

Factsheet 16

Trans issues and later life

July 2022

About this factsheet

This factsheet provides information about later life for 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 thinking about 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to reflecting this diversity but recognise that terms used in this factsheet may vary in their usage or become outdated.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 and advice. 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.

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1 Who is trans?

Trans people are people whose gender identity differs from or does not match or sit easily with their assigned sex. Trans is an umbrella term that embraces 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 means you are protected by law under the *Equality Act 2010* against discrimination, harassment, and victimisation.

Note

The guide to terminology in section 15 explains commonly used and medical terms, including many used in this factsheet. There are a few terms worth becoming familiar with at the outset:

Assigned sex/gender—the sex we are assigned at birth. The term developed because trans people describe 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 Trans and other gender identities

2.1 Transgender

Many trans people report identifying as a member of the opposite sex from an early age. At some time in their life, many seek professional advice, perhaps after long periods of cross-dressing publicly or privately. This may be influenced by 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 dysphoria. Many trans people and organisations prefer the terms '*gender incongruence*' or '*gender variance*', which are used in this factsheet except when referring to the medical diagnosis.

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

People who were assigned female at birth but identify as male, may refer to themselves as trans men or men with a trans history. Similarly, people assigned male at birth but who identify as female, may refer to themselves as trans women or women with a trans history.

You may see the abbreviations FtM (female to male) and MtF (male to female), 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 but having taken steps to live in their true gender, people with a trans 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.

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 trans 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 trans people does not change.

Being trans and BAME

If you are from a 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.

You may feel the majority white trans community speaks out about experiences you cannot relate to, meaning services do not address your needs and fail to support you as well as you would wish.

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 you are a person of colour.

Gender identity research and education society (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*.

2.2 People who cross-dress

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

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. Trans communities generally prefer the term '*cross-dresser*'.

2.3 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, to 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*'.

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 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 are advantages as well as risks in taking this step. It can be an opportunity to resolve long standing conflicts and uncertainties that threaten your 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 surgical reassignment is not often easy. Psychological implications should not be underestimated and are always addressed as part of your assessment. The process can take several years, involve several doctors, and probably involve more than one operation. After having 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**, there is information on gender dysphoria and the transition process at www.nhs.uk/conditions/gender-dysphoria

In **Wales**, visit Gender Wales website at <https://gender.wales/>

4 The transitioning process

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

You may wish to think about the physical, social, psychological and emotional changes involved. This includes making decisions about whether you want to commence hormone therapy and want to be considered for surgery?

Social transitioning involves social, cosmetic, and legal changes without regard to medical interventions. For example, do you want to change your name and gender marker on documentation and explore financial implications?

The two most commonly used methods to change your name are by deed poll or statutory declaration. The law resources section of the GIRES website has information about changing your name and lists the documents you need.

Tranzwiki directory lists organisations offering information and support for people with gender identity issues and their families

Assessment

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

You can also self-refer to a GDC or a local pilot (see section below) but still requires your GP's involvement. Alternatively, you can seek private consultation and assessment.

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 assists you to determine whether you have gender dysphoria and how you wish to proceed. It may involve a more general assessment of your physical and psychological health.

Developing a treatment plan

If the assessment suggests you have gender dysphoria, GDC staff work with you to agree an individual treatment plan. This aims to remove or reduce any distressing feelings you experience due to the mismatch between your gender identity and biological sex, and help you live in your true gender.

It 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*' (sometimes called '*real life experience*'). This involves living in your affirmed gender for at least one to two years – enough time for you to have a range of experiences, such as work, holidays and family events, face challenges to your self-confidence, and build self-esteem in your affirmed identity. This may seem arduous but a period of psychological adjustment is currently thought to be essential to success in your new identity.

It is possible to pursue gender transition using a combination of NHS and private healthcare, but you must discuss this with NHS staff.

NHS clinics cannot work in parallel with private clinicians. 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 number and location of GDCs - there are currently seven in England and one in Wales.

In addition, there are four pilot schemes located within other NHS services offering appointments to those already on the waiting list, located in London, Merseyside, Manchester and the East of England.

4.1 Transition 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. In the long term, your hormone levels will continue to be monitored by your GP.

4.1.1 The trans man's transition

A trans man (assigned female at birth but identifies as male) takes testosterone (masculinising hormones). 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, but surgery to create a penis (phalloplasty) or to construct a scrotum (scrotoplasty), and testicular implants are possible, and may be provided on the NHS.

