

# TEN TOP TIPS

for becoming more inclusive of  
lesbian, gay, bisexual and transgender people

A guide for services and organisations working with older people



LGBT AGE CAPACITY BUILDING PROJECT

*LGBT Health and Wellbeing*



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## About LGBT Health and Wellbeing

LGBT Health and Wellbeing creates and promotes opportunities to improve and equalise the social, emotional, physical and mental health and wellbeing of lesbian, gay, bisexual and transgender people in Scotland, through a programme of activities, events, courses and community groups.

This resource has been developed in consultation with older LGBT people. The poetry, prose, and images in this booklet have been generously shared by LGBT people who took part in our 'Lifelines' intergenerational storytelling project.

## Introduction

*What does it mean to be inclusive of lesbian, gay, bisexual and transgender (LGBT) people? How can you make sure that LGBT people feel actively welcomed? Why is it important to go beyond 'treating everyone the same'? How can your organisation provide the best service possible to older LGBT people?*

Attitudes towards LGBT people have changed a great deal in recent times: the Equality Act (which requires public services to consider the needs of LGBT people and tackle inequality and discrimination) and Equal Marriage represent huge legal landmarks, and discrimination against LGBT people is increasingly unacceptable in society.

However, LGBT people still regularly face prejudice, harassment and hate crime. Older LGBT people in particular have dealt with serious discrimination throughout their lives (take a look at the timeline below to get an idea of some of the challenges they have faced). As a result, many older LGBT people fear or expect prejudice from the people around them - including professionals. This makes accessing services difficult; they are also less likely to access preventative support, getting help only when the situation becomes a crisis - sometimes leading to permanent harm which could have been avoided.



*Isolation*

Elspeth

*This piece reflects my fears of growing older, my fears of isolation, bereavement and loss, and my experiences of these powerful experiences in the past.*

## Imagine you are 65...\*

If you're a gay man, it was illegal for you to have a sexual relationship until you were 30.

1992

If you are transgender, you didn't have a legal right to have your gender recognised until you were 53.

present

1980

If you are lesbian or gay, your identity was classified as a mental disorder by the World Health Organisation until you were 42.

2003

If you're bisexual, as well as experiencing the struggles mentioned here around your same-sex relationships, your identity has always been called into question as 'confusion' or 'a phase'.

\*In 2015

Many LGBT people who do access services hide their identities to protect themselves from discrimination. For those receiving care in their own home, this might mean hiding photographs and other things that would suggest that they are LGBT; those moving into residential care might hide their identity completely. For transgender people, personal care may be particularly worrying if their body gives away their transgender status.

Discrimination, and the fear of it, also contributes to social isolation, creating a barrier to mainstream social opportunities - especially as their peers are more likely to have negative views about LGBT people than the general population. Meanwhile, LGBT communities are often youth-orientated and can feel inaccessible to older people.

Many LGBT people have experienced rejection from their families, which also contributes to isolation and a reduced support network. LGBT people often create their own, non-traditional families and forms of support; however, these can go unrecognised by those who provide formal care. In addition, these networks are more likely to be formed of people who are ageing together, and may find it harder to look after each other as they get older.

Even where there is not outright prejudice, LGBT people are often invisible, or seen as a deviation from the norm. Within services, 'treating everyone the same' often in practice means treating everyone as heterosexual and/or cisgender (see glossary), which can be difficult for LGBT people who have to correct assumptions all the time as a result.

These days, many professionals are keen to make sure that they are inclusive and welcoming. But it's something which hasn't always been talked about, and often it can be difficult to know where to start. This resource will give you some practical strategies for becoming more inclusive, explaining the reasoning behind them along the way. It can be used with the LGBT Age Audit Tool to help you assess how your organisation is doing, and come up with ways to improve. It is designed to help you go beyond tolerance to promote acceptance and active inclusion, embracing LGBT people for who they are and providing the best care and support possible to them.

## Support

Is a timely touch on the arm  
It's a smile  
It's a hug  
or a word  
It's Marks and Spencers' knickers  
Or tights or a girdle  
It's a helping hand over an  
unexpected hurdle.  
It grows from empathy, sympathy,  
love and compassion.  
It's political  
It's essential  
It comes from peers, friends and  
family  
From Stonewall to Amnesty  
It's unity  
It's you and me  
It's an act of love  
It's an act of kindness  
It's what should be  
It's what could be  
It's acceptance  
It's hope  
It's possibility.

Sally Fox

There is a glossary at the back of the booklet to explain any unfamiliar terms, plus a list of useful resources for further information.

