



Working with older trans people

Introduction

This practice guidance is designed to help practitioners to start thinking about supporting older trans (transgender) people who may draw on services related to ageing and social care. The briefing encourages practitioners to reflect on how they can make their practice more trans-inclusive and responsive to the needs and wishes of trans people in later life. The aim of this toolkit is to:

- > Improve the awareness and professional confidence of practitioners in order to build positive relationships when working with older trans people.
- > Provide contemporary evidence on supporting trans people in later life.
- > Extend practitioners' knowledge of current key terms, issues and considerations that contribute to anti-discriminatory practice with older trans people.
- > Facilitate critical reflection and reflective learning for practitioners and their teams on providing inclusive, person-centred support to older trans people and their significant others.

The resource contains an overview of key terms, suggestions for developing skills, and three tools to help improve knowledge and confidence for practice.

- > The first section is a brief overview of the terminology and evidence used within this resource.
- > The second section outlines top tips and practice principles for developing skills for the care and support of older trans people
- > Tool 1 contains a vignette and reflective questions to be used during an individual and group activity.
- > Tool 2 contains a reflective exercise with videos showcasing the voices of older trans adults.
- > Tool 3 supports practitioners to improve provision and support for older trans adults through the use of a collaborative mapping tool.

Terminology and brief evidence overview

Who does the word 'trans' include?

Trans or **transgender** is an umbrella term used to describe people whose gender does not correspond with the assignment made at birth. That includes **trans men** (men who were originally assigned female at birth), **trans women** (women who were originally assigned male at birth), and **non-binary people** (people for whom neither 'man' nor 'woman' fully fits their identity). The term **gender-fluid** describes people whose gender is fluid or flexible, for example, who sometimes feel more feminine and sometimes feel more masculine. **Cis** or **cisgender** refers to people whose gender corresponds with the assignment that was made at birth. Terminology changes over time and different people have different preferences and needs, so when working with individuals it is important to check what gendered terms, pronouns and descriptions they use.

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Further reading

[TransActual](#) is a website that is dedicated to sharing reliable information about trans people, their needs and their lives. The website contains extensive resources that offer answers to common questions and accounts from the perspective of lived experience.

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How are trans individuals protected from discrimination?

There are several pieces of legislation relevant to working with trans people. One of the most important is the [Equality Act 2010](#), which protects the rights of people with 'protected characteristics', including **gender reassignment**. Guidance from the [Equality and Human Rights Commission \(2019\)](#) and case law from sources such as employment tribunals, such as [Taylor v Jaguar Land Rover Ltd \[2020\]](#), make it clear that this characteristic should be understood broadly, and includes trans people who are non-binary; those who are making a social transition without medical intervention; and those who have not yet started to transition, but propose to do so in the future.

The [Gender Recognition Act 2004 \(GRA\)](#) is a separate piece of legislation that allows trans people to change their legal sex as shown on their birth certificate by applying for a Gender Recognition Certificate (GRC). This can have implications for marriage and pensions, and also provides extra privacy protections. Section 22 of the GRA makes it illegal for professionals to disclose that a person has a GRC without their permission, except in very specific circumstances set out in the law. However, in most day-to-day issues in adult social care, it is not necessary to know whether someone has legal gender recognition, and therefore it would be inappropriate to ask. It is only possible to have 'Male' or 'Female' on a UK birth certificate, and hence non-binary people cannot currently receive legal recognition in the UK.

What is known about trans people in later life?

It is important to note that there are many positive aspects to growing older as a trans person. Many older trans people emphasise that taking steps to live as their gender promotes their sense of agency and wellbeing as they age (Fabbre, 2015; Sloan and Benson, 2021; Willis et al., 2022). Research has highlighted the extent to which factors such as social support and resilience can help to mitigate challenges associated with ageing as a trans person (Fredriksen-Goldsen et al., 2014; McCann and Brown, 2019; Witten, 2014), highlighting the value that effective and informed adult social care practice can offer.