4.1.2 The trans woman's transition

A trans woman (assigned male at birth but identifies as female) takes oestrogen (feminising hormones) and probably a testosterone blocker. 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
- reduction in facial and body hair growth, which can support hair removal using electrolysis, laser or other techniques.
- male pattern baldness slowing or stopping but not necessarily reversed.

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

You may only want hormone therapy, but surgery such as the removal of male genitalia, construction of a vagina (vaginoplasty), clitoris (clitoroplasty) or vulva (vulvoplasty) may be available through the NHS. Breast implants are not routinely available on the NHS.

5 The limits of transitioning in later life

All the stages described above 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. Issues discussed at a GDC assessment, if 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 is a better option. For example, social transition rather than medical transition or treatment with cross sex hormones.

6 Getting older

The way that 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. Annual health checks are recommended as a minimum.

A Public Health England leaflet explains which screening in the national screening programme you can have. In Wales, visit the Public Health Wales website to download their leaflet, '*Screening information for people who are Transgender, Non-binary, Gender diverse*'.

Knowledge is improving as people age. There are still unanswered questions about what later life and health are like for the first generation of trans people in their 60s and over who have taken hormone therapy for 40 years or more. Many are living with gender reassignment surgeries performed using different techniques of the 1960s and 70s.

6.1 Sexual health

Regardless of your sexual orientation, having a fulfilling sex life, practicing safer sex, and preventing sexually transmitted infections (STIs) are important for good health and wellbeing.

Contact your local NHS GUM clinic (Genito-Urinary Medicine), search '*sexual health services and support*' on NHS website or call 111.

In Wales, visit the '*Sexual & Reproductive Health*' section of the NHS 111 Wales website. You do not need a GP referral. Clinic staff do not share information with your GP or anyone else unless you ask them to.

6.2 Being a healthy older trans man

Issues to consider and discuss with health professionals, particularly if you sense, see, or feel anything unusual, include:

- bone strength and osteoporosis risk
- side effects associated with testosterone therapy
- lifestyle issues – smoking, diet, and exercise
- blood pressure
- vaginal health (if you still have a vagina)
- 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.

6.3 Being a healthy older trans woman

Issues to consider and discuss with health professionals, particularly if you sense, see, or feel anything unusual, include:

- bone strength and osteoporosis risk
- the long term effects of oestrogen replacement therapy
- lifestyle issues - smoking, diet, and exercise
- blood pressure
- oestrogen, testosterone, and prolactin (hormone) levels
- prostate health
- dilation and douching advice if you had plastic surgery to create a vagina (vaginoplasty)
- the health of your vagina
- breast self-examination and mammograms
- the state of silicone breast implants
- Abdominal Aortic Aneurysm (AAA) Screening – checking for a swollen or bulging aorta (artery from the heart). Offered to men over 65.

6.4 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 your self-esteem and the positive impacts of your decision to transition. There may be issues you have simply not given yourself time to address.

Many local authorities can put you in touch with local social and support organisations for LGBTQ+ people, with some groups for trans people only. Search the equality or support organisations sections on their website or contact the customer services department.

If you struggle with your mental wellbeing and it is starting to interfere with your daily life and relationships, it is time to seek help from your GP. Depression is more than feeling low. As a general rule, you may feel sad, hopeless, and start to lose interest in things you used to enjoy. Symptoms like these go on for weeks or months.

At its mildest, you simply feel persistently low, while severe depression can make you feel suicidal. Many people wait a long time before seeking help, but it is best not to delay. With the right treatment and support at the right time, most people with depression can make a full recovery.

See Age UK guide *Your mind matters*, for more information.

7 Your rights

7.1 The Gender Recognition Act: the basics

The Gender Recognition Act 2004 (GRA), introduced in April 2005, 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 having 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 7.2 if you are married or in a civil partnership.

Applying for GRC

Official guidance booklet *T455 The General Guide for All Users*, contains information to help at each stage of the process. It alerts you to organisations you must notify if successful, such as HM Revenue and Customs. In response to a consultation, the GRC certificate fee was reduced to £5 from May 2021.

To apply for a GRC, see www.gov.uk/apply-gender-recognition-certificate/changing-your-gender

For more information, see www.gov.uk/government/publications/gender-recognition-certificates-t455

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 any limits you place on further disclosure to any individual who knows your medical history. If you have privacy problems, contact Galop.

7.2 If you are in an 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.

You can stay in a civil partnership if it was registered in England, Wales or Northern Ireland. Your partner must fill in a statutory declaration saying that they agree to stay in a civil partnership with you. If your partner does not agree you will get an '*interim certificate*'.

