Being Accepted Being Me

Understanding the end of life care needs for older LGBT people

A guide for health and social care professionals and carers

The University of Nottingham

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THE NATIONAL COUNCIL FOR PALLIATIVE CARE

Foreword- Dr Kathryn Almack

Not being able to be open about who you are with people who are important to you in the last few months of life can be devastating.

This resource draws on the findings of *The Last Outing* (2012-15) which was the first ever study in the UK to focus specifically on exploring the end of life experiences and care needs in the lives of older LGBT people.

The Last Outing, funded by Marie Curie Research Programme and carried out at the University of Nottingham, told us that older LGBT people do not feel confident that end of life care services will meet their needs. Concerns were also voiced about facing discrimination and a lack of understanding from health and social care providers when they are dying.

An additional resource is available from Marie Curie who have published a report for policymakers called *Hiding Who I Am – the reality of end of life care for LGBT people* (2016). This report is based on research funded by Marie Curie: *The Last Outing* (Nottingham) and a second study ACCESSCare (King's College, London and The University of Nottingham). Marie Curie is calling on NHS England to ensure that Clinical Commissioning Groups (CCGs) include an Equality Impact Assessment in their end of life care strategies to address discrimination and improve access to ensure everyone in need of palliative and end of life care receives the best possible experience, regardless of factors such as sexual orientation and gender identity.

It is our hope that health and social care staff and volunteers will use this guide, *Being Accepted Being Me,* to learn more about listening, understanding and responding to the unique needs of LGBT people.

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The aim of this guide

This guide is intended to raise awareness of the end of life care needs of lesbian, gay, bisexual and trans (LGBT) older people by providing information to support health and social care practitioners to:

1] become more aware of the unique end of life care issues facing LGBT people and those important to them

2] work towards making services more '*LGBT friendly*'. In other words, developing services that LGBT people can feel safe and comfortable to approach

'The main thing is about feeling secure and safe when you are vulnerable, that you can just be who you are and people accept that. And the problem is we haven't been able to take that for granted'

The experiences and quotes in this booklet all come from older LGBT people who took part in the research project for The Last Outing. Participants were aged 60 or over or had an LGBT partner aged 60+. (237 survey responses and 60 in-depth interviews with a subset of the survey participants)

We hope this guide will contribute to a broader understanding of dignity and respect in the delivery of end of life care. It can be read as a stand-alone resource, to be read by individuals, or as a prompt for discussion – for example, in a training session or a staff meeting. To aid this, we have included key messages and discussion points to consider, which individuals can think about while reading or for a group to think about and discuss.

It is intended to complement the NCPC publication and DVD *Open To All? Meeting the needs of LGBT people nearing the end of life* (2011).

Who are we talking about?

We still don't have any official means to gather reliable data about the population of LGBT people in the UK.

Using a commonly cited estimate (used by government departments) that about 5–7% of the population identify as LGBT suggests an estimated population of between 745,000 and 1,043,000 LGBT people aged 60 and over in the UK . That's about the size of the population in Leeds or Birmingham. This is a significant minority and it is important that gaps in provision are addressed.

Why is this important?

While some of the end of life care issues facing LGBT older adults are similar to all older people, *The Last Outing* research identifies separate issues that need to be addressed for older LGBT people entering their later and last years of life.

We have seen big changes in recent times in equality legislation and social attitudes, but there are still examples of (and expectations of) discrimination today affecting all LGBT people. Together with their past experiences, when there weren't the same rights and acceptances, older LGBT people may still be reluctant to disclose central aspects of their identity and to access formal services. They are more likely to live alone and to age without partners and children; they are more likely to rely on friends for support of all forms. Together these factors complicate preparations for and discussions about end of life.

If you have to go to a place where you have to start shutting down again, being closed about who you are, the chances are you're not going to survive very long.

Older LGBT people told us about different forms of discrimination they have faced in their lifetimes

- Gay men feared imprisonment for consenting sexual relationships with other men if caught in a public place
- Some were labelled as mentally ill and some had psychiatric treatment such as aversion therapy
- Many led double lives to stay 'hidden' because they feared losing their jobs or people being hostile towards them
- Some were rejected by their family members because of their sexual orientation or issues around gender identity
- *Key legislative moments in LGBT history* are listed on page 10

I was referred to my GP for psychiatric treatment and, against my will, given some really horrendous medication. It's a period I look back on with some anger really

We lived under a stone and the only time we would hug and kiss would be behind drawn curtains

We grew up in fear and dread of the knock on the door at 6am. In those early days you were frightened, the police could do what they wanted and nobody would complain

My oldest sister denounced me when I came out and I know my mother would never have accepted it. Me and my sister have never regained a proper relationship

Key Message: Those approaching the end of life (or supporting people close to them at the end of their life) are amongst the most vulnerable in our communities. This vulnerability can be made worse if people then have fears that services might not understand their needs related to their sexual orientation of gender identity.

