Factsheet 16

Trans issues and later life

July 2026

About this factsheet

This factsheet provides information and advice about later life for trans people. The focus is on growing older for people who have transitioned and live permanently in their acquired gender, or who are considering transitioning and gender reassignment.

The factsheet covers a range of legal, financial and social care considerations and details of where to go for further information and support.

Terminology used by trans people to describe their experiences and identities is varied and changes over time and context. We are committed to reflecting this diversity but recognise that terms used in this factsheet may vary in their usage or become outdated.

The information in this factsheet is applicable to England and Wales. If you are in Scotland or Northern Ireland, please contact Age Scotland or Age NI for information and advice. Contact details are at the back of the factsheet.

Contact details for any organisation mentioned in this factsheet can be found in the *Useful organisations* section.

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1 Recent developments

In April 2025, the Supreme Court concluded that references in the Equality Act 2010 to '*man'*, '*woman*' and '*sex*' were references to biological sex (meaning '*the sex of a person at birth*'). The judgment has not changed the law. The full implications of this ruling are yet to be determined, although the Equality and Human Rights Commission (EHRC) have laid an updated Code of Practice before parliament and is currently awaiting approval.

2 Who is trans?

Trans people are people whose gender identity differs from or does not match or sit comfortably with their biological sex. Trans is an umbrella term that embraces many different gender identities. Trans people may describe themselves using one or more of a wide variety of terms including, but not limited to transgender, gender queer, gender non-conforming and gender diverse.

A trans person may or may not become fully bodily reassigned in their acquired gender. They may or may not receive hormone therapy, have gender related surgery, or obtain legal recognition of their change of gender.

This factsheet focuses on trans people living permanently in their acquired gender and those who are seeking to do so. Acquired gender is a legal term used in the *Gender Recognition Act 2004*. It refers to the gender which a person is living in and seeking legal recognition of.

There may be some specific considerations, for example in employment, with family and friends, government bodies, and health and care providers. Gender reassignment means you are protected by law under the *Equality Act 2010* against discrimination, harassment, and victimisation.

Note

Affirmed gender - describes a person's gender following transition - the gender with which they identify has been affirmed. We use the term '*acquired gender'* to align with language used in the *Gender Recognition Act 2004*.

Gender identity - your internal sense of being male or female, both or neither.

Gender reassignment - describes the process a trans person undertakes to transition socially and/or medically and/or legally to live in their acquired gender.

3 Trans and other identities

Many trans people report identifying as a member of the opposite sex from an early age. At some time in their life, many seek professional advice, perhaps after long periods of cross-dressing publicly or privately. This may be influenced by their personal and social circumstances, family support, and degree of motivation.

The medical term for discomfort or distress caused by a mismatch between a person's gender identity and biological sex is '*gender dysphoria*'. Some trans people and organisations prefer the terms '*gender incongruence*' or '*gender variance'*

Transition

If you identify as trans, you may wish to consider if and how you want to *'transition'*. Transition is not a standard or pre-determined process. People approach it in different ways depending on their individual circumstances, needs and preferences.

Do you wish to have hormone therapy, surgery, or legal recognition of your gender reassignment? None are a requirement for transition, though many people proceed to pursue some, if not all, of the above.

The term '*trans man*' is used to describe a person whose biological sex is female, but who identifies and lives as a male. They may refer to themselves as a man with a trans history. Similarly, a person whose biological sex is male but who identifies as a female may refer to themselves as a '*trans woman*' or a woman with a trans history.

You may also see the abbreviations FtM (female to male) and MtF (male to female), but these can be questionable as for example, a trans woman may never have identified as male in the first place.

It is important to recognise that having taken steps to live a life that aligns with their gender identity, people with a trans history may not wish to be referred to as trans or transgender. They may simply wish to be referred to as men or women.

Sexual orientation of trans people

Sexual orientation describes a person's sexual attraction to another person. Being trans does not imply any specific orientation. Trans people, like everyone else, may be heterosexual, lesbian, gay, bisexual, asexual or pansexual etc.

Sexual orientation may change, particularly after a process of transition or transition events. It may also remain unchanged or be fluid. This varies from person to person and the sexual orientation of many trans people does not change.

3.1 People who cross-dress

People who cross-dress enjoy wearing clothes associated with a different sex, often for relatively short periods of time, for personal comfort and pleasure. People who cross-dress are usually comfortable with their gender identity and do not wish to change it. However, for some people, cross-dressing may be carried out as part of a wish to subvert gender norms and explore their gender identity. This exploration may support them to go on to live permanently in their acquired gender.

You may hear the term '*transvestite*' used to describe a person who cross-dresses. Some people consider this term as being outdated or derogatory, whilst others may still be happy with it. Trans communities generally prefer the term '*cross-dresser*'.

3.2 People who identify as non-binary

Non-binary describes gender identities that are not exclusively masculine or feminine and therefore outside the '*gender binary*' of male and female. It may mean you feel you have no gender. You may come across other terms such as gender variance or gender fluid to describe variations in non-binary identities.

People who identify as non-binary may experience gender variance and wish to pursue the transition route, but equally they may just want to focus on '*being themselves*'. One of the most important ways others can acknowledge and respect non-binary identities is to use the personal pronoun a non-binary person chooses. If you are unsure, ask them.

