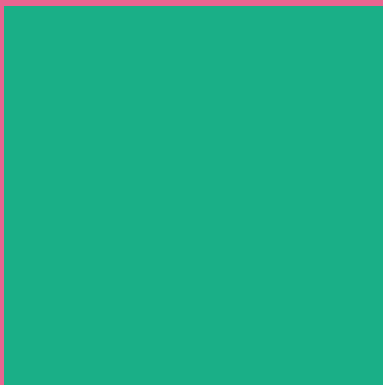


Foundations for the future:



**dementia care for
LGBT communities**

March 2017

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1 The growing need: why we must develop better care for lesbian, gay, bisexual and transgender (LGBT) people with dementia

"Generally speaking, older LGBT people tend to be more isolated because they're less likely to have children than their heterosexual counterparts; they may be estranged from their family and feel more isolated. This isolation is compounded if you also have dementia. For example, people with dementia who are moving into a care home rely even more on family to help them prepare for the move, to come in and support them and ensure staff get to know them; someone from the LGBT community may not have that same network."

Brenda Metcalfe, customer engagement manager at housing association Anchor, which runs an acclaimed LGBT advisory group¹.

Anyone can develop dementia, but LGBT people's experience of dementia support contrasts with that of their non-LGBT peers.

There are an estimated 1.2 million² older lesbian and gay people in the UK (there are no official statistics about the trans population although one estimate puts the figure between 300,000 - 500,000³), but they are rarely acknowledged by service providers or care commissioners. As the Social Care Institute for Excellence (SCIE) stresses: "commissioners and providers don't often think about LGBT people when planning and delivering services, but this does not mean that LGBT people are not using services or do not want to use services."⁴

1 Comment included in Dementia care and LGBT communities: a good practice paper http://www.nationalcareforum.org.uk/viewNews.asp?news_id=3503

Anchor housing association <http://www.anchor.org.uk/why-anchor/diversity/lesbian-gay-bisexual-trans-group>

2 Statistic included in endnotes Don't look back? Improving health and social care service delivery for older LGB users, Equality and Human Rights Commission, 2010: <https://www.equalityhumanrights.com/en/publication-download/dont-look-back-improving-health-and-social-care-service-delivery-older-lgb>

3 Trans inequalities reviewed, EHRC <https://www.equalityhumanrights.com/en/trans-inequalities-reviewed/introduction-review>

4 Working with lesbian, gay, bisexual and transgender people, SCIE Personalisation briefing 2014 <http://www.scie.org.uk/publications/ataglance/ataglance42.asp>

About this report

This publication is the final report in a series of papers produced as part of a three-year project developed to explore how care professionals can provide more appropriate support to LGBT communities. Our work is part of a wider strategic partnership involving the National Care Forum (NCF)⁵ and the Voluntary Organisations Disability Group (VODG)⁶, which both represent UK not-for-profit health and social care providers, the National LGB&T Partnership⁷, a group of leading organisations across England supporting LGBT people.

This report complements our existing publications issued since 2014, including The dementia challenge for LGBT communities⁸ and Dementia care and LGBT communities: a good practice paper⁹. Our work aims to raise awareness of this overlooked population, promote a better understanding of people's support needs and recommend approaches that offer better, high-quality provision.

The work of our strategic partnership to date will be developed by the forthcoming Health and Wellbeing Alliance¹⁰, an alliance that will have a particular focus on promoting equality and reducing health inequalities.

Partial progress

There will be an estimated 1 million people with dementia in the UK by 2025¹¹, according to the Alzheimer's Society, and dementia is a national policy priority, as reflected in the National Dementia Strategy¹². However, the National Dementia Strategy fails to include specific references to LGBT issues.

Guidelines published by the National Institute for Health and Clinical Excellence (NICE)¹³ suggest best practice advice on the care of people with dementia. These recommend health and social care staff "identify the specific needs of people with dementia and their carers arising from diversity, including gender, ethnicity, age (younger or older), religion and personal care" and "accommodate the preferences of people with dementia and their carers, including diet, sexuality and religion".

Yet prejudice still exists, despite a raft of equality rights legislation such as the Equality Act¹⁴, which makes it illegal for public bodies to discriminate on the grounds of, amongst other issues, age, disability, gender reassignment, marriage or civil partnership, sexual orientation.

