

# Safe to be me

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## Meeting the needs of older lesbian, gay, bisexual and transgender people using health and social care services

A resource pack for professionals



# Foreword

*'The staff in the home very rarely gave us any time alone together and on one occasion Arthur was taken seriously ill and transferred to hospital without them notifying me. The man I love could have died and I wouldn't have been there or even known.'*

**Ian**

*'It was such a relief when the Age UK befriender enabled me to open up about being a lesbian after so many years of hiding. She didn't push but she gave plenty of positive messages that she didn't have a problem. At 78 I finally feel I'm safe to be me.'*

**Julie**

The contrast of these two experiences highlights the importance of creating an inclusive environment where people who are lesbian, gay, bisexual or trans (LGBT) can feel safe and accepted for who they are.

This resource builds on and consolidates over a decade of pioneering work within Age UK at a national and local level, both to raise awareness and to start to deliver genuinely 'LGBT affirming' services.

The combination of strategic groundwork and awareness-raising with practical implementation is integral to all successful change processes. We are proud to reflect this in a publication that is a partnership between Age UK the national organisation and Opening Doors London, set up by Age UK Camden and now a charity in its own right, which is a flagship example of good practice.



A handwritten signature in black ink, which appears to read 'Caroline Abrahams'. The signature is written in a cursive style and is positioned above a horizontal line.

**Caroline Abrahams**  
Charity Director, Age UK

# About Age UK

Age UK is the country's largest charity dedicated to helping everyone make the most of later life. We believe in a world where everyone can love later life and we work every day to achieve this. We help more than 5 million people every year, providing support, companionship and advice for older people who need it most. The Age UK network includes Age UK, Age Cymru, Age NI and Age Scotland and around 150 local Age UK partners in England. Learn more at [www.ageuk.org.uk](http://www.ageuk.org.uk)

*'How important it is for all of us that the services we depend on feel safe and welcoming. Unfortunately, for many older people who are lesbian, gay, bisexual or transgender, living through far less enlightened times has meant it is all too easy to expect the worst. This guide offers practical advice on being the kind of service in which older LGBT people can feel safe to be themselves. As well as the bigger issues, it stresses that it is often the simple things that make a difference – being aware, using inclusive language, not making assumptions. I hope it will be widely used.'*



**Miriam Margolyes OBE**  
Actress and Age UK  
Ambassador

# Contents

Introduction	04
LGBT identities	06
Coming out	08
Why this is an important issue	10
The obstacles to good practice	14
What you can do to make a difference	18
The law	24
Getting started: checklist for good practice	28
Closing thoughts	32
Appendix: case studies for discussion	33
Useful resources	38

# Introduction

## **Can you imagine what it would be like to...**

- Spend your childhood feeling different but not knowing why?
- Talk about a romantic weekend without ever mentioning your partner's name or gender?
- Be given electric shock treatment or medication that makes you vomit to 'cure' you of your love for someone?
- Never hold hands or kiss in public because you might be beaten up?
- Have to hide books, clothes, photographs or DVDs when you have a visitor to your home?

Welcome to the reality of many people who are lesbian, gay, bisexual or trans (LGBT), particularly those who were born before 1950.

## Who is this resource for?

This resource is written for anyone working or volunteering in health, social care or the voluntary sector who would like to support older people who are lesbian, gay, bi or trans. It will also be helpful for training providers to ensure courses integrate discussions and scenarios relating to the needs of people who are LGBT.

If you are keen to find out more about what you and your organisation can do to help make a difference, please read it and share with others.

## Equal but different

Many services assert that they will of course 'treat everyone the same' regardless of sexual orientation or gender identity. Yet these well-meaning words critically miss out that it is through recognising and giving regard to difference, in a positive way, that services can distinguish themselves.

What most lesbian, gay, bisexual and trans people want is simply to be respected for who they are – equal to heterosexuals and non-trans individuals, but with distinct identities and needs. Some needs will relate to being lesbian, gay, bisexual or trans while some might be related to other interests and preferences in their lives.

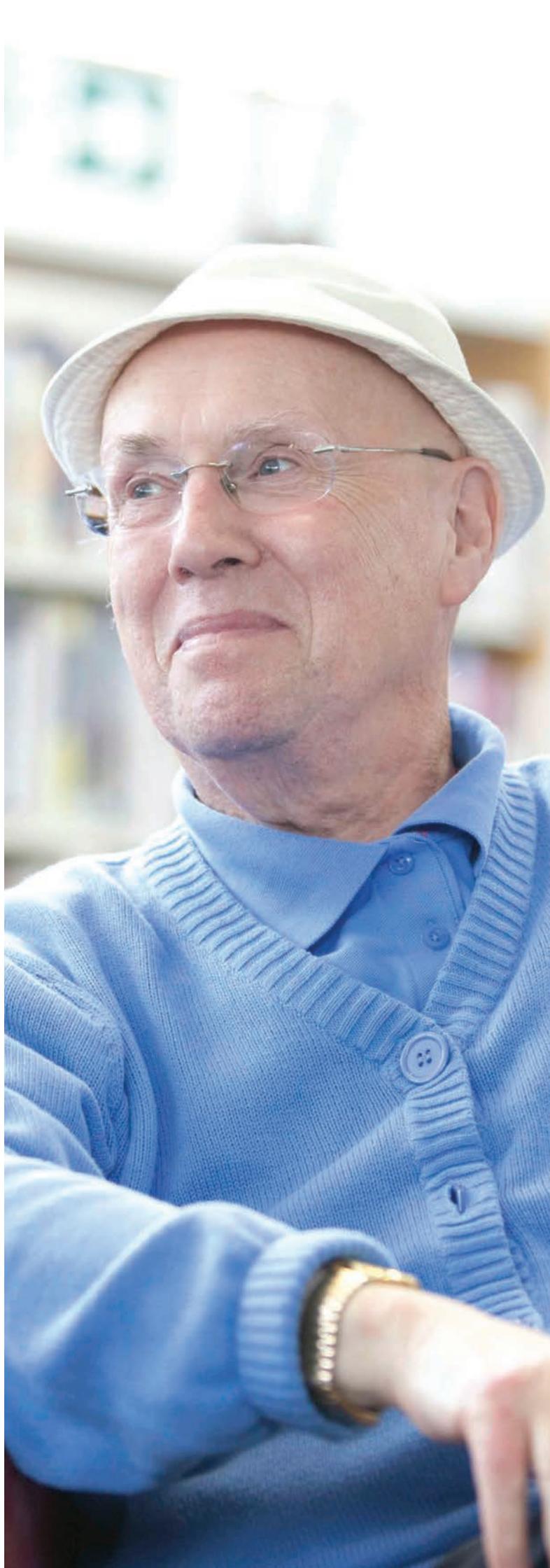
*'I think sometimes they think you are some kind of alien or an exotic species! I watch Coronation Street and enjoy walking my dog just like a lot of other people!'*

### Eve

This resource highlights why being LGBT continues to be important in terms of person-centred care and support. It outlines some of the popular myths that get in the way of progress and gives an overview of the legislative framework that has changed so dramatically in the last ten years.

