

Factsheet 16

Transgender issues and later life

June 2018

About this factsheet

This factsheet provides information about later life for transgender (or trans) people. The main focus is on growing older for people who have transitioned and live permanently in their affirmed gender. It also provides information for people in later life who are seeking gender reassignment.

The factsheet covers a range of legal, financial and social care issues. It includes a guide to terminology and details of where to go for further information and support.

Terminology used by trans people to describe their experiences and identities is varied and changes over time. We are committed to reflecting this diversity but recognise that terms used in this factsheet may vary in their usage or become outdated.

The information in this factsheet is applicable to England and Wales. If you are in Scotland or Northern Ireland, please contact Age Scotland or Age NI for information. Contact details are at the back of the factsheet.

Contact details for any organisation mentioned in this factsheet can be found in the *Useful organisations* section.

Age UK Advice can give you contact details for a local Age UK in England. In Wales, call Age Cymru Advice.

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1 Recent developments

- The government state they are currently considering the content of a previous consultation on the Gender Recognition Act 2004 and will be publishing a new consultation in due course. See section 9.
- In June 2018, State Pension age for women (including trans women with a Gender Recognition Certificate) is 64 and 6 months and will reach 65 by November 2018. State Pension age for men and women will then increase to 66 years by October 2020. See section 10.

Note

The guide to terminology in section 16 explains commonly used and medical terms, including many used in this factsheet. There are a few terms used that are worth becoming familiar with at the outset:

Assigned sex/gender—the sex we are given at birth, based on our appearance. The term developed because trans people described feeling the gender they were brought up in was assigned or given to them, rather than being the gender they identified with.

True gender—describes the gender a person identifies with. The term '*preferred gender*' has been commonly used but is often considered inappropriate as it implies there is a choice in how a person identifies.

Affirmed gender—describes a person's gender following transition; the true gender with which they identify has been affirmed.

2 Who is transgender?

Transgender, or trans, people are people whose gender identity differs from their assigned sex. Transgender and trans are umbrella terms that embrace many different identities.

For example, a trans person may or may not become fully bodily reassigned in their true gender identity. They may or may not receive hormone therapy, have gender related surgery or obtain legal recognition of their change of gender.

In this factsheet we aim to be similarly inclusive, but focus on trans people living permanently in their affirmed gender or who are seeking to do so. They may face particular issues for example in employment, with family and friends, government bodies and health and care providers.

Gender reassignment also means you are specifically protected by law against discrimination, harassment and victimisation.

3 Trans identities

As a trans person, you may identify as transsexual, non-binary or as a cross-dresser – these are explained in more detail below.

3.1 Transsexual people

Many trans people report identifying as a member of the opposite sex from an early age. At some time in their life, perhaps after long periods of cross-dressing publicly or privately, many seek professional advice. This may depend on their personal and social circumstances, family support and degree of motivation.

The medical term for discomfort or distress caused by a mismatch between your gender identity and biological sex assigned at birth, is gender incongruence or gender dysphoria. Many trans people and organisations prefer the term gender variance, which is the term we use in this factsheet (except when referring to the medical diagnosis).

If you identify as transsexual, you may want to consider if, and how, you wish to pursue '*transition*'. Do you wish to have hormone therapy, surgery and/or legal recognition of change of gender? None is a prerequisite for transition though many people proceed to pursue some, if not all, of these. Transition is not a standard or pre-determined process with people approaching it in different ways, according to their circumstances, needs and preferences.

People who were assigned female sex at birth but identify as male may refer to themselves as trans men; that is, they are now men but with a transsexual history. Similarly, people assigned male sex at birth who identify as female may refer to themselves as trans women.

You may see the abbreviations FtM (female to male) and MtF (male to female) used, but these can be problematic as for example, a trans woman is likely to have never identified as male in the first place.

These are important terms to understand. However, having taken steps to live in their true gender, people with a transsexual history may not wish to be referred to as trans, transgender or transsexual. They may simply wish to be referred to as men or women.

People who cross-dress

Trans people who cross-dress enjoy wearing clothes associated with the opposite sex, often for relatively short periods of time, for personal comfort and pleasure. You may hear the term transvestite used to describe a person who cross-dresses, but trans communities generally prefer the term cross-dresser.

People who cross-dress are usually comfortable with their assigned gender and do not wish to change it. For some people, cross-dressing is preliminary to reaching the decision they are transsexual and seeking to live permanently in their true gender.

Non-binary people

Non-binary describes gender identities that are not exclusively masculine or feminine and therefore outside the '*gender binary*' of male and female. It may mean you feel you have no gender.

You may come across other terms such as gender variance or gender fluid, which describe variations in non-binary identities. These are listed in the guide to terminology at the end of this factsheet.

Non-binary people may experience gender variance and wish to pursue the transition route, but equally they may want to focus on '*being themselves*'. Not everyone who is non-binary identifies as trans.

One of the most important ways others can acknowledge and respect non-binary identities is to use the personal pronoun a non-binary person uses. There is a developing vocabulary of pronouns, but you are most likely to hear the term '*they*' (in the singular) instead of '*she*' or '*he*'.