Legislation such as the same-sex marriage law of 2013¹⁵ and the annual LGBT History Month¹⁶ (in 2017 marking the 50th anniversary of the partial decriminalisation of male homosexuality in England and Wales) continue to raise equality awareness, but the national debate seems to be bypassing a whole section of the LGBT community – those in later life.

5 National Care Forum <http://www.nationalcareforum.org.uk/>

6 VODG <https://www.vodg.org.uk/>

7 National LGB&T Partnership <https://nationallgbtpartnership.org/>

8 The dementia challenge for LGBT communities http://www.nationalcareforum.org.uk/viewNews.asp?news_ID=2511§or_id=

9 Dementia care and LGBT communities: a good practice paper http://www.nationalcareforum.org.uk/viewNews.asp?news_id=3503

10 Voluntary, community and social enterprise (VCSE) Health and Wellbeing Alliance
<https://www.gov.uk/government/publications/vcse-health-and-wellbeing-alliance-application-form>

11 Dementia UK report, Alzheimer's Society, 2015 https://www.alzheimers.org.uk/info/20025/policy_and_influencing/251/dementia_uk

12 National Dementia Strategy 2009 www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy See also the Department of Health's Dementia Challenge <http://dementiachallenge.dh.gov.uk/about-the-challenge/>

13 Dementia: supporting people with dementia and their carers in health and social care, NICE, updated Sept 2016 <https://www.nice.org.uk/guidance/cg42/chapter/1-guidance?unlid=2396433622016122950>

14 Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>

15 Marriage (Same Sex Couples) Act 2013 <http://www.legislation.gov.uk/ukpga/2013/30/contents/enacted>

16 LGBT History Month <http://lgbthistorymonth.org.uk/>

This is a woeful failure, particularly considering that the national health and social care agenda is meant to be driven by concepts of personalisation, collaboration, choice and control. Given these ideals, it is a gross oversight that people from LGBT communities with dementia are unlikely to be considered when care is being commissioned.

In addition, there is relatively little research about the support needs of people living with dementia from LGBT communities; this is clear from literature reviews conducted for our partnership's publications.

One major barrier in developing more appropriate care is this lack of research, as stressed by the Equality and Human Rights Commission¹⁷: "Older LGB people have been overlooked in health and social care legislation, policy, research, guidance and practice, which assume service users are heterosexual."

In a recent Adult Social Care Outcome Framework (ASCOF) LGB&T companion document¹⁸, 73% of respondents (service providers or commissioners) say that the service they provide or commission does not collect data for LGB&T service users with dementia in relation to the effectiveness of post-diagnosis care, in sustaining independence and improving quality of life.

Overlooking LGBT people in this way reflects long-standing ageist attitudes and a wider assumption, as highlighted in previous research by Age Concern, that "older people are no longer sexual beings...sexuality and intimate relationships are topics that are often avoided or disregarded"¹⁹.

Specific support

Whilst LGBT individuals with dementia share some of the same challenges as their heterosexual counterparts, many of their experiences are vastly different.

As our previous work stresses, past experiences of discrimination can make people reluctant to disclose their sexual orientation or gender identity, and can sometimes put them off using formal care and support services. Yet older LGBT people's relative isolation (they may be estranged from their families, for example) in fact increases their need for formal care services.

Discrimination, prejudice and stigma associated with gender and sexual identity, as numerous studies have underlined, can also exacerbate mental and physical health problems. Individuals are effectively subject to "triple stigmatisation" due to their sexual orientation or gender identity, their age, and their dementia²⁰.

As discussed, while people face the same health and care issues as everyone else as they age, they have specific health needs and do not want their sexuality to be questioned or judged. Challenges include people worrying about being forced "back into the closet" in later life because of the attitudes of care staff or losing their inhibitions due to dementia. Others who have previously come out feel unable to be open about their sexuality or transgender status and the anguish and confusion caused by dementia is exacerbated as people struggle to deal with negative perceptions of their sexuality or gender in residential care.

17 Don't Look Back? ECHR 2010 <https://www.equalityhumanrights.com/en/publication-download/dont-look-back-improving-health-and-social-care-service-delivery-older-lgb>

18 LGB&T companion document ASCOF <http://lgbt.foundation/policy-research/ASCOF/>

19 The whole of me, Age Concern, 2006 <http://docs.scie-socialcareonline.org.uk/fulltext/104375.pdf>

20 Dementia Action Alliance briefing http://www.dementiaaction.org.uk/news/19643_dementia_and_the_lesbian_gay_bisexual_and_trans_lgbt_population

A rights-based approach

This is why our work supports a rights-based approach to dementia; it is our view that dementia be regarded as a disability.