4 Transitioning in later life

You may have an inkling early in your life that your gender identity differs from, or does not sit comfortably with, your biological sex. Alternatively, it may not be something you fully understand about yourself or are able to explore until later in life. Retirement or the death of a partner may provide the first real opportunity to think about and act on this.

Many older people have successfully transitioned and live in their acquired gender. Transitioning in later life can be an opportunity to resolve long standing conflicts and uncertainties that impact your mental health and wellbeing. There may be fewer social and economic impacts to transitioning when work or social responsibilities change in later life. There may also be financial implications (see section 10).

Achieving surgical reassignment is not often easy. Psychological implications should not be underestimated and are always addressed as part of your assessment. The process can take several years, involve several doctors, and probably involve more than one operation. After having surgery available to you (not everyone is able to have all possible operations), you will likely continue long term hormone therapy and regular monitoring for possible side effects.

5 The transitioning process

Gender transition describes the process of social, legal and medical changes that you can take to live comfortably in your gender identity. Transition is not necessarily a linear or fixed process, as it is shaped by your needs and preferences and your access to resources including specialist care and it can take several years.

If you are considering transitioning, you usually start by seeking a diagnosis of gender dysphoria. When you receive a diagnosis, you can discuss its implications and agree a treatment plan. You should think about the physical, social, psychological and emotional changes involved. This includes making decisions about whether you want to commence hormone therapy or be considered for surgery.

Note

In **England**, there is information on gender dysphoria and the transition process at www.nhs.uk/conditions/gender-dysphoria

In **Wales**, visit the Welsh Gender Service at www.cavuhb.nhs.wales/our-services/welsh-gender-service/

Social transitioning refers to non-medical changes to align with your gender identity such as clothing, behaviour and pronouns and legal transitioning is the process of changing your name or gender marker on official government records such as your passport or driving licence.

The two most common methods to change your name are by deed poll or statutory declaration. The law resources section of the GIRES website has information about changing your name and lists the documents you need.

The Tranzwiki directory lists organisations offering information and support for trans and non-binary people and their families.

Assessment

A visit to your GP is usually the first step, though they may not have experience of supporting or providing medical care to trans patients. Most GPs are unlikely to have seen many trans people during their medical career.

Your GP or other healthcare professional can refer you to a specialist team at an NHS Gender Dysphoria Clinic (GDC). These clinics offer expert support and help, as well as assessment and diagnosis, for people with gender incongruence. However, waiting lists are long.

You may be able to access support whilst waiting for your first appointment. This is called '*waiting well'* and can include access to peer support and/or addressing broader health and wellbeing concerns, which may result in better outcomes for any future treatments.

Alternatively, you can seek private consultation and assessment.

A diagnosis of *gender dysphoria* is usually made after an in-depth assessment by two or more specialists and may require several sessions, a few months apart. It may involve discussions with people you are close to, for example members of your family or your partner.

The assessment assists you to determine whether you have gender dysphoria and how you wish to proceed. It may involve a more general assessment of your physical and psychological health.

Developing a treatment plan

If the assessment suggests you have gender dysphoria, GDC staff work with you to agree an individual written treatment plan, with indicative timelines. This aims to remove or reduce any distressing feelings you experience due to the mismatch between your gender identity and biological sex, and to help you live in your acquired gender.

It can involve discussing psychological support, the risks and benefits of hormone treatment or any surgical treatment you may want to consider.

If you choose to take hormones, you will need regular blood tests and check-ups to make sure the treatment is working and to identify any signs of associated health problems.

Genital reconstructive surgery (but not hormone therapy) is subject to completion of '*social gender role transition*' (sometimes called '*real life experience*'). This involves living in your acquired gender for at least 12 months – enough time for you to have a range of experiences, such as work, holidays and family events, face challenges to your self-confidence, and build self-esteem in your gender identity. This may seem arduous, but a period of psychological adjustment is currently thought to be integral to success in your new identity.

Following a diagnosis of gender dysphoria, either by a GDC or privately, you can choose to proceed privately or within the NHS with care delivered through your GP. It is possible to pursue medical transition (consisting of hormone therapy and regular blood tests) using a combination of private and NHS healthcare, but only with the consent of your GP.

The only way to access gender surgery funded by the NHS is via a referral from the GDC which undertook your original assessment and made a diagnosis of gender dysphoria.

The NHS route is free, but demand is high and capacity limited by the number and location of GDCs – there are currently seven in England and one in Wales. There may be additional capacity in some areas due to successful pilot schemes, such as TransPlus based in London.

5.1 Transition and hormones

Hormone therapy means taking hormones of the sex you identify with. The type, intensity, and rate of reaction to hormone therapy varies from person to person and depends on the type of medication taken. In the long term, your hormone levels will continue to be monitored by your GP.

5.1.1 Risks of hormone therapy

There are risks associated with taking hormone therapy. Risks which may depend on your overall health when you start taking hormone therapy and how long you take it for. The most common risks or side effects can include:

- weight gain
- acne
- gallstones
- hair loss or balding (androgenic alopecia)
- blood clots
- dyslipidaemia (abnormal levels of fat in the blood)
- elevated liver enzymes.