There has been limited research on trans people's needs as they age. Key data sources like the Census have not historically captured data on trans people, and other research has tended to underrepresent older trans people, as well as not always capturing intersections with other factors such as ethnicity (Kattari et al, 2016). A systematic review of the ageing experiences of the wider Black and ethnically minoritised lesbian, gay, bisexual, transgender and queer (LGBTQ+) community (Chen et al, 2022) identified six key themes on stigma and discrimination; isolation, support and belonging; interactions with services and institutions; self-acceptance, resilience and agency; mental health and wellbeing; and uncertain futures. Significant differences in experiences - both positive and negative - emerge when cultural and ethnicity-related factors come to the fore. The [Race Equality Foundation](#) (2016) has also highlighted structural barriers and patterns of disadvantage experienced by trans people from Black and other ethnically minoritised groups in the UK. This briefing suggests that trans people who are racially minoritised experience higher rates of discrimination when accessing services than cisgender people and white trans and non-binary people (2016: p.2).

The Social GRRRAACCEEESSS model (Burnham, 2012) is a framework for exploring a person's culture, experiences and identity that can be applied when supporting an older trans person. For further information see: [Social GRRRAACCEEESSS and the LUUUTT model](#)

An additional challenge is that older trans people may have concerns about disclosing their trans status. As a result, there is relatively little known about the demographics of the older trans population. There may be important distinctions between trans people who transitioned many years ago, who have since aged, and those who transition when they are already in later life (Witten, 2014). Goodman et al. (2019) note that attempts to measure the size of the trans population depend on how the question is asked, but that the number of people 'coming out' as trans is increasing, likely due to increased access to information and support. We can therefore expect that the number of older trans people using adult social care and other later life services will likely increase over time.

Research has highlighted specific concerns and challenges trans people may experience regarding ageing. These are some of the things practitioners can consider when working with older trans people:

- > Coming out as trans can disrupt existing relationships and social networks. While many trans people do have supportive friends and family, others experience family estrangement, and so there may be higher rates of ageing alone (Witten and Eyler, 2016).
- > Trans people often report past experiences of discrimination, across a range of settings such as the workplace, healthcare, and public services (Government Equalities Office, 2018). Past experiences of discrimination can contribute to material disadvantage (for example, poverty from workplace exclusion), poorer mental health, and create barriers to accessing services in the future (Fredriksen-Goldsen et al., 2014).
- > Concerns about:
 - Respect for identity, for example, being called by the correct name, and dressed in appropriate clothing (Willis et al., 2022).
 - Privacy, for example, information about trans status not being shared without consent (Willis et al., 2020).
 - The respectful provision of intimate personal care (Almack, 2019).
 - Loss of identity associated with dementia, or that expressions of self-identity will be misattributed to dementia (Willis et al., 2022).
 - End of life and funerals, for example, the possibility that death certificates or funeral arrangements will not respect someone’s name and lived identity (Almack, 2019).

Trans people’s healthcare needs are, in general, similar to those for cisgender people. However, there may be some areas that need specific consideration or sensitivity. For example, an older trans man may have gynaecological health needs, or an older trans woman may be at risk of prostate cancer (Feldman, 2016). Hormone medication is generally taken for life, but requires regular monitoring (Vincent, 2018). Older trans people may, therefore, need extra support and advocacy in accessing health services that are both respectful and knowledgeable about their needs.

Gender identity clinics provide crucial services for individuals seeking to transition through medical means. Different UK nations have different referral pathways for accessing gender identity clinics. A prominent issue in recent media [press](#) and identified in research (Pearce, 2018; Willis et al., 2020) is the excessive waiting times that individuals face before accessing clinics and treatments; some [clinics](#) acknowledge these waiting times. Older trans people may experience a sense of ‘running out of time’ when seeking to transition medically in later life (Willis et al., 2022) and may have to wait many months, and sometimes years, to access clinical services. These waiting times represent barriers to inclusive healthcare for trans citizens and can severely impact on their sense of wellbeing and the ageing experience.



Further reading

- ‘I’m going to live my life for me’: trans ageing, care, and older trans and gender non-conforming adults’ expectations of and concerns for later life (Willis et al., 2020) | [Cambridge University Press](#)
- Trans issues and later life | [Age UK](#)

Developing Knowledge and Skills in Social Care

There is an opportunity for greater knowledge and awareness of trans people's needs within the adult social care workforce. Key identified areas for development include:

- > Ensuring that trans issues are considered explicitly within LGBTQ+ inclusion work (Hafford-Letchfield et al., 2018).
- > Improving knowledge and awareness so that trans people receive consistent care and support without being put into a position where they have to educate care professionals (Willis et al., 2020).
- > Ensuring health and social care professionals work effectively and professionally with trans colleagues (Stonewall, 2015).
- > Ensuring trans citizens feel like their health and care needs are understood, and that care and support is accessible and inclusive (Government Equalities Office, 2018).

