

Factsheet 16 ● October 2010

Transgender issues in later life

About this factsheet

This factsheet provides information on issues in later life for transvestite, transgender and transsexual people, as well as people who wish to offer them support.

It covers a range of social, care, legal and financial issues and includes some general information and a glossary, plus details of where to go for further information.

Age UK is indebted to the FTM Network for researching and writing the greater part of the original information for this factsheet.

The information given in this factsheet is applicable in England. Different rules may apply in Wales, Northern Ireland and Scotland. Readers in these nations should contact their respective national offices for information specific to where they live – see section 21 for details.

If you need further information or advice, see section 21 for details of how to order other Age UK factsheets and information materials. You will also find the telephone numbers for Age UK Advice there.

If you need more detailed advice tailored to your personal circumstances or representation, it is often best to find a local service offering this. Age UK Advice can give you contact details for a local Age UK/Age Concern, or you could contact one of the independent organisations listed in section 20.

Note: Many local Age Concerns are changing their name to Age UK.

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1 Recent developments

The Equality Act 2010 came into force on 1 October 2010. The main purpose of the law is to combine all equality laws into one document to make them simpler to understand and use. The relevant parts of the law for transgender people are:

- a definition of characteristics protected from discrimination – of which gender reassignment is one. It specifically describes the category as including a person intending to, going through or having gone through the process of re-assigning his/her sexual characteristics (in full or in part). This protection is specifically for transsexuals and does not apply to transvestites
- the creation of a combined discrimination right – which means that a person with two protected characteristics, e.g. a transsexual person in later life, can enforce protection of these two characteristics, if they believe they are being discriminated against for having both characteristics, this provision did not come into effect on 1 October 2010, its commencement shall be announced by the Government next year.
- specific protection from discrimination in the workplace for transsexual people – employers must treat absence from work for procedure related to gender reassignment in the same way as absence for sickness, injury or any other reason acceptable to the employer for staff absence from work.

It is not yet clear which of the changes listed above will take effect from 1 October 2010. The Government intends the law to take effect in parts, over a period of time, to give people and organisations affected by them, time to prepare. Detailed regulations on the changes and commencement of the relevant parts have not yet been issued.

2 What is transgender?

Transgender (or 'trans') is an umbrella term used to describe many people whose lifestyles appear to conflict with the gender norms of society. It includes many types of people and lifestyles. A trans person is someone who crosses the conventional boundaries of gender in clothing and in presenting themselves, even going so far as to be fully bodily reassigned in their preferred gender role.

In this factsheet we will be as inclusive as possible, providing information for all trans people, but there will be particular focus on those who live their lives permanently in their preferred gender role. This includes transsexual and transgender people who may have many gender reassignment (sex change) operations and obtain a legal change of gender.

The reason for this focus is that trans people who live permanently in their preferred gender often face difficulties with family and friends, with employment, government bodies and their health and care providers, among others.

3 Types of trans people

3.1 Transvestite people

Transvestite people enjoy wearing the clothing of the 'opposite' sex for short periods of time for sexual enjoyment or personal comfort. Transvestites (sometimes referred to as cross dressers) are generally men who started cross dressing as they entered puberty.

For many transvestites as they get older, the sexual enjoyment that comes with wearing the clothing disappears; it becomes more about relaxation and feeling comfortable.

For a few transvestite men this change may lead them to want to wear the clothing permanently. Some will decide that they are in fact transsexual or transgender and will proceed to live permanently in their new gender role, choosing to take opposite sex hormone therapies, and even to have gender reassignment (sex change) surgeries.

3.2 Transsexual people

Transsexual people generally identify as a member of the opposite sex from a very early age. When young, they describe it as 'being born in the wrong body'.

At some time in their life, depending on their personal and social circumstances, their family support and their own determination, they seek medical advice, and many will be diagnosed as transsexual. With medical support, they will start hormone therapies and begin living permanently in their preferred gender role. Most will proceed to have some, if not all, gender reassignment surgeries.

Those who change from being female to male (FTM) are referred to as trans men; that is, they are now men with a transsexual history. Similarly, those who change from male to female (MTF), are referred to as trans women.

Gender reassignment surgeries vary depending on birth sex and will be looked at later in this factsheet (see section 6).

3.3 Transgender people

Transgender is used as a very broad term to include all sorts of trans people – cross dressers, people who wear a mix of clothing, people with a dual or no gender identity and transsexual people. Nowadays, many people who present their gender in a variety of ways that are at odds with the norm consider themselves to be transgender.

The three 'categories' above provide only a basic overview – trans people often have complex gender identities and assumptions should not be made about an individual's identity. It is always best to ask if you are not sure.

4 Sexual orientation of transgender people

Although many transgender people identify as heterosexual in their preferred gender role, an almost equal number identify as lesbian, gay or bisexual (LGB). However they identify, trans people will have some legal issues in common with LGB people, particularly in relation to discrimination. But as their lives tend to be rather more complex, the consequences of discrimination may well be different. They are particularly vulnerable to hostility and prejudice.

5 Becoming trans in later life

You may be asking yourself whether you are transgender or transsexual.

Though most people have an inkling early in their life, it is also quite possible for people in later life to question this. The death of a partner or retirement from work may suddenly provide an opportunity to think about what you might want.