5.1.2 The trans man's transition

A trans man may undergo masculinising hormone therapy by taking the hormone testosterone. Masculinising hormone therapy can be done alone or along with masculinising surgery.

When taking masculinising hormones, physical and emotional changes you may experience include:

- beard and body hair growth
- development of male pattern baldness
- slight increase in the size of your clitoris
- heightened libido
- increased muscle mass and redistribution of body fat
- deepening of your voice, but not usually to the pitch of other men
- cessation of periods if you are pre-menopausal
- development of acne.

Breasts will not reduce in size so after a period of living as a trans man, you may want to pursue chest reconstruction surgery. This removes breast tissue, reduces nipple size and contours a masculine-looking chest wall. Hormone therapy may be the only treatment you want, but surgery to remove your breasts (mastectomy), create a penis (phalloplasty or metoidioplasty) or to construct a scrotum (scrotoplasty), and testicular implants are possible, and may be provided on the NHS.

5.1.3 The trans woman's transition

A trans woman may undergo feminising hormone therapy by taking the hormone oestrogen and possibly also a testosterone blocker (pre-surgery). Feminising hormone therapy can be done alone or along with feminising surgery.

When taking feminising hormones, physical and emotional changes you may experience include:

- reduction in sexual appetite
- fat distribution onto your hips and bottom
- slight reduction in the size of your penis and testicles
- erectile dysfunction, finding erections and orgasm harder to achieve
- reduction in muscle mass and power
- breasts feel tender and lumpy and sometimes increase modestly in size
- reduction in facial and body hair growth, which can support hair removal using electrolysis, laser or other techniques
- male pattern baldness slowing or stopping but not necessarily reversed.

Your voice will not rise in pitch and you may need speech therapy to achieve a more female tone. As hormone treatment can affect your emotions, you may notice changes in your mood including mood swings.

You may only want hormone therapy, but surgery like the removal of male genitalia (penectomy and orchidectomy), construction of a vagina (vaginoplasty), clitoris (clitoroplasty) or vulva (vulvaplasty) may be available via the NHS. Breast enhancement (mammoplasty) is not routinely available on the NHS. Electrolysis for the removal of unwanted hair is available for a limited number of sessions via the NHS. Beyond this, you are required to pay for additional sessions.

6 Surgical transitioning in later life

All the stages described above are possible for older people. However, the older you are, the more you need to be aware of the limits, potential impacts and risks of hormone therapies and surgery. Issues discussed at a GDC assessment if considering surgical treatment include:

- your general physical fitness and whether you have a history of high blood pressure, circulatory or cardiac problems, or other pre-existing health conditions
- whether you smoke or have been a smoker
- your weight, particularly if you are overweight.

Transitioning is a very personal process and will look different to each person. You may find counselling useful particularly at the early stages of your transition.

7 Getting older

The way that you experience later life varies according to the age you transitioned and when that was. If you are now 60 and transitioned when you were 20, you will have had a different experience compared to those who are in later life now and only just starting to transition. Annual health checks are recommended as a minimum.

7.1 Being a healthy older trans man

Issues to consider and discuss with health professionals, particularly if you sense, see, or feel anything unusual, include:

- bone strength and osteoporosis risk
- side effects associated with testosterone hormone therapy
- lifestyle issues – smoking, diet, and exercise
- blood pressure
- vaginal health (if you still have a vagina)
- whether or not to undergo a hysterectomy
- need for smear tests if you have not had a full hysterectomy
- risk of urethral stones, if you had genital reconstruction
- breast screening (even when breasts are removed, not all potentially cancerous glands are removed)
- the state of silicone testicular implants and/or penile prosthetics.

7.2 Being a healthy older trans woman

Issues to consider and discuss with health professionals, particularly if you sense, see, or feel anything unusual, include:

- bone strength and osteoporosis risk
- long term effects of oestrogen hormone therapy
- lifestyle issues - smoking, diet, and exercise
- blood pressure
- oestrogen, testosterone, and prolactin (hormone), sex hormone binding globulin (SHBG) levels and liver function
- prostate health
- dilation and douching advice if you had a vagina (vaginoplasty)
- the health of your vagina
- breast self-examination and mammograms
- the state of silicone breast implants
- Abdominal Aortic Aneurysm (AAA) Screening – checking for a swollen or bulging aorta (artery from the heart). Offered to men over 65.

Health screening

Knowledge is improving as people age. There are still unanswered questions about what later life and health are like for the generation of trans people in their 60's and over who have taken hormone therapy for 40 years or more. Many are living with gender reassignment surgeries performed using different techniques of the 1960's and 70's.

NHS England have a leaflet explaining which screening in the national screening programme you can have. In **Wales**, visit the Public Health Wales website to download their leaflet, '*Screening information for people who are Transgender, Non-binary, Gender-diverse*'.

7.3 Looking after your mental wellbeing

Taking steps to transition, living in your acquired gender, and your response to hormone therapy can have a significant and positive impact on your mental wellbeing. At the same time, fears and uncertainties about your new life and other people's responses can undermine your self-esteem and the positive impacts of your decision to transition. There may be considerations you have simply not had time to address.