All practitioners have an active role to play in facilitating people's expression of their identities, personal autonomy and equality in relationships. Practitioners can be proactive in developing their professional knowledge and skills, keeping abreast of contemporary issues on trans human rights and equality and ensuring compliance with legislation and data protection about gender identities (Zimman, 2017). This can be achieved by engaging with other practitioners and providers who can bring expertise in working with older trans people, or by actively engaging with the trans community.

Practitioners' own values and beliefs can promote consultation and discussion on the needs of trans individuals with partner organisations and support collaboration to raise awareness and improve services. This can be a way to strengthen relationships among people in a purposeful way to promote, restore, maintain and enhance improvement across care and support services (Hafford-Letchfield et al, 2020; Westwood et al, 2015). Practitioners can contribute to this by creating opportunities and spaces to encourage equitable access to care and support services, helping older trans people with less support to connect with relevant community groups and services, and being active in finding tailored solutions to make services more inclusive and responsive.

10 top tips for working directly with older trans adults

1. When meeting a trans person, it is useful to ask how they would define themselves and then **ask what this means to them personally**. This is an excellent starting point to develop a good rapport.
2. Use correct pronouns and forenames – if unsure, ask the person being supported. Older trans individuals may have lived with a lifetime of being misgendered by others; it is important to not replicate this. **Prompt: How do you describe your gender? What words should I use? How would you like to be referred to in person or in your records?** If someone has been misgendered, practitioners can offer an apology, acknowledge the mistake and reiterate their commitment to getting it right. This will go a long way.
3. Not all individuals who have received gender affirming treatment will identify as trans. Some people will have transitioned at earlier points in their life and **may not wish to share or discuss this** – the conversation should be led by the person being supported. An individual's understanding of their gender identity and how they express this may change over their lifetime.
4. **Building trust and rapport may take time** and more than one meeting – keep in mind that many trans adults will have experienced transphobic responses from services at earlier points in their lives and may hold low confidence about helping professionals.
5. **Think carefully about the questions** that need to be asked and which of these are appropriate to assessing a person's care and support needs. Trans identities and histories may not always be relevant or related to the person's presenting needs and concerns.
6. Older people in care environments who identify as genderqueer or non-binary **may regularly change their gender presentation and expression**. As this can be conflated with memory loss or cognitive impairments, it is important to remember that this may reflect the daily choices of the person receiving care and support.
7. Uphold respect for **privacy and confidentiality** at all times and ensure compliance with legislation on data protection about gender identities. Under General Data Protection Requirements, it is unlawful to share information about a person's trans status without their permission. If a person holds a Gender Recognition Certificate, it is also illegal to share their previous name and gender history with others (for more information, visit [Galop | Trans privacy law](#)). If unsure about what to share with other professionals and services, ask the person being supported.
8. **Stay up to date on current groups and support** available for trans and gender diverse individuals in your local area. Across their lifetime, older trans individuals can look to trans peers for support. This may include practical support with accessing gender-affirming treatments and advice on dress and presentation, or more emotional support with speaking to spouses, partners and loved ones about their gender identity and transition journey.
9. For older trans individuals planning to move into long-term care, offer to **accompany** them on first meetings with potential care home providers and clarify what information they are comfortable in sharing initially and may wish to share later. Discuss beforehand what is important to them when weighing up whether this is the right future home for them. Some people may benefit from having a named person or advocate to accompany them and explore these questions on their behalf.
10. With end-of-life care, it is important to **have early conversations** with trans people about the people that are important to them and who they want to have involved in their day-to-day care, funeral arrangements and current and future decision-making. This may not always be family members; some trans individuals will have experienced rejection or hostility from family members and may not wish to have family involved in these major decisions.

4 practice principles for working with colleagues and other organisations

Appointing an advocate may be really helpful here.