3.2 Sexual orientation of trans people

Trans people may be heterosexual, lesbian, gay, bisexual, asexual or pansexual (attracted to a person of any sex or gender identity).

As a transsexual person, it is possible to experience a change of sexual orientation once transition is complete. For example, if you are a trans woman who was attracted to women before you transitioned, you may be attracted to men after transitioning.

This varies from person to person and the sexual orientation of many transsexual people does not change.

3.3 Being trans and BAME

If you are black, Asian or other minority ethnic (BAME) community, you may have a different experience of being older and trans and face different challenges because of your culture or faith.

Perhaps you feel the majority white trans community speaks for experiences you cannot relate to, meaning services do not hear your needs and fail to support you.

At its worst, prejudice and discrimination may be multiplied, risk of depression may be greater, and the likelihood of being a victim of hate crime heightened because of your ethnicity.

GIRES produces a guide with practical tips, guidance and resources dedicated to supporting black, Asian and minority ethnic trans people: *Inclusivity – Supporting BAME Trans People*.

4 Transitioning in later life

You may be asking yourself if you are trans or where you sit on the trans 'spectrum'. For example, is the desire to occasionally cross-dress simply about enjoyment or does it indicate something more? Though many trans people have an inkling early in their life, some may find themselves asking such questions later in life. Retirement or the death of a partner may provide the first real opportunity to think about and act on this. Older people have successfully transitioned and are living part-time or permanently in their affirmed gender.

There can be advantages as well as risks in taking this step. It can be an opportunity to resolve long standing conflicts and uncertainties that threaten mental health and wellbeing. There may be fewer social and economic impacts when work or social responsibilities change. However there may be financial implications when transitioning (see section 10).

Achieving gender reassignment is not often easy. Psychological implications should not be underestimated and these are always addressed as part of your assessment. The process can take several years, involve several doctors and if you decide to have surgery, probably involves more than one operation. After having the surgery available to you (not everyone is able to have all possible operations), you will probably require long term hormone therapy and regular monitoring for possible side effects.

Note

In **England**, you can find information on gender dysphoria and the gender transition process on the nhs.uk website: search '*gender dysphoria*' or '*transgender health*'.

In **Wales**, look at NHS Direct Wales website for an A-Z section with information on gender dysphoria or visit the Gender Dysphoria Wales website.

5 The transitioning process

Gender transition is likely to take several years. You usually start by seeking a diagnosis. When you receive a diagnosis, you then discuss its implications and agree a treatment plan.

This includes making decisions about whether you want to commence hormone therapy and be considered for surgery? Do you want to change your name and gender marker on documentation and explore any financial implications? How will you begin living in your affirmed gender?

GIRES website has information about changing your name, including on official documents. Tranzwiki lists organisations offering information and support for people with gender identity issues and their families.

Assessment

A visit to your GP is the first step, though typically they may not have experience of trans issues. Most GPs are unlikely to have seen many, if any, trans people during their medical career. Your GP can refer you to a specialist team at an NHS Gender Identity Clinic (GIC). These clinics offer expert support and help, as well as assessment and diagnosis, for people with gender variance.

A diagnosis of *gender dysphoria* is usually made after an in-depth assessment by two or more specialists and may require several sessions, a few months apart. It may involve discussions with people you are close to, for example members of your family or your partner.

The assessment is to determine whether you have gender variance and what your needs are. It may involve a more general assessment of your physical and psychological health.

Developing a treatment plan

If the assessment suggests you have gender variance, GIC staff work with you to agree an individual treatment plan. This can involve discussing psychological support, the risks and benefits of hormone treatment or any surgical treatment you may want to consider, and a likely preliminary timescale for treatment you choose to have.

If you choose to take hormones, you need regular blood tests and check-ups to make sure the treatment is working and to identify any signs of associated health problems.

Genital reconstructive surgery (but not hormone therapy) is subject to completion of '*social gender role transition*' (previously known as and sometimes still called '*real life experience*' or RLE). This involves living in your affirmed gender for at least a year – enough time for you to have a range of experiences, such as work, holidays and family events.

The process may seem arduous but a period of psychological adjustment is currently thought to be essential to success in your new identity.

There are two ways to pursue gender transition in the UK – the NHS route and private route. It is possible to pursue gender transition using a combination of the two but you must discuss this with NHS staff.

NHS clinics cannot work in parallel with private clinicians so, following your initial assessment, you must decide if you would like each part of your treatment to be undertaken with the NHS or privately. The NHS route is free but demand is high and capacity limited by the number and location of GICs - there are eight serving England and Wales.

5.1 Transitions and hormones

Hormone therapy means taking hormones of the gender you identify with. The type, intensity and rate of reaction to hormone therapy varies from person to person and depends on the type of medication taken.

5.1.1 The trans man's transition

A trans man (assigned female at birth but identifies as male) takes testosterone (masculinising hormones). The physical and emotional changes you may experience include:

- beard and body hair growth
- development of male pattern baldness
- slight increase in the size of your clitoris
- heightened libido
- increased muscle bulk
- deepening of your voice, but not usually to the pitch of other men
- cessation of periods if you are pre-menopausal
- development of acne.