Older people can successfully transition and start living part time or permanently in their preferred gender role. However, you need to be aware that treatments, including hormone therapy and surgery, are not without risk. As you get older it becomes more difficult to be healthy enough to undergo full gender reassignment or to fully transition to living permanently in your new gender role.

One advantage of transitioning later in life, however, is that as people age they often become more gender neutral in their physical appearance anyway. It can take very little – a change in shirt or a low dose of hormone therapy – to ‘tip’ you over to being seen as a member of your preferred gender.

What can you do to get started?

Contact one of the support groups listed in section 20 and ask to talk to and meet other people who have already transitioned.

Ask them for details of any local support groups and consider attending one of their meetings.

Ask your GP for referral to your local psychiatric services for assessment and counselling.

6 The transitioning process in later life

6.1 Assessment and transition

Achieving gender reassignment is not easy. The process will take several years, involve several doctors and probably more than one operation. Even after someone has had the full surgery available to them (and not everyone is able to have all the possible operations), the transsexual person will face a lifetime of supplemental hormone therapy and monitoring for possible side effects.

Most transsexual people first seek help from their doctor, but typically she or he will know very little as they are unlikely to have seen any other transsexual people during their medical career. There are only a few specialist clinics throughout the world, but here in the UK the transsexual person will generally be referred to one of the main gender identity clinics such as London, Sheffield or Leicester. Initially a psychiatrist at the clinic will assess the patient and establish a diagnosis.

Diagnosis as transsexual requires three criteria to be met:

- the desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment
- the transsexual identity present persistently for at least two years
- the disorder is not a symptom of another mental disorder or a chromosomal abnormality.

Generally a second opinion from another psychiatrist will be required to confirm the diagnosis. Usually the patient will then be given an opportunity to take part in an ongoing counselling programme, which may include family members.

When the diagnosis is confirmed, the difficulties of reassignment are explained and the patient is offered the chance to start gender reassignment, subject to their completion of what is known as the 'Real Life Experience' (RLE) or sometimes the 'Real Life Test' (RLT or, as some say, the real long time!). The process may seem long and hard but a period of psychological adjustment is essential to a person's future success in their new role.

The Real Life Experience involves the patient living for one to two years in their desired gender role. They will legally change their name, and much of their documentation. They will start hormone therapy: testosterone for the female to male (FTM) transsexual man and oestrogen for the male to female (MTF) transsexual woman. Over the next few months they will begin to experience changes in their body, almost as if they are going through puberty again but in the opposite sex.

6.2 The FTM trans man's transition

The stages of an FTM trans man's transition include:

- cessation of periods
- increased sexual appetite
- voice breaking
- facial hair growth
- development of a more muscular body
- enlargement of the clitoris.

Breasts will not reduce in size but after about a year of living in his new gender role the FTM trans man will undergo a bilateral mastectomy, which removes the breast tissue, reduces the nipple size and contours a masculine-looking chest wall.

A hysterectomy is recommended when FTMs reach their early 50s as there is a slightly increased risk of developing cancer of the cervix.

Surgery to create a penis (phalloplasty) is difficult but surgical techniques are improving and alternatives are available. FTM gender reassignment treatment is generally very successful in enabling the FTM to resemble a biological man in day-to-day life, but the limitations of genital surgery will always mean there will be circumstances in which he will have to disclose his past.

For more information: Contact the FTM Network, BM Network, London WC1N 3XX, tel: 0161 432 1915, website: www.ftm.org.uk

6.3 The MTF trans woman's transition

The stages of an MTF trans woman's transition include:

- reduction in sexual appetite
- change in body shape
- some breast growth
- softening of the beard (although electrolysis or laser treatment will be necessary to remove facial hair altogether).

Her voice will not rise in pitch and the MTF may well need speech therapy to help achieve a more female tone. If she has suffered from baldness, she may find that she will have some hair re-growth, but she will usually need some supplementary support such as a wig or a hair transplant.

One to three years after starting to live in her new gender role she will undergo genital reassignment surgery. These surgical procedures are now on the whole very successful.

For more information: Contact the Gender Trust helpline on 0845 231 0505, website: www.gendertrust.org.uk

7 The longer term prognosis

Improvements in hormone therapy and surgery mean the prognosis for the transsexual person is now very good. Some long-term health risks are being discovered, as for the first time we see a cohort of people who have been living post-operatively in their new gender role for over 20 years, but several follow-up studies have also shown success rates of over 97% when assessing elements such as friendship networks, social skills, personal happiness and the question of whether the right decision was made.

At the same time, it is important to be aware that personal finances can suffer and that there is a greater risk of becoming a victim of harassment or assault. Like racism, sexism and homophobia, transphobia is endemic in our society, though equalities legislation is developing to tackle such discrimination and protect rights (see section 1 above).

8 The limits of transitioning in later life

All of the above stages are possible for older people, and People have successfully transitioned in their 60s, 70s and 80s. However, the older a person is, the more they are likely to have problems with either the hormone therapies or possible surgeries. This will mean they will be advised to use lower hormonal doses.

In addition, the older and less physically fit a person is, the less any surgeon is likely to want to undertake major surgical procedures – gender reassignment surgeries often require the patient to be anaesthetised and in an awkward position for several hours.

Where a person has been a heavy smoker for many years, and this is combined with cross-sex hormones (particularly oestrogen therapies for trans women), gender reassignment surgeries produce a high risk of embolism and again a surgeon may refuse to operate because of the risk to the patient.