Many local authorities can put you in touch with local social and support organisations for LGBTQ+ people, with some groups for trans people only. Search the equality or support organisations area on their website or contact the customer services department.

If you struggle with your mental wellbeing and it is starting to interfere with your daily life and relationships, seek help from your GP. Common mental health conditions include low mood, depression and anxiety. The symptoms of depression can be complex and vary widely between people. Depression is more than feeling low. As a general rule, you may feel sad, hopeless, and start to lose interest in things you used to enjoy. Symptoms like these can go on for weeks or months.

At its mildest, you may feel persistently low, while severe depression can include thoughts of suicide, suicidal behaviours and self-harm. Many people wait a long time before seeking help, but it is best not to delay. With the right treatment and support at the right time, most people with depression can make a full recovery. See the Age UK guide, *Your mind matters,* for more information.

7.4 Sexual health

Regardless of your sexual orientation, having a fulfilling sex life, practicing safer sex, and preventing sexually transmitted infections (STIs) are important for good health and wellbeing. In **England**, contact your local NHS GUM clinic (Genito-Urinary Medicine), search *'sexual health services*' on NHS website or call 111. In **Wales**, visit the '*Sexual & Reproductive Health*' section of the NHS 111 Wales website. You do not need a GP referral. Clinic staff do not share information with your GP or others unless you ask them to.

8 The Gender Recognition Act: the basics

The Gender Recognition Act 2004 (GRA), introduced in April 2005, is the framework that gives legal recognition to a trans person's acquired gender and recognises a trans person as someone who lives permanently in their acquired gender and intends to do so for the rest of their life.

Whilst most applicants must provide evidence of a diagnosis of gender dysphoria, there is no requirement to undergo hormone therapy or gender reassignment surgery.

What gender recognition means

The GRA enables trans people over the age of 18 to apply to the Gender Recognition Panel for *'gender recognition*'. If successful, you receive a Gender Recognition Certificate (GRC) which is needed to change your sex marker on your birth certificate.

Once you have a GRC, you must be treated as your acquired gender for legal purposes, including marriage, civil partnership, and registration of death. A GRC gives you enhanced privacy rights. See section 8.1 if you are married or in a civil partnership.

Non-binary identities are not covered by the GRA.

Applying for GRC

Official guidance contains information to help at each stage of the process. It alerts you to organisations you must notify if successful, such as HM Revenue and Customs.

To apply you need; an original or certified copy of your full birth certificate or adoption certificate, two medical reports, evidence that you have lived in your acquired gender for the past two years, £6 application fee and copies of marriage or civil partnership certificates (if applicable).

For further details on how to apply for a GRC see: www.gov.uk/apply-gender-recognition-certificate/changing-your-gender

A right to privacy

Section 22 of the GRA provides high levels of privacy protection. It makes it a criminal offence for any individual who has information about you in their official capacity to disclose you have a GRC without your express permission. '*Official capacity*' includes all service providers, government agencies, local authorities, membership groups and associations, employers, and the police (except in rare circumstances).

You should put in writing any limits you place on further disclosure to anyone who knows your medical history. If you have privacy problems, contact Galop.

8.1 If you are in an existing marriage or civil partnership

You can stay married if you apply for a GRC. To do so, you and your spouse must fill in a statutory declaration stating you both agree to stay married. You can stay in a civil partnership if it was registered in England, Wales or Northern Ireland. Your partner must fill in a statutory declaration saying they agree to stay in a civil partnership with you. If you and your partner do not want to stay married or in a civil partnership, you get an '*interim certificate*' instead of a GRC.

An interim certificate can be used to end a marriage or civil partnership and must be used within six months of date of issue. You then get a full GRC. An interim certificate does not change your legal sex or offer the legal protections of a full GRC.

9 The Equality Act 2010

The Equality Act 2010 ('*the Act*') provides a legal framework to protect the rights of people based on their '*protected characteristics*' and to advance equality of opportunity for all. The Act defines nine protected characteristics, which means it is unlawful to discriminate against people or treat them differently due to any one of the protected characteristics.

Gender reassignment is a protected characteristic under the Act. This gives protection against discrimination, harassment, and victimisation. To be protected, you do not need to have undergone treatment or surgery. You can be at any stage in the transition process – proposing to, or undergoing a process to reassign your sex, or have completed it.

The Act defines exceptions when it is lawful to treat people differently on the grounds of a protected characteristic. In doing so, it must be shown that any action taken is *proportionate* in meeting a legitimate aim. Following the 2025 Supreme Court judgment, the protected characteristic of '*sex*' under the Act refers to biological sex, not certificated sex.

Employment rights

The Act makes it unlawful for an employer, at the recruitment stage and as an employee, to discriminate against you, or treat you less favourably due to gender reassignment. Protection from harassment applies to harassment from your employer, colleagues, customers, or suppliers.

The Act specifically requires employers to treat absence from work for procedures related to gender reassignment as they would accept absence for sickness, injury, or any other reason. You can bring a claim at an Employment Tribunal if discriminated against on these grounds.

