



OFFICIAL REPORT
AITHISG OIFIGEIL

Equalities, Human Rights and Civil Justice Committee

Tuesday 2 November 2021

Session 6



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EQUALITIES, HUMAN RIGHTS AND CIVIL JUSTICE COMMITTEE
7th Meeting 2021, Session 6

CONVENER

*Joe FitzPatrick (Dundee City West) (SNP)

DEPUTY CONVENER

*Maggie Chapman (North East Scotland) (Green)

COMMITTEE MEMBERS

*Karen Adam (Banffshire and Buchan Coast) (SNP)

*Pam Duncan-Glancy (Glasgow) (Lab)

*Pam Gosal (West Scotland) (Con)

*Fulton MacGregor (Coatbridge and Chryston) (SNP)

*Alexander Stewart (Mid Scotland and Fife) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

The Rev Fiona Bennett (United Reformed Church)

Rici Marshall Cross (Quakers in Scotland)

Robert McGeachy (Camphill Scotland)

Paul O’Kane (West Scotland) (Lab) (Committee Substitute)

Jayne Ozanne (Ban Conversion Therapy Coalition)

The Rev Elder Maxwell Reay (Member of the Council of Elders of Metropolitan Community Churches and National Health Service Healthcare Chaplain)

Ash Regan (Minister for Community Safety)

CLERK TO THE COMMITTEE

Katrina Venters

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Equalities, Human Rights and Civil Justice Committee

Tuesday 2 November 2021

[The Convener opened the meeting at 10:00]

Decision on Taking Business in Private

The Convener (Joe FitzPatrick): Good morning and welcome to the 7th meeting in 2021 of the Equalities, Human Rights and Civil Justice Committee.

Under item 1, do members agree to take in private item 7, which is consideration of today's evidence on petition PE1817?

Members indicated agreement.

Subordinate Legislation

The First-tier Tribunal for Scotland (Chambers) Amendment Regulations 2021 [Draft]

10:00

The Convener: Item 2 is consideration of an affirmative instrument. I welcome Ash Regan, Minister for Community Safety, who is accompanied by Scottish Government officials Paula Stevenson, tribunals policy, and Martin Brown, from the legal directorate.

I refer members to paper 1 and I invite the minister to speak to the regulations.

The Minister for Community Safety (Ash Regan): Thank you, convener, and good morning to the committee.

The Tribunals (Scotland) Act 2014 created a simplified statutory framework for tribunals in Scotland, bringing existing tribunal jurisdictions together and providing a structure for new jurisdictions.

The 2014 act created a new two-tier structure for tribunals in Scotland—a First-tier Tribunal for initial appeal decisions and an Upper Tribunal primarily for appeals from the First-tier Tribunal. The tribunals are known collectively as the Scottish tribunals.

Section 20(1) of the 2014 act provides that

“The First-tier Tribunal is to be organised into a number of chambers,”

having regard, among other things, to subject matter.

There are five existing chambers in the First-tier Tribunal. The regulation is a technical one that makes provision for a new sixth chamber, to be known as the First-tier Tribunal for Scotland local taxation chamber, which will hear appeals that are currently dealt with by valuation appeals committees and the council tax reduction review panel.

The regulations form part of a broader suite of instruments that will, in due course, be required to enable the transfer of the valuation appeals committees and the council tax reduction review panel to the First-tier Tribunal.

I understand that the Delegated Powers and Law Reform Committee considered the regulations on 5 October and that it did not raise any points, but I would be happy to answer any questions that the committee may have.

The Convener: As there are no questions for the minister, we move on to item 3, which is

consideration of the motion on recommending approval of the instrument.

Motion moved,

That the Equalities, Human Rights and Civil Justice Committee recommends that the First-tier Tribunal for Scotland (Chambers) Amendment Regulations 2021 [draft] be approved—[Ash Regan].

Motion agreed to.

The Convener: I thank the minister for her evidence. We will take a short break to enable the minister to leave.

10:03

Meeting suspended.

10:04

On resuming—

The Convener: I invite the committee to agree to delegate to me and the clerks the publication of a short factual report on our deliberations on the affirmative Scottish statutory instrument that we have considered.

Members indicated agreement.

The Scottish Tribunals (Eligibility for Appointment) Amendment Regulations 2021 (SSI 2021/341)

The Convener: Item 4 is consideration of a negative instrument. I refer members to paper 2. Do members have any comments on the Scottish Tribunals (Eligibility for Appointment) Amendment Regulations 2021?

As no member has indicated that they have any comments to make, are members content not to make any formal comments to the Parliament on the instrument?

Members indicated agreement.

The Convener: We will suspend the meeting to allow witnesses for item 5 to come to the table.

10:04

Meeting suspended.

10:06

On resuming—

Petition

Conversion Therapy (PE1817)

The Convener: Item 5 is continued evidence on PE1817, to end conversion therapy.

We will hear from faith groups that support the petition. Although we are hearing from four representatives, we have received a range of evidence from other faith groups, including representations from Jewish and Muslim communities. That evidence will all appear in our final report.

I welcome Rici Marshall Cross, clerk of the south Edinburgh local meeting of the Religious Society of Friends, Quakers in Scotland; Jayne Ozanne, director of the Ozanne Foundation and chair of the Ban Conversion Therapy coalition; the Rev Elder Maxwell Reay, member of the council of elders of Metropolitan Community Churches and national health service healthcare chaplain; and the Rev Fiona Bennett, minister of the Augustine United Church and moderator elect of the General Assembly of the United Reformed Church. You are all very welcome.

Members should refer to papers 3 and 4. I invite each of the witnesses to make a short opening statement, starting with Jayne Ozanne.

Jayne Ozanne (Ban Conversion Therapy Coalition): It might help members to know that I am a member of the General Synod of the Church of England and I direct the Global Interfaith Commission on LGBT+ Lives, which last year brought thousands of senior religious leaders from around the world to call for a ban on conversion therapy, among other things.

Conversion therapy is more accurately known as conversion practices, given that United Kingdom Government research shows that they occur mostly in religious settings and are definitely not therapeutic. At a minimum, it constitutes degrading treatment of an individual and, according to the United Nations, under certain circumstances, it can even amount to torture. Based on discriminatory beliefs, conversion practices undermine our right to a family life and our human dignity and perpetrate a continuum of violence towards us as a community. Those are clear violations of articles 3 and 8 of the European convention on human rights. States are therefore under a positive legal obligation to provide an adequate framework of protection for LGBT+ people.

Scotland has a unique opportunity to lead the world in this area, if it has the courage to do what

the British Government is failing to do and provide a fully comprehensive ban that has no loopholes or get-out clauses. That will necessitate tackling head on the complex issues of freedom of religion and belief and freedom of speech. The group of senior human rights experts behind the Cooper report, which I convened and which Baroness Helena Kennedy chairs, has made it clear that actions to limit the manifestation of religious belief that are necessary, proportionate and justified must be taken if any ban is to hold. What is more, they are unanimous that, given the imbalance of power that is frequently involved and the significant number of vulnerable people who are at risk of being harmed, the law cannot and does not allow for consent to be used as a defence. Please, therefore, let us have a full ban.

Rici Marshall Cross (Quakers in Scotland):

As Quakers, our testimony of equality stems from the religious conviction that all people are of equal spiritual worth and that each of us is a unique and precious child of God. We believe that both sexual orientation and gender identity are sacred gifts, and we are deeply troubled by practices that seek to change, cure or suppress them. We would oppose efforts to change, cure or suppress a heterosexual person's sexual orientation, we would oppose efforts to change, cure or suppress a cisgender person's gender, and we oppose efforts to change, cure or suppress the sexual orientation and/or gender of LGBTQIA+ people.