A recent publication involving our partnership, *Dementia: equity and rights*²¹, includes themes for individuals, carers, commissioners and service providers in relation to equity issues in dementia. As stated, the National Dementia Strategy overlooks the LGBT population, despite the fact that LGBT communities may also have other protected characteristics (the grounds on which discrimination is unlawful) that demand distinct social care support.

It has been argued that LGBT people living with dementia are marginalised in dementia studies. "Residential care provision is perceived by older lesbians and bisexual women as being heteronormative at best and homophobic at worst. Services which do not recognise, validate and support their identities will compound their anxiety, confusion and distress. This may be contrary to Equality and Human Rights legislation and UK social policies."²²

Encouraging equality

Having set out the inadequacies in the care of LGBT people with dementia and signalled positive approaches for the future, our three-year partnership programme has reached its completion. The following pages of this report draw on our work to date – work that seeks to further encourage the development of rights-based practices.

It is important to note that a sustained focus on equality and rights for LGBT people with dementia is even more vital now, compared to when we launched our partnership; continued austerity measures and funding cuts²³ threaten to further marginalise communities which are already overlooked.

The central belief with which we launched our partnership is still relevant - it is unacceptable that people from the generation that fought hard for equality are forced back into the closet when they receive social care²⁴.

21 *Dementia, Equity and Rights* report, Voluntary Sector Strategic Partnership Programme 2016

http://www.nationalcareforum.org.uk/viewNews.asp?news_id=3553

22 *Dementia, women and sexuality: How the intersection of ageing, gender and sexuality magnify dementia concerns among lesbian and bisexual women*, Dr Sue Westwood, Dec 2014

<http://journals.sagepub.com/doi/abs/10.1177/1471301214564446>

23 *Implications of reductions to public spending on LGB&T people and services*, NatCen Social Research, Nov 2016 <http://natcen.ac.uk/our-research/research/implications-of-reductions-to-public-spending-on-lgbt-people-and-services/>

24 *LGBT people with dementia should not be forced back into the closet*, NCF article in the Guardian, March 2015 <https://www.theguardian.com/social-care-network/2015/mar/10/lgbt-older-people-dementia-social-care>

2 Current answers: learning from existing high-quality dementia care for LGBT people

A partnership approach between health and social care commissioners and providers is crucial when supporting LGBT people with dementia, and the development of policies must involve LGBT people themselves.

This is the key message from the successful care and support practices that our partnership has explored since 2014²⁵. While the handful of schemes we have studied do not constitute a comprehensive list, they offer insights into how to replicate high-quality support for LGBT people with dementia.

Overleaf is a brief snapshot of some recommended schemes that are featured more fully in our previous publication (see case studies Good practice: dementia care for LGBT people). These include a variety of recommendations to help care providers improve their services. According to our case studies, providers must:

- establish a clear purpose that an organisation is LGBT-friendly, and ensure that this aim is supported at board-level
- educate the workforce; developing specialist LGBT training materials for staff, such as guidelines encouraging the use of gender neutral pronouns
- promote diversity, inclusion and present the environment as non-discriminatory; with same-sex couples in marketing materials, for example
- design support sessions such as reminiscence activities sensitively and appropriately, to avoid returning people to a challenging period in their sexuality or gender identity
- recognise the value of peer-led networks and lived experience – both as a support for individuals supported and as a sounding board to advise on policy
- develop an awareness that LGBT people might have a wide support network involving “families of choice” - those who are not conventional family members
- ensure that all support partners - care staff, social services, healthcare professionals and voluntary sector agencies – collaborate on care and support plans.

²⁵ Dementia Care and LGBT Communities: a good practice paper NCF and partners, April 2016 http://www.nationalcareforum.org.uk/viewNews.asp?news_id=3503

Over the course of our three-year partnership, stakeholders have also debated whether LGBT-only communities might be one positive way forward. Some campaigners support LGBT-specific residential care for people with dementia. Some progress is being made to open LGBT-majority settings for older LGBT people, most recently for a retirement community in Manchester, for example²⁶. The current financial climate may make public funding for similar developments in other locations difficult. Furthermore, not all LGBT people want to live in LGBT-only care settings. A more practical suggestion is “LGBT friendly” dementia support in mainstream settings, which rely more on cultural change and staff training rather than on public funding.