Breasts will not reduce in size so, after about a year living as a trans man, you may want chest reconstruction surgery. This removes breast tissue, reduces nipple size and contours a masculine-looking chest wall.

Hormone therapy may be the only treatment you want to have to live with your gender variance, but surgery to create a penis (phalloplasty), or construct a scrotum (scrotoplasty), and testicular implants, is possible.

5.1.2 The trans woman's transition

A trans woman (assigned male at birth but identifies as female) takes oestrogen (feminising hormones) and probably an anti-androgen (a testosterone blocker). The physical and emotional changes you may experience include:

- reduction in sexual appetite
- fat distribution onto your hips and bottom
- slight reduction in the size of your penis and testicles
- finding erections and orgasm harder to achieve
- reduction in muscle bulk and power
- breasts feel tender and lumpy and sometimes increase modestly in size
- weaker facial and body hair growth, which can be helpful in supporting hair removal using electrolysis, laser treatment or other techniques
- male pattern baldness slowing or stopping but not necessarily reversed, so you may want to consider a wig or hair transplant.

Your voice will not rise in pitch, so you may need speech therapy to achieve a more female tone. You may have more pronounced emotional ups and downs than previously experienced.

Hormone therapy may be the only treatment you want to live with your gender variance. If you wish to consider genital surgery, for example construction of a vagina (vaginoplasty), this generally takes place between one and three years after starting to live as a woman.

6 The limits of transitioning in later life

All the above stages are possible for older people.

However, the older you are, the more you need to be aware of the limits, potential impacts and risks of hormone therapies and surgery.

Important issues discussed at a GIC assessment, if you are considering surgical treatment include:

- your general physical fitness and whether you have a history of high blood pressure, circulatory or cardiac problems
- whether you smoke or have been a smoker
- your weight, particularly if you are overweight.

As there are less arduous alternatives not involving major surgery, you may want to consider whether specialist counselling to support you to live in your affirmed gender, while retaining your original genitals, is the better option for you.

7 Getting older

How you experience later life varies according to the age you transitioned and when that was.

If you are 60 and transitioned when you were 20, you have had a different life and faced different issues than if you are 60 but transitioned when you were 55.

Knowledge is improving as trans people age but there are still unanswered questions about what later life and health will be like.

We are only now seeing the first generation of trans people in their 60s and over who have taken hormone therapy for 30 years or more, many of whom are living with gender reassignment surgeries performed using the very different techniques of the 1960s and 70s.

Annual health checks are recommended as a minimum. Issues for trans men and trans women to consider are identified in the next sections.

There is a range of health related factsheets on the LGBT Network website.

7.1 Being a healthy older trans man

Issues to consider and discuss with health professionals include:

- osteoporosis risk
- side effects associated with testosterone therapy
- lifestyle issues – smoking cessation, diet and exercise
- blood pressure
- vaginal health (if you still have a vagina)
- safe sex
- whether or not to undergo a hysterectomy
- need for smear tests if you have not had a full hysterectomy
- risk of urethral stones, if you had genital reconstruction
- breast screening (even when breasts are removed, not all potentially cancerous glands are removed)
- the state of silicone testicular implants and/or penile prosthetics.

If you sense, see or feel anything unusual, get this checked promptly.

7.2 Being a healthy older trans woman

Issues to consider and discuss with health professionals include:

- the long term effects of oestrogen replacement therapy
- lifestyle issues - smoking cessation, diet and exercise
- blood pressure
- oestrogen, testosterone and prolactin (hormone) levels
- prostate health (if the prostate is not removed with lower surgery)
- dilation and douching advice if you had plastic surgery to create a vagina (vaginoplasty)
- the health of your vagina
- safe sex
- breast self-examination and mammograms
- the state of silicone breast implants.

If you sense, see or feel anything unusual, get this checked promptly.

Note

A leaflet Transsexual people and osteoporosis is available from the National Osteoporosis Society.

7.3 Looking after your mental wellbeing

Taking steps to transition, living in your true gender and your response to hormone therapy can have a significant and positive impact on your mental wellbeing.

At the same time, fears and uncertainties about your new life and other people's responses, can undermine the positive impacts. There may be issues in your life that you have simply not given yourself time to address. These can all act as triggers for depression.

Depression can range from mild to severe. At its mildest, you can simply feel persistently low, while severe depression can make you feel suicidal and that life is no longer worth living. If you think you may be depressed, it's important to seek help from your GP. Many people wait a long time before seeking help, but it is best not to delay. With the right treatment and support, most people with depression can make a full recovery.

Note

A guide *Your mind matters: ideas and tips for emotional wellbeing* is available from Age UK.

8 In the longer term

Studies indicate the longer term prognosis for transsexual people is good. A review of studies carried out over a 20-year period found that 96 per cent of people who had gender reassignment surgery were satisfied.