'Safe to be me' also offers a comprehensive checklist of good practice pointers that can help organisations translate positive intentions into achievable actions.

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# LGBT identities

**The words people use to describe themselves are many and various. It is important to try and find out how people talk about themselves and to check they are comfortable with you using those words as well.**

## **Who is trans?**

Transgender and trans are inclusive terms to describe a range of gender identities, including people who intermittently cross-dress, non-binary (gender identities that are not exclusively masculine or feminine and are thus outside the 'binary' of male and female) and transsexual people (those who identify as a different gender to the one they were assigned at birth). We use the term 'trans' throughout this resource as it is the term most used by the trans community.

Trans man describes someone assigned female sex at birth but who identifies as a man. Likewise, trans woman describes someone assigned male sex at birth but who identifies as a woman. It's worth noting, however, that unless a person's trans history is relevant to the discussion, she or he is very likely to wish to be referred to simply as a woman or a man.

## **Who is bisexual?**

Bisexual, or bi, people are attracted to both women and men. Being bisexual is about identity rather than behaviour, so it isn't necessary for someone to have acted on their attraction to another person.

It is not unusual for older people who are gay or lesbian to have been married to someone of the opposite gender in their earlier life and then come out as gay or lesbian. However, some may still describe themselves as bisexual in recognition of the fact that their marriage or earlier relationship was still significant.

Some bisexual people can feel that they don't entirely belong in either heterosexual or gay 'worlds', which can lead to self-censorship in different social groups:

*'A lot of people of my age were married in our 20s and have children. In most gay circles this goes down quite badly... I feel I have to keep the children and grandchildren secret.'*

**Member of Opening Doors London**

## Who is gay?

The word gay is used by, and to describe, both men and women but is more commonly associated with men. It has been used since the 1960s as a way of distancing oneself from the suggestions of abnormality and illness associated with the rather clinical term 'homosexual', which is still usually avoided by people. There is some debate as to its origins (including being an acronym of Good As You!).

## Who is lesbian?

The word most often used as a term of self-description by women is lesbian, though some women prefer gay. It is derived from Lesbos, the name of the Greek island on which the lyric poet Sappho lived, whose love poems to other women have made her an enduring lesbian icon.

## Other terms

You may hear the word 'queer' being used by some LGBT people, and some lesbian women prefer the term 'dyke'. Though reclaiming these previously derogatory words is important for some people, they won't feel comfortable to everyone and may cause offence, especially to those who remember their abusive use.

Some older LGBT people don't like to use any terms directly associated with sexual orientation, in large part because of the need to be guarded in a climate of secrecy. So terms you might hear include 'women like us' and, for men, the light-hearted 'friends of Dorothy' (referring to Judy Garland, an iconic figure to many gay people, in *The Wizard of Oz*).

## If in doubt, ask

If you aren't very familiar with any of this terminology, you may be concerned about inadvertently offending someone and it can be stressful knowing whether or not you are using the right words.

With all terminology, the best advice is to take a lead from the individual you are working with, and don't be afraid to ask directly if you are in any doubt:

*'Are you comfortable with me using the word lesbian/gay/bi/trans in relation to you?'*

## Don't assume lesbian, gay, bisexual and trans older people are one group (or that they will all get along!)

As with any group of older people, there will be as much that distinguishes LGBT people as unites them as a group. Whilst people may share a history of being excluded or made to feel invisible by wider society, there are also differences to be aware of.

For example, some gay men and lesbian women prefer single gender rather than mixed groups and, regrettably, unease with bisexual or trans people is also not uncommon in lesbian and gay groups.

If someone is black, Asian or from another minority ethnic community, they may have a different experience of being older and LGBT and face different challenges because of their culture or faith. Perhaps the majority white LGBT community speaks for experiences they cannot relate to. Or, at its worst, prejudice and discrimination may be multiplied.

Above all, it is important to remember that other sources of social identity and inequality also matter to older LGBT people.

## How do we identify LGBT people in our service?

The short answer is that you can't just 'spot' an LGBT person. Many stereotypes exist, so you might expect to be able to identify someone who is gay, lesbian, bi or trans, but most people's sexual orientation or gender identity is not obvious. And ageist assumptions can mean anyone with grey hair is assumed not to have a sexuality at all. Yet when people age and are in need of sensitive individualised care and support, this aspect of their identity can be critical to ensuring they feel safe and understood. This resource explores how services can create an environment in which people can feel safe to be open about who they are – on their own terms, if and when they want to.

# Coming out

## When did you 'come out'?

The expression 'coming out' is used to describe people being open to others about being lesbian, gay, bisexual or trans. Some people might assume that coming out is a one-off event, whereas in fact it is a life-long process of many different small and big decisions for the majority of LGBT people. Importantly, it starts with *coming out to yourself*. For some this will be at a young age, for many it is in their teens or early twenties, but there are others who realise relatively late in life. A bisexual person might have relationships with people of different genders at various stages of their lives, which might involve coming out repeatedly.



Some people decide never to tell some family members, or even some of their friends, and so inevitably **juggle the stresses of leading a 'double life' or even multiple lives.**



Photo © Sharon Kilgannon, Alonglines.com

### Who, when and how

There are decisions to be made about when to tell and whom people choose to know about their identity – friends, family, neighbours, employers or work colleagues for example. Some people decide never to tell some family members, or even some of their friends, and so inevitably juggle the stresses of leading a ‘double life’ or even multiple lives. For those who are religious, and for people from different cultures, there can be additional pressures related to being accepted within their community and whether or not to be open in that context.

### Daily dilemmas

Coming out can be a conscious and considered decision to tell people you are lesbian, gay, bi or trans. But, much more commonly, it is about deciding whether or not to answer a question honestly. Consequently, all LGBT people face frequent, sometimes daily, decisions about coming out, particularly if they are in contact with more health, social care and support services as their needs change. Do I mention the gender of my partner? Is it OK to ask for a double bed? How honest can I be when answering sexual health questions?

‘Coming out’ is an issue heterosexual and non-trans people are unlikely to have ever considered from their own perspective. When you belong to the accepted majority it can be hard to imagine the possibility of a hostile response to telling someone you are married to a person of the opposite sex!