We also know that the role of care commissioners is at the heart of improving standards of care. By incorporating the needs of LGBT older people in contracts, support that is commissioned can be more sensitive and invite stronger responses from care providers. In addition, the Care Quality Commission regulator can place pressure on commissioners to do more to address support for LGBT communities.

In addition, we welcome the fact that the National LGB&T Partnership is involved in supporting the Alzheimer’s Society to review its resources. The society is producing a booklet for LGBT individuals diagnosed with dementia and a factsheet, to help those supporting an LGBT person with dementia. Both resources are due for publication in the spring of 2017.

Successful, collaborative approaches involving the care of LGBT people with dementia will mean individuals will not be forced to experience the kinds of challenges we have come across in our research. The words of one older woman reflect why good practice must be replicated: “I am dependent on carers and I am frightened... what if they find out that I am a lesbian... what are they going to do to me... I have de-gayd my house... this is much worse than the 50s. I want to be able to be gay in my last days – I don’t want to have to hide again and I particularly don’t want to have to hide because the home help is coming round...”²⁷

26 Manchester city council to create UK’s first LGBT retirement home, Guardian article February 2017 <https://www.theguardian.com/world/2017/feb/21/manchester-city-council-to-create-uks-first-lgbt-retirement-home>

27 Comment included in Don’t look back? Improving health and social care service delivery for older LGB users, Equality and Human Rights Commission 2010 www.equalityhumanrights.com/sites/default/files/documents/research/dont_look_back_improving_health_and_social_care.pdf

1

Good practice: dementia care for LGBT people: Anchor

Housing association Anchor runs a nationally acclaimed LGBT advisory group²⁸, which is open to all gay, lesbian, bisexual or trans colleagues and residents. The group aims to make Anchor a safe and welcoming environment, both for LGBT people living in the organisation's housing and for those employed by it.

The group helps promote Anchor as an LGBT-friendly organisation, provides support and guidance to other residents and staff and acts as a sounding board for Anchor on LGBT issues. Its members have influenced the housing association's focus on the issue of dementia in LGBT communities.

The group, funded through Anchor's customer service engagement budget, aims to include benchmarking activities with other organisations, share best practice, and educate residents and staff on living and working with diverse groups. Members meet thrice a year in different LGBT-friendly community venues around the country, regularly hearing from a range of guest speakers such as local authority LGBT housing workers or police officers specialising in hate crime. Group members also speak at internal employee conferences or at other events within the housing and care sector.

One of the main areas of work is advising Anchor on policies or helping to write staff guidance notes. Members discuss how to ensure equality and diversity in Anchor services and in its standards for staff. For example, the group helped draft staff guidance that includes a glossary of acceptable LGBT terms.

Key recommendations from Anchor's LGBT advisory group:

- a clear purpose is vital; Anchor's group promotes the housing association as an LGBT-friendly organisation, supports other residents and staff and is a sounding board for Anchor on LGBT issues
- holding meeting in different LGBT-friendly community venues around the country enables more people to attend
- board-level support for such groups is vital, as is creating an environment where people can talk openly.

For more information: <http://www.anchor.org.uk/why-anchor/diversity/lesbian-gay-bisexual-trans-group>

²⁸ Anchor LGBT advisory group <http://www.anchor.org.uk/why-anchor/diversity/lesbian-gay-bisexual-trans-group>

2

Good practice: dementia care for LGBT people: GADD

Community-led charity Gay Advice Darlington/Durham (GADD)²⁹ has been the central force in developing LGBT-friendly policies in local dementia care.

The organisation was involved in the care of Sue (not her real name), a care home resident in rural Durham who was becoming increasingly confused and agitated about her gender identity. She would become distressed by her appearance and unsettled by her physicality. These episodes became more frequent and the home did not know how to support her.

Care managers, who had no contact with Sue's family and no idea of her medical history, were unaware that Sue was a trans woman and had been estranged from her family since her decision to transition in the late 1970s.

A social worker at the care home sought the advice of GADD. Local authority social services, the care home, GADD and Sue's GP - the only one who knew her medical history - launched a partnership group. This approach enabled all agencies to share knowledge and skills to collaborate on a new care plan.