This is also the case if a person is older and overweight. Surgeries often produce very poor results for both overweight trans men and trans women. Those who are older and already have complex chronic diseases such as thyroid imbalance, which cause weight gain, may have to forego many of the gender reassignment surgeries.

However, there are less arduous alternatives that do not involve major surgery. It is very important, therefore, for people who are transitioning in later life to seek specialist counselling to learn to live in their new gender role despite retaining their original genitals.

For more information: Contact the Gender Trust and the FTM Network (see section 20 'Useful organisations') for advice on what is available for those who cannot undergo all the possible treatments.

9 Getting older when trans

Your experience of being trans will vary according to the age at which you transitioned and when that was. If you are now 60 and transitioned when you were 20, you will have had a very different life and faced very different issues from someone who is now 60 but transitioned when they were 55.

Little is known about what life and health will be like for trans people in later life. 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 surgeries performed using the very different techniques of the 1960s and 1970s.

You are thus in the vanguard and more data needs to be collected and monitored before we know more about what it is like to have an older trans body. The experiences of older trans men and older trans women will also be different.

9.1 Being a healthy older FTM trans man

Male hormones may sometimes feel like the fountain of youth, and there is little evidence of problems developing as a result of taking testosterone. However, if you have taken testosterone for 40 years – even if you are only 60 – you are 40 years post menopausal; in other words, you have the reproductive system of a 90-year-old woman.

Here are some of the other things we know about being an older trans man:

- As they get older, most trans men ironically find they ‘pass’ less easily. Older trans men tend to appear smaller than ever, and what has been your natural speaking voice for many years may start to develop an effeminate tone to the listener. This is partly to do with your original female socialisation, when you would have developed a feminine form of speech and used your hands more when speaking. If you listen carefully to how you sound, you may be able to avoid these pitfalls. But to look other than a very petite man, most of you will have to develop your walking tall and maybe even put on some weight.
- If you stop taking testosterone after several years, because your ovaries no longer fully function you will suffer from a shortage of base hormones and be a prime candidate for osteoporosis. You should not stop taking, or lower the dosage of, your testosterone without seeing an endocrinologist for evaluation. (For more information you can get a leaflet on *Transsexualism and osteoporosis* from the National Osteoporosis Society, tel: 0845 450 0230, website: www.nos.org.uk)

- The side effects associated with testosterone replacement therapy include acne, cardiovascular disease and, in some cases, abnormal liver function. You should insist on annual health checks.
- If you still have your vagina, it and the area around it, including the clitoris and urethra, may now be very old in post-menopausal terms. You may have problems with sensitivity and pain if you have intercourse, and sores may develop on the skin and the clitoris. You should ask to be referred to an endocrinologist if any of these things happen, as topical oestrogen cream, which does not affect your testosterone levels, may resolve some of them. However, it needs to be prescribed by a consultant, as there is a high risk of a stroke if you have ever had migraines or similar headaches.
- Bearing in mind the elderly state of your genitals, you should ensure you always practise safe sex, even with a regular partner, as you are more likely to have some bleeding or erosion of the vaginal walls.
- If you have not had a hysterectomy, there is some evidence of a risk of developing pre-cancerous cells at the cervix. Consider having regular smear tests regardless of whether or not you have ever had sexual intercourse. If you do not like the thought of a smear test, seriously consider having a hysterectomy and ask for a referral from your GP.
- If you have had genital reconstruction and have had a urethral extension either to the tip of your clitoris or through the neo-phallus (your penis) you may have problems of urethral stones. These happen when hairs (on skin originally elsewhere on your body) grow in the urethra and the uric acid builds up on the spot forming a stone. If you have any problems with urinary flow, or a boil develops on your penis, or you have pain or difficulty urinating, ask your GP to arrange a urine flow test.
- Breast removal surgery decreases your chance of breast cancer but when trans men have their breasts removed and their chests reconstructed, not all the potentially cancerous glands are removed; there are reported cases of trans men developing breast cancer. You should therefore examine your chest regularly and visit your doctor if you have any reason to think you might have a lump, you develop an inverted nipple, or you get a discharge from your nipples.

- Many silicon implants have not lasted as long as it was hoped they would. If you have a testicular implant check to see if it has become either hard or soft. Either way, ask your GP to check it out and if you have any doubts request to be referred to a plastic surgeon.
- If you have a penile prosthetic implanted into the neo-phallus so that you can get an erection, remember they have a limited lifespan of 10–15 years. Check yours regularly even if you are not having a sexual relationship. If it won't fully inflate or easily deflate ask to be referred back to the surgical team that inserted the implant.

As for everything else, we know very little. If you sense, see or feel anything peculiar about your body, get yourself checked out. If it is found to be an issue that might be related to hormonal therapy or surgical treatment, please report it to the FTM Network (see section 20 'Useful organisations').

What you can do to help yourself

Contact the relevant national support group/s from the list of organisations in section 20 and ask to talk to or meet other trans people who are also older.

Ask for details of any local support groups and consider attending their meetings.

Ask your GP for an annual referral to endocrinology services for assessment of medical conditions relating to hormone imbalances.

Current treatment for female to male transsexual people and transgender people is available from the FTM Network £3.00 including p&p (see section 20).

Visit the Transgender Care Health Information Archive at www.transgendercare.com

9.2 Being a healthy older MTF trans woman

Female hormones work differently from male hormones. We know they soften the skin, but not whether they will guard against heart disease, or put you at greater risk of breast cancer.

