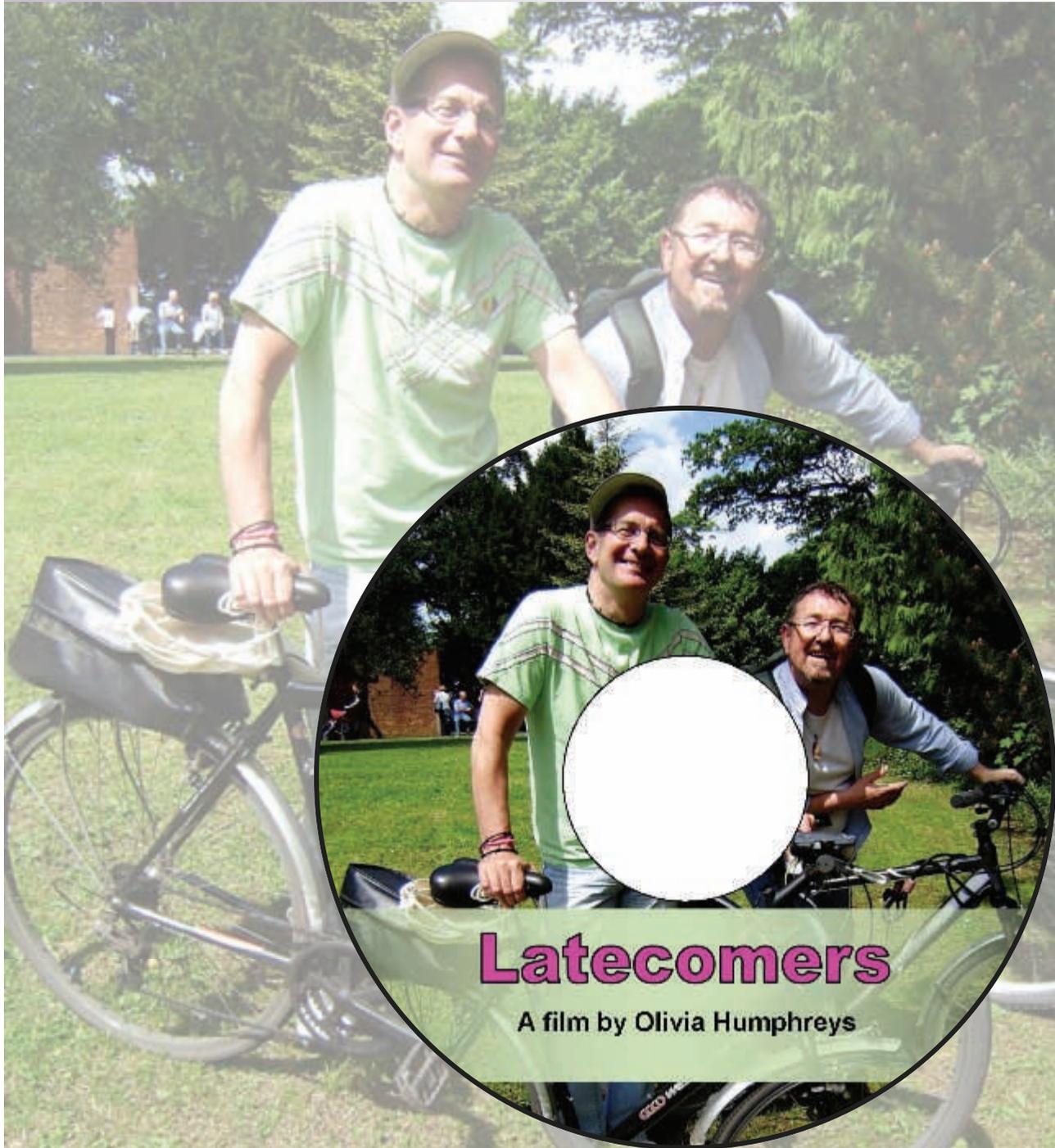
A photograph of two men on bicycles in a park. The man on the left is wearing a green t-shirt with a geometric pattern, a green cap, and glasses. The man on the right is wearing a light blue shirt, glasses, and a backpack. They are both smiling. The background shows green trees and a grassy area.

Older and Out!

**Working with
Older Lesbian, Gay, Bisexual
and Transgender People
in Lancashire:**

A Resource Pack



Latecomers

A film by Olivia Humphreys

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Foreword

The needs and concerns of members of the older LGBT community have gradually become more understood and accepted over recent years. This resource pack has been developed as a result of the research undertaken and subsequent five year National Lottery funded project delivered by Age Concern Central Lancashire. The project offered a support, advice and befriending service, a programme of awareness raising training and support to the delivery and uptake of the Navajo Charter Mark scheme.

Evidence shows that older LGBT people have an increased likelihood of living alone and an increased need to be supported through older adult services yet identifies many reasons why people are less likely to access the services they could benefit from.

This resource pack provides real practical tools for service providers to help them better understand, respect and support older LGBT people as individuals. Whilst drawing on policy and legislation, the book reflects

real life issues and anxieties facing older LGBT people and offers practical ways to improve the quality of support offered.

It is our hope and ambition that providers of services to older people will recognise the value of this resource pack and integrate its use into everyday activity, thus improving and enhancing understanding and support.

The award of additional funding from the Big Lottery will enable work to continue on reviewing the content of the pack, offer training and support to those working with LGBT people and support older LGBT people to access and develop social and community networks and access improved health and social care.

Linda G Chivers

Chief Executive

Age Concern Central Lancashire

“I have found ‘Older and Out’ to be a very informative and useful booklet. It promoted a wide ranging positive discussion around the issues faced by this community, particularly by ‘Trans’ people”

“I’m taking a copy of this book to my fathers care home. I’m sure they will find it invaluable”

“It’s such an interesting book. It took me a couple of days to finish it, but I kept going back and now I would really like to be involved in the project”

“A very professional book, it will be well received. It’s good for people who are not LGBT to understand especially as things have changed so much”

Introduction

This resource pack is for people who provide services for older people in Lancashire. It is aimed specifically at health, social care and housing service providers. The pack includes training resources and a DVD about the experiences of older lesbian, gay, bisexual and transgender (LGBT) people - "Latecomers" was developed by Age Concern Central Lancashire.

The pack looks at the needs of older people who, in their sexual orientation identify as lesbians, gay men or bisexual and people who, in their gender identity identify as transgendered. A person's sexual orientation and their gender identity are two different things and it should not be assumed that because someone is transgender that they are also lesbian, gay or bisexual.

Between five and seven percent of the population is estimated to be lesbian, gay or bisexual - this means one in every fifteen people. The total population of people over the age of 55 living in the UK is 17,421,000 people (based on 2009 mid-year statistics) and 5-7% of this is between 871,045 and 1,219,470 people. A recent estimate of the transgender adult population suggests 0.6% of the population may be transgender¹. GIRES also found that the median age of

transgender people who transition to a new gender role is 42 years old. Older LGBT people therefore make up a very sizeable minority community.

Lesbians, gay men and bisexual (LGB) people are just as numerous in older age groups as in the general population, but are on the whole less visible. When compared with their heterosexual counterparts, older lesbians, gay men and bisexual people are twice as likely to live alone and four times as likely to have no children to call upon in times of need. For these reasons older lesbians, gay men and bisexual people are more likely to need to use older people's services yet they are five times less likely to have access to them than is the case in the general population. This is because they fear discrimination, homophobia and ignorance and feel they have to hide their sexuality. This is often combined with the loneliness, ill health and financial issues that all older people can face.

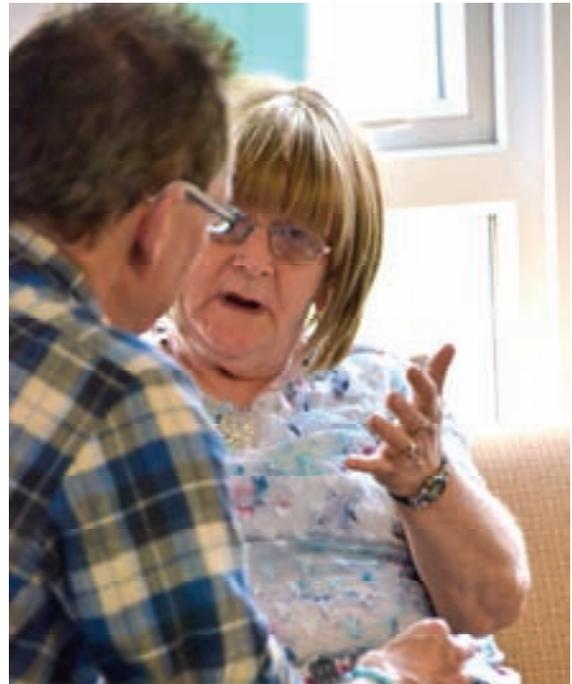
When transgender people are open about their gender variance they are exposed to a risk of discrimination, bullying and hate crime. That risk increases if they make themselves publicly visible by transitioning to a new gender role. Transgender people can be highly vulnerable and also have distinct health care needs.

