

Women and Equalities Select Committee: Transgender Equality Inquiry call for evidence

Ref: 3215

August 2015

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About this call for evidence

The newly established Women and Equalities Committee has announced its first inquiry which will focus on transgender equality. The committee will consider how far, and in what ways, trans people still have yet to achieve full equality; and how the outstanding issues can most effectively be addressed. Age UK is pleased to have the opportunity to make a submission in response to the call for evidence.

About Age UK

Age UK is a charity and a social enterprise driven by the needs and aspirations of people in later life. Our vision is a world in which older people flourish. Our mission is to improve the lives of older people, wherever they live.

We are a registered charity in the United Kingdom, formed in April 2010 as the new force combining Help the Aged and Age Concern. We have almost 120 years of combined history to draw on, bringing together talents, services and solutions to enrich the lives of people in later life.

Age UK provides information and advice to around 6 million people each year, runs public and parliamentary campaigns, provides training, and funds research exclusively focused on later life. We support and assist a network of 170 local Age UKs throughout England; the Age UK family also includes Age Scotland, Age Cymru and Age NI.

Please note this submission relates to our experience in England only.

1. Summary of key points

- 1.1. Lack of accurate data on the trans population in general and older trans population in particular has meant that for far too long older trans people have been invisible in the sphere of public policy resulting in denial of their equal rights. The inclusion of a question on gender identity in the 2021 Census would be an important step towards rectifying this situation.
- 1.2. Age UK is concerned that older trans people may be at risk of experiencing direct or indirect age discrimination in accessing the health services they need. Access to gender identity services must be available to older trans people without fear that they will experience age discrimination, in accordance with the Equality Act 2010.
- 1.3. The specific health issues that older trans people may experience in later life are often complex and must be handled sensitively by health professionals. Attention must be paid not only to ensuring that older trans people can access appropriate services for gender identity related health issues but also to checking that they can access the full range of health care provision without experiencing discrimination on the grounds of either gender identity or age.

- 1.4. Many older trans people report fear of experiencing transphobia if they require care services, both from staff and fellow patients or residents; fears which are too often realised. To combat this all health and care settings should provide trans equality training for all staff and have accessible equality, anti-bullying and confidentiality policies which clearly include trans people in their remit.
- 1.5. Trans people may have extra financial issues to consider in later life related to any legal change of gender and they may also be at risk of being on a low income due at least in part to having faced discrimination in the workplace. In this context access to financial and benefits advice which ensures that people receive their entitlements is crucial.
- 1.6. Many trans older people experience loneliness and isolation. Fear of crime and in particular hate crime or harassment on the grounds of gender identity is a major contributing factor in this. One way of combating isolation and loneliness can be through providing volunteering opportunities.

2. The older trans population

- 2.1. Under the Equality Act 2010 gender re-assignment is a protected characteristic and discrimination on this ground is prohibited. However official statistics on the trans population, including people who intermittently cross-dress, non-binary people and those who identify as the opposite sex to the one they were assigned at birth, are currently inadequate. This makes it difficult for public authorities, such as health authorities, to make appropriate provision for trans people as they do not have access to reliable information about the number of people having this characteristic in the relevant population. To address this data deficit the Equality and Diversity Forum of which Age UK is a member, has called for a question on gender identity to be included in the 2021 Census. Such a move would also make it possible to view for the first time the age profile of the transgender population.
- 2.2. In the absence of reliable whole population data a survey of 10,000 people undertaken in 2012 by the Equality and Human Rights Commission found that 1% of that population was gender variant to some extent.¹ While this figure cannot necessarily be assumed to be representative of the whole population it does give a clear indication that a significant number of older people will be transgender even if they are not recognised as being so by service providers.
- 2.3. Many people who underwent treatment in the 1960s and 1970s are now facing all the ordinary issues that come with ageing, as well as some that are unique to trans people. The 1990s and 2000s saw a large increase in the number of people pursuing gender transition and reassignment, many of them in their middle or older ages. This means they are 'older' people but 'young' in terms of their experience of living and

¹ Good practice guidelines for the assessment and treatment of adults with gender dysphoria (October 2013)
Royal College of Psychiatrists

being in their new gender. It is important that policy and practice take account of these diverse experiences among the older trans population.

2.4. With regard to specific health concerns and interventions this submission looks primarily at the situations of people who have permanently transitioned. With regard to social care, finances and participation in the community, as well as issues relating to dignity in all services, the issues we raise may apply equally to people with a range of trans identities, not just those who have permanently transitioned.

3. Access to gender reassignment treatment

3.1. For many trans people, unhappiness in their birth gender is experienced from an early point in their lives. However an evidence review carried out on behalf of the Equality and Human Rights Commission (EHRC) in 2009, highlighted research findings that for many, transition to one's true gender identity may take place much later in life. There is little UK research on when this typically occurs, but research from the USA suggests it could be between 30 and 40 with some individuals reporting transitioning much later in life. These older people may have lived with their dysphoria for decades before feeling confident enough (or having the opportunity) to seek to address their situation.²

3.2. In this context it is particularly important that access to gender reassignment services is available to older trans people without fear that they will experience age discrimination. Since 2012 it has been unlawful under the Equality Act 2010 for service providers, including health services, to discriminate on the grounds of age apart from where this can be objectively justified, for example on the basis of clinical need. In accordance with this legislation there is no upper age limit in the eligibility criteria for gender identity services within the NHS but Age UK's research in other areas of health care³, gives cause for concern that older trans people may nevertheless be at risk of experiencing direct or indirect age discrimination in accessing the services they need. Further research is required to determine whether this is in fact the case.