However, there are some things we do know:

- As you get older, most trans women find they 'pass' more easily. This is because older women tend naturally to develop more masculine features as their natural oestrogen level drops. So the difference evens out.
- Oestrogen puts you at higher risk of thrombosis, which can be fatal – so you should have already stopped smoking! If you get any pain in a limb and if there is a red patch on the limb, you should seek medical advice immediately.
- Following administration of anti androgens (drugs that block testosterone production in the MTF trans woman) there may be an increased risk of stroke, arteriosclerosis and liver disease. Ensure you take advantage of annual health checks.
- If you have an 'old style' vagina made from part of your sigmoid colon you should be aware that it will not naturally stay open as a void, and if you wish to continue to have sexual intercourse you need to continue to dilate daily.
- We also know, from other diseases, that the sigmoid colon is prone to developing pre-cancerous and cancerous cells. If you have regular bleeding of any sort from the neo-vagina, you should ask for an examination and for a sample to be taken for biopsy.
- Oestrogens increase your risk of breast cancer and men can get breast cancer, even if much less frequently than women. You should ask your practice nurse to advise you on how to examine your breasts on a regular basis and visit your doctor if you have any reason to think you might have a lump, or you get a discharge from your nipples.
- Many silicon implants have not lasted as long as it was hoped they would. If you have breast implants check to see if they have become either hard or soft. Either way, ask your GP to check it out and if you have any doubts request to be referred to a plastic surgeon.

As for everything else, we know very little. If you sense, see or feel anything peculiar about your body, get yourself checked out. If it is found to be anything that might be related to hormonal therapy or surgical treatment, please report it to the Gender Trust (see section 20 'Useful organisations').

10 The Gender Recognition Act: the basics

One of the most significant legal changes for trans people has been the Gender Recognition Act 2004 (GRA), which came into force in April 2005. The GRA affords full legal recognition to a transsexual person's acquired gender. It recognises a transsexual person as someone who is living permanently in their acquired gender role and intends to do so for the rest of their life: surgical procedures are not a prerequisite.

10.1 What gender recognition means

The GRA enables transsexual people to apply for 'gender recognition'. If successful they will receive a Gender Recognition Certificate (GRC). Those born in the UK will also be given a new birth certificate. On receiving a GRC, the trans person must be treated as their new sex for all legal purposes.

A GRC gives the trans person enhanced privacy rights, which means that great care must be taken by all official bodies to ensure they do not disclose that the person is trans without the express permission of the trans person.

The Gender Recognition Act allows trans people to be recognised in their new gender for all legal purposes, including marriage and civil partnership, and gives them legal protection from others who disclose their status without their permission.

For more information contact:

Gender Recognition Act information at Press for Change, BM Network, London WC1N 3XX, website: www.pfc.org.uk/node/1470

Gender Recognition Panel, PO Box 9300, Leicester LE1 6ZX, tel: 0845 355 5155, website: www.grp.gov.uk

11 Financial issues

Trans people may have extra financial issues in later life. They may lose some pension benefits due to employment and family disruption if they transition to living permanently in their new gender.

Many areas of life are affected by obtaining a GRC but no one can be forced to do it and it must be the trans person's own decision. The decision may have practical disadvantages, as well as happy emotional consequences, as a GRC can result in changes to benefit qualifications and affect a trans person's tax liabilities, pension benefits and credit status.

Professional advice should be sought in advance of any legal change of gender and trans people are recommended to take proactive steps to protect their interests as much as possible.

For more information on:

Benefits: contact your local Age UK/Age Concern; you can find details from Age UK Advice 0800 169 65 65.

Tax credits or allowances, or National Insurance payments: start with your local Tax Office – you can get details from the HM Revenue & Customs website at www.hmrc.gov.uk

Banking and credit: contact your local bank branch or the relevant credit reference agency. Any proposed or current lender should tell you what credit reference agency they use and how to contact them.

11.1 Pensions for trans people

One advantage for a trans woman applying for gender recognition used to be receiving the State Pension at the age of 60. For trans men the rules were reversed: when awarded a Gender Recognition Certificate, a trans man's State Pension entitlement ceased (though any already received benefit will not be claimed back).

However, State Pension age is changing for most people. Women (including trans women with a GRC) born on or after 6 April 1950 will no longer be able to claim a State Pension at the age of 60. State Pension age for women is gradually increasing to 65 by April 2020. New legislation has also been agreed to make further increases to State Pension age for men and women that will affect people born on or after 6 April 1959. Furthermore, the new Government is reviewing the changes and may start to increase State Pension age to 66 sooner than this.

For more information: Contact The Pension Service, tel: 0845 606 0265, website: www.direct.gov.uk/pensions

11.2 Employment rights

It is unlawful for an employer to discriminate against a worker on the grounds of gender reassignment. This includes people who intend to undergo reassignment, are undergoing reassignment or have undergone reassignment in the past. Trans people have protection under discrimination legislation from being treated less favourably than other workers. This includes protection from harassment, both by the employer and by colleagues. People can bring a claim at an Employment Tribunal if they are being discriminated against on these grounds.