This resource pack begins to highlight the very real challenges for older LGBT people. It provides practical information to ensure the needs of these groups are not overlooked or marginalised. The information provided here is wide ranging and includes health, social care and housing. Older LGBT people have been identified as potentially facing disadvantage in accessing services. The development of this resource pack is one way in which we can help highlight the issues experienced by older LGBT people. Many of the challenges which face them in later life are the same for many older people. For example:

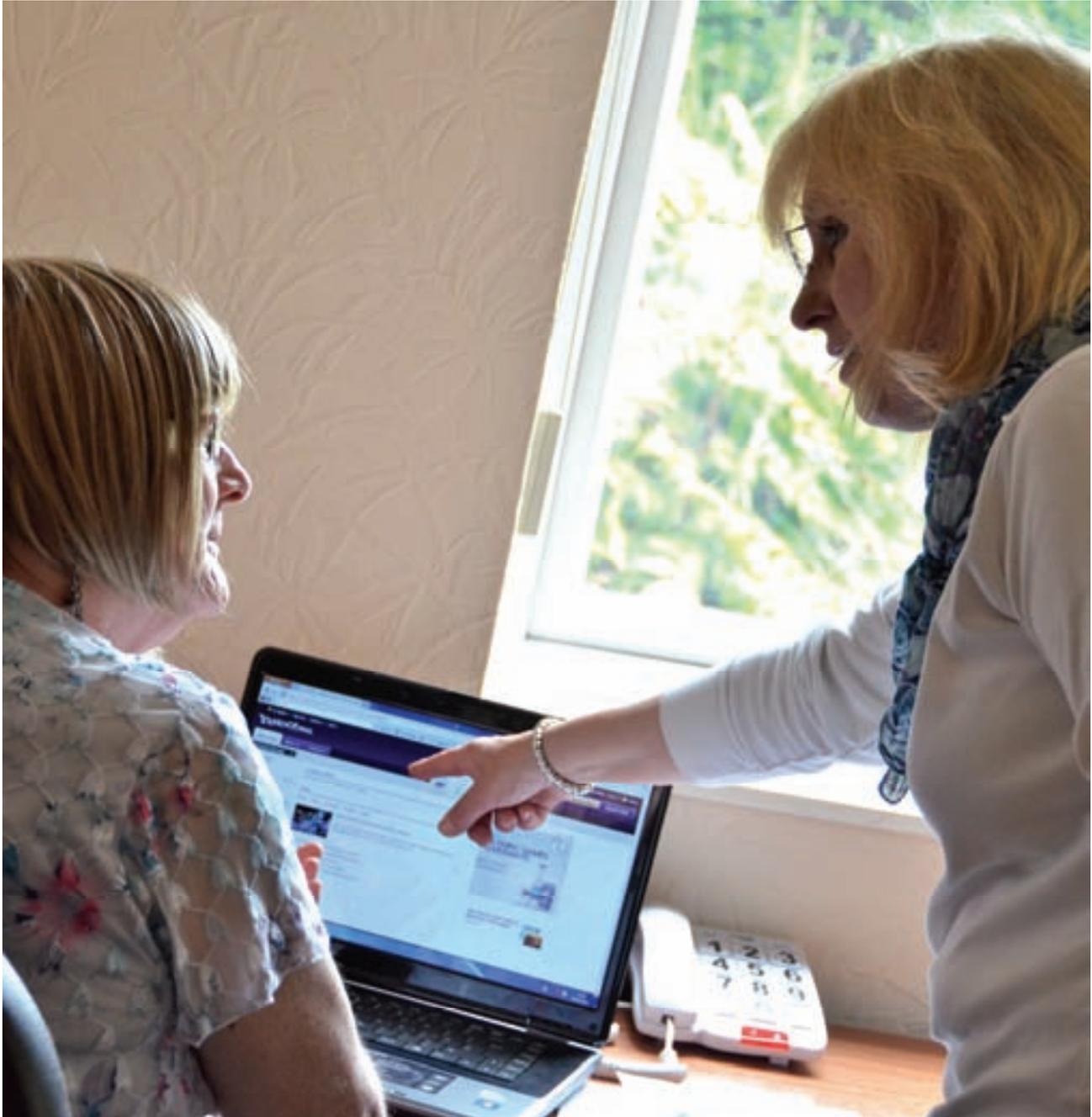
- **Having enough money**
- **Experiencing age discrimination**
- **Accessing appropriate health and social care services**
- **Living in suitable housing**
- **Loneliness and isolation**

However, older LGBT people are also likely to face a range of other issues which make the experience of age and ageing more complex. This resource pack is aimed at raising your awareness of these issues and giving you some guidance as to how you can address them in ways in which both you and the people you are working with feel comfortable.

This resource pack is concerned with how someone's sexual orientation or gender identity affects their experience of life, their interests, likes, dislikes, friendships and attitudes. Without taking the needs of older LGBT people into account we cannot provide services which meet their needs because we are ignoring a huge part of what makes them individuals.'



1. GIRES, 2009. Gender Variance in the UK.



Glossary of Useful Terms

The language we use in any field is a powerful tool. It can be used to include or exclude others. Sometimes it can be helpful and, at others, confusing. The list below is intended to provide definitions of some of the key terms which may be used when working with lesbians, gay men, bisexual and transgender people and terms to avoid.

Bisexual: someone who is sexually and emotionally attracted to people of both sexes.

Civil Partnership: A civil partnership enables same sex couples to obtain legal recognition of their relationship. Couples who form a civil partnership are known as civil partners. Once a civil partnership occurs between these couples, they are entitled to receive treatment and benefits similar to any married couple.

‘Coming Out’: Refers to being open and visible about your sexual orientation to yourself and disclosing this to others. It links to ‘coming out of the closet’. This is often an individual process which happens over a long period. Coming out to yourself may be a great relief and joy about the possibilities for love and relationships. However, it might also lead to fears of exclusion and isolation or even feelings of self-hatred. These fears may have been reinforced by the bigoted and prejudicial behaviour of relatives, friends, teachers and others. Some people choose to remain ‘in the closet’ or to ‘pass’ as heterosexual

because they cannot see a viable future for themselves as openly gay or lesbian. This choice needs to be respected.

Gay: usually refers to men with a sexual and emotional attraction to other men. It is also used as an umbrella term to cover lesbians, gay men and bisexuals e.g. the gay community. Some young people use ‘gay’ to mean rubbish - this is obviously offensive and gives young people the idea that being gay is an insult and something negative.

Gender Identity: is a person’s sense of gender – male, female, both or neither. Gender identity is different from sexual orientation. A person who is trans can be lesbian, gay, bisexual or straight.

Heterosexism: is the assumption that everyone is heterosexual. Heterosexism is the system of beliefs, attitudes and institutional arrangements which reinforce the view that everyone is, or should be heterosexual. Heterosexism holds that heterosexual relationships are superior to any other lifestyle, whether lesbian, gay, bisexual or single.

Heterosexual: a person who is sexually and emotionally attracted to someone of the opposite sex.

Homophobia: the irrational hatred, intolerance and fear of lesbian, gay and bisexual people. It can be in the form of words and language or actions taken.

Homosexual, Homosexuality: someone who has an emotional and physical attraction to a person of the same sex. These words are outdated and no longer used as they have medical implications from the days when people were 'diagnosed' and 'treated' for being 'homosexual'.

Lesbian: the term most widely used to describe sexual and emotional attraction between women.

LGB: the acronym used to cover lesbians, gay men and bisexuals.

LGBT: the acronym used to cover lesbians, gay men, bisexual and transgender people.

Passing: this is when a LGB person chooses to pass themselves off as heterosexual. It is often the way someone chooses to survive in a hostile environment.

'Out': this is short for 'out of the closet'. If someone is out it means they are openly LGB or T. Some people are out in some contexts but not others, e.g. out to their friends but not at work or to their family.

Sexual Orientation: sexual orientation means the general attraction someone feels towards people of one sex or another (or both). This can be people who are the same sex as them, people who are the opposite sex to them, or people of both sexes. It does not refer to being trans (see below).

Straight: heterosexual.

Transgender or 'Trans': this is an umbrella term used to include many people whose lifestyles appear to conflict with the gender norms of society. It includes many types of people and lifestyles. Someone identifying under this umbrella may be a cross dresser (transvestite), wear a mixture of clothing, have dual or no gender or be transsexual.