- 1. Take a zero-tolerance stance** on expressions of transphobia or misgendering by colleagues within your services and from other people accessing your service. Make this clear to all (colleagues and people who access services) in agency policies on equal treatment and diversity and in materials displayed around the service.
- 2. Before commissioning or arranging care and support for an individual, find out how trans-inclusive the service is.** Ask what training carers receive about gender diversity and equality. Find out if the provider of care and support has relationships with local LGBTQ+ and trans local services and groups. Older trans people receiving care at home should not have to worry about feeling unsafe in their own home or have to hide aspects of their identity and life-history.
- 3. Listen to trans people when they say they want to change who they work with,** as discriminatory and transphobic attitudes can be hard for people to make a complaint about (Hafford-Letchfield, 2021). If people have received negative treatment by other services or social care providers, consider appointing a named person to work with them in challenging this and making a complaint and to ensure they are not deprived of an important service.
- 4. Check sources and be aware of media bias on reporting of trans issues.** Local trans groups, networks and services may be a valuable and reliable source of information. To increase confidence about trans issues and awareness, spend some time reading about the history of trans rights. Further reading includes:
 - Resources for Support | [Gender Identity Research & Education Society \(gires\)](#)
 - [Stonewall](#)
 - [The Beaumont Society](#)
 - *Trans Britain: Our Journey from the Shadows* (Ed. Christine Burns, 2018) | [Unbound](#)

Tool 1. Individual and team activity: Alice's scenario and reflective questions

Alice (62) is a trans woman, of mixed Chinese and English heritage. Approximately two years ago she began living as a woman in all aspects of her day-to-day life. She has also been referred to a specialist gender service for interventions like voice therapy, hormone therapy and surgery. Waiting lists for gender services are long, so Alice has not yet accessed all the care and support she wants.

Alice has been estranged from her wife since she came out as trans, but they are not formally divorced. Her relationship with her adult children is strained - her son refuses to see her at all, or to bring her grandchildren to visit. Her daughter has briefly visited a couple of times, but says she cannot support Alice's 'lifestyle'. Alice's closest source of support is a good friend, Lizzie.

Alice has experienced verbal harassment and threats in her neighbourhood in the past, so avoids some situations like travelling on public transport or being out on her own late at night.

Alice has a strong sense of personal style. She prefers skirts to trousers, and likes to keep up to date with fashion trends. She always wears a wig as her own hair is very thin.

Alice used to attend church regularly, but stopped going after feeling that she was no longer welcome. The nearest support group for trans people is a 50-minute drive away, and Alice attends that most Thursday evenings.

Alice has recently received a diagnosis of a life-limiting illness that is likely to result in increasing physical and cognitive impairment.



Questions for discussion and reflection:

1. What might be some of Alice's concerns regarding arrangements for her future care?
2. What support might Alice benefit from accessing, and what advice might she need?
3. What barriers (real or perceived) might deter Alice from approaching adult social care?
4. How might different aspects of Alice's identity (e.g. her ethnicity, gender identity, age and religion) intersect to affect her experiences and needs?
5. Are there any strengths or resiliencies in her life that you could help Alice to draw on?
6. What steps could be practically put in place to help Alice?
7. What concerns might you or other members of your team have about providing good-quality care and support for Alice? How could these be addressed?
8. How can social care colleagues work with health colleagues to support Alice's needs now and in the future?
9. What strengths from your own practice might you be able to apply in supporting a person like Alice?
10. Is there anything you need to research further to inform your practice in scenarios like this one?

Individual and team activity: Jo's scenario and reflective questions

Jo is a non-binary person of Black British heritage, aged 68. For Jo, being non-binary means that they see their gender as being fluid. Some days they prefer to dress in more feminine clothing, and on other days they prefer more masculine clothing. Jo always prefers to be called 'they' and 'them', and to use the title 'Mx' (pronounced 'mix' or 'mux'). Jo has never formally changed their name, so many documents still list the name Jo was given at birth, although Jo does not want people to use that name.

Jo has a long-term physical disability that limits their mobility and also affects the clarity of their speech, but can live independently with daily assistance. Domiciliary carers visit three times a day. However, the care agency has a high staff turnover, and this often means new carers visiting who have not met Jo before. Sometimes, carers have only briefly glanced at Jo's records, and accidentally use the wrong name or title. In other cases, carers have continued to use the wrong form of address even after Jo has reminded them. When helping Jo dress, some carers have attempted to persuade Jo to choose more gender-stereotypical clothes. There has been one incident where a carer refused to provide care for Jo, stating that it was against the carer's religious belief to help a person 'cross dress'.