Concerns about accessing health and social care services

Key facts

- 26% of our survey respondents reported they experienced discrimination related to sexual orientation/gender identity from health and social care professionals
- 74% of respondents reported feeling 'not very confident' that mainstream health and social care services provide sensitive and appropriate end of life care services for LGBT people

These figures demonstrate a current lack of confidence that mainstream provision of health and social care services will be culturally sensitive in meeting the needs of LGB&T people. This was also reflected in what people said in their interviews.

Empathy is the word … if I could be confident staff would be empathic about and understanding about our relationship, that would make a difference.

I have no wish to be at the tender mercies of a homophobic carer or service

If you are terminally ill and there are people making decisions about your treatment options and you're not necessarily confident that they value you, your lifestyle as much as if you were married with three kids then you know … that makes me uneasy.

You hear of people who've had horrendous experiences of not being seen, not being accepted. I couldn't think of anything worse than going into a care home that wouldn't see me as who I am basically.

I'd like carers who accept my anatomical differences as a trans person

My priority is there should be a decent service for everybody and that is a service that respects diversity as part of the day job ...

Discussion Point: Do you feel as a health care worker you have awareness of the needs of LGBT people? What can you do, to be more prepared for any LGBT service users looking to you for support and understanding? You need to think about the specific needs of bisexual and trans people whose needs often get missed.

(The resources listed at the end of this booklet will provide a starting point)

Older LGBT people are a hugely diverse population with differing views, needs and different ways of living. What might suit one LGBT individual might not suit another.

Differences can be addressed if providers and practitioners learn, listen, understand and respond to the unique needs of LGBT people – which forms a key aspect of personalisation/individualised care delivery.

As a bisexual it's incredibly difficult to be out. Because unless you tell them there is no way they're going to guess. You know, if you're seen with a same sex partner you're judged to be a lesbian; if you're seen with the opposite sex partner you're judged to be straight. You're constantly passing for what you're not, and it's really frustrating

I have heard of people on their own going into care homes who have to put themselves back in the closet so to speak because it's too risky because of prejudice and antagonism to feel that they can be themselves … that's a real fear …

Key Message: One of the main things older LGBT people said to us was that they felt they might have more choices if services demonstrate equal treatment for LGBT service users and instilled confidence that they could offer inclusive and safe spaces. This may include displaying LGBT symbols and images in service materials – **but importantly backed up by training to ensure a sensitive and appropriate service provision.**

“We treat everyone the same”

Talking to service providers about *The Last Outing* research project, organisations commonly say ‘*we treat everyone the same*’. This is well-intended and most often meant to reflect a commitment to providing inclusive services. ***The issue is that not everybody is the same.***

In some respects, LGBT people might face some of the difficulties that all adults might encounter as they enter old age, such as loneliness, isolation, finding it more difficult to be independent without help.

But from our research, it is very clear that LGBT people face additional concerns. It is these that need to be taken into account in order to develop inclusive services that older LGBT people can feel able to access AND to be themselves without having to conceal important aspects of who they are – their sexual orientation or gender identity.
Different aspects to take into account include:

- The impact and legacy of living through times when social attitudes were less tolerant and legislation criminalised rather than protected LBGT citizens
- Taken for granted notions about heterosexuality
- Under-representation or invisibility of LGBT people in the language and images used in leaflets, posters etc.

I’ve been looking at care homes for my mother. And my fear is when my time comes, where would I go? I don’t see myself reflected in any shape or form in terms of information I’ve read or getting a sense I could be myself in those places

Disclosure of one's sexual orientation (coming out) or gender identity is never a one off process.

Living with a life-limiting condition, dying, or to be bereaved can be socially isolating. LGBT people can feel even more isolated at these times if they feel unable to disclose their sexual orientation, gender identity or other aspects of their lifestyle and culture.

As a LGB or T person, making decisions about what to say and to whom about your sexual orientation or gender identity is constant and it can be very wearing, especially if you are already feeling ill or vulnerable.