Using memory books and encouraging a personal sense of gender, the plan reinforced Sue's identity. Care home staff received awareness training on trans identities, including the impact of stigma and misgendering (being labelled by someone as having a gender other than the one you identify with), especially during the episodes of regression.

Key recommendations from GADD:

- a partnership approach in supporting trans service users with dementia can involve care staff, local authority social services, GPs and specialist voluntary sector agencies, all collaborating on a care plan
- partners should outline, clarify and agree the aim - improving the wellbeing and quality of life of the person being supported - and be specific about each agency's area of expertise, knowledge and skills
- it is important to have awareness that care and support plans may need to be regularly revised and amended as someone's dementia progresses.

For more information: <http://gayadvisedarlington.co.uk>

²⁹ Gay Advice Darlington/Durham <http://gayadvisedarlington.co.uk/>

3

Good practice: dementia care for LGBT people: Over the Rainbow

The research, Over the Rainbow, Lesbian, Gay, Bisexual and Trans People and Dementia project,³⁰ was led by the University of Worcester Association for Dementia Studies and funded by the Dementia Engagement and Empowerment Project (DEEP). DEEP supports a network of people with dementia who want to influence policy and practice and is led by the Innovations in Dementia in partnership with the Mental Health Foundation, and funded by the Joseph Rowntree Foundation and Comic Relief.

The University of Worcester project's final report, published in February 2015, reflects how LGBT issues might be mainstreamed in dementia care. It sets out practical actions for health and social care professionals that could improve the quality of support, particularly in residential care. Training and awareness might involve language and communication issues, as the Over the Rainbow research underlines. According to one participant in the study, a care home should "come out" first, if it genuinely seeks to support LGBT people.

Key recommendations from Over the Rainbow:

- education and training of staff caring for LGBT people with dementia is fundamental; this might involve encouraging the use of gender neutral pronouns
- care settings should show that they are non-discriminatory environments; showing same-sex couples in marketing materials is one way to achieve this
- using a person-centred approach, well established in social care, should encourage staff to regard LGBT people with dementia as "people first".

<http://dementiavoices.org.uk/2015/03/over-the-rainbow-report-about-lgbt-people-and-dementia/>

³⁰ University of Worcester project <http://www.worcester.ac.uk/discover/university-to-launch-lgbt-dementia-support-group.html> and final report Over the Rainbow, Lesbian, Gay, Bisexual and Trans People and Dementia project <http://dementiavoices.org.uk/2015/03/over-the-rainbow-report-about-lgbt-people-and-dementia>

3

Next steps: creating stronger dementia care strategies for LGBT people

“There isn’t much that we can do about dementia at the moment. But, there is a lot we can do about the environment and the experiences that people have.”

Dementia, rights, and the social model of disability, The Mental Health Foundation, 2015³¹

Growing the research base

As we discovered when embarking on our partnership in 2014, the lack of knowledge about how dementia affects LGBT communities is due partly to the relative lack of research in this area. So any future strategies to support this neglected population must be underpinned by dedicated research – with people and families fully involved in this research.

Training for health and care professionals

Of equal importance is more robust training for professionals. Previous surveys have revealed, for example, that care home staff do not receive adequate training on sexualities as part of generic equality training³². Educating staff about sexuality and gender identity issues relating to LGBT people with dementia should, as others have argued, be integrated into healthcare professionals’ undergraduate studies³³.

A seminar held by this partnership in September 2016 as part of its strategic work identified ways that might help providers support their staff to be more aware of the needs of LGBT people with dementia³⁴. During the seminar, Skills for Care presented their resource, *Dementia and Diversity: A guide for leaders and managers*. Generally speaking, our seminar recommended more input from LGBT groups in professional training resources and a reduction in heteronormative language. Participants also called for more LGBT case studies (specifically more information on trans needs) in staff support materials, and a clearer distinction between sexuality and gender identity, which are often conflated.