Transition: The process of changing your gender role.

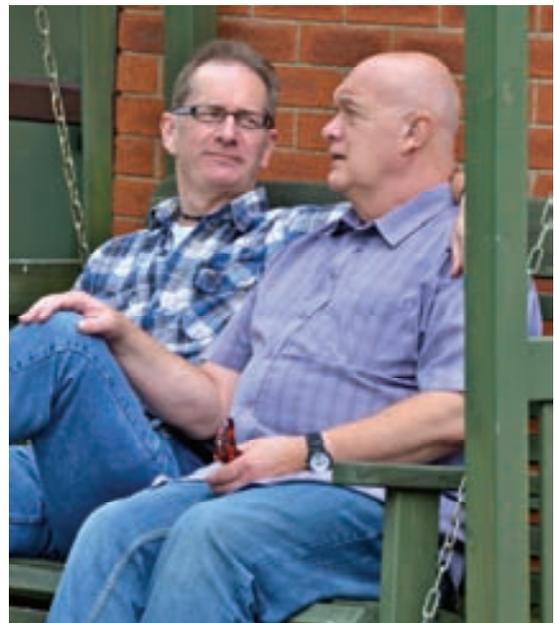
Transphobia: the irrational hatred, intolerance and fear of transgender people. It can be in the form of words and language or actions taken.

Transsexual: Some people identify as a member of the opposite sex from a very early age. When young they will describe it as 'being born in the wrong body'. The medical term for those who are uncomfortable with the role they are expected to fulfil because of their physical sex at birth is 'Gender Dysphoria'. Those who seek to permanently change their outward physical appearance in order to live more comfortably in the opposite gender role are described as 'transsexual people' (or, preferred for some: Trans Women and Trans Men). Transsexual people can be heterosexual, lesbian, gay, bisexual or celibate. Trans people who identify as gay, lesbian or bisexual may experience discrimination both on the basis of their trans background and their sexual orientation. Transsexual people are protected in law in a variety of ways.

Transvestite: Transvestite people enjoy wearing clothes of the opposite sex at different times for personal comfort (stress release) and, for some, for sexual enjoyment. Transvestite people (sometimes referred to as cross dressers) are generally men who started cross dressing as they entered puberty. As they get older, those for whom it was about sexual enjoyment may find that this disappears and it becomes more about relaxation and comfort. For a few this

change might lead them to want to wear the clothing permanently. Some will decide that they are, in fact, transsexual and they will live permanently in their new gender role, taking opposite sex hormone therapies and choosing to have gender reassignment or sex change surgeries.

Queer: older generations may find this word offensive but some young people relate to it and identify as 'queer'. If in doubt don't use it, but you may hear young LGBT people describing themselves as 'queer'.





3. Older Lesbian, Gay, Bisexual and Transgender People

“We don’t have any of them round here!”

Not true! All providers of services will have service users and workers who are LGBT. Government estimates give the numbers of lesbian, gay and bisexual people as being between 5% and 7% of the general population². A recent estimate of the transgender adult population suggests 0.6% of the population may be transgender³. Using these figures we can estimate that every fifteenth potential user of a service for older people is LGB and one in 200 service users may be trans. Based on Office of National Statistics projections, by 2031 there will be 1.4 million lesbian, gay and bisexual people aged 60 and over⁴.

“What’s so special about these older people?”

Like older heterosexual people, LGBT people say that what matters in later years is an adequate income, good health and access to decent transport. However, there are issues that make ageing as an older lesbian, gay man or bisexual person even more challenging than it is for the general population:

- 80% age as single people, without a life partner or ‘significant other’ this is compared to less than 40% in the general older population.
- Up to 75% live alone compared with 33% of the general older population.
- 90% have no children compared to less than 20% in the general older population.⁵
- They are more likely to smoke and drink more than average so are more at risk from coronary heart disease, cancer and alcohol abuse related illnesses.⁶

There is growing recognition of the discrimination, inequalities and social exclusion that trans people face by service providers and the public. A recent trans research review highlights the inequalities and high levels of discrimination trans people face including: transphobic attitudes and harassment, housing, economic status, health and social care, media and leisure, family life and relationships⁷. Existing evidence suggests that trans people experience, and are badly affected by, transphobia, in a wide range of forms. This includes bullying and discriminatory treatment, harassment and physical/sexual assault and rejection from families, work colleagues and friends. For example, Whittle et al (2007) found that ‘73 per cent of respondents experienced comments, threatening behaviour, physical abuse, verbal abuse or sexual abuse while in public spaces.’⁸

In fact, because of these circumstances, older lesbian, gay, bisexual and transgender people are **more** likely to need to use care services. But, older lesbians, gay men and bisexuals are **five time less likely** to access services for older people than is the case in the general older population.⁹

We may feel that we have moved on in our views about sexual orientation and gender identity but we must remember that older lesbians, gay men, bisexual and transgender people have lived the earlier parts of their lives in a very different context resulting in their fear of ignorance, prejudice, discrimination, homophobia and transphobia. This is illustrated by the fact that:

- Until 1967 homosexual relationships between men were illegal in England and Wales in Scotland and Northern Ireland this was the case until 1980 and 1982 respectively.
- Until 1992 homosexuality for both men and women was classified as a mental illness by the World Health Organisation. 'Treatments' for this included electro-convulsive therapy, aversion therapy and chemical castration.
- Until 1999 there was no legal protection of trans people.

Many older LGBT people have to cope with the impact of a life-long exposure to stigma. During their life span, homosexuality was defined as both a crime and a mental disorder, many trans people still live with the stigma of the diagnosis of 'Gender Identity Disorder' and early life experiences often included harassment, verbal and physical assaults. They may have been imprisoned or had treatment imposed on them. Their relationships were not legally recognised until recently, and many older LGBT people have spent much of their lives hiding their sexual orientation or gender identity.

For many people now – gay and straight – it is hard to imagine what it was like to live in constant fear of being discovered. Just 50 years ago, 'homosexuality' was a crime and it was unthinkable that gay relationships could be formally acknowledged through a civil partnership. In her study with older LGB people, Knocker (2012) found that this period profoundly shaped LGB people's sense of who they are.¹⁰

Growing up and living so much of your life in these circumstances is bound to affect the view older LGBT people have of health and social care professionals and housing agencies, making them reluctant to 'come out' unless they feel very confident about the reception they will receive. Furthermore, fear of homophobia and transphobia from the general population, and particularly from other older people who have grown up in the same context, will be equally real.

“We treat everyone the same anyway so we don’t need to know about that sort of thing.”

It is true that most older LGBT people will want the way they are treated to be the same as for all older people. At a very basic level we are talking about keeping warm, being well fed and feeling safe and secure. However, we also know that all older people have their own distinctive needs and identities and for those who are lesbian, gay and bisexual many of these will relate to their sexual orientation and for transgender people these will relate to their gender identity. To give them the care and support they need we cannot treat them in exactly the same way as everyone else but must do so in a way that responds to them as individuals with individual needs – which is the same for everyone!

2. [http://www.ageconcern.org.uk/Age Concern/openingdoors_facts.asp](http://www.ageconcern.org.uk/Age%20Concern/openingdoors_facts.asp)
3. GIRES, 2009. Gender Variance in the UK.
4. Musingarimi, Primrose (2008), Older Gay, Lesbian and Bisexual People in the UK: A Policy Brief, ILC-UK.
5. [http://www.ageconcern.org.uk/Age Concern/openingdoors_facts.asp](http://www.ageconcern.org.uk/Age%20Concern/openingdoors_facts.asp)
6. Fish, 2007. Reducing Health Inequalities for Lesbian, Gay, Bisexual and Trans People.
7. Mitchell and Howarth, 2009. Trans Research Review.
8. Whittle et al, 2007. Engendered Penalties.
9. [http://www.ageconcern.org.uk/Age Concern/openingdoors_facts.asp](http://www.ageconcern.org.uk/Age%20Concern/openingdoors_facts.asp)
10. Knocker, 2012. Perspectives on Ageing: Lesbians, Gay Men and Bisexuals.

Older and Out



4. Legal and Policy Context

Policy Context

There has been a strong drive from Government to produce policy which is beneficial to older LGBT people because it promotes the needs of the individual, their ability to choose and their right to dignity and respect. Key documents are:

Advancing Transgender Equality – A Plan for Action (December 2011): the Coalition Government's specific action plan for promoting equality for trans people includes a range of actions covering: discrimination in the work-place, health and social care, participation in community life, hate crime and violence.

Working Towards LGBT Equality (March 2011): the Coalition Government's specific action plan for promoting equality for LGBT people includes a range of actions covering: health and social care, housing, transport, hate crime and discrimination.