Throughout our history, Quakers have been guided by our relationship with God to work to bring about a just and compassionate society that allows each person to use their gifts to serve God and their community. That has included equal rights recognition and an appreciation of LGBTQIA+ people.

In 2009, Quakers began actively campaigning for equal marriage, having officially recognised same-sex relationships since 1988. At our yearly meeting gathering in August 2021, we recorded a minute to acknowledge and welcome gender-diverse people in our Quaker meetings. Parts of that read:

"We seek to provide places of worship and community that are welcoming and supportive to trans and non-binary people who want to be among us ... With glad hearts we acknowledge and affirm the trans and gender diverse Friends in our Quaker communities, and express appreciation for the contribution and gifts that they bring to our meetings ... We rejoice in recognising God's creation in one another."

We seek a Scotland where no LGBTQIA+ person will be made to feel inadequate or wrong, and where all will be supported in being their true selves.

The Rev Fiona Bennett (United Reformed Church): I am a minister of the United Reform

Church and am moderator elect for the URC in England, Wales and Scotland. I stood on a platform that was inclusive and affirming of LGBTQI people; that is partly why I was elected to the post. That comes from an experience about 10 years ago, when the Metropolitan Community Church of Edinburgh folded and merged into the local Augustine church. At that point, we set up an LGBTQI-affirming ministry. Interestingly, 10 years ago, members of MCC Edinburgh who joined Augustine were very anxious about joining it. The anxiety was about how they were going to be treated in a mainstream church, because a large percentage of them, if not all of them, had experienced some form of conversion therapy, which had been very damaging to them.

During the past 10 years, I have ministered with that community and, without end, people have come into our congregation who have found us because we are overtly open and inclusive. They often come through the internet. They are anxious about connecting with mainstream Christianity because of the hurt that they have had, yet they still express a spiritual desire somehow to connect with the community.

I have often met people who, during their teenage years—a point in life at which we often become more aware of our sexuality and gender identity—have experienced real harm through the Christian church that has led to mental illness, self-loathing and fear of damnation. It is very easy to break people; it is very hard to see healing and recovery from the harm that has been caused.

I am also the honorary URC chaplain at the University of Edinburgh and have met people from across the world who have had exactly the same experience.

A ban on conversion therapy would protect the vulnerable, would honour the medical evidence that gender and sexual orientation are healthy, and, from a theological point of view—from my perspective—would affirm that all are divinely created and that all gender identities and sexual orientations are intentional. It would be very helpful and would be life-affirming for all of us in the church who stand in that perspective.

10:15

The Rev Elder Maxwell Reay (Member of the Council of Elders of Metropolitan Community Churches and National Health Service Healthcare Chaplain): I use the pronouns he and him. I am a gay genderqueer trans man. I am visually impaired. I have been a minister with the Metropolitan Community Church since 1993, and I currently serve on the council of elders.

MCC is a worldwide Christian denomination that serves the LGBT community and beyond. It was

set up in 1968 by a gay man, the Rev Elder Troy D Perry, who was excluded from his church, his job, his home and his ministry for being gay. He tried to kill himself but, fortunately, he survived. He followed his calling and offered an inclusive worship service that was open to all LGBT folks in his home town of Los Angeles. He believed, as we believe today, that he was loved by God and that his sexuality was a gift from God, not something that needed to be hidden, to be ashamed of or to feel guilty about.

MCC has had a presence in the UK since the early 1970s. There are currently 10 churches in the UK, six in mainland Europe and 200-plus worldwide. I found MCC in 1989, and it saved my life. MCC has always challenged discrimination, promoted equality and advocated for the protection of human rights. We do that because we believe that God loves everyone and that that love is inclusive and celebrates and affirms all LGBT folks, with no exceptions.

For more than 30 years, I have been providing emotional, spiritual and pastoral support to those who have experienced conversion therapy in a variety of secular and ministry roles. I was the chair of FTM—Female to Male—London for five years. I was a founding member of Trans Masculine Scotland. I have also staffed LGBT Youth Scotland's helpline and provided specific one-to-one trans support for young people and their families. I have several years of experience of working in the HIV voluntary sector at the height of the pandemic in the early 1990s to about 2000.

Following that, I trained as a social worker and worked in a children and families team. I am currently employed as a full-time NHS healthcare chaplain in Lothian. I have 12 years of experience of working as a chaplain in mental health. For a couple of years, I have worked as a chaplain at the Royal hospital for children and young people. In my post as a chaplain, I have worked to support the spiritual care needs of all patients, particularly LGBT+ patients, carers and staff.

MCC has worked in other areas of the world to support a ban on conversion therapy. MCC supports the ending of conversion therapy in Scotland, across the rest of Britain and worldwide. I support the ending of conversion therapy in Scotland, across the rest of Britain and worldwide.

The Convener: I thank all the witnesses very much. I was going to ask about the definition of conversion therapy, but I think that the witnesses probably covered that in their opening remarks.

We have four witnesses. You might agree with what another witness has said, so do not feel obliged to answer every question if you do not have something else to say. We have about an

hour for questions. The first question is from Pam Gosal.

Pam Gosal (West Scotland) (Con): Good morning. I thank the witnesses for their opening statements and for sharing their personal experiences.

Although no one is under any illusion about the need for a comprehensive legislative ban on conversion therapy, the committee is aware that some faith-based organisations might express concern that a ban might cross over into some religious practices. Would a ban on conversion practices have an impact on the support that is provided by some religious leaders?

Jayne Ozanne: Research clearly shows that the vast majority of conversion practices occur in religious settings so, yes, of course, if a ban is to protect people, it must impact on certain harmful religious practices. They are forms of spiritual abuse that we are not used to talking about.

It is important that we have a clear definition of what is wrong so that we have a necessary, proportionate and justified limitation. The law is clear. When the UN special rapporteur on freedom of religion or belief spoke at the Parliamentary briefing at Westminster that I set up, he was clear, as are senior human rights experts, that we must limit the manifestation of religious practices—not personal views, but their manifestation—when there is clear evidence of harm.

We have recommended that there must be tests to determine whether a practice is an example of conversion therapy: the practice needs to be directed at an individual or group of individuals and is not just a general practice; and it needs to have a predetermined purpose of seeking to change, cure or suppress someone's sexual orientation or gender identity—by that, I mean that there is a predetermined outcome that someone has to be heterosexual or cisgendered.

I am sure that you will hear pleas, including from people around this table, that people should be able to continue with prayer and pastoral guidance. However, I am afraid that those are pleas to carry on harming people.

The sort of prayer and spiritual pastoral support that creates an open and safe place into which people can go and where any outcome is acceptable and right is good and should be encouraged. However, when it has a predetermined purpose that is directed at a specific individual or group of individuals—this is the necessary, justified and proportionate limitation—I think that it must be banned.

The Convener: Does anyone else want to come in?

The Rev Elder Maxwell Reay: I am employed as an NHS chaplain, so I work every day with patients, staff and carers who have completely different religious views from ones that I might have. It is part of my job to work with those people in a way that offers them a therapeutic space to talk about how they feel, what is happening in their lives and the big questions that are important to them, and to do that in a way that does not conflict with what they believe or what I believe. It is perfectly possible to do that.

I am employed as a generic chaplain, which means that I work with people of any faith or no faith to support their spiritual needs. I am able to work in that way every day, which means that I can provide support safely and securely and offer a reflective space for people to explore how they feel and what matters to them without having to put my views across. Therefore, with regard to the question of the proposal affecting the right to religious freedom, I can say that I work in that way every day and it raises no concern in relation to the right to religious freedom.

Pam Gosal: In relation to the urgency around the bill, what more can we do so that we do not hinder anyone's religious beliefs and practices and, instead, focus more on the actual ban? We have talked a little bit about information and education around the bill, but I would like to hear further views.

The Convener: Would the Rev Fiona Bennett like to talk about that?