For more information: See *Gender reassignment – a guide for employers* (2005), Government Equalities Office, tel: 0845 015 0010 www.equalities.gov.uk

12 A right to privacy

Section 22 of the Gender Recognition Act provides high levels of privacy protection, making it a criminal offence with a fine of up to £5000 for any individual who has obtained the information in an official capacity to disclose that a person has a Gender Recognition Certificate.

‘Official capacity’ includes all service providers, government agencies, local authorities, membership groups and associations, employers and the police (except in rare circumstances). Disclosure may only be made with the trans person’s express permission – and it would be best to get that in writing.

How you can help yourself

Ensure you put in writing to any individual who knows your medical history, the limits to which you give permission for further disclosure.

If you have privacy problems, contact Press for Change, BM Network, London WC1N 3XX, website: www.pfc.org.uk

If you have a problem with a health care provider, contact the Patient Advice and Liaison Service (PALS). PALS exists to ensure the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible. Your local practice or hospital should provide the contact details of their PALS office, or you could visit www.pals.nhs.uk

If you are receiving social care provided by the local authority, the professional working with you and their line manager should ensure that they meet the requirements of the Gender Recognition Act. If there are any problems you should discuss your concerns informally to try to resolve the issue – this may require supervision or training for the front-line worker. You can also make an official complaint through the complaints system at the local authority if you are not satisfied with any aspect of the service you receive. If the outcome of your complaint is not satisfactory you may wish go to the next stage, which is forwarding the complaint to the Local Government Ombudsman who will consider whether the local authority has acted in a reasonable, appropriate and legal manner.

See Age UK's Factsheet 59, *How to resolve problems and make a complaint about the local authority*, for further information. Age UK's Factsheet 78, *Safeguarding older people from abuse*, may also be useful in this context.

All providers of health and social care, for example home carers, must be registered with the Care Quality Commission so if you have a problem with a local authority social care provider, you can contact the Care Quality Commission, tel: 0300 0616 161, website: www.cqc.org.uk

You can also do this for a registered care provider if you have arranged this independently. From October 2010 the Local Government Ombudsman will provide a direct complaints mechanism for people who are funding their own social care at home or in a residential setting.

You can make a formal complaint, citing Section 22 of the Gender Recognition Act, to the police. However, it is unlikely to lead to a criminal prosecution unless the disclosure of your status has been so serious as to warrant the time and cost of prosecution.

13 Trans people as customers and service users

13.1 What are your rights?

As a trans person, you are protected against discrimination and harassment in the provision of goods, facilities and services. This applies to both public and commercial services and enterprises, and adds to the previous protection in employment and vocational training.

For instance:

- It is unlawful for a publican or shopkeeper to refuse to serve you.
- It is unlawful for a leisure centre to refuse to permit you to use their facilities.
- It is unlawful for a housing association to refuse to offer you accommodation, or to offer housing of lesser quality or on different terms.

These are only examples. The law applies to most circumstances, with only a handful of exceptions.

Action: The Equality and Human Rights Commission Helpline can tell you more about your rights, advise you about steps you can take to resolve any complaint on your own and, in some cases, give legal or financial assistance. Tel: 0845 604 6610 (England main number), website: www.equalityhumanrights.com

14 Care services for trans people in later life

The 1990s and 2000s saw a large increase in the number of people seeking gender reassignment, some of them in their middle or older ages. This means they are 'older' trans people but 'young' in terms of their trans-life management skills. We are also increasingly seeing people with disabilities undergoing gender reassignment who would not have been able to access services or treatments in the past.

There is also, for the first time ever, an ageing trans population. Many people who underwent treatment in the 1960s and 1970s are now facing all the ordinary issues that come with ageing, as well as some that are unique to trans people.

Consequently, it is increasingly common for care workers to find that they are working with a trans client and, furthermore, to discover that the client has complex social or bodily needs relating to their gender reassignment treatments.

Seeking advice from a multi-disciplinary team on how to meet the client's needs would appear to be common sense, but the privacy rights now afforded to trans people mean that social care workers **must** get the client's permission before discussing the matter in any way that might identify the client.

14.1 Care in the home

Care services can be provided by, or on behalf of, social services departments of the local authority, or you can make your own arrangements with an independent care agency to provide services. The NHS may also provide services to you at home. The local authority should be able to provide trans people with details of services available and their eligibility criteria.

These organisations should also have accessible equality, anti-bullying and confidentiality policies. Do not be frightened to check them over and, if they do not include trans people in their remit, ask how to contact the right person with whom to discuss how trans people should be included.

If you feel you have social care needs, you should be entitled to a local authority assessment. This should result in an agreed care plan that states which of your needs are eligible within the local authority eligibility criteria. For more information see Age UK's Factsheet 41, *Local authority assessment for community care services*.

Services arranged by the local authority are generally means tested, which means you may have to make a financial contribution. See Age UK's Factsheet 46, *Paying for care and support at home*, and Age UK's Factsheet 6, *Finding help at home*.

The assessment should take into account all your needs – psychological, social and cultural, as well as personal care and domestic.

The Government's new personalisation policy aims to give service users more choice and control over the services they receive. You now have the option to receive direct payments so that you can arrange services yourself or with support from a third party. This may be very important to you because it means you can arrange the assistance you need to meet personal and other care needs. You may choose to recruit a personal assistant – someone you feel comfortable with, who can respond to your individual needs and preferences and offer continuity of care. For more information about personalisation, see Age UK's Factsheet 24, *Self directed support, direct payments, personal budgets and individual budgets*.