For more information, please contact Katherine, the LGBT Age Capacity Building Development Worker, on **0131 652 3284 / [katherine@lgbthealth.org.uk](mailto:katherine@lgbthealth.org.uk)**

# 1. Make sure LGBT people are visibly welcomed

## WHY?

- LGBT people feel safer and more confident in accessing services if it is clear that they are welcome.
- Many older LGBT people have experienced serious and ongoing prejudice and discrimination throughout their lives, from family, co-workers, peers - and often services.
- As a result of this, older LGBT people often assume that they will face prejudice from services unless it is proved otherwise.
- It can be a huge relief to find out that fears about an organisation were unfounded!



Make sure your **promotional materials** include LGBT people - in the pictures you use, as well as words.



Have **posters and flyers** for LGBT-specific services on noticeboards etc. in public areas.



Signpost to LGBT organisations on your **website**.



Use the LGBT Age **Audit Tool** to assess how you are doing, and display the **certification** after completion.



Display a **statement of inclusivity** in public areas. Let people know that discrimination will not be tolerated in your services.



Display a **Safe Space policy** (see tip 5) which references LGBT people.



**Celebrate** events such as LGBT History Month and Pride.

Older LGBT people are 5 times less likely to use services for older people than their peers (ILC, 2008)

*The Invisible Woman*  
Siân Lovell



## 2. Avoid assumptions

### WHY?

- Avoiding making assumptions about people's gender and/or sexual orientation makes it much easier for them to come out to you.
- It is important to make it easy for people to talk about their identity if they need to, so that they are able to tell you details about themselves which are relevant to their care, e.g. discussing the role of their same sex partner, or trans-specific healthcare.
- It makes LGBT people feel safer and more welcome, even if they choose not to come out to you.
- It can be difficult and tiring to correct other people's assumptions, particularly when you are in a vulnerable position and/or need help with something unrelated to your sexual orientation or gender.
- It helps to make clear to heterosexual and cisgender people who use your services that there may be LGBT people around, and that the organisation is welcoming of them. This can help to challenge prejudice amongst people using the service.



Ask **open questions** and use **gender neutral language**, e.g. "do you live with anyone?" instead of "do you live with your husband/wife?" You might also use words like "partner".



Use gender neutral language about **past and potential relationships** too - don't assume that if someone is in a mixed-sex relationship, they have never been/never will be in a same-sex relationship (or vice versa).



Try not to make assumptions about people's **bodies**. Someone's gender identity doesn't necessarily tell you what their body is like.



**Listen** to what words people use to describe themselves, and use those words. The exception is reclaimed slurs, such as 'dyke' or 'tranny'.



Avoid **labelling** people - describe relationships as 'mixed sex' and 'same sex' - rather than 'gay' and 'straight'.



If you're not sure about someone's pronoun, just respectfully **ask**.



Be **honest** about gaps in your knowledge - admit that you're not sure what they mean and ask if they would be willing to explain a bit more. Be **patient** if they find it difficult to explain.



Don't assume you know someone's sexual orientation **based on** their gender identity - a trans person could be heterosexual, gay, bisexual, or something else.



Don't assume you know someone's sexual orientation or gender identity based on **how they look**.

This **Wish Tree** holds a range of things that older LGBT people would like from support services. Avoiding assumptions is a very strong theme:



“For everyone from all walks of life to feel safe, supported and loved living every part of themselves openly and honestly.”

“I wish that services wouldn’t operate with a really narrow idea of what it means to be a woman - talking about ‘ladies’ and assuming that because we are ‘ladies’ we have a specific, traditional range of interests.”

“I want to be seen for all parts of who I am, and for care/treatment I receive to take this into account.”

“I wish that everyone was allowed to be who they are, however ‘different’ that may be.”

“To be visible.”

“Acknowledging the past, not ignoring it.”

### 3. Ensure that staff receive LGBT awareness training

#### WHY?

- Training gives staff the confidence to be proactive in addressing the issues that LGBT people face.
- It helps staff to provide person-centred care.
- Staff often want to be more LGBT inclusive but are worried about saying the wrong thing.
- It sends the message that prejudice is not acceptable among staff members.
- LGBT staff members will also feel safer.



Make LGBT awareness part of the standard **induction** for new staff.



Hold **refresher** training for existing staff at regular intervals, making sure to keep up to date with **developments** in language and issues.



Make it clear at the **recruitment** stage that staff will be expected to engage with LGBT issues, and prejudice will not be tolerated.



Make it clear that LGBT status is **confidential** information in your confidentiality training and policy.



Ensure that training includes **trans** and **bisexual** identities, as well as lesbian and gay ones.