# Why this is an important issue

**Whether you know it or not, there will be LGBT people using your service either now or in the future. Because you cannot immediately see someone is lesbian, gay, bisexual or trans, many older LGBT people remain ‘invisible’ as far as statistics are concerned. But this doesn’t mean they don’t exist.**

## **Prejudice and intolerance still exist**

It can be hard to imagine the level of hostility and exclusion experienced by the generation growing up before the late 60s, but the quotes below remind us of their perspective:

*‘Remember, we started out life as ‘criminals’. Homosexuality was illegal till 1967 so many of us lived in fear of being caught, losing our jobs and even our families. Though I think Mum always knew deep down, it was never talked about and that’s how we all just got on with life.’*

### **Joseph**

*‘My father sent me to a psychiatrist for shock treatment to try and cure me of my feelings for other ladies. I was shown all these pictures of hunky men in leather to try and convert me – the same pictures were being used to show to homosexual men to try and turn them off! It didn’t work of course!’*

### **Hyacinth**

Similarly, it can be easy to assume that LGBT people now don't experience discrimination. But the reality is that many lesbian, gay, bisexual and trans people still find themselves in situations where they are treated with disregard, disrespect and sometimes overt prejudice:

*'My partner and I had been together for 25 years when he was diagnosed with Alzheimer's. When he went into hospital I kept on telling them that I was his partner, but they moved him into residential care without asking me. I phoned up to see how he was and he wasn't there.'*

**Bill**

*'I lost my job as a manager in a freight company because I was reprimanded for using the women's toilets, despite my having lived as a woman for some time. My bosses brought me into the office and said "I hope you're not going to decorate the forklift pink and wear high heels. We don't want you making our company into a circus".'*

**Shauna**

Sometimes difficulties arise from lack of awareness rather than deliberate intent:

*'When I visited Jean in the care home, she was always sitting in the main lounge with other residents. This made it more awkward for me to hold her hand or give her a cuddle. I didn't feel confident enough to ask the staff to move her to her own room so we could be alone for a while. I felt like I was in a goldfish bowl with all eyes and ears on us.'*

**Hannah**

## Greater need but less confidence

A 2010 YouGov survey commissioned by the LGBT campaigning organisation Stonewall compared the experiences of just over a thousand heterosexual and a similar number of lesbian, gay and bisexual people over the age of 55 across Britain. It found that lesbian, gay and bi people are more likely to be single and to live alone and less likely to have children or see family members.

Lack of support from conventional family can lead to greater dependence on statutory or voluntary health and care services. Yet 61 per cent of LGB people in the Stonewall survey were concerned about whether those services are properly able to meet their needs. And one in six lesbian or bi women and one in nine gay or bi men reported discrimination, hostility or poor treatment because of their sexual orientation when using GP services.

A later 2015 survey from Stonewall highlighted the extent to which homophobia and transphobia are present in the NHS, with *'up to 25 per cent of patient-facing staff having heard colleagues making homophobic, biphobic or transphobic remarks'*.



*'My father sent me to a psychiatrist for shock treatment to try and cure me of my feelings for other ladies.'*

Being a **progressive and sensitive service provider** is also a step towards being a good employer.



### **There will also be lesbian, gay, bisexual and trans staff in your service, either now or in the future**

A positive approach to LGBT service users also offers reassurance to LGBT colleagues who may be anxious about being open about their sexual orientation or gender identity in the workplace. Being a progressive and sensitive service provider is also a step towards being a good employer.

### **The developing legal framework**

Lesbian, gay, bisexual and trans people now enjoy greater recognition and equality in law than at any time in history (these changes are outlined on page 24). Your service can demonstrate that it is up-to-date with current legal requirements and we hope this will be a timely resource to encourage and support this important process.

### **People need to feel safe and secure**

‘Safety’ and ‘security’ are often interpreted as meaning physical safety or security. However, psychological safety is equally important for a person who has experienced prejudice in the past and may automatically anticipate negative reactions in new situations. This can be especially true of an LGBT person living with dementia or who is very dependent on others for aspects of their care.

### **Professional conduct guidance**

Guidance in relation to professional conduct and health and social care training all reinforce the importance of promoting anti-discriminatory approaches. And while requirements, qualifications and systems inevitably change over time, equality and diversity issues and respecting people as individuals will always be a constant, whether someone is starting out in a profession or undertaking continuing professional development.

There is a risk that these become ‘tick box’ exercises, but training in this area can be made more meaningful by looking at real people and real situations. The stories and quotations used throughout this resource, which include older LGBT people talking about their lives and what matters to them, can all be used to prompt discussions and encourage staff to reflect on what they can do to improve their own practice.



# The obstacles to good practice

**One of the biggest single barriers to good practice in care for older LGBT people is the notion that sexuality no longer matters in old age. As the myths and issues below reveal, being lesbian, gay, bisexual or trans embraces many different aspects of a person's sense of self, irrespective of age.**

## **It's not just about sex**

Being lesbian, gay, bisexual or trans is about more than your sex life or whether you are in a relationship or not. It shapes the way you have experienced life, your interests, likes, dislikes, humour, family, friendships and attitudes. It might also inform the books you read, films you watch and music you enjoy. It is therefore a part of assessing a person's social interests, important relationships and cultural needs. A care plan that neglects to include this huge part of a person's individuality is incomplete and is likely to fall short of meeting that person's needs.

*'If I didn't have sex with another woman for the rest of my life, I would still be a lesbian. It's as integral to who I am as my identity as a mother, the job that I do and the beliefs I hold dear. It's not the whole of me, but it is a big part!'*

**Caroline**

## But sex can be important too

The prevalent ageist assumption is that older people are no longer sexual beings. Sexuality and intimate relationships are topics that are often avoided or disregarded and it is not uncommon for sexual needs never to be mentioned in a care plan, apart from where they are perceived as problematic. Very rarely is sexuality presented as a positive aspect of a person's individuality.

## 'It's none of our business'

Some professionals regard being LGBT as 'not relevant' because they reduce it simply to knowledge about whom someone has or used to have sex with, something they argue they would not ask or need to know about heterosexual people in the context of health or social care.

What 'none of our business' can mean in practice is 'I'm not interested in you as a whole person, your partner/your friends/your history'. In other words, the attitude that someone's sexual orientation is a private matter can be an excuse for not considering it as an important part of holistic care.

## 'We don't have any gay people so it isn't an issue for us'

This is a common belief that is unlikely to change until we create an environment in which more people are able to be open about being gay, lesbian, bisexual or trans. It is also easy to make assumptions which can increase the invisibility of LGBT people:

*'Because she had been married and had three children, it never even occurred to me that she might have had a relationship with another woman.'*

**Marek, home care worker**

*'By putting a tick in the 'single' box under 'marital status' on Bill's admission form, it was like I had dismissed his entire romantic and sexual history with one strike of my pen.'*

**Tracey, care home manager**





By showing interest and regard for the significance of the relationship, **you are giving a positive message** that can help a person open up.

### **'I don't know how to bring up such a personal subject'**

Our own anxieties about asking personal questions can also sometimes prevent professionals from finding out whether someone is lesbian, gay, bisexual or trans.

*'I wasn't sure when Bee first came to the carers support group whether he was a man or woman. He was dressed like a man but had no facial hair and quite a high voice. Some of the things Bee talked about suggested that he had been treated badly in other groups. I then plucked up courage to ask him to tell me more about his life and reassured him that our group was welcoming of everyone. Eventually, he began to trust me enough to tell me he had been living as a man for three years.'*

**Bola, carers' group coordinator**

If someone is living with a person of the same gender, but you are not sure if it is a romantic relationship or a friendship, it can be hard to know how to find this out. Try and find ways of encouraging the person to tell you more, without necessarily asking a direct question. You could ask, for example, 'Have you lived together a long time?', 'When did you meet?' or 'You obviously mean a lot to each other'. By showing interest and regard for the significance of the relationship, you are giving a positive message that can help a person open up.