Putting People First: A shared vision and commitment to the transformation of Adult Social Care (2007). This states that high quality services which are safe should be provided and that they should promote the individual's need for independence well-being and dignity.

A New Ambition for Old Age: Next Steps in Implementing the National Service Framework (2006) makes dignity and respect key touchstones for the development of services for all older people.

A Sure Start to Later Life: Ending Inequalities for Older People (2006) is probably the first central government report into older people which explicitly recognises difficulties faced by older LGBT people.

National Service Framework for Older People (2001) / Our Health, Our Care, Our Say (2006). Both have themes on:

- Promoting choice
- Ending health inequalities
- Social Inclusion

These provide the context in which improved access to services and improved services for older LGBT people can be promoted.

Legal Context

There are a number of key pieces of legislation which provide the legal context for older LGBT people.

Equality Act 2010: replaces all previous anti-discrimination laws with a single Act. It simplifies the law and has the potential to secure greater fairness and equality for older LGBT people across Britain. The Act applies to all organisations that provide a service to the public. The Act covers sexual orientation and gender reassignment. The Act includes the Public Sector Equality Duty which requires public service providers to eliminate unlawful discrimination and harassment, advance equality of opportunity, and foster good relations between different groups of people. The Public Sector Equality Duty came into force in April 2011.

Equality Act (Sexual Orientation) Regulations, 2006: made discrimination against lesbians, gay men and bisexuals in the provision of goods and services illegal as from 2007.

The **Gender Equality Duty** came into force as part of the Equality Act (2006). This gave public authorities legal responsibilities for demonstrating that they treat men and women (including transsexual people) fairly in policy-making, services and employment.

Gender Recognition Act (2004): trans men (Female-to-Male FtM) and women (Male-to-Female MtF) who meet the criteria for the issue of a Gender Recognition Certificate are issued with a new birth certificate. Therefore, they must be treated as the gender they present and not by their genitalia. Section 22 of the Gender Recognition Act provides very high levels of protection for a person's privacy. It is a criminal offence for any individual who, in an official capacity, has obtained the information that a person has a gender recognition certificate to disclose this.

Sex Discrimination Act (Gender Reassignment) Regulations 1999: made it illegal to discriminate in employment and training on the grounds of gender reassignment. The legislation protects those who "intend to undergo, are undergoing, or have undergone gender reassignment".

Sexual Offences (Amendment) Act 2000 equalised the age of consent at 16 for both homosexual and heterosexual behaviours throughout the UK.

Sexual Offences Act 1967: partially decriminalised homosexual acts in private between two men, both of whom must have attained the age of 21.

Civil Partnership Act, 2004: granted civil partnerships in the United Kingdom with rights and responsibilities identical to civil marriage. Civil Partners are entitled to the same property rights as married opposite sex couples, the same exemption as married couples on inheritance tax, social security and pension benefits, and also the ability to get parental responsibility for a partner's children, as well as responsibility for reasonable maintenance of one's partner and their children, tenancy rights, full life insurance recognition, next-of-kin rights in hospitals, and others. There is a formal process for dissolving partnerships akin to divorce.





5. Social Care Issues

Older LGBT people will experience the same issues as they age as heterosexual older people. However, as illustrated in Section 3, they have particular concerns which are linked to their sexual orientation or gender identity.

Family and Support Networks

Older LGBT people have a broader idea of 'family' than the traditional 'biological' family familiar to heterosexual people. Because they are more likely to age as single people, less likely to have children and if they do have them are more likely to be out of touch with them older LGBT people will often seek out friends with whom they can be themselves without fear of being 'outed'¹¹. These networks become their '**family of choice**'. It is really important that the key role which a family of choice plays in supporting an older LGBT person is recognised by services providers. However, families of choice tend to be of the same age as the person they are supporting and may be experiencing the same age related problems. Consequently, the support that they can give may be limited. Furthermore, many older gay men may have lost friends as a result of AIDS and may no longer have large networks of friends on whom they can rely. When there is no biological family or 'family of choice' to call upon, older LGBT people are more likely to need to turn to formal care providers.

Reluctance to use formal services

The historical context which older LGBT people have experienced can make them reluctant to approach care providers. However, this hesitance is not only linked to the past. In 2008 a Commission for Social Care Inspection survey revealed that 45% of older lesbians, gay men and bisexuals using social services had experienced discrimination¹². This could be direct discrimination. However, it might also be indirect and caused more by a lack of understanding and recognition of particular aspects of the lifestyle of LGBT people such as families of choice. This can be compounded by reluctance on the part of the older people themselves to disclose their sexual orientation, gender identity, circumstances and relationships with their 'families of choice' for fear of discrimination, homophobia and transphobia. As a result, the important part these families can play in supporting an older person can be diminished and even invisible, to the detriment of that older person.

Care in the home

Most social care is provided in an individual's home. For older LGBT people this can be the one place where they can truly be themselves and feel safe. The fear of having their privacy invaded and making themselves vulnerable to homophobia and transphobia can be another reason why older LGBT people might avoid seeking access to the services they need.

Personalisation

For all these reasons the personalisation agenda and, in particular, self-directed support is good news for the older LGBT community. Knowing their personal budget entitlement and being able to choose and manage their own support, which is the key theme of the new model, will bring the flexibility, consistency and control that are particularly empowering to this group. It is vital that older LGBT people are made aware of the wide range of options available to them and that they are provided with the appropriate, non-judgemental support to ensure that they are able to make the most of using personal budgets.

11. Stonewall, 2012. Lesbian, Gay & Bisexual People in Later Life.

12. Musingarimi, 2008. Social Care Issues Affecting Older Lesbian, Gay and Bisexual People in the UK, A Policy Brief, ILC-UK.

***“I was really scared when I went into the sheltered housing scheme. As a ‘Trans’ woman I was worried about what the others would say or think. I’d feel awkward sitting in the lounge because I could sense the other residents eyes on me.*”**

***“Being able to discuss my fears with an understanding scheme manager made such a huge difference. She talked to the other residents about my situation in order to help me integrate amongst them.”*”**

6. Health Care Issues

Very little research has been done about the health needs of older LGBT people and how they compare to those of heterosexuals. Furthermore, most of the work that has been done does not distinguish between older and younger LGBT people.

A person's experience of being transgender will differ according to the age at which they transitioned and when that was. If they are now aged sixty and transitioned when they were in their twenties, they will have had a very different life and faced very different issues from that of someone who is now sixty and transitioned when they were in their fifties. Very little is known about what life and health will be like for older trans people. It is only now that we are seeing the first generation of trans people who have taken hormone therapy for 30 years or more, and who are living with gender reassignment surgeries performed using the very different techniques of the 1960s and 70s.

Attitudes

The heterosexist nature of the provision of some healthcare services can hinder access to quality services. The prevailing assumption tends to be that services users are heterosexual, therefore, the onus is on lesbians, gay men and bisexuals to 'come out'. As has been explained elsewhere, unless the environment for this is very affirming, this will be threatening for many older gay people. If people feel unable to be honest about their personal history, risk factors and health-related needs both diagnosis and the quality of care that they can expect are bound to be compromised.

Although social attitudes have become more accepting towards trans people, there is a persistent assumption that there

are only two genders (female and male) and that one's gender is assigned from birth and cannot be changed. Trans people still face prejudice and this continues to limit their personal relationships and their access to health and social care and housing.

Failure to access screening services

If a person **does** disclose their sexual orientation, assumptions can be made which result in the failure to take up routine care and screening. The most obvious example of this is the belief by some clinicians that lesbians are at low risk of cervical cancer and so do not need smear tests. In addition lesbians have lower rates of screening for breast cancer.

However, where they have not had children, the risk may be higher for them than for heterosexual women who have, because they have not benefited from the protection given by pregnancy and breastfeeding.

Trans people should be included in screening programmes on the basis of the organs present, not their perceived gender. For example, some trans men will need to be included in breast screening programmes and some trans women in prostate screening.

High risk factors

There are a number of areas where coping with the effects of stigma and discrimination, and the lifestyle of lesbians, gay men and bisexuals puts them at a higher risk of certain types of illness. For example:

- Lesbians, gay men and bisexual people often smoke and drink more than the average and have higher levels of intravenous drug use. Therefore, as a group, they are more at risk of coronary heart disease, cancer and alcohol related diseases
- Bisexual women have been found to have significantly higher numbers of male partners and higher levels of unsafe sex than women who have sex exclusively with men.¹³

HIV and Ageing

Gay men are still the group at the highest risk of acquiring HIV in the UK and it is continuing to be transmitted among the older population. In addition, people with HIV/AIDS are living longer owing to the improved drugs that are now available. However, the result of this is that there is a population of gay and bisexual men who are now living with this as a chronic disease.