LGBT people don't necessarily want 'special' treatment. In any encounter with a new health or social care professional or other service providers, LGBT people are faced with thinking about and making decisions about whether to 'out' themselves and what response they might receive. Behind those decisions, older LGBT people told us they wonder if their same-sex relationships will be valued or understood; will people important to them be included in care planning and decision making and so on.

Society is changing and LGBT people's voices have got stronger. I'm not as timid as I was when I first came out, it doesn't sound very much but I see that reflected in lots of my lesbian and gay friends that through adversity we've become stronger in ourselves

We are quite upfront and articulate and we've both worked a long time in the voluntary sector; I think the staff we encounter are probably aware we would assert ourselves if they were being inappropriate in any way and I think people are less likely to discriminate against us for that reason

A smaller but significant number of the people we talked to felt society was changing and as they got older they felt more confident about asserting their needs. Services need to be prepared.

Timeline of key legislative moments in LGBT history

1967: Sexual Offences Act decriminalised homosexual acts between men aged 21 and over (England & Wales). Similar legislation passed in Scotland, 1980 and NI, 1982

1973: Homosexuality removed from list of psychiatric disorders in the American Psychiatric Association's Diagnostic Statistical Manual. WHO listed homosexuality as a mental illness until 1990 and transsexualism is still classified as a mental disorder under the International Classification of Diseases (ICD)

1988: Section 28 (Local Government Act). Prohibited intentional promotion of homosexuality or teaching of the acceptability of homosexuality as a pretended family relationship.

1994: Age of consent for homosexual acts reduced to 18 UK Government recognised same sex partners for immigration purposes

2000: UK Government lifts the ban on lesbian and gay men serving in the armed forces

2001: Age of consent for gay men brought in line with age of consent for heterosexuals - to 16

2002: Equal rights granted to same sex couples applying for adoption

2003: Repeal of Section 28

2003: Employment Equality (Sexual Orientation) Regulations become law, making it illegal to discriminate against lesbians, gay men and bisexuals in the workplace

2004:Civil Partnership Act passed, giving same-sex couples the same rights and responsibilities as married heterosexual couples

Gender Recognition Act is passed giving trans people full legal recognition as members of the sex appropriate to their gender identity

2007: The Equality Act (Sexual Orientation) Regulations 2007 becomes law on 30 April making discrimination against lesbians and gay men in the provision of goods and services illegal

2010:The Equality Act 2010 is passed. This includes the extension of the single public Equality Duty to cover lesbian, gay and bisexual people

2012: The Protection of Freedoms Act is passed, allowing for historic convictions for consensual gay sex to be removed from criminal records

2013:The Marriage (Same-Sex Couples) Act is passed in England and Wales

2014: The Scottish Government passes legislation allowing same-sex couples to marry in Scotland

Key Message: Services are likely to encounter 'invisible' LGBT service users who might not feel safe to identify themselves but increasingly others have developed the confidence to do so.

Services shouldn't wait for individual users to disclose central aspects of their identity before seeking ways to address existing ways of working that are inclusive of LGBT users.

The resources listed on pages 22 & 23 outline ways in which services can develop to become LGBT friendly.

It is also the case that levels of confidence and assertiveness may be affected in transitions from leading active and independent lives through to feeling vulnerable, frail or dealing with conditions that require care and support.

I'm sufficiently confident at the moment to say (my sexuality) has got nothing to do with anybody else, I wouldn't hide it. Whether frailty might alter that, I don't know, who can say?

I just happen to be a lesbian. Part of me feels I don't, why should I have to tell people that? You know, someone isn't going to come up to me and say oh my name's Andrew and before we go any further I should tell you I'm heterosexual, so why should I have to?

Discussion Point: You might work for a health or social/domicillary care organisation or volunteer for 'Dial A Ride or 'Meals on Wheels'. Wherever you work or volunteer, what actions could you take immediately to work towards being a LGBT friendly organisation? What longer term steps can you identify?

Small things can make all the difference

Our 'critical readers' suggested services could think about identifying one or two members of staff to become 'LGBT Champions'. Perhaps made recognisable by wearing a rainbow flag pin? LGBT people would recognise that if they faced prejudice or awkwardness whilst in treatment or on the ward or in a care environment, it would help them feel there was someone they could speak to who could advocate for them.

I do think that amongst all the training that staff do there needs to be additional training and I'm not sure it's even specifically around LGBT people's lifestyles, I think it is just training around just don't assume that everyone has the same life that you do.