### **'Are you a relative?'**

Health, care and support services can place undue emphasis on conventional biological families, with common questions such as 'Are you a relative?' The phrase 'next of kin' is also still commonly used and, though it has no legal meaning, it is generally assumed to imply someone related by blood or a spouse.



### **So who is family for LGBT people?**

Some older LGBT people have had to cope with being rejected by their birth family. Many create their own families and provide life-long support for one-another. You might meet someone, for example, who provides care for an LGBT friend and views them as family. It's important to be sensitive to and respect these relationships, which are likely to be significant as a person ages and needs more support.

This might be particularly important when considering who is permitted to visit a person outside set visiting times in hospitals or care settings, or who is involved in end-of-life care decisions for example.

It is also not uncommon for blood relatives of an LGBT person to become suddenly more involved towards the end of a person's life, when they have had very little contact or relationship in previous years. And they are often given more regard than the lover or friend, who is in reality much closer to the person but has no recognised status.

Health and social care professionals need to be guided strongly by the views and wishes of the person themselves. And rather than using terms like 'next of kin', you could ask who it is the person feels closest to and would like to be involved in decisions or information about their care needs.

# What you can do to make a difference

## **The manager as the key to change**

The most significant influence in any service is the leadership of the manager and the ethos that they promote.

*'The most civilised manager set the caring tone of the nursing home. He even offered to put up a bed in my partner's room occasionally so that I could spend the night with him. It was clear that we were being treated with respect as a gay couple. The manager and two of the staff came to the funeral.'*

**Jim**

*'If you have a good aware person in charge, she won't only raise issues like this as a 'tick box' exercise, but will create opportunities to talk about them at other times... and to help things along a bit.'*

**Ruth**

Many of the suggestions for change offered here do not require significant budgets or huge amounts of time investment. They do, however, need a manager who has the commitment to look afresh at aspects of the way things are traditionally done, and to lead by example with confidence and clarity, even in the face of resistance.

### Start by looking at yourself and your own attitudes

Have you taken time to consider your own attitudes to lesbian, gay, bisexual or trans people, and in particular older people? It is important to do this before looking at organisational changes or developing your staff team in this area.

The following questions are offered to invite you to think through some of your responses to certain situations. It might be useful to do this as an exercise with another colleague or friend with whom you feel comfortable, in order that you can discuss it afterwards.

The questions could also be used as a discussion tool for a training session or staff meeting. If you are lesbian, gay, bisexual or trans yourself, it is still worth considering questions 2, 3 and 4 as you may not have thought about how you would respond in a professional capacity.

1. A gay colleague invites you to meet him/her in a gay pub for a drink. Do you feel:

- a) totally relaxed about this
  - b) a little apprehensive – you wonder what it is going to be like
  - c) you would rather not go as you think people might assume you are gay?
- .....

2. You are visiting an older man at home when he breaks down in tears. He tells you that although he was married for over 40 years, he has always known he was attracted to men and he feels he has lived a ‘terrible lie’ and betrayed his wife whom he still loves dearly.

Do you:

- a) offer him a cup of tea and try and change the subject as you don’t know how to handle it
  - b) remind him that his marriage to his wife should be the most important thing
  - c) spend some time talking to him about these feelings, acknowledging that recognising his gay identity doesn’t have to negate all aspects of his relationship with his wife?
- .....

3. An unmarried woman living in your care home has developed a very intimate friendship with another female resident who is widowed. One afternoon you go into one of their bedrooms to deliver a letter (after knocking and assuming the room was empty) and find them cuddling on the bed. Do you feel:

- a) embarrassed that you have intruded on their privacy and leave discreetly
  - b) a little shocked, though you are conscious this is partly your unfamiliarity with older residents expressing sexual feelings generally
  - c) appalled that the friendship has ‘gone too far’ and consider making a safeguarding referral?
- .....

4. One of the tenants in your supported housing scheme called Simon has been seen by other tenants going out in the evenings dressed as a woman. Other tenants are gossiping and increasingly ignoring him. When you talk to Simon, he tells you he has identified as trans, and cross-dressed in private, for many years and now wishes to live permanently in his true gender identity as Serena. Do you:

- a) advise Simon that it is probably better to change accommodation to avoid negative reactions from other tenants
- b) pretend that you aren’t shocked but go and tell a colleague as you need to talk to someone
- c) thank Serena for sharing this with you, admit that you don’t know much about trans issues and ask what you can do to support her and address other tenants’ attitudes?

### After doing this exercise...

Take some time to think about how easy or difficult you found it to answer these questions. Don't give yourself too hard a time if your immediate response wasn't as open-minded as you had expected! The most important thing when considering these issues is having the honesty to look critically at yourself.

If you are discussing the possible answers with a colleague or in a staff team, try to create a safe environment for people to discuss their different responses without being judged too harshly. Attitudes are more likely to shift if workers are able to talk openly and learn from others in the group.

### Challenging prejudice

How many times have we all allowed a prejudiced comment to pass because we are unsure how, or even whether, to confront it? If we are in a group situation we might assume there are no LGBT people present and let it pass because *'there is no one here who will be offended'*. Conversely, if an LGBT person is present, we might think it's up to them to respond. Or perhaps we simply don't have the confidence.

However, the starting point is that everyone needs to take responsibility when hurtful or derogatory comments are made, whatever their ethnicity, gender, sexual orientation or position. It is essential that heterosexual and non-trans colleagues challenge LGBT prejudice, even if an LGBT person shrugs it off because they're *'used to it'*.

### What about other service users' and visitors' attitudes?

Service providers frequently raise this problem. Quite apart from the perceived difficulty of challenging someone who is a private individual, there is a tendency to assume that you are less likely to be able to change the attitude of an older person simply because *'attitudes were different then'*. But service users and visitors have an equal responsibility to treat others with respect, and older people are no exception, so it is important to set a standard as a service that you will not let negative comments or attitudes go unchallenged.

### A team approach – good practice in action...

*'We found that after we took a stronger approach as a staff team when Mrs H made comments about "those awful queers", some of the other day centre members used to tick her off too. One of the women told me in confidence that her brother had been "that way" and it upset her to hear those hurtful comments. Mrs H did stop after a while, because she knew she was not going to get away with it. One of our colleagues, who is a lesbian herself, really appreciated that we took this on as a whole team. It made her feel more comfortable at work too.'*

**Jacob, day services manager**

### Finding the right response

It's worth taking some time to understand the different ways to intervene, from a clear reminder of the 'rules' to inviting people to think about their attitudes.

There are times when a **clear authoritative stance** is necessary, when someone has used a very offensive word for example:

*'It is not acceptable to make hurtful comments about people in this organisation.'*

*'Whatever your personal opinions, we will not tolerate prejudiced language while using our service.'*

This is not always easy to do, however, particularly when you are in a person's own home, where you are a visitor and have less authority. But there are other less confrontational ways of intervening.