Mental Health

Mental health problems, including depression, are increasingly common in the older population as a whole. If we add to this the fact that, in the LGBT community, there are higher risks of suicide and depression than in the general population clearly older LGBT people need to feel confident that they have access to formal mental health services which are sensitive to their particular circumstances. The higher risks of suicide and depression have been linked to life-time experiences of discrimination and harassment. We need to remember that this group of older people may be especially wary of disclosing their sexual orientation or gender identity because of their experience and knowledge of how psychiatric services have dealt with LGBT people in the past.

Social isolation and lack of social interaction can be particularly problematical for older LGBT people. This can be made worse by age discrimination within the gay community as a whole which makes it difficult for gay men, in particular, to make use of the social settings they might have used in the past. Therefore, low level prevention strategies and informal opportunities which help to overcome this isolation and enhance feelings of both physical and mental wellbeing are very important for this group.

Sexual Health

Being able to express yourself sexually and to continue to enjoy intimate relationships have been shown to improve fitness, mental health and even longevity.¹⁴ However, older people in general suffer from the fact that they are often seen as being asexual. People often do not think about them enjoying sex and benefiting from intimate relationships as they reach later life. In fact, the idea of sex and older people can promote a range of reactions from it being laughable to prompting feelings of revulsion. This is a particular issue when older people are living in a care home and so may feel they do not have the privacy to enjoy such relationships.

If there are issues about heterosexual couples continuing to enjoy intimate

relationships this is an even greater problem for lesbians, gay men and bisexual people where they may fear that even the most innocent of gestures would be seen as inappropriate:

“When I visited Jean in the 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....”¹⁵

Older Transgender People and Health

Like LGB people, trans people often meet with discrimination and prejudice in their everyday lives. Many trans people experience isolation or face limited understanding of their lives. These experiences place many trans people at risk of alcohol abuse, depression, suicide, self-harm, violence, substance misuse and HIV¹⁶. Healthcare discrimination against trans people has included the refusal of care such as smear tests, breaches of confidentiality and the practice of placing trans women on male wards and trans men on female wards. Trans people's health needs include:

- Victims of violence: because many (MtF) trans women are visibly trans for several years after starting living in their new gender role, transphobic violence is more often directed at them than at (FtM) trans men;
- HIV: one US study found (MtF) trans women to have the highest incidence of HIV infection of any risk group; however, HIV infections are not a major risk factor in the UK, mainly because sex work or recreational drug use is not usual in UK trans cultures;
- Self-harm and suicide rates: the UK's largest survey of trans people found

that 34% (more than one in three) of adult trans people have attempted suicide.¹⁷

Trans people also face barriers to routine healthcare including:

- (FtM) trans men are rarely included in breast-screening programmes;
- (MtF) trans women are rarely offered prostate screening.¹⁸

Physical examinations and screening tests should be offered to patients on the basis of the organs present rather than their perceived gender.

13. Musingarimi, 2008. Health Issues Affecting Older Gay, Lesbian and Bisexual People in the UK: A Policy Brief, ILC-UK.

14. Musingarimi, 2008. Health Issues Affecting Older Gay, Lesbian and Bisexual People in the UK: A Policy Brief, ILC-UK.

15. Hannah quoted in 'The Whole of Me...', Age Concern England, 2006.

16. Fish, 2007. Trans People's Health.

17. Fish, 2007. Trans People's Health.

18. Fish, 2007. Trans People's Health.

7. Housing Issues

Where we age is important to all of us. Decent housing which meets our needs, in a community where we feel safe are vital contributors towards our health and wellbeing. Research has shown that the majority of older people want to remain in their own homes whenever possible and for as long as they can, this is no different for older LGBT people.¹⁹

Staying in your own home

For reasons already given this may be more difficult for older LGBT people than for older heterosexual people. The main reasons for this are:

- More older LGBT people live alone;
- They are less likely to be able to call upon the informal support networks provided by families. This is where, once again, the 'family of choice' is so important. However, as has already been mentioned, not all older LGBT people are able to call upon such a group;
- Where they do have to call upon formal support services to come into their homes older LGBT people may be concerned about their privacy and the reactions of strangers to evidence of their sexual orientation or gender identity e.g. books, DVDs, photographs. The one place where they felt that it was safe to be themselves may no longer feel like their refuge.

Going into extra care, sheltered housing or a care home

As a result of their personal circumstances and health issues older LGBT people are more likely to need to move out of their own homes and into a setting where they can receive more support. This is a difficult and traumatic decision to make for anyone but for older LGBT people this concern may well be heightened by the fear of facing discrimination and homophobia and transphobia from staff and other residents. For some this fear may force them 'back into the closet' and they will 'pass' themselves off as heterosexual with the implications this will have for their feelings of wellbeing. There are a number of ways in which a supported or care setting can be an isolating experience for older LGBT people:

- The same issues will arise about their possessions e.g. they may be afraid to have the photos around them that remind them of their most significant relationships or have gay magazines, films or books because of the questions that these might prompt.

Older and Out

- They may be concerned about the reactions of staff and other residents to their same sex visitors.
- Social interaction with staff and other residents can be difficult or even feel threatening if they cannot share experiences about children and grandchildren or talk about their

younger days for fear of giving clues about their sexual orientation or gender identity because of the reaction that this might provoke.

19. Musingarimi, 2008. *Housing Issues Affecting Older Gay, Lesbian and Bisexual People in the UK: A Policy Brief*, ILC-UK.



8. Some Practical Steps towards LGBT inclusion

The basic principles of good practice in working with older LGBT people are common to all work with older people:

- ***establishing and maintaining confidence***
- ***communicating effectively***
- ***working in a demonstrably non-discriminatory way***
- ***recognising individual rights and needs***
- ***respecting privacy and confidentiality***
- ***providing the right information***
- ***consulting potential service users***

However, there are some specific points that will help to develop the trust and confidence of older LGBT people.

Older Transgender People and Inclusion

- Always use the name and title (e.g. Mr, Mrs, Miss, Ms etc) that the trans person deems to be correct. Make sure that all records are clearly marked with this name and preferred title.
- Being trans is not a mental illness or a psychological condition though experiences of stigma, harassment and discrimination may contribute to depression and anxiety.
- Do not comment upon a trans person's general appearance or 'passability' unless they ask for your opinion.
- Don't use terms like disorder or choice. People who are transitioning are bringing their biological sex in line with their gender. They are not choosing to change to a gender they want, but to the gender they are.
- There are particular issues for older trans people with dementia. For example, those who have made a permanent transition will need to maintain hormone replacement therapy for the rest of their lives with implications for them keeping up that medication.
- This also applies to dress, where an older person can no longer choose what they will wear they should be dressed in the clothes that they would have selected for themselves.

Don't assume that everyone is heterosexual

Remember the 5% - 7% statistic and the fact that older lesbian, gay and bisexual people are more likely to be represented within the care context. The assumption that everyone is heterosexual enhances the sense of isolation felt by older gay people.

Use inclusive or neutral language when referring to relationships

This is one of the easiest, most far-reaching and cost effective ways to make older lesbians, gay men and bisexual people feel recognised and included. Key areas to consider are:

- **Marital status** – instead of the standard 'married / single' question ask about who the person's **significant relationships** are / have been.
- **Spouse** – include *or partner* every time spouse is used
- **Gender** – do not assume a partner will be of the opposite sex by always using *her / him, she / he, her / his* etc.
- **Couples** – explicitly include **same sex partners** wherever married couples are mentioned

Take your cue from the person as to the type of language you can use

Not all older lesbians, gay men and bisexuals will be comfortable about being described in these terms. You need to establish what is appropriate for that individual if you are to be able to work with them and support them. However, if you do feel it is right and comfortable for the person involved use the words in **positive** ways. The more the words are used the more normal and less shocking they become.

Similarly, someone may want to refer to their partner as their 'friend' or 'companion'. You need to think of ways in which you can give them the opportunity to talk about their relationship in a way which feels safe. Questions like 'have you lived together for long?' may help to open up the conversation.

Be aware and open to the fact that older LGBT people will be supported by a range of people who are not necessarily their biological family.

As discussed in Section 5, be prepared to work with the person's 'family of choice'. When discussing any element of care

make sure that you involve those who really are the carers. Relatives including children, who suddenly turn up may not be the right people to receive access to privileged information or to make decisions about care. A close friend of many years standing will be far better placed to do this. Furthermore the person holding a power of attorney for a gay person is more likely to be a partner or friend than a family member.