However, it is important to be aware of how personal finances can be affected (see section 10), of the greater risk of relationship breakdown, and of becoming a victim of harassment or assault. Equalities legislation can be enforced to tackle discrimination and protect your rights, in particular the *Equality Act 2010* (see section 9.3).

9 Your rights

9.1 The Gender Recognition Act: the basics

The Gender Recognition Act 2004 (GRA), introduced in April 2005, is one of the most significant legal changes for trans people.

It gives legal recognition to a transsexual person's affirmed gender and recognises a transsexual person as someone who lives permanently in their affirmed gender and intends to do so for the rest of their life. There is no requirement to be taking hormones or undergoing surgical procedures.

What gender recognition means

The GRA enables transsexual people to apply to the Gender Recognition Panel for '*gender recognition*'. If successful, you receive a Gender Recognition Certificate (GRC) and information on how to get a new birth certificate. Once you have a GRC, you must be treated as your affirmed gender for legal purposes, including marriage, civil partnership and registration of death. A GRC gives you enhanced privacy rights. See section 9.2 if you are married or in a civil partnership.

The Equality Act 2010 defines the few exceptions when it is lawful to positively discriminate and treat you differently due to gender reassignment.

To find out how to apply for a Gender Recognition Certificate, go to: www.gov.uk/apply-gender-recognition-certificate/changing-your-gender.

General guidance (T455) contains wide-ranging information that is helpful at every stage of the gender recognition process and alerts you to organisations you must notify if your application succeeds, for example HM Revenue and Customs.

Note

In July 2016, the Government responded to a report from the Women and Equalities Select Committee into Transgender Equality, by announcing an intention to develop a new package of work to ensure transgender people get the support they need.

This included a review of the GRA, removing unnecessary requests for gender information, including in official documents, and improving the support that gender identity services offer people. For more information, see www.gov.uk/government/news/gender-recognition-act-review-announced-in-plan-for-transgender-equality.

There is no firm date for when the next steps will be happening but the government recently stated they would be consulting further.

A right to privacy

Section 22 of the GRA provides high levels of privacy protection. It makes it a criminal offence for any individual who has information about you in their official capacity, to disclose you have a GRC, without your express permission. '*Official capacity*' includes all service providers, government agencies, local authorities, membership groups and associations, employers and the police (except in rare circumstances).

You should put in writing to any individual who knows your medical history, the limits you place on further disclosure. If you have privacy problems, contact Galop.

9.2 Gender recognition and existing marriage or civil partnership

You can stay married if you apply for a GRC. To do so, you and your spouse must fill in a statutory declaration saying you both agree to stay married. If you or your spouse do not wish to stay married, you get an '*interim certificate*'. You use this as grounds to end the marriage and once you end it, you get a full GRC.

To apply for a GRC if in a civil partnership, you must end it or convert it to a marriage. If you decide to convert it to a marriage, you must do so before you apply to the Gender Recognition Panel. The forms are on the Gender Recognition Panel website.

9.3 The Equality Act 2010

The Equality Act 2010 provides a legal framework to protect the rights of individuals with '*protected characteristics*' and to advance equality of opportunity for all. Gender reassignment is a protected characteristic for which the Act provides protection against discrimination, harassment and victimisation.

To be protected from discrimination, there is no need to have undergone treatment or surgery. You can be at any stage in the transition process – proposing to or undergoing a process to reassign your gender or have completed it.

Employment rights

The Act makes it unlawful for an employer, at the recruitment stage and as an employee, to discriminate against you or treat you less favourably on grounds of gender reassignment. Protection from harassment applies to harassment from your employer, colleagues, customers or suppliers.

The Act provides specifically that employers must treat absence from work for procedures related to gender reassignment in the same way as they accept absence for sickness, injury or any other reason. You can bring a claim at an Employment Tribunal if discriminated against on these grounds,

The Act says employers can, in some situations, take steps to encourage people from groups with different needs or with a past track record of disadvantage or low participation (including transsexual people) to access employment or training. This is called positive action.

Private clubs and other associations

A private club or other association cannot discriminate against, harass or victimise an existing or potential member or an associate on the grounds of gender reassignment. For example, it cannot refuse membership or grant membership on less favourable terms by applying different conditions or fees.

Customers and service users

You are protected against discrimination, harassment and victimisation in the provision of goods, facilities and services on the grounds of gender reassignment. This applies to the public and private sectors.

For example, it is unlawful on the grounds of gender reassignment:

- for a publican or shopkeeper to refuse to serve you
- for a leisure centre to refuse you permission to use their facilities
- for a housing association to refuse you accommodation, offer housing of lesser quality or on different terms.

The law applies to almost all circumstances with only a handful of exceptions. For example, in very restricted circumstances, it is lawful for an organisation providing single-sex services to provide a different service, or to refuse a service, to someone undergoing, or who has undergone, gender reassignment.

Public bodies

The Public Sector Equality Duty is an important part of the *Equality Act 2010*. It aims to encourage public bodies to go beyond the elimination of unlawful discrimination, harassment and victimisation. They must consider how they can positively contribute to the advancement of equality and foster good relations between different groups. The duty applies to private bodies carrying out public functions, as well as local or national Government bodies.