#### It Began With a Big Bang

I created a big bang in my mind,  
My life and thoughts have totally changed.  
Out of the blackness,  
out of the exploding starlight  
my mind transformed.

Lo and behold I saw my body  
recreated into a living, healthy being.  
Free of gender, free of ageing.  
It's full of spiritual thought and ideas.

My inspired ideas are boundless.  
Energy re-explodes in a gapless mind.

I looked at my body and for once in my life  
I was very pleased.

Nicky L. Stones



Training sessions should be a safe and supported space for staff and volunteers to **challenge their own prejudices** without feeling they may be judged.



Make sure that staff at **all levels** receive training, from senior managers to front line workers.



Make sure that **external and sessional staff** (e.g. interpreters, people running workshops and activities, etc.) are aware of the expectations around LGBT inclusion. Remember to communicate this to people who use your services.

## 4. Make sure that LGBT people's safety and privacy is protected

### WHY?

- LGBT people often fear being 'outed' without their consent. Being clear that LGBT status will be treated as confidential will make it easier to come out to staff.
- Being clear about the processes for dealing with discrimination will make LGBT people feel more confident that it will not go unchallenged.
- This may also help to encourage more positive attitudes among people who use the services, and will help staff to challenge discriminatory attitudes when they do occur.
- Many trans people feel unsafe in public toilets as they may worry that they will be questioned about their gender.
- It is a criminal offence to reveal someone's transgender status without their consent (Gender Recognition Act, 2004)

Provide some **gender neutral** toilets.

Make clear and visible statements that LGBT status will be treated as **confidential**.

Remember that people **may not come out** to you - and that is their choice.

If you **signpost** to other organisations, get a sense of how LGBT inclusive they are. If they are not inclusive, you can signpost them to support that will help them improve. Depending on the situation, you may need to stop referring people to them until they show improvement - let them know why you have stopped to encourage them to address the issues.

If you run LGBT-specific **groups**, hold some of them outside of your main space or somewhere more private, so that people can join in without outing themselves.

Make sure that your **complaints** procedure deals explicitly with discrimination, and that it is clear, visible, and easy to use. Support the person complaining through the process and keep them informed about outcomes.

Have a way for people to make **anonymous** comments/complaints, so that they do not have to out themselves to report discrimination.

If someone needs help filling in **forms**, make sure that they are able to do this in private, with someone they feel comfortable with.

Develop a way for staff to **whistle-blow** if they encounter discrimination.

Don't ask questions just to satisfy your **curiosity** - for instance, never ask a trans person if they have had genital surgery unless you need to know for **relevant**, medical reasons. If in doubt, ask yourself if you would ever ask a non-LGBT person the same question.

76% of lesbian, gay and bisexual people are not confident they would be treated with dignity and respect in a care home setting (Stonewall, 2011)

## 5. Create a Safe Space Policy

### WHY?

- A Safe Space Policy sets out the expectations of people using and staffing a service. It forms an agreement for how people treat each other in the space/service.
- The aim is to make the space a good place for everyone, regardless of identity or background.
- LGBT people feel more confident in knowing that staff will challenge behaviour that makes them feel unsafe.
- Staff are able to refer back to the policy in challenging discriminatory behaviour, which helps increase their confidence in doing so.

★ Ensure **staff know how to uphold** the Safe Space Policy, including **challenging** people who use the services and colleagues who breach it.

★ When talking about the policy to deal with a tricky situation, remember to speak about the **behaviour** rather than the person, making sure that while people who breach it are asked to take responsibility for their actions, they are not characterised as bad people.

★ Consider working with people who use the services and staff to come up with a policy **together**, making sure to include LGBT people and people from other equality strands in the discussion.

★ **Display** the policy prominently and **discuss** the expectations it sets out with people who are using the service for the first time.

81% of transgender people avoid certain situations due to fear (STA, 2008)

### Soul Party

I wish,  
that when I'm old  
I will rock back,  
history rolling down my spine  
in ever shifting colors.

Lucent paths mapping us together  
in rhythms of joy and blues.  
Deep in the darkness of my soul,  
there is a party  
where everyone is invited.

Aino Leskinen



# An example of a safe space policy

## Safe Space Commitment

### What is safe space?

A space in which everyone feels welcome, respected and comfortable with being who they are. This includes people who access our services, volunteers, community group leaders and staff.

### To create this we are all expected to:

- ★ Listen to each other
- ★ Allow everyone to have a chance to speak
- ★ Only share information that we are comfortable sharing
- ★ Respect other people's limits and boundaries
- ★ Ask someone if we are not sure of their limits and boundaries
- ★ Think about the impact of our words and actions upon others
- ★ Speak respectfully about others whether they are present or not.