Jo would like to attend a local trans group, but this group meets in the evening, concluding after the standard time allocated for the final visit of the day. There have been attempts to arrange a later care visit on a one-off basis, but the agency have said they cannot support these regularly with current staffing resources.

Jo is becoming increasingly unhappy about their care and support and how it is delivered, but is concerned about making a formal complaint.



Questions for discussion and reflection:

1. What factors underlie Jo's unhappiness with the service?
2. What problems might be affecting the team's ability to provide good care and support for Jo?
3. What barriers (real or perceived) might deter Jo from expressing their concerns about care and support?
4. What other services might Jo benefit from using, and what advice or support might they need to access them?
5. How might the intersections between different aspects of Jo's identity (e.g. their race, disability, age and gender identity) be affecting their experiences?
6. What steps could be practically put in place to help Jo and address their concerns?
7. Is there anything you need to research further as a result of thinking about this scenario?
8. Is there anything you need to consider changing about your practice as a result of thinking about this scenario?
9. What strengths from your own practice could you apply to conversations with colleagues about Jo's care and support?

Tool 2. Reflective exercise: Learning from the voices of older trans individuals

In 2018, the research team behind the 'Trans Ageing and Care' (TrAC) study produced four short digital stories titled 'Growing older as me'. Each story captures an older trans person's life experiences and their thoughts on ageing and getting older. These were produced by trans filmmakers 'My Generation'. View the four digital stories [here](#) on YouTube, plus a film about the TrAC study – these are short (less than five minutes) and well-suited for professional development activity.



Watch [Fran's story](#). Individually consider, or discuss as a group, the following questions:



1. What have been Fran's experiences of exclusion and discrimination from a) family and significant others, and b) medical professionals?
2. If you were an advocate for Fran, how would you challenge the views of the general practitioner Fran describes? Consider requirements under the [Equality Act 2010](#) and the [Human Rights Act 1998](#) [Note. Prescriptions from GPs are free in NHS Wales].
3. What advice does Fran have for professionals?
4. How would you describe Fran's outlook on ageing and getting older?
5. If you were supporting Fran, what would you do to reassure her that her wishes, goals and life-experiences are respected and valued and fully included in an assessment of her needs?
6. How could your practice be more trans-inclusive for older people like Fran?
7. How could you work with colleagues across your organisation, as well as external agencies, to improve local practice with trans people?



Watch [Annabelle's story](#). Individually consider, or discuss as a group, the following questions:



1. What factors led Annabelle to transition in mid-life?
2. What have been Annabelle's experiences of healthcare professionals (including GPs)?*
3. From Annabelle's perspective, what needs to change for supporting people transitioning in gender?
4. How does the experience of the health system inform how social care can change?
5. If you were a named person supporting Annabelle, how would you advocate on her behalf?
6. If you were supporting Annabelle, what would you do to reassure her that her wishes, goals and life-experiences are respected and valued and fully included in an assessment of her needs?
7. How could your practice be more trans-inclusive for older people like Annabelle?
8. How could you work with colleagues across your organisation, as well as external agencies, to improve local practice with trans people?

*Note: This film was produced prior to NHS Wales having its own Gender Identity Service – this has since been established: <https://cavuhb.nhs.wales/our-services/welsh-gender-service/>

Tool 3. Growing knowledge and understanding to improve and support provision to trans adults

This tool offers a proactive approach to mapping resources and generating activities to develop care and support provision for trans adults. Substantial evidence showing the lack of inclusive care and support services for LGBTQ+ people has highlighted the need for taking dedicated and purposeful action to improve both the learning and practice environment (Hafford-Letchfield et al., 2021). A planned and structured approach to learning and knowledge exchange between the community and professionals, practitioners and their organisations can help to:

- a) Identify good practice.
- b) Generate tailored and co-produced support and resources.
- c) Generate recommendations on how to improve the knowledge and capabilities of those working in the area of LGBTQ+ and specifically trans affirmative practices (Jurček et al, 2021).

These suggestions for actions and initiatives may be used separately or in different combinations as part of a wider inclusivity strategy. Some are feasible for frontline practitioners and carers, while others may require the support of strategic leads and managers. You can discuss with your colleagues or manager which initiatives seem most achievable or appropriate for your service.