The Act says employers can, in some situations, take steps to encourage people from groups with different needs or with a past track record of disadvantage or low participation (including trans people) to access employment or training. This is called positive action.

Public bodies

The Public Sector Equality Duty is an important part of the Act. It aims to encourage public bodies to go beyond elimination of unlawful discrimination, harassment, and victimisation and consider how they can positively contribute to the advancement of equality and foster good relations between different groups.

The duty applies to private bodies carrying out public functions, as well as local or national government bodies. For example, a hospital could offer a trans man the first appointment of the day for a hysterectomy. This avoids the potential awkwardness or embarrassment of being one man among many women in the waiting room.

Private clubs and other associations

A private club or other association cannot discriminate against, harass, or victimise an existing or potential member or an associate on the grounds of gender reassignment. For example, it cannot refuse membership or grant membership on less favourable terms by applying different conditions or fees.

Customers and service users

You are protected against discrimination, harassment, and victimisation in the provision of goods, facilities, and services on the grounds of gender reassignment. This applies to the public and private sectors.

For example, it is unlawful on the grounds of gender reassignment for a:

- publican or shopkeeper to refuse to serve you
- leisure centre to refuse you permission to use their facilities
- housing association to refuse you accommodation, offer housing of lesser quality, or on different terms.

With the Supreme Court judgment that '*sex*' as a protected characteristic under the Act refers to biological sex, the practical application of this ruling will be detailed in an updated Code of Practice produced by the Equality and Human Rights Commission (EHRC).

At the time of this publication, it is awaiting approval from Parliament. It is expected this will deal with when single sex spaces can, or cannot, exclude certain people from them.

Note
For advice and support about discrimination and human rights, contact the Equality Advisory and Support Service.

10 Financial issues

Getting a GRC can affect National Insurance (NI) contributions, tax liability, benefits, and pensions that you, your spouse or civil partner may be receiving now, or in the future. It can affect pensions that may be payable to your spouse based on your earnings or NI contributions.

State Pension

For the purposes of State Pension, a trans person must be recognised in their acquired gender if they have had gender reassignment surgery and lived in their acquired gender for a significant period. This means that trans women may be entitled to backdated State Pension if you:

- were born between 31 October 1953 and 6 November 1953
- lived in your acquired gender for at least two years by 31 October 2018
- have had gender reassignment surgery.

Contact the Pension Service for further information. State Pension age for men and women is now 66 years and increases to 67 years by April 2028. See Age UK factsheet 19, *State Pension,* and factsheet 48, *Pension Credit,* for more information.

Other benefits

You should not have problems claiming other social security benefits such as Pension Credit or Housing Benefit following transition.

General financial issues

You may wish to seek advice from an independent financial adviser in advance of any legal change of sex and take proactive steps to protect your interests as much as possible.

Note
For State Pension information or how a GRC may affect a pension paid to your spouse, contact the DWP Gender Recognition Team. HMRC provides information about national insurance payments and tax credits. The FCA regulates financial advisers. For more information, see Age UK factsheet 43, *Getting legal and financial advice*.

11 Care services

There is now an ageing trans population. As a result, many health and social care professionals are working for the first time with older trans clients, who may have complex social or bodily needs relating to their gender reassignment.

If you underwent treatment in the 1960s and 70s, you may experience common issues that come with ageing and some unique to trans people. If you pursued gender transition more recently, you may be an older person in most respects but '*young*' in terms of your experience of living and being in your acquired gender.

Given this potential complexity, it may be appropriate for a health or care professional to seek advice from a multi-disciplinary team on how best to meet your needs. However, if you have a GRC, your privacy rights mean anyone involved in delivering care must get your permission before discussing you with others in any way that might identify you as trans.

If approaching a care agency or local authority for a needs assessment, or considering hospital tests or treatment, it is important to be mindful of issues you face daily to manage your physical health and wellbeing and your personal privacy needs. Consider the following questions and raise concerns prior to engaging with health and care services.

Trans women

- Do I still look masculine when undressed?
- Do I still have a penis?
- Do I have breasts?
- Do I need to shave regularly?
- Do I need my own room in which to dilate and douche?
- What do I need in order to maintain my hormone regime?
- Do I need to maintain my hair, wig, hairpiece or weave?
- Am I taking medication normally associated with men?

Trans men

- Do I still look feminine when undressed?
- Do I still have breasts?
- Do I have no penis?
- Do I need to take special care of my penis or metoidioplasty (a procedure that uses testosterone-related growth of the clitoris to create a functioning penis) for example when undergoing catheterisation?
- What do I need to maintain my hormone regime?
- Am I taking medication normally associated with women?

11.1 Seeking care and support

All local authorities, care agencies, care homes, and organisations providing care should have accessible equality, anti-bullying and confidentiality policies and provide staff with equality and diversity training. You can ask to see a copy of their policy and if their remit does not include trans people, ask who you should contact to discuss this.

If needing help with care at home, you can involve your local social services department or make arrangements directly with a care agency. If you have dementia-related concerns or a diagnosis, the Alzheimer's Society can help you think about care and support options.

Needs assessment and care planning

Approach your local authority social services department who must carry out an assessment if it appears you may have needs for care and support. The assessment must consider your mental capacity to contribute to your assessment and make care decisions for yourself and take into account all your needs – psychological, social and cultural, as well as personal care needs.

