by-NXF.pdf">http://nxf.ie/wpcontent/uploads/2016/06/Burning-Issue-2-Report-by-NXF.pdf</a>