For example, a hospital could offer a trans man the first appointment of the day for a hysterectomy. This avoids the embarrassment of being one man among many women in the waiting room.

Note

For advice and support about discrimination and human rights, contact the Equality Advisory and Support Service.

9.4 Hate crime

If you believe you are the victim of a crime motivated by prejudice or hate, you should report it as a hate crime. The police define transphobic hate crime as:

“Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice against a person who is transgender or perceived to be transgender.”

Hate crimes can involve physical attacks, verbal abuse, domestic abuse, harassment, damage to your property, bullying or graffiti.

Reporting an offence as a hate crime helps ensure it is treated in the most appropriate and effective way. There are a number of safe, discreet or anonymous ways to do this including online and through third parties. You may want to contact Galop or go to the True Vision website for information: www.report-it.org.uk/home.

10 Financial issues

Getting a GRC can affect National Insurance contributions, tax liability, benefits and pensions that you or your spouse or civil partner may be receiving now, or in the future. It can also affect pensions that may be payable to your spouse or civil partner based on your earnings or National Insurance contributions.

State pension

Until November 2018, when State Pension ages are equalised, trans women with a GRC continue to receive State Pension at a younger age than men. In June 2018, women's State Pension age was 64 and 6 months and continues to rise until equalisation.

For trans men the situation is reversed – a 64 year old trans man applying for a GRC is no longer entitled to receive State Pension until he reaches 65 (pension payments already received are not claimed back).

State Pension age will be equalised at 65 for men and women by November 2018. It then increases to 66 by October 2020 and 67 years by April 2028. See factsheet 19, *State Pension* for more information.

General financial issues

You may wish to seek advice from an independent financial advisor in advance of any legal change of gender and take proactive steps to protect your interests as much as possible.

Note

For state pension information or how obtaining a GRC may affect a pension paid to your spouse or civil partner, contact DWP Gender Recognition Team.

Information about national insurance payments and tax credits is available from HM Revenue and Customs.

The Financial Conduct Authority authorises independent financial advisers.

Any proposed or current lender should tell you what credit reference agency they use and how to contact them.

11 Care services

For the first time, there is an ageing trans population. As a result, many health and social care professionals are working for the first time with older trans clients, who may have complex social or bodily needs relating to their gender reassignment.

If you underwent treatment in the 1960s and 70s, you face regular issues that come with ageing and some unique to trans people. If you pursued gender transition and reassignment more recently, you may be an older person in most respects but '*young*' in terms of your experience of living and being in your affirmed gender.

Given this potential complexity, it may be appropriate for a health or care professional to seek advice from a multi-disciplinary team on how best to meet your needs. However if you have a GRC, your privacy rights mean anyone involved in delivering care must get your permission before discussing you with others in any way that might identify you as trans.

When approaching a care agency or local authority for a needs assessment, or considering hospital tests or treatment, it is important to be mindful of issues you face daily to manage a trans body and your personal privacy needs. It is helpful to consider the following questions and raise any concerns prior to engaging with health and care services.

Trans women

- Do I still look masculine when undressed?
- Do I still have a penis?
- Do I have breasts?
- Do I need to shave regularly?
- Do I need my own room in which to dilate and douche?
- What do I need in order to maintain my hormone regime?
- Do I need to maintain my hair, wig, hairpiece or weave?
- Am I taking medication normally associated with men?

Trans men

- Do I still look feminine when undressed?
- Do I still have breasts?
- Do I have no penis?
- Do I need to take special care of my penis or metoidioplasty (a procedure that uses testosterone-related growth of the clitoris to create a functioning penis) for example when undergoing catheterisation?
- What do I need to maintain my hormone regime?
- Am I taking medication normally associated with women?

11.1 Seeking care and support

If you need help with care at home, you can involve your local authority social services department or may prefer to make your own arrangements directly with a care agency.

Care agencies should have accessible equality, anti-bullying and confidentiality policies. If they do not include trans people in their remit, ask who is the right person to contact, to discuss how trans people should be included.

Assessment and care planning

If you approach your local authority or council, it must carry out a care and support assessment if it appears to them you may have needs they have a duty to meet. The assessment should take into account all your needs – psychological, social and cultural, as well as personal care needs.

Based on national eligibility criteria, they decide whether you are eligible for care and support and if so, decide how best to meet your needs. This may be through care at home, a move to sheltered housing or a care home.

For more information, in **England** see factsheet 41, *Getting care and support*, or in **Wales** see Age Cymru factsheet 41w, *Social care assessments for older people with care needs in Wales*.

Means testing

Services – home care or residential care - arranged by the local authority are means tested, which means you may have to make a financial contribution.

In **England** see factsheet 46, *Paying for care and support at home* and factsheet 6, *Finding help at home* for more information. In **Wales** see Age Cymru factsheet 46w, *Paying for care and support at home in Wales* and 6w, *Finding help at home in Wales*.