You can ask the person to **think more about what they have said**:

*'What makes you believe that to be true?'*

*'Is there something about gay people that makes you feel upset or angry?'*

*'After a number of nasty comments in our home about gay people, I had the idea to invite our local LGBT community choir to sing Christmas carols... The impact was extraordinary – for the first time, many of our residents saw 'ordinary people' rather than the stereotypes they'd always believed.'*





Looking at longer-term change in attitudes and behaviour, it's important to **create opportunities for people to learn**, develop and take their own initiative.

You can **provide factual information** – explaining that a particular term is hurtful or correcting a statement with a known fact:

*'I know that used to be an acceptable word, but it can be very hurtful to people too.'*

*'Being gay and being a paedophile are totally different things you know.'*

A quick response, such as the above, is unlikely to change entrenched attitudes in one go. But it is an important starting point and, crucially, an indication from the outset that prejudiced behaviour will not pass unchallenged.

Looking at longer-term change in attitudes and behaviour, it's important to create **opportunities for people to learn**, develop and take their own initiative. For example, services can increase the visibility (and sheer ordinariness!) of minority communities by involving them in the life of a centre or a home:

*'After a number of nasty comments in our home about gay people, following a newspaper article, I had the idea to invite our local LGBT community choir to sing Christmas carols with our residents. I explained the situation to the choir members, of course, but they were up for it (it turned out a number of them had relatives living in care homes). The impact was extraordinary – for the first time, many of our residents saw 'ordinary people' rather than the stereotypes they'd always believed. The nasty comments didn't all stop straight away, of course, but after that delightful afternoon it was now other residents who joined in the rebuttals.'*

**Lindsey, care home manager**

*'Our older people's day centre decided to offer meeting and social space to a local older gay men's group. Basically, a lunch table in the café was reserved for the group every Friday and it was attended by about a dozen older gay men. We didn't want to 'announce' that this was a gay group but, as word got out, there was a discernible wariness from some of our regulars, though no outright hostility. However, over time, introductions were made, people began to banter and a lot of the gay men started joining in the centre's regular quizzes and entertainment. At the same time, the big table of gay men became even bigger, with any empty seats often being taken by other centre regulars – the general laughter and fun from 'the gay table' being much livelier!*

*One of the lovely things for us is that, by word of mouth, we now have a great reputation for being a very gay-friendly service.'*

**Joe, day centre coordinator**

*'We had a volunteer recruitment drive a while back and were approached by a lovely young person, Sam, who described themselves as non-binary. This was a new one for me but I discovered it means someone who doesn't identify as either a man or a woman. Sam was great, and very open, with the older people in our service, who weren't backward in asking very direct questions like "Sorry for asking dear, but are you a boy or a girl?" 'Non-binary' actually became part of their vocabulary and I shall never forget the day I heard one of our lunch club regulars explaining it to one of the newbies. It was a pleasure to be able to give Sam a glowing reference for a job application.'*

**Frankie, lunch club coordinator**

### **Positive individual care planning**

There are many different ways of acknowledging, respecting and affirming someone's LGBT identity and their feelings of self-worth:

*George likes to chat to other gay men through internet sites and therefore needs private access to a computer.*

*Bet loves watching the films Desert Hearts and Bound, which are kept in her bedside cabinet.*

*Eric still enjoys a sexual relationship with his boyfriend Charles, so when there is a 'Do not disturb' sign on the door this should be strictly respected.*

*Tom, who is a trans man (female to male), appreciates help from female care staff to attend gynaecology check-ups as he still has a womb.*

### **Actions can speak louder than words**

There may be times when a person has not expressly stated that they are LGBT, but the staff team can demonstrate their support through affirming a person's life experiences, as the following example powerfully illustrates:

*Alice came into a care home following the admission to hospital of her long term companion, another woman, who subsequently died. Alice was supported by the home to attend the funeral and the manager went up to her room afterwards to offer her a glass of wine and time to talk about her loss.*

*Alice has never explicitly said this was a lesbian partnership, and because she was a very private person, the home manager did not want to probe too much. However, in respect to her story, the home has done a life story book for Alice, which includes many pictures and memories of the woman she shared her life with. The home manager says that Alice, who is now very frail, does not talk very much but still comes to life when her book is opened. The whole staff team are aware of Alice's precious relationship and the manager thinks that her colleagues have a generally positive attitude, following the clear lead she has given in affirming this part of Alice's identity.*

**Knocker, S, Perspectives on ageing, 2012**

### **But words can also be really important**

Sometimes people can feel awkward when a person talks to them about their sexual orientation or gender identity and respond by avoiding or changing the subject:

*Raj mentioned to his GP during a consultation that he was gay. She said 'mmm' noncommittally, avoided eye contact by looking at her computer screen and just appeared a little embarrassed. Raj said that it would really have helped put him at ease if the GP had responded by acknowledging him more. She could have done this in a number of ways: 'Thank you for sharing this. I appreciate it can be hard to be open about being gay when you don't know people's attitudes' or 'Are you happy for that information to be included in your records, or is this something you just want to be kept between ourselves?'*

# The law

**Lesbians, gay men, bisexuals and trans people now enjoy greater recognition, equality and protection in law than at any other time in history. This developing legal framework both increases the importance of services moving in line with change and creates opportunities to demonstrate to potential lesbian, gay, bisexual and trans users that services are inclusive.**

## **The Equality Act 2010**

The Equality Act 2010 replaces the previous anti-discrimination laws with a single Act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it. It also strengthens the law in important ways to help tackle discrimination and inequality, and has the potential to secure greater fairness and equality for older lesbian, gay, bisexual and trans people across Britain.

## **Who has responsibilities?**

The Act applies to all organisations that provide a service to the public or a section of the public. It also applies to anyone who sells goods or provides facilities. It applies to all services, whether or not a charge is made for them.

## **What does the Act cover?**

The following 'protected characteristics' are covered under the Act:

- Age
- Being or becoming a transsexual person
- Being married or in a civil partnership
- Being pregnant or on maternity leave
- Disability, including physical and mental impairments
- Race, including colour, nationality, ethnic or national origin
- Religion, belief or lack of religion/belief
- Sex
- Sexual orientation

## What the law prohibits

Here are some examples of the different kinds of conduct that are prohibited under the Act:

- **Direct discrimination:** a same-sex couple are refused a double room in a residential care home because the manager disapproves of homosexuality.
- **Association and perception:** a heterosexual woman is shunned at her local community centre because she is assumed to be lesbian, having been seen at an LGBT Pride event with her friends.
- **Indirect discrimination:** a nursing unit's strict 'family only' visitor policy when someone is very ill risks disadvantaging older LGBT residents, who are more likely to be single and estranged from biological family.
- **Harassment:** a worker makes hostile remarks about trans women that everyone can hear, creating an intimidating environment.
- **Victimisation:** a gay man complains that other members of the day service have made offensive remarks about him. When he volunteers to show a new member the ropes he is refused 'because he's a trouble-maker'.