See section 12 for further information about your right to complain about public services.

14.2 Housing and residential care

There has been no significant research into the care of older trans people in sheltered or residential accommodation, so if facing decisions about sheltered housing or residential care, the trans person and/or their carer should ensure they do plenty of research and visit all the establishments they might consider.

How you can help yourself

Most importantly, as a trans person you need to remember the issues you face daily to manage a trans body and your personal privacy needs. Ask yourself the following questions:

Trans women

Do I still look masculine when undressed?

Do I still have a penis?

Do I need to shave regularly?

Do I need my own room in which to dilate?

Do I need to maintain my hair, e.g. a wig, hairpiece or weave?

Trans men

Do I still look feminine when undressed?

Do I have no penis, or do I still have breasts?

Do I need to take special care of my penis or metoidioplasty, e.g. catheterisation?

For further information about residential care and funding, see the following Age UK factsheets:

- Factsheet 29, *Finding care home accommodation*
- Factsheet 10, *Paying for permanent residential care*

See also the Age UK Information Guide, *Housing options*.

14.3 **Confusion or dementia**

It is probably a good idea as a trans person to write down clear instructions for what should happen if you become confused or suffer from dementia or a similar disorder. This should include, for example, what type of clothing you should be given – what should happen if as, say, a trans man, you have size 4 feet and service providers say they can only find women's slippers in that size. Trans people should endeavour to ensure that someone is going to act in their best interests, even if only to tell a care home manager to go and buy some boys' slippers.

How you can help yourself

The best way to ensure your wishes are known and acted on if you lose mental capacity to make certain decisions in the future is to make a Lasting Power of Attorney (LPA). You can make one specifically relating to health and welfare decisions as well as one relating to your financial affairs. LPAs allow you to choose someone (an ‘attorney’) to make decisions on your behalf.

To find out more about LPAs read Age UK’s Factsheet 22, *Arranging for others to make decisions about your finances and welfare*, or contact the Office of the Public Guardian enquiry line, tel: 0300 456 0300, website: www.publicguardian.gov.uk Call their dedicated helpline on 0300 456 4600 to order relevant forms or download the forms directly from their website.

If there is a problem with a health care provider, independent care provider or local authority service, see earlier details in section 12.

Stephen Whittle’s booklet, *The Transgender Debate*, is regarded as a good resource for explaining the issues to non-trans people (see section 19).

15 Wills and intestacy

15.1 Making a will

Just like everyone else, trans people need to write a will to ensure their property goes to those they would prefer to have it on their death. You should make sure you are fully and clearly identified in your will, if you use two names or have only recently begun to live permanently in your new gender role.

Action: Unless your will is likely to be very simple, it is advisable to consult a solicitor – the Citizens Advice Bureau (CAB) should be able to provide a list of local solicitors. Find your nearest CAB in your phonebook or go to www.citizensadvice.org.uk

15.2 Being the beneficiary of a will

In terms of being a beneficiary of a will, it is important as a trans person to keep some evidence of your past identity, including your gender as registered at birth. If you have a Gender Recognition Certificate this will provide the link. If not, you should keep some other paperwork, such as your change of name, to ensure you can rightly benefit from a will.

16 Bereavement and registration of death

Most deaths are registered by a relative of the person who has died. The registrar normally only allows someone else to do it, such as someone present at the death, if no relatives are available. The registration must be made with the Registrar of Births, Marriages and Deaths for the district where the death occurred and is based on the details provided by the informant.

Where problems arise with regard to a trans person, it is generally because of uncertainty about what to do when stating the deceased's sex. Sometimes relatives register the death of the trans person in their birth sex, no matter how long a person has permanently lived in their preferred gender.

Once a trans person has a GRC then their preferred sex is their legal sex for all purposes, including death registration.

If a trans person has been living permanently in their preferred gender role, it is generally considered perfectly acceptable to put down their sex as that of the gender they lived in.

If an error is made in registering a death, the law allows details to be changed or added. Ideally the person who registered the death should arrange this with the office where the death was registered. You may be asked to provide documentary evidence to prove an error was made.

Action: If you have questions about a death registration, for example you are uncertain about registering a trans person's death because you are not sure whether they had gender recognition, or were living permanently in their preferred gender, or you are concerned that someone else has registered a trans person's sex on death incorrectly, contact the General Register Office, PO Box 2, Southport PR8 2JD, tel: 0845 603 7788, website: www.direct.gov.uk/gro

17 The partners of trans people

If you are the partner of a trans person, watching what is happening to your loved one as they get older can be very distressing. It also affects who you are – if you were a loving wife to a handsome man, do you now become the lesbian partner of a masculine-looking woman?

It is clear that when trans people suffer from inequality, discrimination or transphobia, their partners often suffer a loss as well. If a salary is lost, or the neighbours refuse to speak, it becomes a family matter.

As a result, partners often need their own independent support mechanisms to help them freely decide what they really want out of their life. The decision might be to stay but it might also be to go.