Direct payments for care at home

If eligible for financial help from your local authority, you have the option to receive it as a direct payment. This means you can arrange services yourself, or with support from a third party. You could choose to recruit a personal assistant you feel comfortable with, who can respond to your individual needs and preferences and offer continuity of care.

In **England** see factsheet 24, *Personal budgets and direct payments in adult social care*. In **Wales** see Age Cymru factsheet 24w, *Direct payments for community care services in Wales*.

11.2 Sheltered housing and residential care

If you have eligible needs that can be best met by sheltered housing or a care home you, and your carer if you have one, should identify possible locations and visit all establishments you are considering.

All care services and organisations should have accessible equality, anti-bullying and confidentiality policies – ask to see a copy. If they do not include trans people in their remit, ask how to contact the right person to discuss how trans people should be included.

In **England** see factsheet 29, *Finding, choosing and funding a care home* and factsheet 10, *Paying for permanent residential care*. In **Wales** see Age Cymru factsheet 29w, *Finding care home accommodation in Wales* and 10w, *Paying for a permanent care home place in Wales*. Age UK information guides *Housing options* and *Care homes* may be helpful.

11.3 Making a complaint about your care

Local authority services

If you have a concern or problem with social care arranged or provided by the local authority, try to resolve the issue informally by speaking to your social worker or their line manager. If this proves unsatisfactory, you can formally complain using the local authority complaints procedure. In **England** see factsheet 59, *How to resolve problems and complain about social care*. In **Wales** see factsheet 41w, *Social care assessments for older people with care needs in Wales*.

Privately arranged care

If you have a concern or problem with care services you arranged privately, use the agency or care home's own complaints process. If you remain dissatisfied, complain to the Local Government and Social Care Ombudsman in **England** or the Public Service Ombudsman for **Wales**. They provide a direct service for people funding their own social care at home or in a residential setting.

NHS services

If you have a concern or problem with your GP practice or your care in hospital, raise it with the health professional concerned or their manager. You may be able to resolve it through informal discussion without needing to use the formal NHS complaints process. If your concerns are not adequately addressed, or the seriousness of the issue warrants a wider investigation, you can raise a formal complaint.

In **England** see factsheet 66, *Resolving problems and making a complaint about NHS care*, or contact your local Healthwatch. In **Wales** see Age Cymru factsheet 66w, *Resolving problems and making a complaint about NHS care in Wales*, or contact your local Community Health Council.

12 Mental capacity and making decisions

There may come a time when you can no longer make or communicate decisions about your care or treatment.

To address this, you can prepare a document called an advance statement in which you record your beliefs and values, important aspects of your life and preferences regarding future care.

You could, for example, describe the type of clothing you wish to wear or, if you are a trans man with small feet, require care staff to only purchase male footwear for you.

It does not have legal standing but can be a guide to anyone who must make decisions in your best interests, if you lose the capacity to make decisions or communicate them.

You can make a Lasting Power of Attorney (LPA). This is a legal document in which you appoint someone you trust to be your Attorney. Your Attorney must make best interests decisions on your behalf, should you no longer have mental capacity to make or communicate decisions. There are two types of LPA – one for financial decisions and one for health and care decisions.

See Age UK information guide *Powers of attorney* or factsheet 72, *Advance statements, advance decisions and living wills* and factsheet 22, *Arranging for someone to make decisions on your behalf*.

13 Wills and intestacy

Making a will

You should write a will to ensure your property and assets go to those you want to have them. Make sure you are fully and clearly identified in your will – this is especially important if you use two names or have only recently begun to live permanently in your affirmed gender.

See factsheet 7, *Making a Will* for more information.

Being the beneficiary of a will

To ensure you can rightly benefit from a will, always keep some evidence of your past identity, including your gender as registered at birth. Your GRC provides the link but if you do not have one, keep paperwork, for example associated with your change of name.

14 Bereavement and registration of death

Most deaths are registered by a relative of the deceased. The registrar normally only allows someone else to do it, such as a person present at the death, if no relatives are available.

To receive the death certificate and related documents on the day, they must make an appointment at the office of the Registrar of Births, Marriages and Deaths for the district where death occurred. If this is difficult, they can go to a different office but documents must be sent to the correct office to be issued. This can mean a wait of a few days.

Problems can arise in the case of a trans person when stating the sex of the deceased. Relatives sometimes register the death in their birth gender, no matter how long they lived in their affirmed gender.

If you have a GRC, your affirmed gender must be used when registering your death. If living permanently in your affirmed gender but you did not have a GRC, it is permissible to register your death in your affirmed gender, as long as your passport and medical card support this (a birth certificate is not a legal requirement to register a death).

If an error is made registering a death, the law allows for details to be changed or added. Corrections should be arranged with the office where the death was registered, although paperwork needs to be sent for authorisation to the Corrections and Re-registration Section at the General Register Office.

Note

If responsible for registering a trans person's death, contact the General Register Office with any uncertainties. If not responsible but concerned someone else registered their gender identity at death incorrectly, contact the General Register Office.

15 Partners of trans people

If you are the partner of a trans person, watching what is happening to your loved one as they come to terms with their gender issues can be challenging, whether or not they decide to pursue transition.

