

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 75

Ymateb gan: | Response from: **Stonewall Cymru**

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor **Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrysgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

The Committee should be aware of the impact of their work on LGBTQ+ people and how these identities and orientations intersect with other marginalised identities, such as disabled people and black, Asian and minority ethnic people. Without a conscious awareness of this population, the committee risks being unaware of the impact of its work on these people. Research states how LGBTQ+ people often have their specific health needs overlooked by healthcare professionals. This has distinct repercussions within many of the areas of focus identified by the Committee, such as public health and prevention, organisational culture and staff wellbeing and evidence-based innovation in healthcare.



An area of focus that touches distinctly on LGBTQ+ people in Wales is on ensuring equitable access to mental health services. Mental health services in Wales continue to perpetuate wider health and social care inequalities, including those faced by LGBTQ+ people. In any work the Committee undertakes which seeks to discuss mental health service provision in Wales, we would recommend that in the work attempts to understand how these services work for LGBTQ+ people. The mental health inequalities experienced by LGBTQ+ people are particularly stark. [Research suggests](#) that LGBTQ+ people are an at-risk group for poor mental health, with disproportionately high numbers experiencing depression, anxiety, self-harm and suicidal ideation, with these experiences being most acute for trans people. These mental health outcomes are recognised as being linked to experiences of prejudice in wider society. Targeted work investigating how to ensure mental health provision is accessible for all LGBTQ+ people is vital, particularly given the [distinct impact](#) on LGBTQ+ people's mental health as a consequence of the COVID-19 pandemic. We would like to see the Committee take due consideration and time to consider what actions can be taken to not only tackle the wider mental health crisis, but specifically on tackling LGBTQ+ mental health inequalities by producing targeted work on mental health improvement and prevention, and ensuring that these services are fully equipped to support LGBTQ+ people. Any future research or services targeting the impact of COVID-19 on peoples' mental health should specifically consider LGBTQ+ people.

Stonewall Cymru firmly believe in evidence-based policy making, especially in the context of health and social care. We are therefore glad to see the committee committing to consider evidence-based innovation in health and social care. In this regard, there remain many evidence gaps when it comes to LGBTQ+ healthcare.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
 - b) social care and carers;**
 - c) COVID recovery?**
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Gwasanaethau iechyd

Health services

At Stonewall, we imagine a world where all LGBTQ+ people are free to be themselves, are treated equitably and can live their lives to the full. LGBTQ+ people should receive equitable support to be able to form families, including through NHS Wales funded IVF. We think that no additional barriers should be placed on a couple or individual wanting to have a child, whatever their sexuality or gender identity. For example, research by the [British Pregnancy Advisory Service](#), suggests that significant barriers are faced by female same-sex couples attempting to access fertility treatment. Another example is the [Welsh Health Specialised Services Committee policy](#) on surrogacy / donation in which sperm donation is subsidised but egg donation is not, at the expense of same-sex male couples wanting to have a child. The experiences of LGBTQ+ prospective parents should be explored, to better understand the barriers they face, financial or otherwise when attempting to have a child. We think that the Committee is in a good position to uplift the experiences of individuals, to better understand how Welsh Government can support them and ensure fertility and maternity services are fit for purpose for all parents.

We think that the Committee is in a good position to investigate the need for a Welsh Gender Service for children and young people. Whilst the Welsh Government's [LGBTQ+ Action Plan](#) pledges to review services in line with a review of English services, we feel that there is a real and present need for these services in Wales today, and would argue that the Welsh Government should set the standard for health care, rather than wait for the English services review. Currently children and young people are forced to travel to England to access the services they require, and new patients seeking to access prepubescent blockers are denied, due to NHS England's

suspension. This is unacceptable for a nation which seeks to be trans inclusive.

The work on investigating the need for a Welsh Gender Service for Children and Young People should go alongside holding Welsh Government to account on the functioning of the Welsh Gender Service for adults. Current waiting lists of 24-30 months are unacceptable. No trans person should have to wait beyond the 26-week national 9 standard waiting time from referral for their first appointment with the Gender Service. More must be done to ensure these services are fit for purpose and the Committee could use their time to consider this. Within this, it would be particularly important for the Committee to hear the voices of trans people in Wales, both service users and non-service users. This would also serve as an opportunity to consider the experiences of trans people in wider health and social care settings. It is unacceptable that trans people continue to routinely experience unlawful discrimination and poor treatment in said services (Stonewall, Health Report, 2017). Attempting to understand the state of the health and social care sector's treatment of trans people would also be a valuable use of the Committee's time and could coincide with work to investigate other marginalised people's experiences, e.g. disabled people, people of colour, and indeed individuals who can experience intersecting inequalities.

Gofal Cymdeithasol a gofawyr

Social care and carers

An area that requires consideration is the experiences of LGBTQ+ older people in health and social care settings. Research by the International Longevity Centre UK, suggests that LGBTQ+ older people face higher rates of loneliness and ill health, as well as facing prejudice and misunderstanding around their identity when they access health and social care. This invisibility and marginalisation because of their LGBTQ+ identity in social care settings leads to their needs not to be met according to more specific research on care homes. We would like to see the Committee consider these experiences when assessing the state of social care in Wales, as well as carers knowledge on LGBTQ+ identities. The current state of understanding and knowledge of caring for LGBTQ+ people's needs should aid the Welsh Government in developing new codes of practice for care of LGBTQ+ older people as well as the development of specific training for carers, both of which are recommendations from the Independent LGBTQ+ Expert Panel Report which informed the Welsh Government's LGBTQ+ Action Plan.

In regards to care for older people, we would also state here that more scrutiny will need to be taken from this perspective on how the Government's LGBTQ+ Action Plan and Strategy for an Age Friendly Wales intersect in the best interests of LGBTQ+ older people.

Adfer yn dilyn COVID

COVID recovery

The Committee should be cognisant in its work in this area of the distinct impact of COVID-19 on LGBTQ+ people. Research into the experiences of LGBTQ+ people during the pandemic found

that lockdowns had provoked a mental health crisis, with 69 per cent of respondents suffering depressive symptoms rising to 90 per cent for those who had experiences homophobia or transphobia. This evidence is supported by further research on the disproportionate impact of the pandemic on LGBTQ+ people conducted by the [United Nations Human Rights Office of the High Commissioner](#), [LGBTQ Foundation](#) and by [Human Rights Watch](#). It is therefore vital that in the Committee's important work on investigating the recovery from Covid, that LGBTQ+ voices and experiences are seen and heard.