### How do I help to keep the space safe if I feel that this is being broken?

- ★ If you feel able to, respectfully tell the person or people involved that you feel that they are breaking safe space, explaining to the person why
- ★ Tell staff, volunteers or community group leaders about how you are feeling (either at the time or when you feel able to)

### What happens if I find it difficult to uphold the safe space?

- ★ Listen respectfully if someone tells you that you are making them uncomfortable and try to change your behaviour
- ★ Ask staff or volunteers if you don't understand expectations
- ★ If you feel unable to speak about your difficulties in the moment then you can leave the room
- ★ Ask staff or volunteers for support

Staff, volunteers and community group leaders at LGBT Health and Wellbeing will always work actively to create a safe space.



## 6. Engage with and respect LGBT people's chosen families

### WHY?

- Older LGBT people may have experienced rejection from their biological families, and so may not have traditional networks of support.
- They are also less likely to have children, and more likely to live alone.
- Because of this, older LGBT people's support networks are often based on chosen family: close friends who play an important role in their lives.

LGBT people are 4 ½ times more likely not to have children (ILC, 2008)

★ Involve LGBT people's families in the same way that you would involve anyone's family. This may include friends as well as **same-sex partners**; **listen** to what they say about their networks and go from there.

★ Don't assume that LGBT people have **children** to support them - but equally, don't assume that they do not!

★ LGBT people **may not be out** to all of their family. Treat their LGBT status as confidential when speaking to family unless you have asked if it's ok to reference it.

★ Remember that even if someone is in a same-sex relationship, they may have a **history** which includes mixed-sex relationships - perhaps because they are bisexual, or came out later in life, or simply because their sexual orientation has changed or is fluid.

★ Work with individuals' chosen family to ensure that LGBT people who have **less capacity** (e.g. those with dementia or who are in hospital) are still able to **be themselves** as much as possible - for instance, dressing in their own clothes, ensuring that the right pronoun/name is used, etc.



Photography by Daisy Swain

## 7. Monitor gender and sexual orientation across the organisation

### WHY?

- It's important to keep track of demographics to ensure that you are reaching LGBT people effectively.
- At least 5-7% of the population are LGBT; it's a good idea to aim for this proportion within your service.
- Asking monitoring questions gives LGBT people a chance to tell you about their identity if they want to, allowing you to provide a more person-centred service right from the start.
- People are much more likely to answer questions if they know why they are being asked. Transparency can help to build trust.



Separate gender, transgender status, and sexual orientation into **different questions** (see picture below).



Ask 'do you or have you ever identified as **transgender?**'. Some people see trans as part of their medical history, rather than part of their identity.



Make it clear **why** you are collecting the information and **what** you will be using it for.



Include an '**other**' and '**prefer not to say**' option in each question.



Include '**questioning**' as an option - many people come out in later life as their circumstances change and may not have picked a label.



Monitor LGBT status among **staff and volunteers**.



Make it clear that LGBT status will be kept **confidential** and/or **anonymous** and will not **disadvantage** anyone.

An example of good monitoring questions.

**About you**

**How do you describe your gender?**

Male       Female       Non-binary       Prefer not to say

Other (please specify): \_\_\_\_\_

---

**Do you or have you ever identified as transgender?**

Yes       No       Prefer not to say

---

**How do you describe your sexual orientation?**

Lesbian       Gay       Bisexual       Heterosexual

Questioning       Prefer not to say

Other (please specify): \_\_\_\_\_

## 8. Link up with LGBT communities in your local area

### WHY?

- Older LGBT people can feel isolated from the LGBT community, as it can be youth-orientated and based around bars and clubs.
- This can increase their overall isolation.
- They may find it easier to talk to other LGBT people about their lives. This can be a valuable source of support.
- Younger LGBT people who may not have supportive elders in their own families benefit from interacting with older LGBT people, which in turn gives older LGBT people a sense of purpose and belonging.
- Engaging with the LGBT community sends the message that your service is LGBT friendly and ensures that LGBT people know about the options available to them.



**Publicise** your service via LGBT publications and networks.



Organise an **intergenerational event** with a local LGBT community group. LGBT Youth Scotland have a number of youth groups and may be a good place to start.



**Consult** with older LGBT people on what they think of your service, and what their needs are.



**Signpost** to LGBT-specific services, groups and activities. Make sure staff are kept up to date on the opportunities and services available.



When you encounter a tricky situation, **ask for help**. Organisations such as LGBT Health and Wellbeing can offer advice and support.