Don't be surprised by different arrangements concerning next of kin

This is a development of the previous point. Next of kin issues are especially important in hospitals and care homes and for people with dementia or other forms of mental illness. The introduction of civil partnerships has clarified this for some gay couples but many older lesbians, gay men and bisexual people will not necessarily have them. Their next of kin may not be relatives and they may opt for one or more of their 'family of choice' to be treated as such. Wherever possible check with the person who they want to be involved in or informed about decisions about their care and who they would like to be contacted in an emergency rather than using the term 'next of kin'. Where it is not possible to do this, perhaps because of mental health

issues, make a judgement based upon what you know about this person and their relationships in order to act in the way the person would want.

Bear in mind that this is 'the private becoming public'

As a result of the historical context they have lived in and their fear of homophobia and transphobia many older LGBT people will have lived very private lives. As they have become frail and vulnerable their private life will suddenly have become public and exposed. Each time they meet a different worker or volunteer they are in the position of having to decide whether or not to come out again and again. Make this as easy as possible for them by your use of language and by not making assumptions because of their age, parental or marital status.

The End of Life

Once again the issues facing older LGBT people are the same as those experienced by older heterosexual people. However, as with the other areas covered in this resource pack, there are certain things which will be different when someone who is LGB is dying or has died.

For some, the advent of civil partnerships will clarify the situation at the end of life in

the same way that it does with decisions about treatment and care. However, there will be many circumstances where same sex couples have not registered their relationship in this way and here the rights of same sex partners and the importance of 'families of choice' need to be acknowledged. Where the person who is dying is known to health and care staff and they are aware of their background they will be able to respond accordingly. However, death does not always allow us the time to get to know someone's personal circumstances. In these cases it is particularly important that staff are sensitive and pick up signals about key relationships. Bear in mind the points made above about 'family of choice' and 'next of kin'.

It is also very important to include the person's nominated person / carer in decisions about arrangements following the death. They are more likely to know what the person who has died would want and it is an important part in their grieving process that they can do these last things for the person they love just as it would be if it were a heterosexual couple.

Finally, older gay people frequently say that they feel that the pain of their loss is not acknowledged as being as great as it would be when a partner in a heterosexual relationship dies. The depth and pain of this loss needs to be acknowledged in

exactly the same way as it would be for anyone else and the relationship should never be dismissed as being a lesser one in any way.

“From being a teenager I’d always known I was a Lesbian but I did what I thought was the right thing to do and got married and had kids. Making the decision to ‘come out’ at this late stage in my life was overwhelming but I knew it was something that I had to do”.

“It was difficult at first especially for my husband and then my children – so many questions and tears for all of us – but I just couldn’t keep up the pretence – It was destroying me inside”.



9. Checklist for Service Providers working with Older LGBT People

(Adapted from Opening Doors London, Age UK Camden, 2010. Supporting Older LGBT People: A Checklist for Social Care Providers)

Organisation Actions	Examples
Apply for the Lancashire LGBT Navajo Chartermark	<p>The Navajo Chartermark demonstrates an organisation's commitment to LGBT equality. For more information about the scheme see Section 13 – Useful Contacts and Resources.</p> <p>Apply for the Lancashire Navajo Chartermark scheme and develop an action plan to demonstrate that your organisation is LGBT friendly.</p>
Show people you are LGBT-friendly	Use images in your promotional materials, e.g. same-sex couples, rainbow flag
	Use images in your buildings, e.g. reception areas, common rooms, assessment rooms
	Use the words lesbian, gay, bisexual and transgender whenever appropriate in your literature
Monitoring	Monitor sexual orientation alongside other actions on LGBT equality
Policies	All policies and working practices about relationships need to apply equally to same-sex and opposite-sex relationships
	Ensure people are given an opportunity to nominate their next of kin and that this can include friends as well as partners or family.
LGBT Champion	Appoint a LGBT champion on your boards and advisory or user groups
Media	Use LGBT media for features about your work, human interest stories, recruitment – let the LGBT community know you are LGBT friendly
	Include LGBT reading materials in your reception areas, centres or homes

Staff Actions	Examples
Staff management	Managers need to give staff consistent messages about expectations on equality and enable staff to discuss these issues regularly, for example through staff supervision, appraisals, staff meetings
Training Training on equality and diversity must include training on working with LGBT people. This needs to be mandatory for all staff.	Lancashire Care Foundation NHS Trust deliver the Navajo 'Understanding Sexuality' training course which is open to all agencies. For more information about the training see see Section 13 – Useful Contacts and Resources. Training should include: looking at not making assumptions, asking open questions and a knowledge of the context of older LGBT people's lives.
Safeguarding Adults	LGBT harassment, homophobia and transphobia need to be explicitly covered in safeguarding policies and included in training – ranging from active bullying to hidden bullying such as not talking to people.
Staff Recruitment	Must include an assessment of the attitudes of potential staff around equality and diversity issues including LGBT people. Get your staff to sign an equalities statement with explicit reference to supporting LGBT people (including agency staff). Make sure they understand what they are signing.
Set up a LGBT Staff group	See Stonewall's workplace guide on setting up a LGBT staff group.
User choice	There may be circumstances where 'matching' staff to particular types of assistance for LGBT service users may be beneficial to the person using the service. It is important to listen when people want to change staff – homophobic and transphobic attitudes can be very pervasive but hard for service user to make a specific complaint about.

Care Management and Social Care Assessment	Examples
Environment	Ensure an LGBT friendly environment – if the assessment is happening in your centre – make sure the space is private and has positive LGBT imagery.
Confidentiality	Be clear about the confidentiality of the assessment at the beginning – who else will see it.
Assessment – open questions	<p>Ensure that an element of the assessment includes open questions about their lives. E.g. would you like to tell us who are the important people in your life?</p> <p>Do you need support to keep up contact with anyone in particular?</p> <p>How do you like to spend your leisure time?</p> <p>Do you need support to be involved with any groups or activities?</p> <p>Is there anything you would like to tell us about what is important to you in your life?</p>
Avoid questions that assume that people are heterosexual	E.g. don't ask about husband or wife when you are getting to know people, talk about partner, significant others or friends.
Care Staff – homes, day care and in the home	Examples
Relationships	Recognise LGBT partners in the same way that heterosexual partners are recognised, e.g. around visiting or the need for privacy, expect cuddling or hand-holding.
	If people using your service need support around relationships, ensure that staff have opportunities for training and development in this area and that the impact of homophobia and transphobia is included in any learning.
Capacity	If someone lacks capacity and there is uncertainty or disagreement about who should be involved in decisions about their care, involve an independent advocate.
Environment	Care homes should consider whether their environment recognises LGBT cultures for example, providing magazines, newspapers and books that are for LGBT communities. This can also assist in making the environment more comfortable for LGBT people who have not come out.

Transgender	A transgender person should be recognised and treated according to the gender they have spent their lives expressing.
	Ensure transgender people have access to appropriate single-sex facilities which are in line with their gender identity.
	Be aware that some transgender people may have specific personal care needs and handle these sensitively. E.g. some trans women who transitioned later in life may still need to shave regularly. Trans people who have personal care needs require support from workers who understand that their body may not match their gender identity.
	Confidentiality around someone's transgender status is very important. Section 22 of the Gender Recognition Act makes it an offence for a person who has acquired protected information in an official capacity to disclose that information to any other person.
	Always use the name and title (e.g. Mr, Mrs, Miss, Ms etc) that the trans person deems to be correct. Make sure that all records are clearly marked with this name and preferred title.
	Do not comment upon a trans person's general appearance or 'passability' unless they ask for your opinion.
	There are particular issues for older trans people with dementia. For example, those who have made a permanent transition will need to maintain hormone replacement therapy for the rest of their lives with implications for them keeping up that medication. This also applies to dress. Where an older person can no longer choose what they will wear they should be dressed in the clothes that they would have selected for themselves.



“Engaging with the project has really helped me turn my life around. I now meet regularly with my befriender and other service users and have really enjoyed some of the events especially Manchester Pride which was the most fun I'd had in ages - we're doing 'Dad's army' this year and I can't wait!”

10. How to Set Up an Older LGBT People's Group

You may wish to start your own Older LGBT Social Group. Setting up a social group for older LGBT people can help to lessen the impact of exclusion for this otherwise vulnerable group.

Of course you will need to find a venue to hold your group meetings, this could be on the premises of your own organisation or you could approach your local council to see if they could provide you with a meeting space.

You may find that your local Library or Council for Voluntary Service (C.V.S) will have community spaces available for free.

For example, Age Concern Central Lancashire created its own social group 'ToTo' as a spin off from its successful 'Friends of Dorothy Project', but whereas the 'Friends of Dorothy Project caters for the needs of more isolated older LGBT individuals with its one to one befriending service 'ToTo' provides a safe space where people, who have perhaps had their confidence raised by engaging with a befriender, can start the next stage of climbing the rungs on the social ladder.

However as a group ToTo is not just for older people it is intergenerational and welcomes people of all ages (16+).