Based on national eligibility criteria, they decide if you are eligible for care and support and if so, work with you to decide how best to meet your needs. This may be through care at home, a move to sheltered housing or care in a care home.

For more information, in **England,** see Age UK factsheet 41, How to g*et care and support*. In **Wales,** see Age Cymru factsheet 41w, *Social care assessments for older people with care needs in Wales.*

Financial assessment

Services, home care or residential care - arranged by the local authority are means tested, and you may have to make a financial contribution. They look at your income and capital to decide if you do, and how much.

In **England,** see Age UK factsheet 46, *Paying for care and support at home,* and Age UK factsheet 10, *Paying for permanent residential care*. In **Wales,** see Age Cymru factsheet 46w, *Paying for care and support at home in Wales* and 10w, *Paying for a permanent care home placement in Wales.*

Direct payments for care at home

If eligible for financial help from a local authority, you have the option to receive it as a direct payment. This means you arrange services yourself, or with support from a third party. You can choose to recruit a personal assistant, who can respond to your individual needs and preferences and offer continuity of care at home. In **England,** see Age UK factsheet 24, *Personal budgets and direct payments in social care*. In **Wales,** see Age Cymru factsheet 24w, *Direct payments for social care services in Wales*.

11.2 Sheltered housing and residential care

If you have eligible needs that can be best met by sheltered housing or in a care home, you (and your carer if you have one) should identify possible locations and visit all establishments you are considering.

In **England**: If eligible for local authority financial help towards a care home place, they must provide you with a choice of at least one care home within the personal budget amount they agree is required to meet your needs.

In **Wales**: If eligible for local authority financial help towards a care home place, the authority must have more than one option available for a person to choose from within its *'standard amount'* for residential care.

For more information, see Age UK factsheet 64, *Specialist housing for older people.* In **England,** see Age UK factsheet 29, *Finding, choosing and funding a care home,* and in **Wales,** see Age Cymru factsheet 29w, *Finding care home accommodation in Wales*.

11.3 Making a complaint about your care

Local authority services

If you have a concern or problem with social care arranged or provided by the local authority, try to resolve it by speaking to your social worker or their line manager. If this proves unsatisfactory, you can formally complain using the local authority complaints procedure.

In **England,** see Age UK factsheet 59, *How to resolve problems and complain about social care*. In **Wales,** see Age Cymru factsheet 59w, *How to resolve problems and make a complaint about social care in Wales.*

Privately arranged care

If you have a concern or problem with privately arranged care, use the agency or care home's complaints process. If you remain dissatisfied, you can approach the Local Government and Social Care Ombudsman in **England,** or the Public Services Ombudsman in **Wales**.

NHS services

If you have a concern or problem with your GP practice, community health services or hospital care, raise it with the health professional or their manager. You may be able to resolve it informally but if your concerns are not addressed, or their seriousness warrants a wider investigation, you can make a formal complaint.

In **England,** see Age UK factsheet 66, *Resolving problems and making a complaint about NHS care*. In **Wales,** see Age Cymru factsheet 66w, *Resolving problems and making a complaint about NHS care in Wales,* or contact your local Llais team.

12 Mental capacity and making decisions

There may come a time when you can no longer make or communicate decisions about your care or treatment. To address this, you can write down your beliefs and values, important aspects of your life, and preferences about future care in an '*advance statement*'.

You could, for example, describe the type of clothing you wish to wear or, if you are a trans man with small feet, ask that care staff only purchase male footwear for you, or who you would like to be involved in your care.

An advance statement does not have legal standing but can be a guide to anyone who must make decisions in your best interests, if you lose the capacity to make such decisions or communicate them.

For more information, see Age UK factsheet 72, *Advance decisions, advance statements and living wills* and the Age UK guide *Thinking about end of life* useful when considering advance care planning.

Lasting powers of attorney

You can make two separate Lasting Powers of Attorney (LPA), one for financial decisions and another for health and care decisions. You can only make an LPA whilst you have mental capacity to understand the powers you are giving to your attorney or attorneys.

They are legal documents where you appoint one or more people you trust to act as your attorney. They must make '*best interests'* decisions on your behalf, when you no longer have mental capacity to make or communicate a particular decision that needs to be made.

For more information, see the Age UK information guide, *Power of attorney* and the Age UK factsheet 22, *Arranging for someone to make decisions on your behalf.*

13 Hate crime

If you believe you are the victim of a crime motivated by prejudice or hate, you should report it as a hate crime. The True vision website states:

'*Transgender hate crimes' and non-crime incidents are acts which target a victim because of the offender's hostility to a transgender person or to transgender people in general. Hate crimes can be committed against a person or property.*

A transgender hate crime could target someone who is not themselves transgender and the harmed person could be, for example, the child of a transgender person or someone mistaken as being transgender, so long as the offender was motivated, wholly or partially, by a hostility to transgender people.'

Hate crimes can involve physical attacks, verbal abuse, domestic abuse, harassment, damage to your property, bullying, or graffiti. Reporting an offence as a hate crime to the police helps ensure it is treated in the most appropriate and effective way. There are various safe, discreet or anonymous ways to do this including online and through third parties.