Action: Depend provides an independent space for the family and friends of trans people: BM Depend, London WC1N 3XX, website: www.depend.org.uk

Women of the Beaumont Society (WOBS) provide support to all women in an intimate, familial or social relationship with a gender dysphoric person, tel: 01223 441 246, website: www.gender.org.uk/wobsmatters

18 Glossary

- A-gendered: a person who feels their gender identity is neutral, or that they have no gender at all.
- Bi-gendered: a person who feels that his/her gender identity includes both male and female elements.
- Bilateral mastectomy: the removal of some breast tissue from both breasts and the reconstruction of the chest wall to resemble a normal male chest.
- Body image: the internal perception of one's body, including not only what the body looks like, but feelings and sensations, the perception of one's own voice, and so on. Transsexuals usually have an internal body image that is at odds with their actual body until this is altered via hormones and surgery.
- Butch: a certain sort of masculine appearance – often used to refer to 'butch lesbians' as opposed to 'femme lesbians'.

- Cross dresser: transvestite; a person who wears the clothes of the opposite birth sex group for personal and/or sexual pleasure.
- Cross-gender living: living in the gender role of the opposite anatomical sex group.
- Drag: the art/performance of dressing up in the clothes of the opposite sex to provide entertainment. Sometimes used to make a political statement.
- Drag king: rarely do drag kings identify as men, they identify as women who choose to dress up as men for certain social occasions. They are not trying to imply they are men.
- Drag queen: rarely do drag queens identify as women, they identify as men who choose to dress up as women for certain social occasions. They are not trying to imply they are women.
- Endocrinology: the field of medicine concerned with hormones, including the sex hormones oestrogen and testosterone.
- FTM: female-to-male – most commonly used to refer to a female-to-male trans person (transsexual or transgender man). However, the term is gaining currency in the lesbian community to mean women who have extremely masculine gender expression, including those who 'pass' as male yet still identify as female.
- Gender: an individual's personal sense of maleness or femaleness. It is also a social construction that allocates certain behaviours to male or female roles.
- Gender dysphoria: the term used by psychiatrists and psychologists to describe the condition transsexuals have – that is, not feeling well or happy with their gender as assigned at birth, in terms of both their social role and their body.
- Gender identity: a person's internal sense of being male or female. This awareness affects the individual's conscious (and perhaps unconscious) cognitive processes, and in turn greatly influences his or her social interaction with others.
- Gender identity disorder (GID): listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), and formerly called transsexualism in DSM-III, this is the medical diagnosis by which most transsexual people in this country currently receive hormone therapy and surgery.

- Gender/sex reassignment/confirmation/realignment treatment: terms used for the medical treatments including hormone therapies and surgical procedures to change a person's appearance to nearer that of the opposite birth sex group.
- Gender recognition: a process whereby a transsexual person's preferred gender is recognised in law, or the achievement of the process.
- Gender Recognition Act (2004) (GRA): the UK law that allows transsexual people to obtain gender recognition.
- Gender Recognition Certificate (GRC): a certificate provided to those who have been successful in their application for gender recognition.
- Gender Recognition Panel (GRP): a group of lawyers and doctors appointed to consider applications for gender recognition, and to approve them if the transsexual person has met the relevant criteria.
- Gender role: how a person expresses himself or herself in terms of traits commonly associated with masculinity and femininity.
- Genetic Female/Real Girl (GF or RG): a woman who was born with female anatomy, as opposed to a woman who was born with male anatomy (a transsexual or transgender woman).
- Genetic Male/Bio Boy: a man who was born with male anatomy, as opposed to a man who was born with female anatomy (a transsexual or transgender man).
- Hysterectomy: the surgical removal of the womb and cervix.
- Metoidioplasty (also called genitoplasty): the process whereby, when the clitoris has enlarged after testosterone hormone therapy, the clitoral hood is released so enabling the clitoris to be more forward and upright and to resemble a micro penis.
- MTF: male-to-female – most commonly used to refer to a male-to-female trans person (transsexual or transgender woman).
- Non-op: a person who does not desire surgery, or does not need surgery to feel comfortable with his or her body.
- Orchiectomy: the surgical removal of the testes.
- Oophorectomy: the surgical removal of the ovaries.

- Penectomy: the surgical removal of the penile tissue – the precursor to the creation of a new vagina.
- Phalloplasty: this is the surgical creation of a ‘penis like’ piece of flesh but it is not a penis – it is not erectile tissue and cannot have sexual sensation in itself. Sometimes the urethra can be successfully extended through it so that urine may be passed standing and sometimes erectile implants can be placed in it so that penetration of a sexual partner can be achieved.
- Pre-op/post-op transsexual: pre-operative and post-operative – having had or not had sex-confirmation surgeries. ‘Pre-operative’ implies that the person desires gender reassignment surgery; if this is not the case, ‘non-op’ is the correct term.
- Scrotoplasty: the surgical creation of an apparent scrotum.
- SRS (sex reassignment surgery)/GRS (gender reassignment surgery): medical terms for what transsexual people often call gender-confirmation surgery – surgery to bring the primary and secondary sex characteristics of a transsexual's body into alignment with his or her internal self-perception.
- Trans person/people/man/woman: inclusive terms adopted in the late 1990s by the UK Government, now commonly also used by members of the UK cross-dressing and transsexual community to refer to themselves.
- Transgender: an umbrella term used to define a political and social community that is inclusive of transsexual people, transgender people, cross dressers (transvestites) and other groups of ‘gender-variant’ people. ‘Transgender’ has also been used to refer to all persons who express gender in ways not traditionally associated with their sex. It has also been used to refer to people who express gender in non-traditional ways, but continue to identify as the sex of birth.
- Transgenderist: as originally defined in the 1970s, a transgenderist is a person who internally identifies as the opposite sex, and lives as the opposite sex full-time, but does not feel the need to have surgery to change the body as transsexual people do; sometimes also called a non-operative transsexual.
- Transition: the process of beginning to live full time as the opposite sex and changing the body, through hormones and surgery.