The Rev Fiona Bennett: I think that Jayne Ozanne has done more work on that.

Jayne Ozanne: I should perhaps have noted that there are major denominations, including the whole of the Church of England and the Methodist Church, and other groups of people, including many senior Baptist ministers, the Hindu Council UK and the Buddhist Dhamma Center, that have called for a ban on conversion therapy, and they have done that because they need a clear indication from Governments about what is acceptable and what is not. Once they have that, they can work within their religious communities to end it.

There must be a two-pronged approach. We need the educational element, but we must also remember that it is often a theological debate. You will often hear one side saying that it holds "the true orthodoxy", but the truth is that—particularly in Christianity, but also in other faiths now—there is a division of theological opinion on the matter. There are many theological scholars on both sides of the debate. We need to hear about that but, most important, we need to hear about the impact on the individual.

In March 2021, Pope Francis gave a quite foundational speech in which, many have claimed, he talked about conversion therapy. He talked about the need to engage with the reality, not the theological ideology. As I think you might know, I met him to talk about this issue. He is concerned about the way in which religious teaching has been framed to impute harm.

We must give the religious leaders what they need, which is a ban, and then allow them to work with their communities, and fund that education.

Karen Adam (Banffshire and Buchan Coast) (SNP): Good morning. I thank you all for your testimony this morning.

Do the witnesses view this issue as one on which there should be no exemptions and no excuses, or do you take the view of some that the practice is merely objectionable? What do you feel about the issue of consent?

The Rev Fiona Bennett: More often than not, it comes down to a form of abuse. There are issues of power at play between people who hold religious authority and people who are seeking. The issue of consent is a bit of a red herring in a lot of ways.

Fundamentally, freedom brings responsibility. The evidence of those who have gone through conversion therapy overwhelmingly indicates that it is destructive for individuals. The issue, therefore, is fundamentally one of abuse.

I cannot see a context in which I would say that female genital mutilation is acceptable. That is a physical process, so it is obvious. However, I see conversion therapy in the same way. We need to be clear that it is a destructive thing, one way or t'other.

Jayne Ozanne: The Cooper report, which I believe that you might have been sent, was produced by a group of senior legal experts and has been signed by a number of people from civil society and MPs from across the parties. That group has recently published a specific note on consent because we knew that it would be a key issue.

We are clear that case law does not allow for consent, even informed consent, where there is an imbalance of power and/or where a significant number of vulnerable people will be put at risk, even if there is a small minority of informed people who could consent. The law around female genital mutilation, forced marriage and domestic abuse does not allow for consent, nor does the law around wearing a seatbelt. Many people think that, because they are perfectly good drivers or because they live in the countryside and rarely see another car, they should not have to wear a

seatbelt, but the law intervenes in order to protect the majority.

As you would perhaps expect me to say, I believe that Westminster has got it wrong in the proposals that were announced on Friday. I think that informed consent is a misnomer in this context. You might know that I went through conversion therapy in a religious setting—indeed, I actively sought it out, because I and everyone around me believed that it was the right thing to do, but I ended up fighting for my life.

In a medical setting involving informed consent, when a surgeon provides the patient with a sheet of paper outlining the risk, it is done in the expectation that the patient will consent. Few people go to hospital with a view to not signing the consent form, and the situation is exactly the same in a conversion therapy setting.

The law is clear and survivors are clear, and I think that, in a religious setting, informed consent is a misnomer.

10:30

The Rev Elder Maxwell Reay: I want to talk about some of my experiences of working with people.

Some people come and ask to be cured, changed or made better, because they feel that it is wrong to have the feelings that they have about their sexuality or gender, but we have to ask where they got those messages from in the first place. Internalised homophobia and transphobia come from somewhere and they tend to come from—at the top—the church, family, peers, community leaders and the media. I have journeyed with many people who have discovered that those messages are wrong. They have absorbed them over time but then begin to realise that, actually, the messages are false. They have a sense of liberation and healing, which comes from a God who loves them and is not judgmental, controlling or vengeful.

However, I have also journeyed with people who have not managed to make that change and have, sadly, lost their lives to the struggle for self-acceptance, which includes intense feelings of shame, guilt and emotional and physical pain. People feel worthless and powerless to do anything about it; they get completely worn down and are unable to see a way forward. Conversion therapy is damaging and harmful and its effects last for years and years, even when people have managed to move on with their lives.

I have permission to read to you a text that I received a couple of days ago:

“Very weird watching all the conversion therapy on TV news last night, I went through that at points between 18y

to 21y before I broke away. Made me feel weird last night but today I awoke feeling proud and empowered and even more certain of who I AM than ever.”

That is from a survivor who fought to survive, but something as simple as a news report or an article in a paper can bring it all back.

The Convener: Thank you for that.

Rici Marshall Cross: What is being expressed by the other witnesses completely reflects what I would have said. Conversion therapy is underpinned by a belief that certain sexual orientations and gender identities are wrong, and that belief often comes from the same communities where conversion therapy is being offered. I agree that consent is very much intertwined with power and I question what consent means in that situation.

Pam Duncan-Glancy (Glasgow) (Lab): Good morning. I thank the witnesses for coming to the meeting and for your testimony, which is incredibly powerful. I also appreciate the strength of passion and feeling that you bring with it; that is really important for the work that we are doing.

I declare an interest: like other members in the room, during the election campaign, I supported a full and comprehensive ban on conversion therapy. I remain committed to that—the more I hear about conversion therapy, the more I want to introduce a ban as quickly as possible.

My first question is about human rights, although some of it has been answered by what has been said already. I also have a question about the children and young people that the witnesses have worked with.

As you are aware, the committee has heard from a number of faith-based organisations about the human right to religious belief, and your testimony this morning highlights where that interplays and where the line is. What specific human rights are at play in relation to people’s religious rights and people’s right not to be discriminated against on the grounds that they are LGBT+? Can you help us with ways in which we can provide reassurance to people who have those concerns?

Finally, the Rev Elder Maxwell Reay made a point about his work in the children’s hospital. I am keen to hear more about the work that you do around conversion practices in hospitals and the conversations that are taking place, because it is also incredibly important that we work with young people on that.

Jayne Ozanne: I do not want to repeat myself too much, but I think that, as I mentioned in my opening statement, the core rights are articles 3 and 8. With regard to article 3, which refers to degrading or inhuman treatment and even torture,

all conversion practices are, at a minimum, degrading, because they are, as I think we have established, based on the belief that who you are is wrong and that you should therefore be treated as second class. The UN itself has said that many of these practices amount to torture, and as someone who has been through it, I can tell you that it is sheer hell. You have to live with the belief that who you are is evil and wrong, that you are not godly enough and that something is happening or has happened to you that will not allow you to find the healing that you so desperately yearn for. That is a form of psychological harm and torture—after all, not all torture is physical—and it clearly violates article 3.

Article 8, which is the right to family life, is also clearly violated when you are told to suppress your sexuality and to be abstinent for life. The term “abstinent” is different from “chaste” and “celibate”. Celibacy, for example, is a calling that you willingly embrace, because you believe that God has asked you to do it. When you are mandated to be abstinent for life—in other words, have no intimacy, no love and no relationships—that is crushing and is a clear violation of article 8.

You will hear arguments that articles 9 and 10, on freedom of religion and belief and freedom of speech, are being violated, but that is not the case. Both the UN convention and the European convention on human rights make clear statements on the matter and put in place limitations where there is clear evidence of harm. That harm has been well documented by all the medical professions, by the UN itself, by foundations such as my own that have done research on the matter and now in the UK Government’s own research, which was published—or rather, buried—on Friday.

As I said up front, I think that MSPs are in a unique position to do something that is truly courageous but necessary and which Australia and New Zealand have chosen to do. The UN is fully behind you in tackling this, as indeed are thousands of religious leaders, but we have to stop the perpetrators being able to continue the abuse.