### Be **creative!**

One residential care home was struggling with residents expressing homophobic views; explaining the situation, they invited the local gay men's choir to come in to sing carols and have mince pies with the residents. Many residents had never knowingly met a gay person before, and the contact resulted in increased understanding - and residents challenging their peers' homophobic comments themselves.

## 9. Make sure your systems, policies and procedures are LGBT inclusive

### WHY?

- Policies and procedures can provide guidance for staff on what is expected of them in relation to LGBT people, helping them to make sure their practice is inclusive.
- Policies and procedures also make LGBT people feel more confident and safer by reassuring them that they will be treated respectfully and protected from discrimination.
- Sometimes systems for recording data can be inaccurate because they don't have comprehensive categories, for example for gender. Updating them will allow you to get a more accurate picture of the people you work with, which will help you to understand their needs

The Equality Act (2010) requires public services to consider the needs of LGBT people and to tackle inequality and discrimination



Where you **record** gender, ensure that there is a way of recording genders **other** than male/female (see tip 7).



If it's relevant, make sure that your system allows trans people to record their gender accurately and still **receive information relevant to them**. For instance, trans women should still get reminders about prostate checks - but make sure that these reminders are inclusive, and don't assume that everyone with a prostate is a man! You may also wish to send out separate reminders to avoid this.



Update relevant **policies and procedures** to provide guidance on how they apply to LGBT people. This might include: a discussion of LGBT status in your **confidentiality policy**; inclusion of how discrimination is dealt with in your **complaints** and/or **disciplinary** procedures.



Make **clear statements** about these policies to all staff and people who use your services.



**Back up** your policies and procedures with high-quality staff **training** to make sure they are supported in carrying them out (see tip 3).



Make sure that your **employment and recruitment** policies promote equality and aim to eliminate discrimination for LGBT employees

## 10. Remember that not all LGBT people are the same

### WHY?

- LGBT people are as varied as any other part of the population in terms of race, belief, ethnicity, socio-economic status, disability, health, interests, personality...
- Person-centred care is all about engaging with people as they are. Remembering that LGBT people are a diverse group will help you to provide care which lives up to that ideal.
- LGBT people may experience multiple discrimination - they may also be disabled, experience mental health issues, be BME etc.; this may mean that they have particular challenges, e.g. experiencing discrimination within their own community or experiencing double stigma.
- LGBT people experience health inequalities, particularly around mental health

LGBT people are 3-4 times more likely to experience mental ill health (University of Brighton, 2007)



Avoid **stereotypes** - you can't tell what someone is like just from their sexuality and/or gender identity, just as you can't tell if someone is LGBT just by looking.



Be aware that different **cultures** have different attitudes to LGBT people, which can affect people's engagement with their cultural community. **But** don't assume that BME people will be offended by discussion of LGBT issues.



Remember that many LGBT people have had a difficult relationship with **religion** - but also be aware that many LGBT people are religious.



If someone using the service needs an **interpreter**, remember that LGBT-related terms don't always easily translate. Also be aware that people may worry about prejudice from interpreters.



While you are thinking about LGBT inclusion, use the opportunity to think about **the other equality strands**. Lots of this learning will be transferrable!



Remember that sexual orientation isn't all about sex - even if someone is not having a sexual relationship, their L/G/B **identity** is still important, and they can still enjoy **romance and companionship**.



Don't assume that just because someone is older and/or disabled that they are not interested in **sex**!



Try to have a **diverse** range of LGBT people in your publicity - for instance, not all LGBT people are white or able-bodied.

### *A Letter to my Younger Self*

*Letters to Myself*

Elspeth Morrison

*Dear Elspeth*

*This is a letter from your future, where things are currently bright and good. Don't give up. This pain will pass, this storm will subside.*

*You will not always feel cold and lost. You will come home to yourself. Your road will be mostly uphill but you will manage, one step at a time. Others will be there to hold your hope for you while you limp along. Your best is good enough, and more than that, it is all you have to give.*

*I cannot tell you how long your journey to recovery will take: I can only say that quick fixes won't work. Neither do absolutes apply to you anymore. Learn to live with shades, not blacks and whites. Try to keep talking, try to keep trusting. No-one means to let you down. Judge them and yourself with compassion. Above all, hold on to love, it will see you through.*