In addition, as our seminar heard, employers should not expect staff to take up training and development opportunities in this area on a voluntary basis, and any such programmes must

31 Dementia, rights, and the social model of disability, August 2015, The Mental Health Foundation, 2015 <https://www.mentalhealth.org.uk/publications/dementia-rights-and-social-model-disability>

32 Research cited in How can care home staff support residents’ sexual needs? 30 November 2015, Guardian <https://www.theguardian.com/social-care-network/2015/nov/30/care-home-staff-support-residents-sexual-needs>

33 See recommendations under Training from the Dementia Action Alliance http://www.dementiaaction.org.uk/news/19643_dementia_and_the_lesbian_gay_bisexual_and_trans_lgbt_population

34 The aim of the seminar was to add to the Skills for Care Resource *Dementia and Diversity: A guide for leaders and managers* <http://www.skillsforcare.org.uk/Documents/Topics/Dementia/Dementia-and-diversity-a-guide-for-leaders-and-managers.pdf>

be delivered on a regular basis and involve personal accounts from LGBT people. With regard to ongoing debates in LGBT communities about the creation of more charter marks (a number already exist³⁵), support is needed to review the success and remit for such charter marks before disseminating the learning from charter marks pilots.

Improved recruitment

Among the other recommendations made at our seminar was the fact that recruitment methods could be strengthened with the inclusion of case studies (for example, on how to create a good job description). Alongside this, particular attention should be given to staff recruited through agencies. Interview panels should also reflect the communities the organisation serves and links could be made with local LGBT organisations to get LGBT expertise on the panel.

The role of commissioners

There is also a challenge to care commissioners. Clinical commissioning groups (CCGs) must do more to promote the integration of health and social care that recognises the particular needs of LGBT people. Commissioners should use equality impact assessments that include sexual orientation and gender identity when planning for the needs of people with dementia³⁶.

Involving people, their families or their caring networks

More engagement with family carers – or “families of choice” – is crucial to the development of more specific support for LGBT people with dementia. Any project aiming to empower people must be driven by people themselves and those they regard as the closest to them.

As noted in other pieces of work “we are only now seeing the first generation of trans people who have taken hormone therapy for 30 years or more, and who are living with gender reassignment performed using the very different techniques of the 1960s and 1970s.”³⁷ This concept is underlined in the comments of Elizabeth Peel, professor of communication and social interaction at Loughborough University, in one of our previous research papers, “This very invisible population will grow over time and we need to address their needs; these are important social justice and diversity issues and reflect how we value people and their identities.”³⁸

Ongoing austerity is driving a greater need for care and support and simultaneously eroding the safety net provided by publically funded services. In this difficult climate, issues of dignity in care, respect and compassion are of growing importance to health and social care professionals. The key question now is how to ensure such values of truly extend to everyone in our society.

The positive change in social attitudes – and the law³⁹ – mean that today’s older LGBT people are among a landmark generation, the first to be open about their sexuality and gender identity. While the solution for better dementia care for this ageing population partly rests on further attitudinal change, there is a fundamental, leading role for the social care, health and voluntary sectors. Working collaboratively with the involvement of people themselves and their families and carers, it is up to us to help build a rights-based, equitable approach to dementia care.

35 LGBT Youth Scotland charter mark <https://www.lgbtyouth.org.uk/charter> PACE charter mark scheme [http://www.pacehealth.org.uk/Charter-Mark-Scheme\(2433276\).htm](http://www.pacehealth.org.uk/Charter-Mark-Scheme(2433276).htm)

36 For more information see the chapter, Sexual orientation and gender reassignment in the report Dementia, Equity and Rights Voluntary Sector Strategic Partnership Programme 2016 http://www.nationalcareforum.org.uk/viewNews.asp?news_id=3553

37 Transgender issues and later life, Age UK February 2017 http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/FS16_Transgender_issues_and_later_life_fcs.pdf?dtrk=true

38 Dementia Care and LGBT Communities: a good practice paper NCF and partners, April 2016 http://www.nationalcareforum.org.uk/viewNews.asp?news_id=3503

39 Key dates for lesbian, gay, bi and trans equality Stonewall <http://www.stonewall.org.uk/about-us/key-dates-lesbian-gay-bi-and-trans-equality> See also Appendix 2 on p15 of this report, The Law and LGBT People

A glossary of terms: sex, sexual orientation and gender identity

Biological sex refers to outward sexual appearance. For example, having the reproductive organs of a male or a female. The human brain also has male and female characteristics.

Biphobia The irrational fear, hatred, and discriminatory treatment of people who are bisexual.

Bisexual men and women have a sexual orientation involving physical or romantic attraction towards both men and women.

'Coming out' refers to a lesbian, gay, bisexual person disclosing their sexual orientation; or a transgender person disclosing their gender identity.