The Rev Elder Maxwell Reay: I work as a chaplain for NHS Lothian, but, as you will be aware, I cannot talk about the specifics of my work. However, it might be helpful if I talk about my own experience as a child. I was never a girly girl—I was always much more of a boy—and at the age of 15 I came out as gay to a few friends. I managed to keep things quiet until I was 17, at which point I was sent by family to a general practitioner, who then sent me to a psychiatrist. I pretended that I was not gay to prevent me from having to go back again.

About a year later, when things were really difficult to hide, I was taken back to the GP and sent back to the psychiatrist. Against my will, I promised not the psychiatrist, who was actually a pretty good individual, but my family that I would not follow my feelings or discuss them any more. I was expected to go to church, as that would somehow prevent me from being me, and I was made to wear clothing that was not my choice. To survive, I went back to the same GP and was prescribed tranquilisers; to survive, I left the Church of Scotland, which I was part of, before any awkward questions were asked; to survive, I drank a lot, stopping in 1989 when I found the Metropolitan Community Church; and to survive, I left home when I could.

My story was completely shut down—I was shut down, I was isolated and I was alone. I was in a world that recognised me not for who I was but for who it thought I was, and it took a long time—13 years—before I could really be me and transition to being the genderqueer man that I am today. Had I been supported properly in those earlier years, I probably would have been able to explore who I was—my identity and what my life meant to me—much earlier.

As I said, as a chaplain I work with people who often have different religious views from mine. My work is always person centred, however, and is not dependent on one set of religious beliefs; rather, it is based on a set of values. The values that we hold in NHS Lothian are care, compassion, dignity, respect, openness, honesty, responsibility, quality and teamwork. I can offer a safe, reflective, affirming and flexible space for individuals, no matter what age they are, to explore what they wish to explore.

Conversion therapy experiences have been brought to that space many times, no matter what age individuals were. Spiritual care helps you to explore those things, to think about the big questions in life—the kind of meaning and purpose stuff that comes up—to which your identity is core.

As I said, the question that you need ask, which is straightforward in that situation, is this: what is important to you? The answer that I often hear is a desire to be heard, seen and affirmed, and to have experiences validated and acknowledged. It is quite straightforward. Helping people to find their voice, no matter their age, and to use that voice to create change in their lives, helps them to integrate, heal and become whole.

The Convener: Thank you for that powerful evidence.

Rici Marshall Cross: I am happy to hear what other speakers have said, as I fully support them. As has been said, many people explore their gender identity and their sexuality in their teenage

years, and I would not follow any idea that they do not know their true selves until they are an adult and therefore should not be treated the same as adults. Supporting people where they are for what they want is the sort of support that we should have in place.

The Rev Fiona Bennett: I absolutely endorse all that has been said. We are talking about religious rights and freedom, and it is about balancing those rights against the evidence of harm. People need to face that question.

Jayne Ozanne: Those who want to continue the use of conversion therapy have never admitted harm. When you take evidence from them, I ask you to push them on whether they will admit that thousands of testimonies in qualitative research, as well as the quantitative research, clearly show that harm has been done. We are not talking about ancient electric shock practices; we are talking about prayer and exorcisms, which have caused people such as myself to consider taking their lives. I would dearly love an answer to that.

I should have added that pastoral practice and prayer that is an open and safe space must be encouraged. As I mentioned, we are seeking specific definitions that are directed at individuals' predetermined purpose, which would not include preaching, because preaching addresses a general group. That would mean that you could continue to hold beliefs even if we find them abhorrent, that you could preach about them, but that you could not use those beliefs as practices to try to make someone change.

10:45

Fulton MacGregor (Coatbridge and Chryston) (SNP): Good morning. As others have said, the evidence that the witnesses have given today has been extraordinarily powerful. I echo Pam Duncan-Glancy's comments about signing the petition during the election campaign. I also signed it and remain committed to the campaign. The testimony today has only strengthened my view.

The questions that I was going to ask have been covered by the intensity and depth of the responses, so I will ask two broad questions. First, where should the ban on conversion therapy be focused? I think that you have all talked about that, but it would be useful to get your comments on the record. Should the focus be on private settings such as the home and religious settings, or should the ban be focused on any other places?

Jayne Ozanne: In 2018, the Ozanne Foundation conducted some research on faith and sexuality. Last year, we carried out a joint survey with Stonewall and Mermaids on gender identity and faith matters. It is true to say that we found

prevalence in all settings, including medical, private, religious and cultural settings. However, overall, by far the majority of settings had a religious-backed context, either in the home, in the church or in specialised ministries.

It is important to flag that, although more than half of the 464 people who contacted us to fill in our survey had been children, one third had been young adults between the ages of 18 and 24. A ban that focuses only on children will not cover vulnerable adults who, when they leave home and go to university, might get involved with large religious groups. I have not said that before, so it is important to flag that. The UK Government's research shows that that is true.

There has been a tendency to focus purely on medical settings and clinical professionals. The UK Government's proposals do not really mention religious practices at all, so the Scottish Parliament should go to the heart of the matter and recognise that, although it is difficult to engage with religious settings, that is where the problem lies. We need to be open and honest about that.

The Rev Elder Maxwell Reay: I agree with what Jayne Ozanne has said. I have spent a long time working with folk who have experienced conversion therapy, and they experience that harm and damage time after time in religious settings, primarily in the home but also in institutions. People do not even realise that it is wrong. For folk of my age who were involved in church communities or who were from religious family backgrounds, it was just expected that you would have to face this stuff. It was not considered that you could do anything about it. That is why I am so grateful that we are discussing the issue today and taking steps for change.

Rici Marshall Cross: I echo what has been said. There needs to be a broad definition so that the ban covers any place where conversion therapy is happening. That would provide clarity and safeguards against harms. I agree that there needs to be clarity that conversion therapy is wrong in every place that it happens. Even though there have been steps in medical and therapeutic settings to say that conversion therapy is unethical, that has not stopped it from being practised. Professional places and religious settings—all places where conversion therapy is experienced—should be covered.

Fulton MacGregor: I thank the panel members for those responses. I will not ask my original second question, which was for the witnesses to discuss their experiences of supporting people who have been through conversion therapy, as that has been done by each of them at great length, and I am sure that that will come up again as we go through the rest of the evidence session.

Another question has come to my mind, however, if you do not mind me asking it, convener. This has grown in my mind as we have been taking evidence, and it has just been referred to. Much of the time, what we are talking about is children experiencing conversion therapy. We are talking about the possibility of introducing legislation to end conversion therapy in Scotland. Do panel members have any ideas or thoughts about how such legislation might have to interact with existing child protection legislation and procedures? I ask that from a background of having previously been a children and families social worker for eight years and having thought about the grounds of referral to the reporter and child protection procedures. Do panel members think that there is any overlap here, in that such legislation would need to be incorporated into existing legislation, including that to protect children?

I am sorry for the length of the question.

Jayne Ozanne: Those are important points, and I am afraid that I cannot speak specifically about your children's law. However, the Cooper report strongly recommends a twin-pronged approach of criminal law and civil protection orders—a special protection order against conversion therapy, which would primarily be used in a children's setting, where someone at risk can be identified as being at risk and can have the same protection orders as we would for any other form of abuse that the child may, sadly, be facing. That allows for an immediate intervention by the state that is proportionate and talked about, as opposed to heavy-handed criminal proceedings, which are better focused at institutions, rather than at individuals.

Dealing with family settings, particularly in this area, is complex. Children themselves obviously do not want to turn on their parents. There are many complex relationships that we have to navigate. We have experience of doing that, however, with FGM and other social domestic issues. We can build on what we know, but we need a specific protection order that names conversion therapy and which can remove those most at risk. Sadly, the suicide rates speak for themselves.