7.3 The Equality Act 2010

The Equality Act 2010 ('the Act') provides a legal framework to protect the rights of people with '*protected characteristics*' and to advance equality of opportunity for all. Gender reassignment is a protected characteristic under the Act. This gives protection against discrimination, harassment, and victimisation. To be protected, you do not 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.

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

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 specifically requires employers to treat absence from work for procedures related to gender reassignment as they would 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 trans people) to access employment or training. This is called positive action.

Public bodies

The Public Sector Equality Duty is an important part of the Act. It aims to encourage public bodies to go beyond elimination of unlawful discrimination, harassment, and victimisation and 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.

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.

Note

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

8 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 True Vision website says:

“Transgender hate crimes’ and non-crime incidents are acts which target a victim because of the offender’s hostility to a transgender person or to transgender people in general. They can be committed against a person or property. They could target someone who is not themselves transgender and the harmed person could be, for example, the child of a transgender person or someone mistaken as being transgender, so long as the offender was motivated, wholly or partially, by a hostility to transgender people.”

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 to the police helps ensure it is treated in the most appropriate and effective way. There are various safe, discreet or anonymous ways to do this including online and through third parties.

You may want to discuss your experiences with or contact Galop advocacy service, or go to the True Vision website for information: www.report-it.org.uk/home

9 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?

9.1 Seeking care and support

All local authorities, care agencies, care homes, and organisations providing care should have accessible equality, anti-bullying and confidentiality policies and provide staff with equality and diversity training. You can ask to see a copy of their policy and if their remit does not include trans people, ask who you should contact to discuss this.

If needing help with care at home, you can involve your local social services department or make arrangements directly with a care agency.

If you have dementia-related concerns or a diagnosis, Alzheimer's Society information can help you think about care and support options.

Assessment and care planning

If you approach your local authority social services department, they 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 must consider your mental capacity to contribute to your assessment and make care decisions for yourself and take into account all your needs – psychological, social and cultural, as well as personal care needs.

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

For more information, in **England** see Age UK factsheet 41, *How to get care and support*. 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, and you may have to make a financial contribution. They look at your income and capital to decide if you do, and how much.

In **England** see Age UK factsheet 46, *Paying for care and support at home*, and factsheet 10, *Paying for permanent residential care*. In **Wales** see Age Cymru factsheet 46w, *Paying for care and support at home in Wales* and 10w, *Paying for a permanent care home placement in Wales*.

Direct payments for care at home

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

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

9.2 Sheltered housing and residential care

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

If eligible for local authority financial help towards a care home place, they must provide you with a choice of at least one care home within the personal budget amount they agree is required to meet your needs.

For more information, in **England**, see Age UK factsheet 29, *Finding, choosing and funding a care home*, 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*. For **England** and **Wales**, see Age UK factsheet 64, *Specialist housing for older people and factsheet 8, Council and housing association housing*.

9.3 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 it 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 Age UK factsheet 59, *How to resolve problems and complain about social care*. In **Wales** see Age Cymru factsheet 59w, *How to resolve problems and make a complaint about social care in Wales*.

Privately arranged care

If you have a concern or problem with privately arranged care, use the agency or care home's complaints process. If you remain dissatisfied, you can approach the Local Government and Social Care Ombudsman in **England** or the Public Services Ombudsman in **Wales**.

NHS services

The LGBT Foundation offers a quality assurance scheme to help GP practices and other NHS services strengthen and develop their relationships with LGBTQ+ patients. If you have a concern or problem with your GP practice, community health services or hospital care, raise it with the health professional concerned or their manager. You may be able to resolve it informally but if your concerns are not adequately addressed, or their seriousness warrants a wider investigation, you can make a formal complaint.

In **England** see Age UK factsheet 66, *Resolving problems and making a complaint about NHS care*. 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.

10 Financial issues

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

State pension

State Pension age for men and women is now 66 years and will increase to 67 years by April 2028. See factsheet 19, *State Pension* and factsheet 48, *Pension Credit*, 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 a GRC may affect a pension paid to your spouse, contact DWP Gender Recognition Team.

HM Revenue and Customs provides information about national insurance payments and tax credits.

The Financial Conduct Authority authorises financial advisers.

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

11 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 write down your beliefs and values, important aspects of your life, and preferences about future care in a document called an advance statement. You could, for example, describe the type of clothing you wish to wear or, if you are a trans man with small feet, ask that care staff only purchase male footwear for you.