## And what the law requires

The Public Sector Equality Duty was created as part of the Equality Act 2010, with the purpose of integrating equality and good relations into the day-to-day business of public authorities. Previously, the emphasis of equality legislation was on rectifying cases of discrimination after they occurred, not preventing them happening in the first place. The equality duty places an obligation on public authorities (and, importantly, those performing public functions, such as a private care home providing care on behalf of a local authority) to positively promote equality, not merely to avoid discrimination, by:

- Eliminating unlawful discrimination and harassment.
- Advancing equality of opportunity.
- Fostering good relations between different groups.

## Some other changes

- **Positive action:** service providers may take proportionate steps to help people overcome disadvantages, to meet their needs or to enable them to take part. This could be supporting an LGBT residents' group, for example.
- **Charities:** special rules allow charities to provide benefits only for people with a particular protected characteristic, provided the charity acts on the basis of its charitable instrument, i.e. the document that set it up.

## What do you need to do?

- Make sure your staff are aware of the Equality Act provisions.
- Review your equality policies and make sure they cover all relevant protected characteristics.
- Consider whether there are any groups not well represented among your service users and whether you could use positive action to encourage them.

### The Human Rights Act

The Human Rights Act is a piece of UK legislation that protects our human rights. It was passed in 1998 with the intention of ensuring that our rights are incorporated into the heart of UK law. This means all *public* organisations and institutions have an obligation to respect everyone's human rights (though since the introduction of the Care Act 2014, the Human Rights Act applies to all registered care providers, not only services provided by public bodies). Some of the ways in which the Act is particularly relevant to LGBT rights are:

- Human rights legislation helps protect LGBT people from discrimination and poor treatment when using services and when working.
- LGBT people can start a family, get married and share their lives with the people they love. Human rights legislation protects those rights and means the state can't discriminate in the way people enjoy them.
- Human rights legislation paved the way for the Gender Recognition Act, providing rights for trans people in this country.
- LGBT people should be able to walk down the street without fear of abuse, hate or violence and be free from bullying at work and at school.



All public organisations and institutions **have an obligation to respect everyone's human rights.**



## Other recent changes in the law

It's important to be aware of just how recent the positive legislative changes for LGBT people have been. For older people, this has meant a lifetime living on the fringes of, or even outside, the law, with all its attendant fear, exclusion and intimidation. So while we celebrate our new freedoms, it is also important to remember that being open, developing trust and feeling safe can still be hard for older LGBT people.

## Protection of Freedoms Act 2012

The Act allows men with historic convictions for consensual gay sex to apply to have them removed from their criminal record. Many gay men who were unfairly convicted of these offences have been put off from volunteering, fearing they would be revealed in Disclosure and Barring Service (DBS) checks.

## Goods, facilities and services

As recently as 2006 it was perfectly legal for businesses or service providers to treat LGB people unfairly, such as refusing a same-sex couple a double bed in a hotel or a service turning down a lesbian or gay client. The Equality Act 2006 (a precursor to the Equality Act 2010) finally made it illegal to discriminate against lesbian, gay and bisexual people in the provision of goods and services.

## Civil partnership and marriage

The Civil Partnership Act came into force on 5 December 2005. The Act created a new legal relationship of civil partnership, giving legal recognition to same-sex couples for the first time, with a wide range of rights and responsibilities similar to marriage. Same-sex marriage followed in 2014. Civil partnership remains for same-sex couples and any couple already in a civil partnership may convert that partnership into a marriage if they wish.

## Gender recognition

The Gender Recognition Act of 2004 gave legal recognition to trans people in their affirmed gender for the first time. A Gender Recognition Certificate (GRC) has to be applied for and, if granted, enables someone to get a birth certificate in their true gender. A GRC gives the trans person enhanced privacy rights – this means that great care must be taken by all official bodies to ensure they do not disclose that the person is trans without their express permission.

## Section 28

Section 28 was repealed in 2003. It was an offensive and unnecessary piece of legislation enacted in 1988, which banned the 'promotion' of homosexuality and stigmatised the lifestyles of gay and lesbian people. In 2009, then Conservative leader David Cameron offered a public apology for section 28, condemning it as 'offensive to gay people'.

## Homophobic violence

In November 2002, the Crown Prosecution Service launched a Public Policy Statement aimed at combating homophobic violence. The statement gave a strong message that homophobic crimes are not acceptable, incidents should be reported and those responsible will be prosecuted.

## Age of consent

In 1994 the age of consent for gay men was reduced from 21 to 18, and then to 16 in 2001 (for lesbians, the age of consent has always been the same as for heterosexuals).

## The Armed Forces

In 1991 the Conservative government undertook to cease criminal prosecutions against gay men in the armed forces.

# Getting started: checklist for good practice

**This resource aims to increase understanding and to make the case for health and social care professionals to be more pro-active in supporting LGBT people.**

However, it is not always easy to know where to start in this process. The following checklist offers some practical ways of putting principles into practice. It proposes a range of interventions to consider, rather than a list of must-do actions. You may wish to use it as a discussion tool in teams and as a way of identifying individual and organisational action or development areas. The checklist starts with individual goals, as this is where any good change process needs to start.

Demonstrating personal awareness and commitment	Yes	No	Partly
<b>1. Being open and honest:</b> I start by acknowledging my own attitudes to lesbian, gay, bisexual and trans people and that no one is without bias and preconception.			
<b>2. Acquiring knowledge:</b> I try to make time to find out more by reading or talking to people who are knowledgeable about lesbian, gay, bisexual or trans issues.			
<b>3. Responding to prejudice:</b> I try to challenge prejudiced or discriminatory comments rather than letting them pass.			
<b>4. Avoiding assumptions:</b> I try not to make assumptions about someone's sexual orientation or gender identity.			
<b>5. Valuing shared confidence:</b> if someone tells me they are lesbian, gay, bisexual or trans, I understand it is important to acknowledge and value what has been shared.			
<b>6. Gaining permission:</b> I respect someone's sexual orientation or gender identity is private until they have given permission for this to be shared.			
<b>7. Listening well:</b> I listen to the language individuals use to describe themselves and ask if I may use the same words.			
<b>8. Respecting pronouns:</b> I aim to use the name and gender pronoun 'she', 'he' or 'they' that people use about themselves (if in doubt, ask!).			
<b>9. Keeping things open:</b> if someone mentions a 'partner', I make no assumptions about their gender.			
<b>10. Respecting closeness:</b> I always check who the significant people are in a person's life and recognise they may not be biological family members.			
<b>11. Offering private space:</b> I give consideration to privacy for visiting LGBT friends and family.			
<b>12. Listening to complaints:</b> I treat people's concerns about language and attitudes seriously and understand that it can be hard for a person to make a complaint.			