I have not explained this yet but, because I am so public, I get contacted a lot by many survivors, particularly children. We need helplines and support mechanisms so that children know that they can go somewhere in safety and can be heard and understood. I am afraid that that is not happening at the moment in medical or police settings.

The Rev Elder Maxwell Reay: I am no expert when it comes to the detail of the law, but one thing that I think will need to happen to protect

children is education and training for social work staff. If this is something that they are not aware of or have never had to deal with, training will need to be provided, so that staff are aware of what to look out for when they are working with children and families.

Fulton MacGregor: I would completely echo the reverend's point there. As a previous children and families social worker myself, I can testify that this is not something that we were trained on or asked about or something that we were consciously looking out for when dealing with individuals and families. The point has been very well made.

Maggie Chapman (North East Scotland) (Green): Like others have done, I thank the panel very much for coming along this morning, for sharing their personal and powerful testimonies and for trusting us with those. I appreciate that that is not always an easy thing to do. Like others, I have supported the campaign for a full ban, and I remain committed to that—as Pam Duncan-Glancy and Fulton MacGregor have already said.

I have a couple of questions. One is about the medical profession and one concerns the issue of wider support for people exploring their sexual identity.

There have been suggestions that medical practitioners might be criminalised if they do not affirm a young person's gender identity. I appreciate that this is not an issue only for the medical profession, but how can we ensure that we work across the piece so that people are able to support young people?

In some ways, that leads into my second question, which is about how we can support people to have the safe and secure spaces to explore their sexual and gender identity if they are expected to conform but feel that they do not. How can we ensure that we genuinely have those open spaces that are not curtailed by any legislation that we bring in?

The Rev Elder Maxwell Reay: As I mentioned before, any therapy or medical provision should be person centred and should allow the person to explore their own identity, not direct them down a route that is based on the personal religious beliefs of the therapist or clinician. Therefore, it should be non-judgmental and non-directive. I see no reason why a ban on conversion therapy would prevent that from happening.

I know that there has been some talk about therapists affirming the gender identity of a client. Again, I do not think that there should be any concern about that, because the only person who could affirm a person's gender identity is the person themselves. The therapist who is working

with them cannot do that; they can only help them to explore that in a reflective way.

Jayne Ozanne: I completely echo those words. Gender-affirming care means that you create a safe space for the person in front of you—I was going to say that it should be survivor-centric, but perhaps it would be better to say that it should be client-centric. All medical professionals know that. There is only a problem when the professional has a predetermined view of what their client should be, so they cannot allow that person to explore their identity, because they do not believe that what they are thinking about is possible. The Cooper report deals with that in some depth, so I refer you to it. However, I think that the phrase is quite a simple one that has been misused and, if I may, twisted by those who themselves have quite a strong agenda.

What we need are safe spaces in which young people can come to a point of peace. Some will have known who they are from their earliest days, when they started to speak; others will be on a journey. Each person is individual and unique and they need individual and unique therapy to help them come to that point of peace.

The Rev Fiona Bennett: As we heard from Maxwell Reay earlier, there is a sense in which medical support or therapeutic support that does not have a predetermined purpose already exists. It is already happening in lots of situations. Therefore, I do not think that it is that difficult for it to be established.

As Maxwell Reay also said, a lot of people do not understand what conversion therapy is, and there are a lot of people who have gone through it who would not necessarily perceive exactly how they have been abused in that wider sense. I hope that a ban will raise awareness, so that people's perceptions will be shifted, and that that will go across society. There will have to be training for social workers, teachers and so on, but I hope that the ban will help to shift the perception of the issue. It is about affirming and accepting people's choice of gender identity and sexual orientation and understanding how subtle abuse and the use of power can be.

I hope that the ban will help with all that, but I think that, in a sense, what you are asking about already exists.

Maggie Chapman: When I think about this issue, I see two elements, one of which involves the legislation and the ban. What would you like us to do about the other element, which involves education, training and awareness raising? That will not necessarily make its way into legislation, but if we do only the legislation, we are doing only half the job. We need to be clear about what else needs to change. From your religious or faith

perspectives, is there anything that you really want us to do or anything that you would argue should not be done with regard to the broader support structures and mechanisms such as education and training that we will need to develop and resource alongside any legislation?

11:00

Jayne Ozanne: For me, there are three areas, the first of which is the survivors themselves, who need support and counselling. Galop has just launched a survivor helpline in the UK that requires funding and specialist therapists who understand the abuse that people have gone through, particularly in a religious setting. Few people I know will trust either a therapist who they see as mocking their faith or a Christian minister who they think will try to put them through this abuse again, so we need clear signposting. We also need whistleblowing mechanisms and research to identify repeat offenders, because at the moment there is no way of logging those things.

From an education point of view, we need to debunk a lot of the fake news that has been put out about this. There are clear studies that show the harm caused, clear statements from the medical professions and a large body of research, particularly at University College London under the late Professor Michael King, who sadly died over the summer. His department and many others have produced many papers explaining that the Freudian analysis—that is, that you are gay because something happened to you—is completely outdated. There is, for example, a belief that it is to do with what happens in the womb. You could give credibility to the peer-reviewed studies and discredit or debunk the myths that are out there—and I have to admit that there is a lot of fake news out there about our trans friends, too.

We have already talked about educational materials, which are needed across the whole social care system, and religious leaders. My personal view is that religious leaders should not touch this area of sexuality and gender activity at all; it is a matter for professionals. We often think of prayer as being very soft and harmless, but as with any other quite sensitive area, this particular issue needs a fully trained professional. That is a message that I would urge you to put out.

The Convener: Following on from the point that Jayne Ozanne, in particular, has touched on, I would say that, although the committee has taken a lot of powerful evidence, we are still keen to ensure that we are not missing anything. If there is a piece of evidence that any of the witnesses think that we should be aware of, they should flag that up to us.

Jayne Ozanne touched on the Cooper report—we should provide a link to the report to ensure that it is easily accessible to anyone who is following the committee's work. Is there any other work that the Ozanne Foundation has done that you would want to flag up to the committee?

Jayne Ozanne: I have mentioned some of that work already, but perhaps I can set it all out in one place. For the 2018 faith and sexuality survey, which was done online so the group was self-selecting, we had more than 4,500 respondents, of whom about a tenth—464—had been through some form of conversion therapy. That piece of research was developed with the Government Equalities Office, and we had an eminent advisory board chaired by Professor Sir Bernard Silverman, the former president of the Royal Statistical Society, and the Bishop of Manchester, the Church of England's lead bishop on statistics. That eminent piece of research shows clearly why people had been through conversion therapy, who had put them through it and what the impact on them has been. I am afraid to say that it also clearly shows the role of religion in most of it, as well as the horrors involved, with accounts of forced rape in the UK.

In 2020, we repeated a similar set of questions that was aimed at our trans friends and which looked at gender identity and faith. That report, which was done with Stonewall and Mermaids, was overseen by an independent researcher.

Last December, the Global Interfaith Commission on LGBT+ Lives issued a declaration signed by numerous eminent archbishops, including Archbishop Desmond Tutu, as well as by a chief rabbi and other religious leaders at that senior level, calling for a ban on conversion therapy, and an end to discrimination and prejudice.

I have touched on the Cooper report, but perhaps most relevant for the committee is our memo on consent, which was issued last Thursday. I will make that available. The Cooper report has a section on consent, but we felt, as we have now seen with the Government, that further evidence was needed on why the case needs to be so clear. That is the evidence that I would point you to.

The Convener: Does anyone else have any other evidence? Maxwell Reay mentioned some direct evidence in texts and suchlike.

Jayne Ozanne: I have also written a paper for the *European Journal of Human Rights* on the issue of religious freedom and the law, which was eminently peer reviewed. I think that that is quite apposite in this case.