Engaging with a social group such as 'ToTo' can have a dramatic effect on the older people attending especially those

who for example have no children or grandchildren of their own or may have been 'cut off', by their families many years ago because of issues surrounding their sexuality of gender or in the case of the younger people attending, those who are struggling with the similar issues and who may benefit from the council of an older more experienced LGBT person.

Creating a social group not only provides a safe space where LGBT people, can be themselves and socialise free from discrimination but it also gives an opportunity to share experience.



The Group's guiding principles are:

- To treat each other with respect, fairness and consideration
- To be mindful of our individual needs, we are all different but equal
- To have a safe environment where we can be ourselves and not be judged
- To have fun but not at others' expense
- To promote equality and inclusion for lesbian, gay, bisexual and transgendered staff and clients. They also welcome "straight allies" who are interested in supporting LGBT awareness
- To increase awareness and understanding of the issues facing LGBT staff and clients
- To provide a networking and support forum for LGBT people





In order to achieve these objectives the group holds twice monthly meetings throughout the year to discuss issues affecting LGBT inclusion and how they can be addressed through and arrange social networking events.

As a group ToTo have accomplished much. The group participates annually in a number of high profile Pride events. They have held various social events including several day trips to the seaside and involvement in local 'Arts' projects.

The group have been key players in setting up a peer-led research project looking into their own experiences in order to support Lancashire NHS Care Trust with their own 'LGBT' service assessments and provided ongoing support to a number of LGBT

History Month events.

The group has set up their own website. To raise awareness the group has sent posters out to organisations in a geographical area of a meeting so that people know when a meeting is being held in their area. The meeting venue is not always at the same site and may be an LGBT, Age Concern Central Lancashire or another LGBT friendly community organisation location. Therefore the group have set up a contact network, utilising email and text messaging contact to allow members to keep in touch and offer support where needed between meetings. Those without internet access can give their telephone numbers

11. Involving LGBT Volunteers

The Consortium of Lesbian, Gay, Bisexual and Transgendered Voluntary and Community Organisations have set out good practice guidance for involving LGBT volunteers.

Their top 6 reasons for involving LGBT volunteers are:

1. To improve service delivery
2. To ensure the diversity of your volunteers matches that of your service users
3. To reflect the communities you serve
4. To gain a fresh perspective and new ideas
5. To attract funding, demonstrating you are reaching out to under-represented groups
6. To enable people to be themselves

20 practical ways to engage LGBT volunteers include:

HR matters

1. Include sexual orientation and gender identity in your equal opportunities policy
2. Provide equality and diversity training including LGBT issues for all staff and volunteers
3. Include sexual orientation in your equal opportunities monitoring
4. Consider having a LGBT volunteer representative
5. Have a LGBT champion on your board

Organisational Behaviour

6. Challenge behaviour, particularly language, which can cause offence

Marketing and Advertising

7. Make an obvious statement on your website demonstrating you are LGBT friendly, e.g. equal opportunities statement or a rainbow flag.

8. Display rainbow flags in your reception, branches etc
9. Include images of same-sex couples in your promotional material
10. Promote your volunteering opportunities through the LGBT Consortium
11. Promote your volunteering opportunities through the LGBT media
12. Distribute your promotional materials in LGBT venues
13. Produce literature saying you are specifically recruiting LGBT volunteers

Work with the experts, the LGBT community

14. Create partnerships with LGBT organisations
15. Consult with your LGBT volunteers, in a confidential and sensitive way
16. Invite a LGBT person to speak at your AGM or annual conference
17. If you are a large organisation, set up LGBT forums for your volunteers and staff

Events

18. Have a presence at LGBT events e.g. local Pride events and promote your volunteering opportunities at these events
19. Mark events in the LGBT calendar e.g. Pride events, LGBT History Month

Legislation

20. Get up to date with legislation and policies relating to LGBT people and see how it affects your service provision.



12. Training Resources

Included in your resource pack you will find a DVD entitled '**LATECOMERS**'. 'Latecomers' was created by young filmmaker Olivia Humphreys and is a short 15 minute documentary that focuses on the lives of two older LGBT people 'Peter and Margaret' who have both come out later in life.

In the film we discover that Peter has told his family he is 'Gay' and 'Margaret' has gone through recent gender reassignment.

The film can be used as a tool to enlighten viewers to some of the issues faced by older LGBT people and also to create a discussion / debate on how you might - as an organisation, support the two individuals featured.

Introducing 'Latecomers':

Olivia had wanted to make this film for a few years, since the grand-dad of a really good friend of hers came out in his 80s. He didn't want to be interviewed, but she began researching the subject of people coming out in later life.

The more people she spoke to, the more intrigued she became. She wanted to explore what had made them decide to come out at this stage, why they hadn't done it before, how it had changed their personal lives and how the people around them had reacted to this revelation. In

particular she wanted to know how their families felt.

Olivia herself had never thought about what it would be like to grow up knowing that you were gay, lesbian or bisexual at a time when homosexuality was illegal or being 'Trans' was considered an even greater abomination.

She felt it was something that didn't get talked about much. She was interested in capturing on film the last generation that considered coming out to be a real taboo.

When we are in our twenties we assume big decisions are over by retirement age, but that's just not the case. Issues surrounding regrets, change, decisions and love never really end.

Whilst researching she saw and read a piece about Age Concern Central Lancashire 'Friends of Dorothy Project' in 'Out North West' magazine which eventually led to her engaging with the organisations LGBT Project Officer.

Then for a period of 10 months she spoke to volunteers and service users all of whom were really supportive, making her even more determined that she was raising an important issue.

In the end, because of budget, time, the length of the film and all those other boring

things she decided to use just two people, whose stories she thought could sit side by side well, but she wanted to make viewers of her film see an issue in a different light, she believes the documentary tells its own story.

'Latecomers' is Olivia's first film that is over five minutes, so she was learning as she went along and she met many amazing people during her research, far more than she could ever put in a short film.

When she started Latecomers she thought it would be a happier tale of 'finding yourself.' In fact it was much more complex.

She hopes you will all enjoy her film.

When you have viewed the film there are a number of discussion topics you can prompt yourself or your viewing audience with.

Peter

- How would you deal with the issue of internalised homophobia?
- What support can you suggest for himself and his family?
- Would you offer a counselling service for himself, family?
- Would family liaison be required?
- Is divorce on the cards, what services do you think might be available?

- What are the differences and what impact might there be if and when Peter starts a new relationship?
- Would you need to advise Peter on sexual health?

Margaret

- What does it mean to a person when their partner no longer identifies as the gender they originally were?
- What do you think it is like for children (and adults) when a parent changes gender?
- How does a person feel when their brother becomes a sister? or vice versa?
- How would you tackle the possible lack of resources and information regarding gender issues?
- Would you need to advise Margaret on her sexual health?
- Would family liaison be required?



13. Useful Contacts and Information

We have put together some key organisations and resources which might be able to provide you or the people you work with more information, guidance and support. The list is not exhaustive. All the details were accurate at the time of publication.

Lancashire Resources

Age Concern Central Lancashire

Age Concern Central Lancashire offer LGBT friendly services to the Lesbian, Gay, Bisexual and Transgender community and are a Navajo Charter Mark holder.

Regardless of sexuality or gender their services are designed to:-

- Enable continued enjoyment of interests and hobbies
- Encourage and maintain independence
- Provide emotional support and companionship, building trust and relationships
- Reduce social isolation and retain links with the local community
- Provide relevant information and guidance to both service users and carers

**For further information please call 01772 552850
or visit www.55plus.org.uk**

Help Direct

Help Direct offer LGBT friendly services to the Lesbian, Gay, Bisexual and Transgender community and are a Navajo Charter Mark holder.

Help Direct is a support and information service for all adults aged 18 and over across Lancashire. Our service is designed to help people get the right practical support, information and advice that they need before a small problem becomes a crisis.

Help Direct can be accessed by phone, email or face-to-face at all of our drop-in centres. People can also find our advisors at some local GP surgeries, libraries, community centres and many more.

We can help you get the most of our life in any of the following areas:

- Health and Fitness
- Home and Garden
- Feeling Safe in Your Home and Community
- Learning and Leisure
- Managing Finance
- Mobility and Transport
- Community Groups and Involvement
- Getting the Right Help and Support
- Relationships and Families
- Employment, Volunteering and Training

Other Help Direct Services

Help Direct also helps to run a number of other projects.

The well-being directory is a directory of services for across Lancashire, to help you improve your quality of life and help you get through the day-to-day challenges you may face. The services listed on the directory are provided by a range of organisations, including voluntary organisations, private companies and local councils.