Discrimination making a positive or negative judgement about someone based on bias, assumptions or prejudice. Discrimination can either be direct or indirect.

Diversity an appreciation that each individual is unique giving recognition to individual differences. For example, age, race, ethnicity, gender, sexual orientation, disability, religion or belief.

Equal opportunity not excluding individuals from the activities of the society in which they live: for example, employment, education and health care.

Gay, gay man or homosexual are used to refer to a man who has a sexual orientation towards another man.

Gender identity refers to the inner sense of knowing that a person is a man or a woman.

Gender reassignment the process of identifying and living in a new gender, with or without hormone therapy, also called transition. Gender reassignment refers to the process of transitioning from the gender assigned at birth to the gender the person identifies with.

Some transsexuals may decide to change their bodies through hormone therapy or gender reassignment, but not all will.

Gender role refers to those cultural, and behavioural characteristics typically associated with being a man or a woman in society.

Heterosexism discrimination directed against non- heterosexual behaviour. This can be because of cultural or social prejudice against LGB people. It is based on an assumption that heterosexuality is superior to any other form of sexual orientation.

Homophobia irrational fear of, or prejudice and discrimination against gay men, bisexuals and lesbians.

Intersex describes people who are born with reproductive organs, genitalia and or sex chromosomes that are not exclusively male or female.

Lesbian, gay woman or homosexual are used to refer to a woman who has a sexual orientation towards another woman. Great sensitivity should be exercised when using the word homosexual; the term is rooted in a 19th century assertion of same sex attraction being a mental illness or medical problem, so some people may find it unacceptable.

Transgender an umbrella term used to describe people whose gender identity or expression differs from their birth sex. Transgender is not a sexual orientation. However, transgender people may identify as lesbian, gay, bisexual or heterosexual. The term transgender may sometimes include the term transsexual which refers to a person who wants to or who has already changed their physical sex from the one which they were born with.

LGBT lesbian, gay, bisexual and transgender people.

Prejudice a view about someone is based on a lack of knowledge, a pre-conceived idea or on social pressure.

Queer originally a derogatory term used to verbally abuse LGBT people. Now, however, the word queer is sometimes used by some LGBT people and groups to identify themselves.

Sexuality refers to how men and women express themselves as sexual beings.

Sexual orientation is a combination of emotional, romantic, sexual or affectionate attraction to another person. It is not the same as sex or gender.

Trans a generic term generally used by those who identify themselves as **transgender** or transsexual. Many transgender people can identify as female-to-male (**FtM**) or male-to-female (**MtF**).

Transphobia irrational fear, hatred, and discriminatory treatment of people who are

Transsexual a person who wants to or who has already changed their physical sex from the one which they were born with. Not all transgender people are transsexual.

- Glossary based on the Chartered Institute of Housing practice brief Delivering housing services to lesbian, gay, bisexual and transgender customers⁴⁰

40 Delivering housing services to lesbian, gay, bisexual and transgender customers Chartered Institute of Housing <http://www.cih.org/resources/PDF/Regional%20Support/NW%20resources/John%20Thornhill.pdf>

The law and LGBT people

As well as the general freedom of expression legislation in the Human Rights Act 1998, there are a number of specific laws relating to sexual orientation and gender identity:

Sex Discrimination (Gender Reassignment) Regulations 1999: aim to prevent discrimination against transsexual people on the grounds of sex in employment and vocational training.

Employment Equality (Sexual Orientation) Regulations 2003: makes it unlawful to discriminate on the grounds of sexual orientation.

Civil Partnership Act 2004: gives same-sex couples the right to register a civil partnership, which meant that the partnership was legally recognised.

Marriage (Same Sex Couples) Act 2013: gives same sex couples the right to marry in civil ceremonies.

Gender Recognition Act 2004: gives transsexual people the right to apply for a Gender Recognition Certificate.

The Equality Act 2010: replacing and updating the Equality Act 2006, this aims to consolidate existing anti-discrimination legislation, including that relating to gender reassignment and sexual orientation.

Public sector equality duties 2011 require organisations to give 'due regard' to the need to eliminate discrimination, advance equality of opportunity and foster good relationships.

- Information drafted based on the Chartered Institute of Housing brief Delivering Housing services to LGBT customers and information from the Equality and Human Rights Commission⁴¹.

41 Equality and Human Rights Commission <https://www.equalityhumanrights.com> (for CIH reference, see footnote 40)

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