An advance statement 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 such decisions or communicate them.

For more information, see Age UK factsheet 72, *Advance decisions, advance statements and living wills*.

Lasting powers of attorney

You can make a separate Lasting Powers of Attorney (LPA) for financial decisions and for health and care decisions. They are legal documents in which you appoint someone you trust to be your Attorney. They must make '*best interests decisions*' on your behalf, when you no longer have mental capacity to make or communicate a particular financial or care decision that needs to be made.

For more information, see Age UK information guide *Power of attorney* and Age UK factsheet 22, *Arranging for someone to make decisions on your behalf*.

12 Wills and intestacy

Making a will

You should write a will to ensure your property and assets go to those people 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. For information, see Age UK information guide *Wills and estate planning* and factsheet 7, *Making a Will*.

Being the beneficiary of a will

To ensure you can benefit from a will, keep 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 legal paperwork, for example associated with your change of name.

13 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.

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).

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 an error is made registering a death, the law allows for details to be changed or added. Approach 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 you were not responsible but are concerned someone else registered their gender identity incorrectly, contact the General Register Office.

14 Partners of trans people

If you are the partner of a trans person, watching what happens 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 as a partner, you may feel a sense of loss, confusion, anger, or hurt. It can affect your sense of who you are. For example, having been 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 would 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.

GIRES publish a guide *Information and support for families of adult transgender, non-binary and non-gender people*.

See www.gires.org.uk/information-and-support-for-families-of-adult-transgender-non-binary-and-non-gender-people/

Organisations such as Depend and the Beaumont Society provide support for family and friends. Speak to them if you need help to decide what to do and how to move forwards.

15 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 recorded as 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.
- **Clitoroplasty:** Surgical construction of a clitoris
- **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 or trans masculine (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:** gender identity that does not match with your assigned gender.
- **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
- **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 or trans feminine (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 or Enby:** 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.
- **Trans or transgender:** 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 trans, 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.
- **Vulvoplasty:** surgical construction of a vulva.

Useful organisations

Alzheimer's Society

www.alzheimers.org.uk

Support line: 0333 150 3456

Provides information on a range of issues affecting people living with dementia and their carers

Beaumont Society

www.beaumontsociety.org.uk

Information line 01582 412 220 (24 hour)

A self-help body run by the trans community, providing support, advice and training. Beaumont Partners offers support to women experiencing issues when they discover their partners are trans.

CliniQ

www.cliniq.org.uk

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.boardchc.wales

A statutory and independent voice, working to enhance and improve local health services. Each CHC runs a Complaint Advocacy Service.

Department of Work and Pensions (DWP) Gender Recognition Team

Telephone 0191 218 7622

Department providing information on state pension entitlement if have a GRC 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-7pm,
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 0800 999 5428

Galop is a community-led group for LGBT+ people and offers advocacy support to help tackle discrimination, hate crime, or domestic abuse.

Gender Identity (NHS Wales)

www.gender.wales

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

GIRES is a volunteer operated membership charity that aims to empower, and provide information and support to trans, gender non-conforming, non-binary and non-gender individuals, and their families.

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 health and care services in England. Find your local Healthwatch by searching the website or calling their helpline.

LGBT Foundation

www.lgbt.foundation/

Telephone helpline 0345 3 30 30 30

The Foundation's Trans programme aims to improve the health, wellbeing of trans people.

Local Government and Social Care Ombudsman

www.lgo.org.uk

Telephone helpline 0300 061 0614

Investigates complaints about local authorities and social care providers.

NHS Gender Dysphoria National Referral Support Service (GDNRSS)

Support line: 01522 857799

The GDNRSS Coordinates access to gender reassignment surgery for men and women.

NHS 111 Wales

www.111.wales.nhs.uk/

Telephone helpline 111

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

NHS website

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.

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.

Opening Doors

www.openingdoorslondon.org.uk

Telephone 0207 183 6260

Charity providing activities, events, information and support to LGBTQ+ people over the age of 50.

Public Services Ombudsman for Wales

www.ombudsman.wales/

Telephone 0300 790 0203

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

Royal Osteoporosis Society (NOS)

www.theros.org.uk

Telephone helpline 0808 800 0035

Information on prevention and treatment of osteoporosis.

Sibyls

www.sibyls.co.uk

A confidential Christian spirituality group for trans 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 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

0300 303 44 98

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 75 75

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 42 22

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Contact *resources@ageuk.org.uk*

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