You can discuss your experiences with Galop advocacy service, or go to the True Vision website for information: www.report-it.org.uk/home

14 Wills and intestacy

Making a will

You should write a will to ensure your property and assets go to those people you want to have them. Make sure you are fully and clearly identified in your will – this is especially important if you use two names or have only recently begun to live permanently in your acquired gender.

For information, see the Age UK information guide, *Wills and estate planning* and the Age UK factsheet 7, *Making a Will*.

Being the beneficiary of a will

To ensure you can benefit from a will, keep evidence of your past identity, including your biological sex. Your GRC provides the link but if you do not have one, keep any legal paperwork associated with your change of name.

15 Bereavement and registration of death

Most deaths are registered by a relative or partner (in an enduring relationship) of the deceased or someone present at the death if no relatives are available.

If you have a GRC, your acquired gender must be used when registering your death. If living permanently in your acquired gender but you did not have a GRC, it is permissible to register your death in your acquired gender, as long as your passport and medical card support this (a birth certificate is not a legal requirement to register a death).

Problems can arise, in the case of a trans person, when stating the sex of the deceased. Relatives sometimes register the death in their biological sex, no matter how long they lived in their acquired gender.

If an error is made registering a death, the law allows for details to be changed or added. Approach the office where the death was registered, although paperwork needs to be sent for authorisation to the Corrections and Re-registration Section at the General Register Office.

Note
If responsible for registering a trans person's death, contact the General Register Office with any uncertainties. If you were not responsible but are concerned someone else registered their gender identity incorrectly, contact the General Register Office.

16 Partners of trans people

If you are the partner of a trans person, watching what happens to your loved one as they explore their gender identity can be challenging, whether or not they decide to pursue transition.

Many trans people and their partners remain in settled, happy relationships but as a partner, you may feel a sense of loss, confusion, anger, or hurt. It can affect your sense of who you are.

Many concerns may arise, such as how do you address each other in public? How and what do you tell people, including friends and relatives?

In addition, you may have to witness or help your partner deal with comments or discrimination including transphobia.

As a partner, you may benefit from your own independent support, see the *Useful Organisations* section.

17 Glossary

- **Acquired gender:** a legal term used in the Gender Recognition Act 2004. It refers to the gender in which an applicant is living in and seeking legal recognition of.
- **Affirmed gender**: your gender identity following transition – the gender with which you identify has been affirmed.
- **Asexual**: term used to describe someone who does not have a sexual attraction to individuals of any gender.
- **Bilateral mastectomy**: removal of some breast tissue from both breasts and the reconstruction of the chest wall to resemble a male chest.
- **Clitoroplasty:** Surgical construction of a clitoris
- **Gender diverse:** An umbrella term to describe people whose gender identity differs from their biological sex.
- **Gender dysphoria**: medical term used to describe the feeling of discomfort or distress between their biological sex and gender identity.
- **Gender expression**: the way in which a person expresses their gender identity, typically through their dress and behaviour.
- **Gender fluid**: a wider and more flexible range of gender identities that varies over time.
- **Gender identity**: your internal sense of being male or female, both or neither.
- **Gender incongruence**: describes a sense of discomfort or distress that a person may feel about the difference between their biological sex and gender identity.
- **Gender reassignment**: describes the process a trans person undertakes to transition socially, and/or legally and/or medically to live in their gender identity.
- **Gender reassignment surgery / genital reconstruction surgery**: surgical procedures that alter secondary sex characteristics to reflect a person's gender identity.
- **Gender variance**: describes a sense of discomfort or distress that a person may feel about the difference between their biological sex and gender identity.
- **Metoidioplasty**: a surgical procedure using the growth of the clitoris, which results from taking testosterone, to create a penis.
- **Non-binary or Enby**: someone who does not subscribe to a binary sex and who may regard themselves as neither male or female, or both male and female or take another approach to gender identity.
- **Oophorectomy**: surgical removal of the ovaries.
- **Orchidectomy**: surgical removal of the testes.

- **Pansexual**: term used to describe someone who is attracted to individuals of any sex or gender identity.
- **Penectomy**: surgical removal of penile tissue.
- **Phalloplasty**: surgical procedure to construct a penis.
- **Scrotoplasty:** surgical procedure that creates a scrotum for testicular implants.
- **Trans or transgender:** umbrella terms that embrace the many different identities of people whose gender identity differs from their biological sex.
- **Trans***: an asterisk is sometimes added as a way of including all trans, non-binary and gender nonconforming identities.
- **Transition**: the process of social and/or legal and/or medical changes a person may take to live in their gender identity.
- **Transvestite**: a person who enjoys wearing clothing associated with a different sex for personal comfort and pleasure – the term cross-dresser is generally preferred.
- **Vaginectomy**: surgical removal of the vagina and closure of the vaginal opening.
- **Vaginoplasty**: surgical procedure performed to create a vagina.
- **Vulvaplasty**: surgical construction of a vulva.

Useful organisations

Alzheimer's Society
www.alzheimers.org.uk
Support line 0333 150 3456

Provides information on a range of issues affecting people living with dementia and their carers.