Many trans people and their partners remain in settled, happy relationships but you may feel a sense of loss, confusion, anger or hurt. It can affect your sense of who you are. For example, if you were a loving wife to a man, do you become the lesbian partner of a woman?

Many issues can arise. Do you stay or do you go? How do you address each other in public? How do you refer to each other? How and what do you tell people, including friends and relatives? What do your children and grandchildren call your partner?

How do you appear together in public and are you prepared to do so? How do you want your partner to present themselves? How do you advise them tactfully for example, on what it is appropriate for them to wear? If a salary is lost, or neighbours refuse to speak, it can become a serious family matter.

In addition, you may have to witness or help your partner deal with comments or discrimination or, at worst, outright instances of transphobia.

As a partner, you are likely to have such feelings and experiences and may need your own independent support mechanisms to help you cope, decide what you really want to do and, ultimately, whether to stay or go.

You may wish to read the GIRES guide *Information and support for families of adult transgender, non-binary and non-gender people*; or contact organisations such as Depend and the Beaumont Society, who provide support for family and friends. Speak to them if you need help to decide what to do and how to move forwards.

16 A guide to terminology

- **Acquired gender:** used in legal circumstances to describe affirmed gender.
- **Affirmed gender:** your gender following transition – the true gender with which you identify has been affirmed.
- **Agender:** feeling your gender identity is neutral or you have no gender.
- **Assigned sex/gender:** the sex you are given at birth, based on the appearance of your genitals.
- **Bi-gender:** feeling you have two distinct female and male identities, or identifying as two genders simultaneously.
- **Bilateral mastectomy:** removal of some breast tissue from both breasts and the reconstruction of the chest wall to resemble a male chest.
- **Cisgender:** not trans – your gender identity conforms to your biological sex assigned at birth.
- **Cross-dresser:** a person who enjoys wearing clothing associated with the opposite sex for personal comfort and pleasure.
- **Endocrinology:** the field of medicine concerned with hormones, including the sex hormones oestrogen and testosterone.
- **Facial feminisation surgery:** surgical and non-surgical procedures to feminise the face of trans women.
- **FtM:** female-to-male trans man (can be problematic, however, as a trans man is unlikely to have identified as female in the first place).

- **Gender binary:** the traditional view of gender that limits possibilities to the 'binary' of male and female. Current thinking defines gender as more diverse than a binary model.
- **Gender dysphoria:** medical term used to describe feeling discomfort or distress with the gender you were assigned at birth.
- **Gender expression:** external appearance of your gender identity, such as behaviour, clothing, hairstyle or voice.
- **Gender fluid:** a wider and more flexible range of gender identities that varies over time.
- **Gender identity:** your internal sense of being male or female, both genders or neither.
- **Gender incongruence:** alternative medical term for gender dysphoria.
- **Gender reassignment:** the process of transitioning from female to male or male to female, which may include personal, social or medical processes.
- **Gender reassignment surgery / genital reconstruction surgery/ gender confirmation surgery:** surgical procedures that change some body parts to better reflect a person's gender identity.
- **Gender variance:** feeling discomfort or distress with the gender you were assigned at birth – the same as gender dysphoria but frequently preferred as a less medicalised term.
- **Genderqueer:** similar to non-binary, but while some people embrace 'queer' others regard it as offensive.
- **Intergender:** an identity between female and male.
- **Intersex:** intersex bodied people are born with a physical sex anatomy that doesn't fit medical norms for female or male bodies.
- **Lower or bottom surgery:** a range of gender-validating surgical procedures that can be performed on the reproductive organs or genitals.
- **Metoidioplasty:** a procedure using the growth of the clitoris, which results from taking testosterone, to create a penis.
- **MtF:** male-to-female trans woman (can be problematic, however, as a trans woman is unlikely to have identified as male in the first place).
- **Mx:** gender-neutral alternative title to Ms and Mr, now widely accepted by government and businesses.
- **Non-binary:** gender identities that are not exclusively masculine or feminine and therefore outside the gender binary of male and female.
- **Oophorectomy:** surgical removal of the ovaries.
- **Orchidectomy:** surgical removal of the testes.
- **Penectomy:** surgical removal of penile tissue.

- **Phalloplasty:** plastic surgery performed to construct a penis.
- **Preferred gender:** commonly used to describe the gender with which you identify but often considered inappropriate as it implies there is a choice.
- **Scrotoplasty:** surgical procedure that creates a scrotum for testicular implants.
- **Top surgery:** surgical procedures on the breast area – breast augmentation or a mastectomy.
- **Transgender or trans:** umbrella terms that embrace the many different identities of people whose gender identity differs from their assigned sex.
- **Trans*:** an asterisk is sometimes added as a way of including all transgender, non-binary and gender nonconforming identities.
- **Transsexual:** used largely in medical or legal circumstances to describe someone who proposes to undergo or has undergone gender reassignment.
- **Transition:** the process of beginning to live full-time in your true gender identity, which may include reassignment therapy, hormone replacement treatment, surgery and legal affirmation.
- **Transvestite:** a person who enjoys wearing clothing associated with the opposite sex for personal comfort and pleasure – the term cross-dresser is generally preferred in the trans community.
- **True gender:** the gender with which a person self identifies.
- **Vaginectomy:** surgical removal of the vagina and closure of the vaginal opening.
- **Vaginoplasty:** plastic surgery performed to create a vagina.
- **Ze and zir:** gender-neutral alternatives to she/he and her/his, though their use is still limited.