1. Collaborative mapping of resources to support provision for trans adults

Activity	Suggestions for action
<p>Identify community-based organisations that provide dedicated support for LGBTQ+ people</p> <p>Identify community-based organisations that provide dedicated support for trans people</p>	<ul style="list-style-type: none"> - Visit the organisation's website and call to introduce yourself - Arrange a visit or meeting to exchange information about your mutual support and provision - Take away their service information and make it available via your own services - Invite them to meet your team - Identify a joint initiative to promote trans inclusion - Attend or support their events - Communicate your findings to commissioning and contracting teams - Familiarise yourself with the nearest Gender Identity Service and its referral systems
<p>Find out more about older people's support in your area and their accessibility for trans people including:</p> <ul style="list-style-type: none"> - domiciliary care - supported housing - local care homes - community services - advocacy services - carers support - dementia care 	<ul style="list-style-type: none"> - Visit the organisations' websites - Raise a query to promote awareness of need - Ask providers about their policies and practices - Ask whether providers have been trained in gender diversity - Ask for examples of how they are actively promoting trans and LGBQ+ care, and how they deal with, or have dealt with, incidents of transphobia - Arrange a meeting to discuss how you might work more closely together in this area

2. Think about how your organisation can raise and demonstrate awareness of the trans community and their needs.

Activity	Suggestions for action
Review your service literature (standard letters/emails/ service information/ leaflets/displays)	<ul style="list-style-type: none"> - Check to see if, where, and how trans identities are represented in the service literature - Display information that includes positive images of trans people and their relationships in service literature - Check literature and communications for gender-neutral and trans positive language - Where there is room for improvement, raise your suggestions with senior colleagues
Consider the role of equality monitoring in the access and experience of care and support by trans people	<ul style="list-style-type: none"> - Talk to your manager about how equality data is reported and monitored - If you think there are improvements that could be made to the way data about trans people is collected or recorded, discuss options with senior colleagues - Work with colleagues to develop and display a short statement for trans individuals about how they can choose to disclose their gender identities and how this will be used to ensure it is used lawfully and respects confidentiality, choice and data protection
Provide a friendly and welcoming attitude	<ul style="list-style-type: none"> - Suggest to your manager that colleagues could wear name badges with their preferred pronouns or display them in written communication, e.g. under your signature in emails and letters - Display the trans flag and wear a trans or rainbow lanyard - Suggest allocating gender neutral facilities (e.g. toilets and showers) in your reception or building. - With your team, develop and display a statement that commits to anti-transphobia
Include trans events in your service calendar	<ul style="list-style-type: none"> - Promote trans community events - Actively support and attend events to promote your organisation and service support
Listen and respond to trans people's feedback and suggestions	<ul style="list-style-type: none"> - Develop a survey or consultation in partnership with a local trans or LGBT+ organisation - Suggest to senior colleagues that trans issues are included in all regular surveys, complaints and representation procedures - Capture and feedback incidents of discrimination and transphobia to inform both individual and system level - Suggest to senior colleagues that transphobia is explicitly mentioned in your complaints and representations procedure - Display a zero-tolerance statement on transphobia in your place of work
Promote participation and engagement amongst trans people who access care and support	<ul style="list-style-type: none"> - Talk to senior colleagues about inviting and supporting trans individuals or services to be involved in participation strategies - Identify resources to enable participation (e.g. learning and development/advice) - Provide safe spaces for trans community members to meet together and with service providers

3. Continuously improve your own knowledge, skills and commitment to trans inclusion.

Activity	Suggestions for action
Keeping up to date with research and practice evidence on trans issues	<ul style="list-style-type: none"> - Set up 'update' alerts with relevant publications - Discuss your reading with a colleague and record learning in your CPD record
Arrange a dedicated learning event in your team or service	<ul style="list-style-type: none"> - Suggest to senior colleagues to involve trans people in the design and delivery of learning materials - Request relevant learning events and material from your Learning and Development team to address knowledge gaps
Establish a formal mechanism in your work for discussing trans inclusion regularly	<ul style="list-style-type: none"> - Request a meeting with senior leaders, HR, and trade unions to discuss what the service and organisation is doing to promote trans rights
Becoming an ally or champion	<ul style="list-style-type: none"> - Undertake additional learning and development to become a named person for trans colleagues and people who use services to contact directly
Critical reflection on your practice with trans adults	<ul style="list-style-type: none"> - Ask your line manager to reflect on trans inclusivity activities in your supervision and annual reviews - Utilise critical reflective tools to review and evaluate your practice in this area

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