Demonstrating evidence of being lesbian, gay, bisexual and trans affirming	Yes	No	Partly
<b>13. Saying it clearly:</b> we state that we welcome people who are LGBT in our materials and welcome packs.			
<b>14. Reinforcing our message:</b> we have put a symbol like the rainbow flag or an LGBT poster in our office.			
<b>15. Using the words:</b> we use the words lesbian, gay, bisexual and trans wherever appropriate in our literature.			
<b>16. Designing for inclusiveness:</b> we use diverse imagery in our promotional materials, including LGBT people.			
<b>17. Giving representation:</b> we have an LGBT champion on our board or advisory or user groups.			
<b>18. Recognising different voices:</b> we know trans or bisexual people may need their own representation and that a lesbian or gay ‘champion’ cannot necessarily represent everyone.			
<b>19. Offering a point of contact:</b> we nominate and publicise an LGBT contact person within the organisation.			
<b>20. Identifying support networks:</b> we include LGBT organisations and local support and social groups in any information on community resources.			
<b>21. Increasing visibility:</b> we include LGBT books, magazines or DVDs in our reception areas and social spaces.			
<b>22. Promoting media messages:</b> we use the LGBT media for features about our work and to publicise our commitment to welcoming people.			
<b>23. Providing facilities:</b> we offer our space to local community groups, such as an LGBT choir or social group.			
<b>24. Being sensitive:</b> we consider providing unisex facilities in addition to ‘ladies’ and ‘gents’.			

Demonstrating clear strategy and guidance on inclusion	Yes	No	Partly
<b>25. Committing to monitoring:</b> we include sexual orientation and gender identity when undertaking monitoring.			
<b>26. Ensuring confidentiality:</b> our policies include explicit reference to LGBT and guidance on if and how information about a person's sexual orientation or gender identity may be shared.			
<b>27. Tackling discrimination:</b> we have clear procedures to address LGBT prejudice and discriminatory behaviour, including by residents, customers and visitors.			
<b>28. Preventing bullying:</b> LGBT harassment, homophobia and transphobia are explicitly included in our safeguarding and bullying policies.			
<b>29. Promoting the positive:</b> we aim to reinforce being LGBT as a positive part of a person's identity and needs rather than a problem or challenge.			
<b>30. Protecting information:</b> we ensure staff are aware that it is an offence to disclose a person's trans status without their permission.			
<b>31. Investing in people:</b> we include LGBT awareness in our training and personal development plans for staff and volunteers.			
<b>32. Demonstrating inclusiveness:</b> we ensure our forms include open and inclusive questions, such as 'Who would you like us to contact in an emergency?' rather than 'Next of kin'.			

**This checklist follows a format devised by Dementia Care Matters, to enable organisations to appraise themselves and identify action areas on which to focus.**

# Closing thoughts

## How do we know when we're making a difference?

It can be hard in practice to measure social impact using hard evidence, as so much of it relates to people's experiences, attitudes, behaviours, awareness and knowledge. But as these things are the vital indicators of equality and inclusion, it's important to recognise, value and celebrate them when asking yourself this important question.

The best examples of these kinds of indicators come from the users, volunteers and staff of services we have quoted throughout this guide:

*'We found that after we took a stronger approach as a staff team when Mrs H made comments about "those awful queers", some of the other day centre members used to tick her off too.'*

*'The nasty comments didn't all stop straight away, of course, but after that delightful afternoon [with the LGBT choir] it was now other residents who joined in the rebuttals.'*

*'One of the lovely things for us is that, by word of mouth, we now have a great reputation for being a very gay-friendly service.'*

*'Alice has never explicitly said this was a lesbian partnership... however, in respect to her story, the home has done a life story book, which includes many pictures and memories of the woman she shared her life with. Alice, who is now very frail, does not talk very much but still comes to life when her book is opened.'*

## Thank you for taking the time to read this book

If you already feel that you are doing many of the things suggested here as good practice, congratulations! Hopefully, many older lesbian, gay, bisexual and trans people will be fortunate enough to find themselves using services like yours. Please consider passing on this book to others who might not have thought through some of the issues raised.

If the book has made you think again about some aspects of your approach, then it has been successful in its aim of raising awareness and encouraging service development.

If you are still hesitant about the urgency of the need to do anything because of the apparent absence of lesbian, gay, bisexual and trans people in your service, it is worth re-considering the important point made in Age UK's first LGBT resource pack:

*'It is the organisation that needs to 'come out' as LGBT friendly rather than depending upon clients to 'come out' in order to get their needs met.'*

**(Opening Doors 2001)**

*'One of the lovely things for us is that, by word of mouth, we now have a great reputation for being a very gay-friendly service.'*

# Appendix

## Case studies for discussion

The following stories bring to life many of the issues explored in this book and can be used for training or informal discussion in team meetings. Given the diversity of identity and experience within the lesbian, gay, bisexual and trans communities, there is no single representative case study. However, it is hoped they will raise a sufficient range of issues to encourage people to think about questions such as:

1. What initial feelings come up for you in response to the person's story?
2. Is there anything that shocks or surprises you about this person's experiences?
3. What barriers do you think there might be in your service to this person feeling comfortable and included?
4. What might this person particularly need from you and your organisation to help them feel safe to be themselves?

## Shauna's story

Shauna has been living as a woman for five years and speaks highly of the positive experiences she has had with services such as housing, health, social services and the gender identity clinic. Life hasn't always been easy as Shauna was married for 25 years and has a family. She has lost contact with her children who couldn't accept her decision to transition.

She explains that whilst she has experienced a lot of pain and sadness, she feels that *'You have to be a bit selfish to go on your journey and be true to yourself.'* She also lost her job as a manager in a freight company because she was reprimanded for using the women's toilets, despite the fact that she had started living as a woman. Her bosses brought her into the office and said *'I hope you're not going to decorate the forklift pink and wear high heels. We don't want you making our company into a circus.'* This was a hurtful and humiliating experience and Shauna has not been able to find equivalent work security since. She fills her time now by contributing a lot through volunteering, including setting up a new LGBT group locally.

Shauna is passionate about helping people who are trans feel more accepted in society and feels that the 'T' in 'LGBT' often gets forgotten.

*'We can be quite a shy community; what I really long for is to walk down the street and not be noticed. I don't want to stick out like a sore thumb.'*

She says it is particularly hard for trans people who look 'obvious' and that *'unless you've got thousands to spend on surgery and cosmetics (which I haven't!) you can stand out, so people will stare.'*

Shauna's advice to people who are starting out on their own journey is to find another trans person to support them or just a friend with whom you can start to explore being who you are – going out to local shops, being dressed up and making first steps. Shauna would like professionals in any services to just get to know her as a person and to feel able to ask her questions rather than avoid the subject.

Her big hope is that she can make a difference for the next generation so that it won't be so hard for others: *'You have to be brave and now I don't worry about what other people think. Though it hasn't been an easy road to take, I don't regret it.'*

## Muriel's story

Muriel is 78. When she was a girl she had a series of intense crushes on older girls but she met her husband-to-be when she was 18 and quickly fell in love with him. They got married and had three children but, when Muriel was in her early 30s, her husband divorced her. A few years later Muriel joined a women's consciousness-raising group, where she met Pat who already identified as a lesbian. Muriel was strongly attracted to her and before long they had started a relationship.