- Transsexual (female to male, male to female): a person who experiences a profound sense of incongruity between his/her psychological sex and his/her anatomic sex. Transsexual people may wish to change the anatomic sex, through hormones or surgery, to match the internal perception of his/her body.
- Vaginectomy: the surgical removal of the vagina and the closure of the vaginal opening.
- Vaginoplasty: the surgical creation of a vaginal opening and canal.

19 Key reading

Brown, Mildred and Rounsley, Chloe Ann (1996) *True selves: understanding transsexualism for family, friends, co-workers and helping professionals*. San Francisco: Jossey-Bass

Israel, Gianna E, Tarver, Donald E, and Shaffer, Diane (1998) *Transgender care: recommended guidelines, practical information, and personal accounts*. Philadelphia: Temple University Press

Lev, Arelene Istar (2004) *Transgender emergence: therapeutic guidelines for working with gender-variant people and their families*. New York and London: Haworth Press

Whittle, Stephen (2000). *The transgender debate*, Reading: South Street Press.

20 Useful organisations

National support organisations

Beaumont Society

A self-help body run by and for those who cross dress or are transsexual.

27 Old Gloucester Street

London WC1N 3XX.

Tel: 01582 412 220 (24 hour)

Website: www.beaumontsociety.org.uk

Depend

Offers free, confidential and non-judgmental advice, information and support to all family members, partners, spouses and friends of transsexual people.

BM Depend, London WC1N 3XX

Website: www.depend.org.uk

Gender Trust

Supports all those throughout the UK who are affected by gender identity issues.

Tel: 0845 231 0505

Website: www.gendetertrust.org.uk

Gender Identity Research and Education Society (GIRES)

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

Tel: 01372 801 554

Website: www.gires.org.uk

FTM Network

An informal and ad-hoc self help group, open to all female to male transgender and transsexual people, or those exploring this aspect of their gender.

Tel: 0161 432 1915 (Wednesdays 8pm – 10.30pm only)

Website: www.ftm.org.uk

Press for Change

Campaigns for respect and equality for all trans people.

BM Network London WC1N 3XX

Website: www.pfc.org.uk

Safra Project

Works on issues relating to lesbian, bisexual and/or trans women who identify as Muslim religiously and/or culturally

Website: www.safraproject.org

Sibyls

A UK-based confidential Christian spirituality group for transgender people and their supporters, offering companionship along the journey and information/advocacy to churches.

BM Sibyls, London, WC1N 3XX www.sibyls.co.uk

UK Angels

An internet-based support group, aimed at promoting the positive side of transgenderism. They aim to provide a support network for all TGirls, as well as providing opportunities to meet up and party

Website: <http://theangels.co.uk>

Women of the Beaumont Society (WOBS)

Provide support to all women in an intimate, familial or social relationship with a gender dysphoric person

Tel: 01223 441 246

Website: www.gender.org.uk/wobsmatters

Other useful websites

Anne Lawrence's Transsexual Women's Resources:

www.annelawrence.com/twr

FTM International (for trans men): www.ftmi.org

Transgender Zone: www.transgenderzone.com

Transsexual and transgender transition guide: www.transgendercare.com

World Professionals Association for Transgender Health: www.wpath.org

21 Further information from Age UK

Visit the Age UK website, www.ageuk.org.uk, or call Age UK Advice free on 0800 169 65 65 if you would like:

- to order copies of any of our information materials mentioned in this factsheet
- to request information in large print and audio
- further information about our full range of information products
- contact details for your nearest local Age UK/Age Concern.

Books from Age UK

We publish a wide range of books for older people and those who care for and work with them. The following title may be of particular interest:

Your rights to money benefits 2010/11

All the information you'll need about benefits you're entitled to in retirement.
£5.99

To order this book visit www.ageuk.org.uk/bookshop or to request a free books catalogue please call our book order line 0870 44 22 120.

Age UK

Age UK is the new force combining Age Concern and Help the Aged. We provide advice and information for people in later life through our publications, online or through our helpline Age UK Advice.

Age UK Advice: 0800 169 65 65

Website: www.ageuk.org.uk

In Wales, contact:

Age Cymru: 0800 169 65 65

Website: www.agecymru.org.uk

In Scotland, contact:

Age Scotland: 0845 125 9732

Website: www.agescotland.org.uk

In Northern Ireland, contact:

Age NI: 0808 808 7575

Website: www.ageni.org.uk

Support our work

Age UK is the largest provider of services to older people in the UK after the NHS. We make a difference to the lives of thousands of older people through local resources such as our befriending schemes, day centres and lunch clubs; by distributing free information materials; and through calls to Age UK Advice on 0800 169 65 65.

If you would like to support our work by making a donation please call Supporter Services on 0800 169 80 80 (8.30 am – 5.30 pm) or visit www.ageuk.org.uk/donate

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Together they have formed Age UK, a single charity dedicated to improving the lives of people in later life. Age Concern and Help the Aged are brands of Age UK. The three national Age Concerns in Scotland, Northern Ireland and Wales have also merged with Help the Aged in these nations to form three registered charities: Age Scotland, Age Northern Ireland, Age Cymru.

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