4. Health and care services

4.1. Older trans people may experience specific health concerns in later life. These will vary according to the age at which someone transitioned and when that was. Someone who is now 60 and transitioned when they were 20, will have had a different life and faced different issues from someone who is now 60 but transitioned when they were 55. The experiences of older trans men and older trans women will also be different.

² Good practice guidelines for the assessment and treatment of adults with gender dysphoria (October 2013) Royal College of Psychiatrists

³Treatment rates drop disproportionately for people aged 70–75 years in areas such as surgery, chemotherapy, and talking therapies, and in ways that health commentators agree cannot be explained by older people's frailty or vulnerability. For more details see Age UK (2014) Agenda for Later Life: public policy for later life.

- 4.2. Knowledge is improving as trans people age but there are still unanswered questions about what later life and health will be like for them. 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. Individuals are living with gender reassignment surgeries performed using the very different techniques of the 1960s and 70s. More data needs to be collected and monitored to understand what it is like to have an older trans body.
- 4.3. Older trans people may face health issues relating to their birth gender which need to be handled sensitively by health professionals. An example of good practice in this regard could be a hospital offering a trans man the first appointment of the day for a hysterectomy. This would avoid him the embarrassment of being one man among many women in the waiting room. They could also make arrangements for him to have his details registered in a private area.
- 4.4. It is essential that older trans people have access to quality information about how to safeguard their own health. For example older trans men who have not had a hysterectomy will continue to require smear tests and even if they have had their breasts removed will still require breast cancer screening. It is important that health providers are aware of these needs so that they can ensure individuals receive reminders to attend screening.
- 4.5. Of course older trans people will not only face health issues relating to their gender identity, but also the same range of conditions experienced across the population as a whole. In seeking to access health services across the board there is a risk that older trans people face multiple discrimination as a result of their age, gender identity and possibly other characteristics, such as race, too. In accordance with the public sector Equality Duty public health authorities must take pre-emptive steps to prevent unlawful discrimination and promote equality of opportunity for all those with protected characteristics.
- 4.6. Older trans people who come into contact with health and care services are at increased risk of having their human right to a private life, which includes an emphasis on the importance of personal dignity and autonomy, breached if their privacy is not adequately protected. It is essential that doctors, nursing staff, social workers and care assistants working with older trans clients always obtain their permission before discussing their situation with other professionals in any way that might identify them as trans.
- 4.7. Undignified care can also result from a lack of trans awareness among staff. For example we are aware anecdotally of an instance in which a trans man needed a pair of slippers but the care home did not have any men's slippers available in the correct size so provided him instead with a pair of women's ones. While such an oversight might appear trivial in actual fact it caused the man great distress and contributed to the feeling that he was not being treated with dignity and respect for his gender identity.

4.8. Many older trans people report fear of experiencing transphobia if they require care services, both from staff and fellow residents. Sadly these fears are sometimes realised. In the EHRC's 2011 report into home care one older trans woman described being stared at like a 'freak' by her home care workers and sometimes sitting crying after they had left. All health and care settings should have accessible equality, anti-bullying and confidentiality policies which clearly include trans people in their remit.⁴ Additionally training for health and care professionals on the particular issues that trans people might face when accessing health and care and their rights is essential.

5. Finances and income

5.1. Trans people may have extra financial issues to consider in later life. For example, obtaining a Gender Recognition Certificate (GRC) can result in changes to benefit qualifications and affect a trans person's tax liabilities, pension benefits and credit status. It is important that access to professional advice is available to trans people in advance of any legal change of gender so that they are aware of these potential concerns.

5.2. There are very limited employment opportunities for older trans people of working age due to a combination of age and transgender discrimination. As a direct result of having been underemployed or unemployed older trans people are also more likely to be on low incomes and without stable housing. In this context high quality benefits advice which ensures that people receive their entitlements is crucial.

6. Participation in the community

6.1. Age UK is aware that levels of loneliness and isolation among trans older people are high. While some older trans people have very supportive families others have experienced family estrangement and do not have strong networks to support them as they get older. Additionally some older trans people have reported feeling as though their transition feels 'incomplete' if transphobia prevents them from living fully within the community.

6.2. It is well established that for older people fear of crime can increase feelings of isolation and decrease community involvement; one survey revealed that 13% of people aged 65 to 74 (and 6% of those aged 75 and over) have a high level of worry about crime.⁵ For older trans people these fears are compounded if they are also accompanied by fear of harassment or hate crime linked to gender identity. ONS figures show that reporting of transgender identity hate crime has increased significantly in recent years, increase by 54% between 2012/13 and 2013/14 alone.⁶

⁴ EHRC (2011) Close to home An inquiry into older people and human rights in home care

⁵ Spotlight Report 2008: Spotlight on Older People in the UK, Help the Aged 2008

⁶ Home Office Statistical Bulletin (October 2014) Hate Crimes, England and Wales, 2013/14

6.3. Volunteering opportunities can be one way of combating isolation and loneliness. Age UK has a strong track record of offering volunteer positions to trans people, successfully including them in the workplace, often as an important part of their route through gender reassignment treatment.