Useful organisations

Beaumont Society

www.beaumontsociety.org.uk

Telephone 01582 412 220 (24 hour)

A self-help body run by and for the transgender community, providing support, advice and training. Beaumont Partners offers support to women experiencing issues as a result of discovering that their partners are transgender.

cliniQ

www.cliniq.org.uk

Telephone 020 3315 6699

A holistic sexual health and wellbeing service based in London for all trans people, partners and friends delivered by a trans-led team.

Community Health Councils (CHCs) in Wales

www.nhsdirect.wales.nhs.uk/localservices/communityhealthcouncils/

A statutory and independent voice in health services in Wales, CHCs work to enhance and improve the quality of local health services. Each CHC runs a Complaint Advocacy Service.

Department of Work and Pensions (DWP) Gender Recognition Team

Telephone 0191 2187622

Department providing information on your state pension entitlement if you have a Gender Recognition Certificate or for information if you have a spouse or civil partner.

Depend

www.depend.org.uk

Depend offers free web information and online support to family members, partners, spouses and friends of transsexual people.

Equality Advisory Support Service

www.equalityadvisoryservice.com

Telephone helpline 0808 800 0082 Mon-Fri 9am-8pm, Sat 10am-2pm

Funded by the Equality and Human Rights Commission, the EASS Helpline provides information and advice about the *Equality Act 2010*.

Financial Conduct Authority

www.fca.org.uk

Telephone 0800 111 6768 or 0300 500 8082

Financial Conduct Authority regulates the UK financial services industry.

Galop

www.galop.org.uk

Telephone 020 7704 2040

Galop is a community led group for lesbian, gay, bi, trans and queer people. It offers confidential trans advocacy support to help with tackling discrimination and inequality issues.

Gender Dysphoria (NHS Wales)

www.genderdysphoria.wales.nhs.uk

Provides web-based information about gender dysphoria for individuals and professionals in NHS and public services in Wales.

General Register Office

www.gov.uk/general-register-office

Telephone 0300 123 1837

The register holds records of births, deaths, marriages, civil partnerships, stillbirths and adoptions in England and Wales.

GIRES (Gender Identity Research and Education Society)

www.gires.org.uk

Telephone 01372 801 554

GIRES hears, helps, empowers and gives a voice to trans and gender non-conforming individuals, including those who are non-binary and non-gender, as well as their families. They produce a range of publications on health, legal and other issues.

Gov.uk

www.gov.uk/apply-gender-recognition-certificate/overview

Telephone 0300 1234 503

HM Government website with information on benefits and explains how to apply for a Gender Recognition Certificate.

Healthwatch England

www.healthwatch.co.uk

Telephone helpline 03000 683000

The consumer champion for users of health and care services in England. You can find your local Healthwatch by searching the website or calling their helpline.

Her Majesty's Revenue and Customs (HMRC)

www.gov.uk/government/organisations/hm-revenue-customs

HMRC is the UK tax authority and is a non-ministerial department.

Local Government and Social Care Ombudsman

www.lgo.org.uk

Telephone helpline 0300 061 0614

Investigates complaints about local authorities and adult social care providers.

National Osteoporosis Society (NOS)

www.nos.org.uk

Telephone helpline 0808 800 0035

Information on prevention and treatment of osteoporosis.

NHS Choices

www.nhs.uk

A comprehensive web information service to help you learn more about a wide range of health conditions, find NHS services in England, improve and make choices about your health and manage long term conditions.

NHS Direct Wales

www.nhsdirect.wales.nhs.uk/

Telephone helpline 0845 46 47 or 111 if available in your area

Service offering a telephone helpline in Wales and web information on a wide range of health conditions.

Older Peoples Commissioner for Wales

www.olderpeoplewales.com

Telephone 03442 640 670

An independent voice and champion for older people across Wales, standing up for and speaking out on their behalf.

Public Services Ombudsman for Wales

www.ombudsman-wales.org.uk

Telephone 0300 790 0203

The Ombudsman investigates complaints about public services and independent care providers in Wales.

Sibyls

www.sibyls.co.uk

A confidential Christian spirituality group for transgender people, their partners and supporters.

TranzWiki

www.tranzwiki.net

TranzWiki aims to be a comprehensive web-based directory of the groups campaigning for, supporting or assisting trans and gender non-conforming individuals and their families across the UK.

True Vision

www.report-it.org.uk/home

True Vision provides information about hate crime or incidents and how to report them.

Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice or Age Cymru Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

Age UK Advice

www.ageuk.org.uk

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

In Wales contact

Age Cymru Advice

www.agecymru.org.uk

0800 022 3444

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 7575

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 4222

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