Help Direct also provides a Safe Trader Scheme in partnership with Lancashire County Council Trading Standards. The aim of the Scheme is to help the people of Lancashire to find reliable, local traders and support local businesses.

**For further information please call 0303 333 1111
or visit www.helpdirect.org.uk**

Lancashire Navajo Charter Mark Scheme

Navajo is a Lesbian, Gay, Bisexual and Trans people's project in Lancashire that aims to involve and serve the LGBT community in terms of their physical, health and social well-being. It operates as a network of LGBT friendly organisations and has strong links with the LGBT community

The Navajo Charter Mark

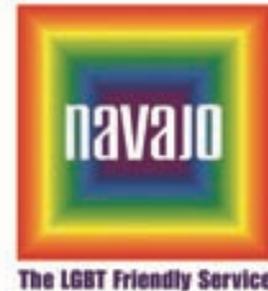
Private, public and third sector organisations that take positive steps to promote LGBT equality within their organisation and service provision can apply for the Navajo Charter Mark. Charter Mark applications will require an evaluation of the organisation by the Navajo Charter Mark Panel.

If the application meets the required standard then organisations will be awarded the Charter Mark at a special ceremony held annually. Organisations will be reviewed every two years to ensure that they still meet the criteria. Over 150 services and organisations now hold the Charter Mark.

The Navajo Consultative Partnership

The Navajo Consultative Partnership (NCP) has been established to provide a strategic platform for organisations to address LGBT issues across Lancashire including Blackpool and Blackburn with Darwen.

The NCP is open to all people regardless of their own sexual orientation or gender identity. All members must be able to effect change within their own organisations or groups and be able to offer support to NCP through pro-active involvement this includes management, staff or volunteer representation from Statutory, Voluntary and Community Sector organisations. This includes Equality and Diversity Leads, Health and Social Care professionals, LGBT community groups or project representatives, Human Resources and Training professionals, Education professionals.



Lancashire Navajo LGBT Training Course

The Navajo Five Day Training for Trainers Course called 'Understanding Sexuality' is available to organisations irrespective of whether they hold the Charter Mark. The training is delivered by Lancashire Care Foundation NHS Trust. The training course attendees are taken on a journey of experience and learn about sexuality, equality and diversity and breaking down stigma and discrimination, oppression and internalisation of these. Participants will understand how to challenge homophobia and transphobia.

During the five days participants will have an opportunity to practice what they have learned. They will prepare and present materials and receive feedback from the trainer and other participants. The course will end with peer assessment, review and suggestions for additional training needs. This course is accredited by City and Guilds.

In addition a number of Navajo organisations offer one day LGBT basic awareness courses, either in house or open to other local organisations.

For more information about the Lancashire Navajo Charter Mark and the Navajo Consultative Partnership please visit.

www.navajoonline.org.uk

Lancashire LGBT Centre

Lancashire LGBT Centre organise regular LGBT community events in Lancashire including LGBT History month events, World AIDS Day and the annual Red Ribbon Cabaret. For more information see **www.lancashirelgbt.co.uk**

Blackpool LGBT Support Groups

There are a range of LGBT support groups in Blackpool including groups for people age 55+. For more information contact the LGBT Community Worker on **07875 355 390**

North West Resources

The Lesbian and Gay Foundation

The Lesbian and Gay Foundation are based in Manchester and provide a range of services including events, befriending, counselling and legal advice. They can be contacted at:

Tel: 0845 3 30 30 30

Email: info@lgf.org.uk

Web: www.lgf.org.uk

Trans Resource and Empowerment Centre

The Trans Resource and Empowerment Centre are based in Manchester and offer a range of activities and events for the trans community. They can be contacted:

**c/o the LGF
5 Richmond St
Manchester
M1 3HF**

Web: www.transcentre.org.uk

The Northern Concord

The Northern Concord is a social and self-help group for cross-dressers, transvestites, Transsexuals and their partners. The Group is based in Manchester. They can be contacted at:

Post: P.O. Box 258, Manchester, M60 1LN

Web: www.northernconcord.org.uk

National Resources

Age UK Resources

Web: www.ageconcern.org.uk/openingdoors

Web: www.ageconcern.org.uk/AgeConcern/transgender-issues.asp

Web: www.ageconcern.org.uk/AgeConcern/transgender-people-over-70.asp

National Development and Policy Officer, Older Lesbians, Gay Men and Bisexuals
Tel: 020 8765 7576

Alzheimer's Society's Lesbian, Gay, Bisexual and Transgender (LGBT) Support group

This is a telephone support service for anyone who is lesbian, gay, bisexual or transgender and who is affected by any form of dementia, either by having dementia or as carer of, or a former carer of, someone with dementia. For information about the LGBT Support Group please contact Alzheimer's Society Dementia Helpline on 0845 300 0336 (weekdays 8.30am to 6.30pm).

Web: www.alzheimers.org.uk/gaycarers

Broken Rainbow

Support for LGBT people experiencing domestic violence. Currently providing links to other national domestic violence helplines. Mon and Thurs 2-8pm, Weds 10am-1pm 08452 60 44 60 (local call rate)

Web: www.broken-rainbow.org.uk

LGBT History Month

Provides a list of resources and links for older LGBT people, issues within the LGBT communities, and to raise awareness of sexuality issues at:

Web: www.lgbthistorymonth.org.uk/health/links.htm

LGB Mind Matters

Looking at LGB mental health issues including: coming out, suicide, HIV/AIDS, depression, relationships and ageing. **Web:** www.lgbmind-matters.com

Samaritans

Provides confidential non-judgemental emotional support for people who are experiencing feelings of distress or despair, including those which could lead to suicide. If you would like to talk to someone on the phone, call 08457 90 90 90 in the UK and Northern Ireland.

Web: www.samaritans.org

Stonewall

Works to achieve equality and justice for lesbians, gay men and bisexual people. Stonewall has list of gay-friendly solicitors you may wish to contact, see the 'information bank' on their website. Info Line: 08000 50 20 20 (Mon-Fri 9:30am to 5:30pm) For all information and resource requests and enquiries about Stonewall.

Email: info@stonewall.org.uk

Web: www.stonewall.org.uk

UNISON

UNISON's LGBT members website that works on new laws, equality handbooks, health, trans resources and discrimination. UNISON's national officer for lesbian, gay, bisexual and transgender equality can be contacted at:

Email: out@unison.co.uk

Web: <http://unison.org.uk/out/index.asp>

National Transgender Groups

The Beaumont Society

The Beaumont Society is a national self help body run by and for those who cross dress or are transsexual. All transgender people, and their partners are welcome, regardless of their gender, sexual orientation, race, creed or colour, and all varieties from nervous new transvestites to those who are experienced and confident in their second gender.

Post: **27 Old Gloucester Street London WC1N 3XX**

Tel (24 Hr): **01582 412220**

Email: email@beaumontsociety.org.uk

Web: www.beaumontsociety.org.uk

Gender Identity Research and Education Society (GIRES)

Information for trans people, their families and professionals who care for them.

Tel: **01372 801554**

Fax: **01372 272297**

Web: **www.gires.org.uk**

The Gender Trust

Supporting all those affected by gender identity issues.

National Helpline: **0845 2310505**

Web: **www.gendertrust.org.uk**

Press for Change

National trans campaigning and lobbying group.

Web: **www.pfc.org.uk**

About Age Concern Central Lancashire

The organisation was set up on 22/06/1981 as a registered charity.

The main aims of the organisation include:

- Ensuring that older people are respected and valued as individuals, given choice and opportunity, and benefit from positive attitudes and ageing
- Promoting effective care for older people and giving them a voice in that care
- Promoting independent living and reducing social isolation and ensuring that older people are fully informed of their rights and opportunities
- Enabling older people themselves to influence directly services that seek to meet their needs
- Supporting older people to maximise their income

We have a reputation as being a well-established charity delivering quality services to meet the needs of local older people. Primarily supporting people over 55, these services include:

- Supporting people to remain independent within their own home, with a range of practical support, shopping, toe nail cutting, running errands, housework, making a snack, arranging medical appointments, managing medication, access to benefits, maximizing money, supporting direct payments
- Supporting people to engage or reengage with their community, accessing luncheon clubs, hobby clubs, exercise and keep fit, IT, befriending including specialist LGBT befriending
- Support for people with memory concerns/dementia with a range of specialist support to access benefits, sympathetic clubs and activities, befriending and engagement activities, outreach support and within day support centers
- Engaging volunteers across all areas of work, supporting volunteers back to paid employment by re-skilling or by gaining or regaining confidence/motivation
- **Age Concern Central Lancashire is not a part of Age UK**



14. References

You can download LGBT training resources from the LGBT section of the Age Concern Central Lancashire website: <http://www.fiftyfiveplus.org.uk/lgbttraining.html>

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