Where we have been treated completely as a couple and it's not an issue … it sounds a small thing to ask really but it is so important. Our consultant and the physiotherapist … definitely it's made such a difference and the more positive experiences you have the more or less likely you are to be able to use services in the future

“If someone doesn’t tell you they’re gay what can you do?”

LGBT people are not always in a position of being able to immediately let professionals they encounter know of their sexual orientation or gender identity; some might not wish to disclose their sexual or gender identity or feel safe to do so.

What staff can do is to practice not making assumptions and using subtle ways of being open.

Key Message: Think about more neutral ways of asking about significant others and phrase questions in ways that might provide an opening for someone to talk further about their life and their relationships.

For example:

‘Is there anyone else close to you who you’d like to have involved/for us to talk to? ‘

‘You obviously mean a lot to each other … ‘

It doesn’t require the person to disclose more than they want to - but importantly it will give clues that you might be an approachable person if they do want to talk. Pick up cues from the person as to the kind of language you should use. For example, some older LGBT people may talk about ‘not being the marrying kind’ or having companions not partners. Not all will identify with the labels lesbian, gay, bisexual or trans.

If someone does disclose information to you

If someone does come out to you, your immediate reaction is very important:

- Prepare so that you feel comfortable acknowledging what information you've been given
- Offer reassurance that information will be handled respectfully.

We found that forms of discrimination are not always overt but can include more subtle and sometimes unintentional forms of discrimination that are less easy to challenge.

I was being wheeled onto the ward and the porter was a cheery chap. Then he said 'Oh lots of pretty nurses on the ward, you'll be alright' or something like that. Now I don't like to make assumptions (laughs) but I think he meant female nurses and I thought, do I tell him I'm gay? You know I'd just come round from the anesthetic and I'm having to decide. Well, I did say but then it was so awkward and I wish I hadn't.

Discussion points:

- What responses might you offer if someone discloses information about their sexual orientation or gender identity? (If in a group you could practice through role play!)

- How might the porter have responded to the patient telling him he was gay in a way that might have left the patient feeling less awkward and wishing he hadn't said anything?

If LGBT people feel unable to be themselves or don't feel accepted as themselves at the end of life that has a huge impact for those left behind

There was one time Eric was in hospital, he was distressed and said 'Oh you're not going to leave me are you?' and he reached out to hold my hand … anyway this guy in the next bed, I could see him out the corner of my eye, sort of rear up in bed you know. After I'd gone he rang to tell the nurse, I want to move, don't want to be here. And I've never forgotten that. So, when he went in with the cancer, that was something in our minds you know, you don't make it obvious you're a gay couple. I would have loved at times to have hugged him and given him a kiss and I never felt able to.

When my partner was dying she went to a day hospice, mainly to offer me respite. She went three times and then I was invited for the day to see what went on there. The staff all introduced me as A's partner to all the other patients there. The next time after when she went, no-one spoke to her and they made it very very clear why. She just wouldn't go again. She came home in tears but she wouldn't tell me why. She was a very strong independent person but obviously ill at that point. She didn't tell me about it until three days before she died. I was so emotional I didn't do anything about it then … but I've since taken it up with the hospice so some good might come out of it

Discussion point:
What could be done to either handle the above situations or ensure that the people involved were better supported?

Issues facing trans people

Trans people can face further dilemmas. Service providers often have even less knowledge about the issues relating to trans people than LGBT individuals and it is important to separate out sexual orientation from gender identity.

Trans people can face particular challenges if they have to negotiate intimate care with careworkers who may not be aware of their particular needs.

As a male to female trans and still having beard growth, this would be an area of care I'd need if I am able to shave and apply hair growth inhibitor. And other intimate care … dilation and routine douching to keep the vagina clear of possible infections. Hormone therapy is necessary until death and I'd want that to continue.

Every time I need bodily care I constantly have to explain my anatomical differences to new people. I'm really worried about going into a care home. My GP, meaning to be kind, said once you go into a care home you become genderless but that is not reassuring...

It is important to be aware of the diversity among trans people; some will have spent most of their lives with a gender identity and body other than the one assigned at birth while for others this may be a relatively recent transition. Others might not have undergone any form of gender reassignment surgery.