The Convener: Given that it was suggested earlier on that there might not be enough

evidence, and that we needed to go away and do more research, it would be useful if we could pull together those references so that people can see the wider picture.

Alexander Stewart (Mid Scotland and Fife) (Con): As the last member of the committee to speak, I, too, extend my thanks to each and every one of you for your strong and powerful testimony. It is right that you are here to give that testimony today, and this has been a useful and enlightening session.

There is no doubt that there is willingness to have legislation to end conversion therapy, but there are also complexities in how that legislation could and should work. A UK ban has been suggested, but it has also been suggested that more could be done in the devolved legislatures. I would like to tease out that important element with the witnesses.

The memorandum of understanding coalition against conversion therapy has suggested that there should be an expert reference group, which would bring together legal, academic and mental health professionals and organisations. If there was such a group, there might also be a participatory role for your organisations in the faith and religious sector, and an opportunity for your views and opinions to be heard by it.

Should the ban be UK-wide? Are there opportunities for Scotland to take a pioneering approach, as Jayne Ozanne has indicated? If more is to be done, might the committee consider a more holistic approach, involving joint discussions with experts and organisations such as yours? In the evidence that we have taken, we have heard that there is a level of acceptance in some groups. Should those groups be at the table? Some feel that they perhaps should not be at the table. It would be good to get your views on how you perceive that.

Jayne Ozanne: As I understand it, the UK Government's proposals, which were published last Friday, made it clear that those cover only England and Wales, and that it sees this as a devolved matter. If you will forgive me for saying so, although I am sure that you are aware, I believe that that frees this Parliament to go in the same direction as New Zealand, Australia and others, and have a clear, full ban. I know that you have the willingness to do that, but that is what survivors are calling for.

I would suggest that the best experts are those who have been through conversion therapy. Too often, we look to people who, frankly, although they have letters after their names, do not always have the lived experience to understand what is going on. There are people with lived experience in the academic, medical and religious sectors,

and in the social care system. As head of my foundation, I would be very keen to be involved, as much or as little as the committee would like, because of that connection with religious leaders who understand that this is spiritual abuse and want to see a lead that they can follow.

For me, what really needs to happen is a conversation about the dark side of religion—where religion goes wrong. If I can be brutally honest, we are often able to see that in other religions—when I say “other”, I mean the non-established religions—but we are not very good at looking at ourselves. I speak as a member of the Church of England.

Sadly, the horrific evidence of child sexual abuse has shown that we have a dark underbelly, and conversion therapy is one of its forms. The fact that it is done by acceptable, white, middle-class people does not make it any less harmful. We need to have a discussion as a society about spiritual abuse, and I think that this debate will be the catalyst for doing that.

Alexander Stewart: In the past, there has been discussion about loopholes. One issue is how to tighten up things to ensure that there are no loopholes in any new legislation, should a bill be agreed to, and that there are no unseen consequences or problems, or aspects that are open to manipulation. That would be about ensuring that, in relation to the organisations that you mentioned, things cannot, once again, be hidden or put into a different context.

It would be good to get a view on how you think that issue should be tackled, not least because of the potential for there to be that “dark underbelly” that you mentioned—that is, that these practices will be contained, managed and manipulated so that, on the surface, everything looks like all is going well and that things are being done as they should, while underneath there are still concerns about people’s sexuality, a ban is being flouted, loopholes are being used and individuals are still being put through the conversion process.

Jayne Ozanne: You are so correct. For me, that is why the definition of conversion therapy has to include the phrase “change, cure or suppress”. If you just ban changing sexual orientation or gender identity, organisations—as we make clear in the Cooper report—will change their rhetoric but carry on with the practices and just pretend to suppress them. We have evidence from the United States of organisations changing their name but carrying on with the same beliefs and practices. We need to have a clear whistleblowing and reporting structure so that we can track that and build a picture over time.

It is important to say that people like me are not on a witch hunt; there is a lot of fake news about

that. We want to protect people from going through the hell that we have been through. However, we need to bring whole organisations to justice if they repeatedly continue to flout the law—that is why we have law. I see the ban as necessary, but protection orders will do the vast majority of the work to protect the individuals who are most at risk.

The Convener: Jayne, in your answer to Alexander Stewart, you mentioned New Zealand and Australia. I think that Germany’s approach has been flagged to us in the past as well. If Scotland is to legislate, we obviously want to look at best practice. It would be good to hear your perspective on that, based on the research that you have done about the different approaches, particularly in relation to Australia and New Zealand.

Jayne Ozanne: I ought to explain that I convene a group that brings together nearly all the campaigners—we do not have the campaigners in France yet—who have been involved in succeeding in getting a ban in their countries, so that we can share our rhetoric.

Germany’s ban is good to a point, but it focuses only on minors; it does not deal with the significant issue of adults. Therefore, I would not recommend that.

Of the three pieces of legislation in Australia, the one in Victoria is seen as the gold standard. The New Zealand legislation, which has, in a sense, simply built on that, is very good. The Victoria legislation has some complications, which the campaigners recognise. There has not been room for compensation of victims, so they are looking at providing that. Also, the definition talks about “change” and “suppression”, but it does not talk about “cure”. I would urge you to ensure that you include “cure” in your definition, because that term reflects the mindset of many people who carry out these practices.

The Victoria legislation looks at gender-affirming care in quite some depth, and it includes civil protection orders, which is good, but it is framed in relation to existing law. It talks about “serious injury” and “injury”, and in so doing, it puts the burden of proof on the victim. The Cooper report has tried to move away from doing that. Dare I say, it is, sadly, a bit like rape, where it is up to the woman to prove that she has been raped. The burden of proof on the victim puts the victim through hell, and we need to find ways of moving away from that. We recommend sentencing uplifts for criminal offences that already exist and introducing a new criminal offence of conversion practices, which would deal with that issue.

There is a lot that is good in the Victoria legislation, but there are areas for improvement.

Pam Gosal: Today, we have heard that conversion therapy happens in the home, the community and religious settings. I want to ask about the enforcement agencies and complaints system around the ban, should it be implemented. Given what you know about other countries that have worked on such measures, who should be responsible for enforcement? Should we outsource that to a public body, such as the Equality and Human Rights Commission, or should the third sector be involved as well?

11:15

Jayne Ozanne: That is an excellent question, and I am embarrassed to say that I have not given that issue as much thought as I perhaps should have done. Australia has created a commission, and that model is worth serious contemplation. Can I come back to you on that? I have gone blank, but I know that we have looked at that. I agree that the Equality and Human Rights Commission is the right body, but, because a ban spans issues to do with children right through to social issues, we might need a new model, as I cannot think of a body that would cover all aspects.

One of the problems is that a lot of people are sent abroad for conversion therapy. We have not touched on that today, but we need to look at stopping the export of the problem and at banning advertising and promotion, as I should have mentioned earlier. There are all sorts of things. The breadth of the ban would require a specialised commission and I cannot see that there is a body that could cover that in depth. If I may, I will come back to the committee with a written answer.

Pam Gosal: Thank you. I come from a background of regulatory services and trading standards, so I thought that it would be good to ask a question about how we would enforce any provisions.

Jayne Ozanne: It is a good question.

The Convener: We are slightly over time, but I will let Maggie Chapman come in.

Maggie Chapman: To follow that up, can we ask the Scottish Human Rights Commission that question directly as part of the additional evidence that we gather? If we have Scottish legislation, would the relevant body be the EHRC or the SHRC? We need both their views on that. I know that they have already spoken to us about the ban but enforcement is an important issue.

The Convener: Okay. As I said, we are slightly over time, and as no one else has a burning question to ask, I thank all the witnesses for taking the time to come along. Their evidence has been

really powerful, as has all the evidence that we have taken.