### *A Letter to my Older Self*

*Dear Elspeth*

*Wow, you're still here. Well done for that! You've made it this far, that's pretty damned impressive. Stopping smoking and drinking was worth it then? How does it feel being this old? Better than the alternative? Are you still looking into that, or have things settled a bit more? I hope things are more stable with you. You've struggled a lot in the past, but now this is the time to settle down and relax: to look back on your life and see what you have achieved, not beat yourself up for what you never got round to doing. Don't waste the time you have left on regrets. Don't live solely off your memories either, make new memories out of each precious moment. Keep mindful and compassionate. These allies have served you well in the past and will see you through the present into the future. Respond, don't react. Remember the lessons you worked so hard and long to learn, stick with those too. Keep surrounding yourself with the positive people you have met over the years. Remain honest and respectful for the time you have left. Let yourself be remembered for the best you could be, not the worst. Keep loving, keep living and now it's your turn to look after Jackie.*

*With love to you*

*E*

## BONUS TIP: Keep up to date with issues, research, and good practice

### WHY?

- Services and organisations are still experimenting to find out what works to make services more accessible to LGBT people. New opportunities and approaches are being developed all the time.
- As progress is made, new groups make their voices heard. For instance, intersex people campaigning for their inclusion and rights are starting to gain momentum.
- Language changes surprisingly quickly!



Don't be afraid to ask questions. Build relationships with projects and people who can **advise** you.



Make sure staff can **ask questions** about LGBT issues - perhaps you could have someone who is a designated go-to person.



Make **links** with other services which are striving for inclusivity and **learn** what's worked and what hasn't. Seek out **good practice**.



Designate someone to keep up to date with **research** and **disseminate** it to other staff.



Regularly **re-assess** how you are doing and make new plans to keep improving. The LGBT Age **Audit Tool** is a great way of doing this.



Most importantly - **involve** older LGBT people in development and improvement work right from the start - and keep them involved as the work continues.

### Wish Tree and Worry Box

Keep consulting with LGBT people - and get creative!



## Useful resources and research

**Count me in Too** | Finding from the UK's largest scale LGBT community needs assessment. Includes a report on older LGBT people's needs. University of Brighton & Spectrum (2007)

<http://www.countmeintoo.co.uk/>

**Transgender Experiences in Scotland** | Key research findings of the Scottish Transgender Alliance survey of transgender people living in Scotland. Scottish Transgender Alliance (2008).

<http://www.scottishtrans.org/our-work/research/>

**The Equality Network** have a range of reports on community engagement, policy and campaigns, intersectional identities (in particular asylum seekers and black/minority ethnic people), and transgender issues.

<http://www.equality-network.org/resources/publications/>

**Stonewall Scotland** have a range of resources and research available, including reports on community safety, employment, health, housing, and including LGBT people in decision-making.

[http://www.stonewallscotland.org.uk/scotland/what\\_we\\_do/2745.asp](http://www.stonewallscotland.org.uk/scotland/what_we_do/2745.asp)

**The Bisexuality Report: bisexual inclusion in LGBT equality and diversity** | A comprehensive report, including recommendations and tips. Barker et al; BiUK, Bisexual Index and Open University (2012)

[http://www8.open.ac.uk/ccig/files/ccig/The%20BisexualityReport%20Feb.2012\\_0.pdf](http://www8.open.ac.uk/ccig/files/ccig/The%20BisexualityReport%20Feb.2012_0.pdf)

### Older LGBT people

**The Last Outing** | Exploring end of life experiences and care needs of older LGBT people. University of Nottingham (2014) <http://www.nottingham.ac.uk/nmpresearch/lastouting/home.aspx>

**“We don't have any of those people here”** | Retirement Accommodation and Aged Care Issues for Non-Heterosexual Populations. GRAI (2010)

<http://grai.org.au/wordpress/wp-content/uploads/2010/07/We-dont-have-any-of-those-people-here.pdf>

**Open Doors London** have a variety of useful resources and research available. They provide a range of LGBT people over 50 in London.

<http://openingdoorslondon.org.uk/odl-resources/>

**Don't look back?** | Improving health and social care service delivery for older LGB users. Ward et al; Equality and Human Rights Commission (2010)

[http://www.equalityhumanrights.com/sites/default/files/documents/research/dont\\_look\\_back\\_improving\\_health\\_and\\_social\\_care.pdf](http://www.equalityhumanrights.com/sites/default/files/documents/research/dont_look_back_improving_health_and_social_care.pdf)

**The International Longevity Centre (ILC)** has a series of policy briefs on the needs of older LGBT people.

[http://www.ilcuk.org.uk/index.php/publications/publication\\_details/older\\_gay\\_lesbian\\_and\\_bisexual\\_people\\_in\\_the\\_uk\\_policy\\_brief\\_series](http://www.ilcuk.org.uk/index.php/publications/publication_details/older_gay_lesbian_and_bisexual_people_in_the_uk_policy_brief_series)