Medical records can be inconsistent – one trans woman recalled how this was dealt with sensitively by staff:

I was in hospital and someone came along and drew the curtains round and she said 'I'm having problems matching up your file because you say you've had (name of condition) but we've got no record. The nearest we've got is a person of this name'. And she showed me. So I was able to say 'Yes, that used to be me'. So she said 'OK, that's fine I can combine them now'. And I thought that's really enlightened, she hadn't even used the name but treated me for who I am now.

Next of kin

LGBT people we spoke to often wanted to be able to nominate 'important others', for example same-sex partners or significant friends, as their "next of kin."

There is widespread misunderstanding about the phrase "next of kin", which is often assumed to mean people related by blood or (heterosexual) marriage. However the phrase "next of kin" does not have any legal meaning or status in the United Kingdom. The Mental Capacity Act 2005 provides a framework (in England and Wales) which enables people to identify the person or people they would want to be consulted about their best interests, should they lose capacity to make decisions themselves. It is also possible to give someone of your choice a lasting power of attorney, to make decisions for you. You can also, if you wish, identify people whom you would not wish to be involved in decisions about your care.

My ex-partner. I trust her completely. She is my sister, my ex-lover, best friend. It is difficult for straight people to understand this. I was a witness at her civil partnership along with her partner's ex-boyfriend. We are a family.

I am still married but I regard my lesbian partner as my next of kin

As a bi person I have a current close relationship with both a man and a woman. We all live apart. I have choices to make about whether my children as blood relatives are my next of kin or my male or female partner

My partner is my next of kin but I do worry our relationship might not be recognised because we are not in a civil partnership and we choose to maintain separate houses

This was a major factor in my partner and I opting to become civil partners despite our relationship being that of platonic home-sharers. Prior to our civil partnership we were both in the position of having elder siblings as our next of kin, both of whom had rejected us and would be unlikely to respect our end of life wishes

Being cared for at home

Many people express a preference to die at home, which can necessitate having a range of health and social care professionals coming into one's home.

This can be daunting for LGBT people in a number of ways:

• Having care workers coming into their homes may lead LGBT people to alter their home, for example putting away items or photographs that might be associated with their sexual orientation or gender identity

• Some may live in households with more than one partner or have a number of people close to them with whom health and care professionals need to interact

If people, carers, are coming into your home, just an acknowledgement about your sexuality and your relationships in the past and things like that and like if you've got a photo of you and your partner out, you don't need to be worried.

Home is a safe place and it's where I'd like to be cared for if at all possible. I'd like to know when it comes to it that I can be myself and feel secure with whoever is coming into my home, it's a time in life when you're likely to be most vulnerable.

Key Message: If you are going into someone's home, find ways to acknowledge and respect the fact that you are a guest in their home as well as being a service provider

Complex networks of care

Some LGBT people live in households with more than one partner or have a number of people close to them that health and care professionals need to interact with.

We talked to Sarah, a bisexual woman, who lives with two partners, Iris and Damian. Sarah described a period of time recently when she was very poorly and in hospital. When she came home she convalesced in a room set up especially for her. She went on to explain:

> *It was difficult to explain to anybody coming in why this was a change. They would come in, they would see me in that single bed in that single room, and they would see Damian and Iris, and even if they accepted that we are three, they would see they had the main bedroom, and they wouldn't realise or understand that actually normally I would have been in there too, and I would be missing it.*

Celia told us about caring for her terminally ill partner Samantha, along with Samantha's ex-husband, Patrick. Celia spoke about some of the health and social care professionals they encountered during this time, who were confused by who was who. At the same time however, Celia felt supported by her GP and by Patrick:

> *My lovely GP signed me off with stress, so that I could care for her with Patrick. And every decision was our decision, it wasn't just Patrick who was obviously her next of kin, I was consulted too.*

Sarah and Samantha's networks of care are possibly, in a normative framework, quite complex to follow but some acknowledgment could make a difference, even to say something like 'Let me know if we get things wrong or if there are any particular things we need to consider about services for you.'

Discussion point: Discuss how you might respond to Sarah and Samantha's situations. What can you do to make everyone feel their lives and relationships are valued?

Final words

We need to address statements such as "*We treat everyone the same" or "we don't have any LGBT service users here"*

When a service provider claims that they don't have older LGBT people using their services, in fact it is more likely that LGBT service users don't feel sufficiently safe to disclose important aspects of their identity. LGBT people may have experienced encounters with health and social care staff at some point in their lives where they feel unacknowledged, invisible or in some other way excluded – often against a background of a lifetime of such instances.