Beaumont Society
https://beaumontsociety.org

A self-help body run by the trans community, providing support, advice and training.

CliniQ
www.cliniq.org.uk

A holistic sexual health and wellbeing service based in London for all trans people, partners and friends delivered by a trans-led team.

Department for Work and Pensions (DWP) Gender Recognition Team
Telephone 0300 043 1103
Email: npc.grteam@dwp.gov.uk

Department providing information on state pension entitlement if you have a GRC or for information if you have a spouse or civil partner.

Depend
www.depend.org.uk

Depend offers free web information and online support to family members, partners, spouses and friends of trans people.

Dementia UK
www.dementiauk.org
Admiral Nurse Dementia Helpline: 0800 888 6678.

Works to improve the quality of life of people with dementia and provides online and printed information resources.

Equality Advisory Support Service
www.equalityadvisoryservice.com
Telephone helpline 0808 800 0082 Mon-Fri 9am-7pm, Sat 10am-2pm

Funded by the Equality and Human Rights Commission, the EASS Helpline provides information and advice about the *Equality Act 2010.*

Financial Conduct Authority
www.fca.org.uk
Telephone 0800 111 6768 or 0300 500 8082

Financial Conduct Authority regulates the UK financial services industry.

Galop
www.galop.org.uk
Telephone 0800 999 5428

Galop is a community-led group for LGBT+ people and offers advocacy support to help tackle discrimination, hate crime, or domestic abuse.

General Register Office
www.gov.uk/general-register-office
Telephone 0300 123 1837

The register holds records of births, deaths, marriages, civil partnerships, stillbirths and adoptions in England and Wales.

GIRES (Gender Identity Research and Education Society)
www.gires.org.uk

GIRES is a volunteer operated membership charity that aims to empower, and provide information and support to trans, gender-diverse and non-binary individuals, and their families.

Gov.uk
www.gov.uk/apply-gender-recognition-certificate/overview
Telephone 0300 1234 503

Government website with information on benefits and explains how to apply for a Gender Recognition Certificate.

Healthwatch England
www.healthwatch.co.uk
Telephone helpline 03000 683 000

The consumer champion for health and care services in England. Find your local Healthwatch by searching the website or calling their helpline.

LGBT Foundation
www.lgbt.foundation
Telephone helpline 0345 3 30 30 30

The Foundation's Trans programme aims to improve the health, wellbeing of trans people.

Llais
www.llaiswales.org
Telephone 029 20 235558

A body that represents the voices and opinions of people in Wales in regard to health and social care services. Can provide complaints advocacy service.

Local Government and Social Care Ombudsman
www.lgo.org.uk
Telephone helpline 0300 061 0614

Investigates complaints about local authorities and social care providers.

NHS Gender Dysphoria National Referral Support Service (GDNRSS)
Support line 0300 131 6775

The GDNRSS Coordinates access to gender reassignment surgery for men and women.

NHS 111 Wales
www.111.wales.nhs.uk
Telephone helpline 111

Service offering a telephone helpline and web information on finding local health services in Wales and on a wide range of health conditions.

NHS website
www.nhs.uk

A comprehensive web information service to help you learn more about a wide range of health conditions, find NHS services in England, improve and make choices about your health and manage long term conditions.

Older People's Commissioner for Wales
www.olderpeople.wales
Telephone 03442 640 670

An independent voice and champion for older people across Wales, standing up for and speaking out on their behalf.

Pension Service (The)
www.gov.uk/contact-pension-service
Telephone: 0800 731 0469

Details of state pensions and how to claim.

Public Services Ombudsman for Wales
www.ombudsman.wales
Telephone 0300 790 0203

The Ombudsman investigates complaints about public services and independent care providers in Wales.

Royal Osteoporosis Society (NOS)
www.theros.org.uk
Telephone helpline 0808 800 0035

Information on prevention and treatment of osteoporosis.

Sibyls
www.sibyls.co.uk
email: enquiries@sibyls.co.uk

A confidential Christian spirituality group for trans people, their partners and supporters.

TranzWiki
www.gires.org.uk/tranzwiki

TranzWiki aims to be a comprehensive web-based directory of the groups campaigning for, supporting or assisting trans and gender non-conforming individuals and their families across the UK.

True Vision
www.report-it.org.uk/home

True Vision provides information about hate crime or incidents and how to report them.

Umbrella Cymru
www.umbrellacymru.co.uk
Telephone 0300 302 3670

Specialist gender and sexual diversity support service. Umbrella Cymru offer peer support for Welsh Gender Service patients (see below). You can self-refer any time to Umbrella Cymru.

Welsh Gender Service
https://cavuhb.nhs.wales/our-services/welsh-gender-service
Telephone 029 2183 6612

Specialist service operated by NHS Wales.

Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

Age UK Advice
www.ageuk.org.uk
0800 169 65 65
Lines are open seven days a week from 8.00am to 7.00pm

In Wales contact

Age Cymru Advice
www.agecymru.wales
0300 303 44 98

In Northern Ireland contact

Age NI
www.ageni.org
0808 808 75 75

In Scotland contact

Age Scotland
www.agescotland.org.uk
0800 124 42 22

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