I think it useful to highlight that, last week, in a safe space, the committee took evidence in private from survivors of conversion therapy. Therefore, as well as hearing from the witnesses today, we have heard from a range of people who have direct experience of conversion practices.

11:17

Meeting suspended.

11:27

On resuming—

Proposed Disabled Children and Young People (Transitions to Adulthood) (Scotland) Bill

The Convener: The next item on the agenda is evidence on a statement of reasons that has been lodged to accompany the draft proposal for a member's bill, the disabled children and young people (transitions to adulthood) (Scotland) bill. I welcome Paul O'Kane, who is attending as a substitute for Pam Duncan-Glancy for consideration of this item. I invite Paul to declare any relevant interests.

Paul O'Kane (West Scotland) (Lab): I draw attention to my entry in the register of members' interests, which shows that I am a serving councillor in East Renfrewshire Council and a member and former employee of Enable Scotland.

The Convener: Thank you.

I welcome back to the meeting Pam Duncan-Glancy MSP, who is supported by Kate Monahan, co-founder of Because We Matter; and Robert McGeachy, policy and engagement manager with Camphill Scotland. You are all very welcome. I refer members to papers 5 and 6. We also have correspondence from three organisations asking that the draft proposal be allowed to proceed to the next stage.

I invite Pam Duncan-Glancy to make a short opening statement.

Pam Duncan-Glancy: Thank you, convener, and thank you all for inviting us here today.

I start by putting on record my thanks to Johann Lamont, who served as an MSP in the previous session of Parliament and who introduced the bill during that time. As members will be aware, the bill was very well supported but, unfortunately, it ran out of time. I thank my colleague Johann Lamont very much for the considerable work that she did on the bill. I also thank Inclusion Scotland and Camphill Scotland for their support along the way with Johann Lamont's bill and, in the current session, their support for me. We could not have got here without the work that those organisations have put in.

I am really excited about the proposed bill. I think that we have a real chance to make a difference, and members around the table can play their part in that today. I remember my transition from school to adulthood. It was stressful, drawn-out and confusing and, more worryingly, every one of my aspirations was met with countless barriers, inaction and delay. My family and I spent years as project managers of

our own lives, co-ordinating various services and systems rather than living our lives.

That was almost 20 years ago—although I know that you would never think it. Everything that I have heard since then from young disabled people and their families suggests that things have not improved and indeed have in some ways got worse. I do not want another young disabled person to be held back for another minute because of our inability to plan for them or support them. That is why I am proud to bring the proposal for a bill to Parliament today.

11:30

Empowering and supporting young disabled people at this point in their lives is not just something that I care deeply about because it will mean that people will be able to play their full part in the community; it will open up employment opportunities for them and it will create a fairer society. It is also something that I believe we have to do to create a Scotland where everyone has a fighting chance to live up to their potential.

For me, the facts speak volumes. Young disabled people are five times more likely than non-disabled young people are to leave school without any qualifications. The disability employment gap has widened from 32 percentage points in 2019 to 33.7 percentage points in 2020. Over the year, the employment rate for the non-disabled working-age population decreased by one percentage point to 80.6 per cent, whereas the same rate for disabled people decreased by 2.1 percentage points to 46.9 per cent.

At the age of 16, the aspirations of disabled and non-disabled people are broadly the same but, by the age of 26, disabled people are more likely to be out of work, more likely not to be in education and three times more likely to feel hopeless, believing that, whatever they do, it has no real effect on what happens to them. It is clear from the statistics that we have to take action. It is clear from the people who spoke to us during the development of the previous bill and throughout the process that we must act now. We are failing people at a crucial point in their lives, and I believe that we have a duty to give them a fighting chance to achieve their goals. The proposed bill will go some way to doing that.

We are stripping people of their hopes and dreams, even before they have started to make those a reality. They deserve better. Young disabled people cannot wait. They have been consulted for years and have been saying the same things for years. That is why I ask the committee to support our statement of reasons and not to ask us to go back out and consult the same people and ask them the same questions,

so that they can tell us the same stories that, sadly, they have been telling for decades.

Thank you very much for hearing about the bill. I hope that members will support our statement of reasons and will allow us to move quickly to give young disabled people a fighting chance.

The Convener: Thank you for those opening remarks and for the statement of reasons. The committee's role today is to decide whether we agree with your statement of reasons not to consult. I have taken some time to look at the responses to the previous consultation. As you mentioned, a lot of them involve people telling their personal experiences, which is hugely powerful. I guess that one argument why the committee should accept your statement of reasons is that those experiences stand and, as you said, if you were to consult again, you would hear the same stories again. That is almost certainly true.

However, one purpose of consultation is to guide the drafting of proposed legislation. What timescales are you working to in bringing a bill to the Parliament? As part of that process, even if you did not formally re-consult, how would you get views from people with lived experience on the specifics of delivery rather than hear their very important life experiences?

Pam Duncan-Glancy: You are right that it is incredibly important that we listen to people with lived experience. As a number of the previous consultation responses highlighted, legislation is key, but it is not the only part of the issue. It is therefore important that we keep talking to people and asking them what will make this a reality for them.

I want the legislation to be passed as soon as possible. Because of the decades of failure that young disabled people have faced, I do not believe that any delay would be fair or just. I hope that I can reassure the committee that I want the best possible bill, so that, after the Parliament passes it, as I hope it will, generations of young disabled people can benefit from strong legislation that gives them a fighting chance and underpins their rights to an education and employment opportunities after school.

In that vein, since lodging the intention and the statement of reasons, during the summer, I have spoken again with the Convention of Scottish Local Authorities and with various lawyers about different parts of the bill to see whether it needs strengthening, and if so where. I have also spoken with a number of organisations, including cross-party groups, and other members of the Scottish Parliament to seek their views, because it is incredibly important that we get this absolutely right.

Maggie Chapman: Thank you very much for your opening statement, and for bringing the proposed bill to us. As you know, the Scottish Greens supported Johann Lamont's bill in the previous session, and we are pleased to see that you are taking up the issue this session.

Without prejudicing our consideration of your statement of reasons today, we have to determine what is different between the approach that Johann Lamont took and what you intend to do. Could you outline some of the key differences between the previous bill and what you intend to introduce?

Pam Duncan-Glancy: I will do that and, if it is okay, I will also defer to my colleague Robert McGeachy, who will be able to talk about that in a bit more detail.

Some specific changes have already been made, partly as a commitment and a response by Johann Lamont to the Delegated Powers and Law Reform Committee in the previous session. They concern section 4, on the duty to comply with the legislation; section 8, on the other duties; section 13, on dispute resolution; section 14, on guidance; and section 15, on directions. Specifically, we have strengthened the draft legislation by adding the need to consult people who are representative of the people on whom the provisions will have an impact, as well as bodies that will have duties and that will need to act. That consulting element will be really important, so that we get the right legislation and so that it is delivered in real life and on the ground, where it affects young disabled people.

Do you have anything to add on that, Robert?

Robert McGeachy (Camphill Scotland): Pam Duncan-Glancy has covered the main changes to the previous bill, which were requested to address points made by the previous Delegated Powers and Law Reform Committee. There is only one other provision that has changed slightly: we have added section 12(2) to ensure that the review of the transitions plan keeps under review that the disabled child or young person is receiving the care and support necessary to meet their needs. The differences between the bill introduced in session 5 and the bill that Pam Duncan-Glancy is proposing to introduce are fairly minimal and are of a technical nature.

Fulton MacGregor: Good morning. Just like the convener, I want to say that I am supportive of the statement of reasons. I also wish to say that I signed the bill in the previous session, before we finished up. While there could have been advantages to having further consultation to get more information, we probably have enough information from the original consultation and within our own work.