**Perspectives on ageing: lesbians, gay men and bisexuals** | Interviews with older LGB people about their experiences of ageing. Klocker; Joseph Rowntree Foundation (2012)

<http://www.jrf.org.uk/publications/perspectives-ageing-lesbians-gay-men-bisexuals>

**Lesbian, gay, bisexual or transgender: planning for later life** | Age UK (2013)

[http://www.ageuk.org.uk/Documents/EN-GB/Information-guides/AgeUKIG02\\_Lesbian\\_gay\\_or\\_bisexual\\_inf.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Information-guides/AgeUKIG02_Lesbian_gay_or_bisexual_inf.pdf?dtrk=true)

**Transgender Issues in Later Life** | Age UK (2011)

[http://www.ageuk.org.uk/brandpartnerglobal/eastlondonvpp/documents/fs16\\_transgender\\_issues\\_in\\_later\\_life\\_fcs.pdf](http://www.ageuk.org.uk/brandpartnerglobal/eastlondonvpp/documents/fs16_transgender_issues_in_later_life_fcs.pdf)

**Bereavement: A guide for Transsexual, Transgender people and their loved ones** | NHS & Department of Health (2007)

[www.gires.org.uk/assets/DOH-Assets/pdf/doh-bereavement.pdf](http://www.gires.org.uk/assets/DOH-Assets/pdf/doh-bereavement.pdf)

Stonewall have several resources aimed at organisations working with older people, including a substantial piece of quantitative research (*Lesbian, Gay and Bisexual People in Later Life*).

[http://www.stonewall.org.uk/what\\_we\\_do/research\\_and\\_policy/sexual\\_orientation\\_equality\\_strands/8025.asp](http://www.stonewall.org.uk/what_we_do/research_and_policy/sexual_orientation_equality_strands/8025.asp)

The Rainbow Project have produced two sets of practical guidelines specific to care settings.

<http://www.rainbow-project.org/resources/resources-for-professionals>

Stonewall celebrated their 25<sup>th</sup> birthday with a publication of 25 stories from older LGBT people

[http://www.stonewall.org.uk/media/current\\_releases/10243.asp](http://www.stonewall.org.uk/media/current_releases/10243.asp)

## Dementia

**Dementia Doesn't Discriminate** | Information for LGB&T people and their friends, partners and families. Equity Partnership (2014)

<http://www.futureyears.org.uk/uploads/files/Dementia%20leaflet.pdf>

**Supporting lesbian, gay and bisexual people with dementia** | Alzheimer's Society (2012)

[http://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=1100](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1100)

**Moving into a care home - advice for lesbian, gay and bisexual people** | Alzheimer's Society (2012)

[http://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=2131](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2131)

Alzheimer's Australia have a number of resources, including a paper on the specific issues for transgender and intersex people

<https://fightdementia.org.au/about-dementia-and-memory-loss/LGBTI-communities>

## Mental Health

**Trans Mental Health Study** | Largest UK study of trans mental health. McNeil, J. et al. (2012).

<http://www.scottishtrans.org/our-work/research/>

**There's More to Me** | Report on lesbian, gay and bisexual people's beliefs, attitudes and experiences of mental health. Glasgow Anti-Stigma Partnership (2010)

[http://www.samh.org.uk/media/1154/SAMH\\_LGB\\_Report\\_FINAL.pdf](http://www.samh.org.uk/media/1154/SAMH_LGB_Report_FINAL.pdf)

**Supporting LGBT Lives: A study of mental health and wellbeing** | Commissioned by Gay and Lesbian Equality Network (GLEN) and Belong to Youth Project. Maylock, A. et al. (2008)

[http://www.nosp.ie/lgbt\\_lives\\_dec\\_2008.pdf](http://www.nosp.ie/lgbt_lives_dec_2008.pdf)

## Health and Wellbeing

**Towards a Healthier LGBT Scotland** | INCLUSION Project Working for Lesbian, Gay, Bisexual and Transgender Health. Stonewall Scotland and NHS Health Scotland (2003)

[www.show.scot.nhs.uk/publications/Stonewallopt3.pdf](http://www.show.scot.nhs.uk/publications/Stonewallopt3.pdf)

**The Terrance Higgins Trust** provide sexual and physical health advice. Their sexual health guides for trans men and women are particularly useful:

<http://www.tht.org.uk/sexual-health/Sex,-reproduction-and-gender/Transwomen>

<http://www.tht.org.uk/sexual-health/Sex,-reproduction-and-gender/Transmen>

**A national study of ageing and HIV (50 Plus)** | Power et al, Joseph Rowntree Foundation (2010)

<http://www.jrf.org.uk/sites/files/jrf/living-with-HIV-full.pdf>

# Glossary

This glossary includes the definitions of the terms used in this booklet, along with some other useful terms. It's important to bear in mind that a lot of these words refer to personal identities, so they can mean different things to different people. Use these definitions as a starting point for understanding and discussion - and most importantly, listen to what people say about themselves. Words marked as adjectives (adj) should not be used as nouns, e.g. 'a transgender person' NOT 'a transgender'.