After Muriel's children had left home, they lived together for several years and became a familiar couple in the local lesbian scene. Pat developed breast cancer and, after many difficult months, she died. Muriel got a lot of support from her circle of lesbian friends and from a local voluntary organisation that supported lesbians and gay men who had been bereaved.

Some months later, to her astonishment, Muriel fell in love with a man, Colin. Her friends were very disapproving of her new relationship and gradually severed contact with her. The new relationship flourished, although Muriel recognised that she was still attracted to women too and missed her old circle of friends, especially as she was still grieving for Pat. She didn't feel able to keep using the bereavement service because she no longer seemed to count as lesbian.

In the mid-1980s, Muriel came across the idea of 'bisexuality' and started calling herself bisexual. After some years, the relationship with Colin ended amicably and Muriel met another woman Joan, and went back to thinking of herself as lesbian because that was Joan's identity and she expected this to be the final relationship of her life.

Last year Joan died and Muriel experienced some major health problems. She started receiving home care. She gets on well with one of her regular carers who asked about the photos she had up around the house of her former partners. Muriel answered honestly but is horrified to discover later that her carer has spread malicious gossip among her colleagues about her past, saying that Muriel has been sexually predatory and promiscuous.

(From *Troubles with Bisexuality in Health and Social Care*, Dr Rebecca L. Jones in *LGBT Issues: Looking Beyond Categories*, Dunedin Academic Press, 2010)

## David's story

David was born in a small rural community in Wales. He became aware of feeling different from other boys at a very young age. He fell in love with an older boy at school when he was 14 and they had a brief sexual relationship, until the other boy left school and cut off contact with him.

David trained as a teacher and left home as soon as he was able, as his family constantly talked about him 'finding the right girl to settle down with'. He was amazed to discover a whole gay world in London where he was working and began to explore the bars and clubs of the early 1960s scene. However, working in a school he often felt scared that someone would discover he was gay, and that not only would he lose his job but he could end up in court as well. On one occasion there was gossip amongst boys in his class that he was 'a queer' and he started to be more careful about going out in the evenings. He was cautioned by police, when one of the pubs he was in was raided, and he had nightmares about how he was humiliated by the police officers involved for many years afterwards.

When he was 35 David fell in love with William, who was a pharmacist, and they lived together for 32 years until William died of cancer.

William was always much more open about being gay with his family and colleagues and got actively involved with the Gay Liberation Front (GLF). However, David still pretended that he was single when he returned to his family in Wales. This meant that when William died, he received very little support or understanding from his siblings and their families and became very lonely and isolated. During the 1980s, two of David's best friends died of AIDS-related illnesses and so he had already experienced a great deal of loss at a young age.

David now has the early stages of dementia and is frequently asking for William. His closest friend Patrick, another gay teacher who has known him for over 50 years, visits him regularly. However, his sister Megan is now considered his main carer by the care manager, although she knows very little about his life.

## Angie's story

Angie comes from Manchester where she had a difficult childhood with a white father who drank too much and a Jamaican mother who struggled with three part-time jobs to raise five children.

Angie left school when she was only 15 and did various factory and shop jobs. She married at only 17 and had a son, Ben, when she was 18. The marriage was not a happy one and Angie never felt 'right' having sex with her husband but didn't really understand why. When she was 23, she developed very strong feelings for another woman at work and they began a very passionate and intense affair. The other woman was very active in the feminist movement and tried to get Angie involved in lesbian politics. However, Angie didn't particularly relate to this because she found that many of the women involved were very middle class and made her feel 'stupid' because she hadn't had a good education. She also still experienced feeling different as a mixed race woman. Angie started to dress in more masculine clothes and had her hair cut very short, but this resulted in abuse from her husband who had also started having affairs with other women. Eventually they separated, and Angie was now a single mum trying to do her best for Ben.

Angie struggled developing new relationships with women and had several periods of serious depression and self-harming when she was in her 30s. She was badly beaten up one evening leaving a lesbian bar, and police officers told her that she was 'asking for trouble' with the way she looked. Her son tended to side with his father as he was embarrassed by his mother's 'butch' appearance and was teased himself at school.

Angie saw a psychiatrist for a time and briefly returned to her strong Christian roots, asking whether she could be 'cured' of her lesbianism, as she felt quite negative about her experiences. She was fortunate to meet a very supportive psychiatric nurse who helped Angie to feel more positive about who she was. Angie got more involved in a local writing and drama group, and made some good lesbian friends. She had a relationship in her 50s with one woman for two years, but doesn't feel she is very 'lucky in love.'

Angie is now very open about her lesbianism but she still sometimes experiences prejudice from care workers coming in to her house to support her, now she is quite unwell. She says she has spent too many years feeling unhappy about who she is as a person, to put on a pretence any more. She has not seen her son Ben in nearly 20 years and wishes that she could rekindle their relationship. Angie would still love to find someone to love and to love her.

# Useful resources

## Age UK

[www.ageuk.org.uk](http://www.ageuk.org.uk)

Age UK's wide range of information and support resources includes a factsheet '*Transgender issues and later life*', an information guide '*Lesbian, gay bisexual or transgender*' and a human rights toolkit.

## Alzheimer's Society

[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Information and support for people worried about or affected by dementia, including resources for lesbian, gay and bisexual people and their carers.

## Galop

[www.galop.org.uk](http://www.galop.org.uk)

Advice and support to LGBT people who have experienced hate crime, sexual violence and domestic abuse, including a range of factsheets and resources.

## Gateway to Heaven

[www.gatewaytoheaven.co.uk](http://www.gatewaytoheaven.co.uk)

Lesbians and gay men reflect on their lives and their place in society from the 1940s to the turn of the century.

## GIRES – Gender Identity Research and Education Society

[www.gires.org.uk](http://www.gires.org.uk)

Works to improve the lives of trans and gender non-conforming people and produces a range of information and learning resources.

## Joseph Rowntree Foundation

[www.jrf.org.uk](http://www.jrf.org.uk)

An independent organisation working to inspire social change, including reports on LGB ageing and housing and support options for older LGB people.

## Opening Doors London

[www.openingdoorslondon.org.uk](http://www.openingdoorslondon.org.uk)

The biggest charity providing information and support services with and for older lesbian, gay, bisexual and trans people in the UK.

## Social Care Institute for Excellence (SCIE)

[www.scie.org.uk](http://www.scie.org.uk)

Works to improve the lives of people who use care services by sharing knowledge about what works, including a range of LGBT resources.

## Stonewall

[www.stonewall.org.uk](http://www.stonewall.org.uk)

Campaigns for the equality of lesbian, gay, bisexual and trans people across Britain and produces a range of resources and reports.

## Stonewall Housing

[www.stonewallhousing.org](http://www.stonewallhousing.org)

The specialist lesbian, gay, bisexual and trans housing advice and support provider in England, including the National Older LGBT Housing Network at [www.bonalatties.org](http://www.bonalatties.org)

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**In partnership with:**



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**The names of people who have shared their stories and quotes with us have been changed in most instances to protect their privacy.**

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