I am working with a number of families from my constituency, who have come together. They have children and young people in the very age group that we are talking about, who have complex additional support needs and who are finding it very difficult to access support in leaving school and making the transition. If the proposed bill goes ahead and comes before the Parliament, I would like to get those people and their voices involved, and I would do that through my role as their MSP and representative. I think that further support is needed there.

I am happy to say at this stage that I agree with the statement of reasons that Pam Duncan-Glancy has put forward. I do not have any specific questions at this point; I just wanted to put those views on the record.

The Convener: Thanks. I do not think that there was a question there for Pam Duncan-Glancy, but I saw a smile come on her face as Fulton showed his cards.

Pam Gosal: Thank you for your opening statement. How do you see the Scottish Government turning the proposed bill around with full support and engagement from all the necessary organisations? What organisations do you think that the Scottish Government should be working with to ensure smooth delivery?

Pam Duncan-Glancy: Before I answer that question, I just want to thank my colleague Fulton MacGregor for showing those cards; it is much appreciated. I am happy to work with him to seek the views of the people in his constituency at any convenient time.

On the question about organisations, one of the things that strikes me most about the problems with transitions is how chaotic they can be, because people are working with so many different organisations. I honestly cannot explain adequately how that role of project manager of one's life becomes almost overwhelming in that moment. Sometimes, the only people who know what any one organisation does at any time are the disabled person and their family, which is really hard work when they should be focusing on what the young person wants to do in the future and on ensuring that that support is in place.

I hope that, as is the case for most legislation when we seek to implement it, the Government will engage with all those different agencies and that those agencies will engage with the Government, as well as with young disabled people and their families. To name a few important organisations in this regard, it is important that education authorities, local authorities, health and social care partnerships as well as housing authorities can work together, as all those areas

have an impact on a young disabled person's transition.

I believe that the introduction of the bill is a unique opportunity to take the confusion and complication out of some of the process, by saying: "These are the organisations at play; these are the different responsibilities that they each have; and this is how we can work together in one single co-ordinating point, in the plan for the young disabled person." It will be transformative.

Karen Adam: I declare a bit of an interest here, in that I have lived experience with regard to transitions, so I am grateful to you for bringing the issue to the attention of the committee.

There is a real sense of urgency behind your opening statement. Can you be certain that the balance between the information that you have from the previous consultation and the urgency of the situation is proportionate? What discussions have you had with the Scottish Government in relation to any possible policy intentions?

Pam Duncan-Glancy: I thank you for your question and for sharing that you have experience of transitions. It is incredibly important to do so. Sometimes, we assume many things about who disabled people are and who has experience of disability, so it is important to say it out loud. I thank you for doing that.

I have had many conversations with the Scottish Government, the Cabinet Secretary for Education and Skills and the Cabinet Secretary for Social Justice, Housing and Local Government, in which I indicated that I would be really keen to talk with them about how to make the bill a reality. I have also said to the Government that if it thinks that we could strengthen any area of the legislation, I would be happy to work with it on potential amendments as we go through the process. That is what that process is about—we have three stages of the bill for a reason. It will be important to get all of Parliament to talk about the bill and to work together, including with the Government, on areas in which we need to make any changes.

I have been really clear and said that the policy intention of the bill is to improve the outcomes for young disabled people and, in so doing, to ensure that the responsibilities of ministers, local authorities, and all the actors of which I spoke earlier, require them all to work towards that specific aim. A national transition strategy that is set out in legislation would underpin or overpin—if that is even a thing—that aim, so that it did not come and go with different Governments but always had to be there, because young disabled people will always need that support. I hope that the Government will engage in dialogue so that we can get the bill through, because we really need to do that.

On the point about the previous consultation responses and the urgency of the situation, although, as one would expect, the consultation responses went into some detail about legislation, the overarching message was that the transition process was chaotic, stressful and difficult, and that it held people back. We see the outcomes now for young disabled people and older disabled people into adulthood. Let us not forget that what happens to young disabled people at school stays with them for a long time, which is one of the reasons why the employment gap is what it is.

All the bits of evidence that we got at that stage, and that the Education and Skills Committee took, were really clear that we cannot continue to let that situation roll on longer, and that we need to draw a line in the sand.

I know that the committee has had representation from People First Scotland, which has said, "You have asked us—please now just listen and act." I ask that we do that. We have done the asking, and we now need to do the acting.

11:45

Alexander Stewart: Thank you for your passionate opening statement. You have lived experience and you know exactly what the issues are. As you rightly identified, individuals' dreams, aspirations and hopes can be dashed if the transition is not seamless—I have worked in the sector and have seen that. It can have an impact on people for the rest of their life. There are real opportunities to try to manage and support the process of transition.

Is there a possibility that, by not carrying out another consultation, opportunities might be missed? Another consultation might strengthen the case and give more opportunity for individuals to express their views. As you say, every time that we progress, some things are left behind and do not progress, for various reasons. Do you believe that, if you do not do another consultation, you might miss something out?

Pam Duncan-Glancy: Honestly, if I thought that we needed more information to help us to take forward the bill, I would seek to gather it. Between now and when the bill goes through the various stages in Parliament, I want to continue to engage, consult and talk to people. That is just how I do things, and it is also how I think Parliament should work. It is not that we draw a line in the sand today and never again shall we hear another piece of evidence about the proposed legislation. Actually, there will be numerous opportunities to hear from people, and that is important.

If I thought that we had not heard the same things from largely the same groups of people for

an awful long time, I would say that we needed more consultation, but I do not believe that we need to do more. This might sound twee but, honestly, the bill means too much to me to not get it right. If I thought that we needed to ask more and do that through a formal consultation, I would suggest that, but I do not think that we do.

Paul O'Kane: Thank you for presenting your statement of reasons. I serve as convener of the cross-party group on learning disability, where the previous iteration of the bill, under Johann Lamont, and the current version have been discussed at length. Many of the stories that colleagues have alluded to about the lived experience and the struggle and battle around transitions have been aired thoroughly in the cross-party group. Similarly to Fulton MacGregor and other members, constituents have been keen to get in touch with me to share their lived experience. Therefore, there is a compelling argument that we have done a lot of talking about the proposal and that we are perhaps now coming to the point where we need to act.

Your statement of reasons refers to the 91 responses to the previous consultation, which were broadly supportive of the bill. It is fair to say that, as I referred to, other people have fed in through correspondence and the CPG. Are you content that the bill has been shaped by those responses and experiences? In essence, we all want to know that the bill has been influenced strongly by that consultation and that people have been listened to in the process.

Pam Duncan-Glancy: I take a lot of comfort from the fact that the bill was drafted with the support of the user-led organisations Inclusion Scotland and Camphill Scotland, which literally put pen to paper. I am confident that the views of the people who we listened to during the consultation are reflected in the bill. In developing the bill in the first place, those organisations, along with my colleague Johann Lamont and now me, have benefited from years and years, and sometimes decades, of experience of what would make a real difference to people's lives. Therefore, I am confident about that.

I reiterate that, if there are any ways in which we can strengthen the bill, the parliamentary process allows us to do that—that is why it is the way that it is. However, I am confident at this stage that the bill takes account of not just the responses that we heard in the previous session of Parliament but the long-held views of organisations that were involved in helping to draft it.

The Convener: That concludes our questions.

We are now required to make a decision on whether we are satisfied by the statement of reasons. I remind members that our decision

should be based solely on whether we agree with the reasons that are set out in the statement as to why a further consultation on the proposal is not necessary. I am satisfied with the reasons that are set out, and I know that Fulton MacGregor is satisfied, too. Do members agree?

Members *indicated agreement.*

The Convener: I thank Pam Duncan-Glancy, Robert McGeachy and Kate Monahan for joining us. The committee is satisfied with the statement of reasons, and we will put a note into the system to ensure that Parliament is aware that you can go ahead with the bill without further consultation. Thank you all very much. We now move into private session.

11:51

Meeting continued in private until 12:46.

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