**Biphobia:** refers to the hatred or fear of bisexual people. Discrimination based on a person's bisexual identity.

**Bisexual (adj):** a person who is emotionally and sexually attracted to both men and women.

**Cisgender (adj) (abbreviation: cis):** refers to a whole range of people who find their gender identity or gender expression matches the gender assumptions made by others about them when they were born. The term was created to challenge the assumption that cisgender people (as opposed to transgender people) are always the standard in discussions about gender and sex. It is not a derogatory term.

**Coming out:** coming out is the lifelong process of telling other people that you are LGBT. Being outed is having someone else reveal you as lesbian, gay, bisexual, or transgender, usually without your consent.

**Crossdressing (adj) / Transvestite:** people who dress, either occasionally or more regularly, in clothes associated with the opposite gender, as defined by socially accepted norms. Crossdressing people are generally happy with the gender they were labelled at birth and usually do not want to permanently alter the physical characteristics of their bodies or change their legal gender.

**Gay (adj):** a person who is attracted only to members of the same sex. Attraction is emotional as well as physical and not always based on sexual activity.

**Gender identity:** a person's inner sense of self as male, female or somewhere in between. Most people develop a gender identity that corresponds to other's expectations of their biological sex but some do not.

**Heterosexism:** the belief that heterosexuality represents a standard, and that all other sexual orientations, if acknowledged at all, are merely a deviation from this. Heterosexist statements are statements that assume all people are straight or that fail to recognise the variety of sexual orientations that exist.

**Heterosexual (adj) (colloquially: straight):** a person who is only sexually attracted to persons of the opposite sex.

**Homophobia:** hatred or fear of gay/lesbian people. Discrimination based on a person's gay/lesbian identity.

**Homosexual (adj):** a medical word for a person who is attracted to someone with the same gender that they have. This is considered an offensive/stigmatising term by many members of the LGBT community, and is often used incorrectly in place of "lesbian" or "gay". However, some people, especially older gay men, use the term to describe their identity in a neutral or positive way.

**Intersex (adj):** this is a term used to describe people born with biological sex characteristics (such as their external genitals, internal reproductive system or chromosomes) that are medically detectable as differing from what is considered clearly male or female.

**Lesbian/Gay Woman:** a woman who is emotionally and/or sexually attracted to other women. Attraction is emotional as well as physical and not always based on sexual activity.

**LGBT:** Lesbian, Gay, Bisexual, Transgender.

**Non Binary Gender:** refers to people who identify their gender as not conforming to the traditional western model of gender as binary. They may identify their non-binary gender as a combination of aspects of men and women or alternatively as being neither men nor women. Examples of labels people may use to describe their non-binary gender include Androgyne / Polygender / Genderqueer; some people who may use no label at all.

**Questioning (adj):** a person who is questioning their sexual orientation and/or gender identity. This does not necessarily make them confused.

**Sexual orientation:** the type of sexual, romantic, physical, and/or spiritual attraction one feels for others, often labelled based on the gender relationship between the person and the people they are attracted to.

**Transgender/trans (adj):** an umbrella term for a range of people whose gender identity or gender expression differs in some way from the gender assumptions made by others about them when they were born. Including: transsexual people, people with a non-binary gender, crossdressing/transvestite people, intersex people, and others.

**Transphobia:** refers to the hatred or fear of transgender people. Discrimination based on a person's transgender identity.

**Transsexual (adj):** a term used to describe people who consistently self-identify as the opposite gender from the gender they were labelled at birth. Depending on the range of options and information available to them during their life, most transsexual people try to find a way to transition to live fully in the gender that they self-identify as. Transitioning is also known as gender reassignment. Many, but not all, transsexual people take hormones and some also have surgery to make their physical bodies match their gender identity better.

Other resources are available on our website, including:

- An easy to use **Audit Tool**
- “**Are we being served?**”, a short film about the experiences of older LGBT people. Includes training notes.
- **Signposting options**

[www.lgbthealth.org.uk/services-support/lgbt-age/professional-resources](http://www.lgbthealth.org.uk/services-support/lgbt-age/professional-resources)



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