When LGBT service users are invisible or feel they have to remain 'closeted' that can have significant detrimental impacts on their well-being. And if LGBT are not confident about services or staff, they may not seek support and/or may not feel able to speak about matters and people who are important to them and crucial to dying well.

For LGBT people, every encounter with someone new can be accompanied by concerns about how that individual will respond to information about an LGBT identity. Any points of disclosure can be critical one chance moments – if not met positively this can be a missed opportunity to build up caring relationships and to get to know the whole person which is central to holistic end of life care.

We hope this guide will help raise awareness and provide pointers in the right direction. While statements such as "We treat everyone the same" or "We don't have any LGBT service users here" might not indicate intentional discrimination; they do miss the important differences in the experiences of LGBT people.

It is often said about end of life care that we only have one chance to get it right . In caring for or providing services for LGBT people at the end of life this also takes on an additional meaning.

Acknowledgements

In carrying out the research project we'd like to acknowledge and thank:

• All the study participants and all those who helped advertise the study

• The research team (Anne Patterson, Meiko Makita, Andrew Yip, Jane Seymour and Anita Sargeant)

• The project advisory group (Antony Smith, Claire Jenkins, Rebecca Jones, Julie Fish)

Many thanks also due to those who read and commented on this resource while under development – their comments and feedback has been invaluable:

Carol Gibbons
Darran Walton
Karina Christiansen
SAND (Safe Ageing No Discrimination) volunteers
Katherine Bristowe

To cite this publication:

Almack, K and the National Council for Palliative Care (2016) *Being Accepted Being Me: Understanding the end of life care needs for older LGBT people*. NCPC.

Data for the resource comes from research supported by a Marie Curie Cancer Care research grant (grant number C43193/A13972)

This booklet has been produced in collaboration with the National Council of Palliative Care, with printing and design costs funded by a small grant that Dr Almack was awarded from the University of Nottingham's Economic and Social Research Council ESRC Impact Accelerator Fund.

Further resources (1)

Some useful books

Fish, J and Karban, K. (2015) *Social Work and Lesbian, Gay, Bisexual and Trans Health Inequalities: International Perspectives.* Bristol: Policy Press.

This book examines inequalities experienced by LGBT people and considers the role of social work in addressing them. It includes a chapter about end of life care for older LGBT people:

Almack, K, Moss, B and Smith, T (2015) Research and policy about end of life care for LGBT people: identifying implications for social work services. Pages: 173-186

Ward, R., Rivers, I., Sutherland, M. (Eds) (2012) *Lesbian, Gay, Bisexual and Trans Ageing: Biographical Approaches for Inclusive Care and Support.* Jessica Kingsley Publishers

This book focused on the provision of care and support for older LGBT people. It includes chapters written by those who have worked directly with and for older LGBT people and achieved significant change and improvements to service delivery and levels of awareness.

Fenge, L.-A., Fannin, A., Hicks, C., Lavin, N. and Brown, K. (2008) *Social Work Practice with Older Lesbians and Gay Men.* Exeter, England: Learning Matters

Co-written by a researcher, project worker and older volunteers, this book provides an accessible guide for those practitioners who work with older people to develop a deeper understanding of issues of discrimination and oppression attached to sexuality in later life, and the implications for practice

Further resources (2)

Practice guidance

National Council for Palliative Care (2012) *Open to All*: Meeting the needs of lesbian, gay, bisexual and trans people nearing the end of life

National End of Life Care Programme (2012) *Route to Success*: in end of life care – achieving quality for lesbian, gay, bisexual, and transgender people

Pugh, S, McCartney, W and Ryan, J with the Older L*GBT Peoples Network (2010) Moving Forward:* working with older LGBT people. A training and resource pack

AgeUK (2006) *The Whole of Me* – meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing – a resource pack for professionals

Camden Age UK and Opening Doors London (2012) *Supporting older Lesbian, Gay, Bisexual & Transgender people:* Checklist for Social Care Organisations working with older Lesbian, Gay, Bisexual & Transgender people

Fish, J (2007) *Reducing health inequalities for lesbian, gay, bisexual and trans people.* A series of briefings for health and social care staff. Written for the DH Sexual Orientation and Gender Identity Advisory Group

Royal College of Nursing and Unison (not dated) *Not 'just' a friend.* Best practice guidance on health care for LGB service users and their families

Social Care Institute of Excellence (2011) *At a glance 42: Personalisation briefing*: Working with lesbian, gay, bisexual and trans people. Written by SCIE, in conjunction with Consortium of LGBT Voluntary and Community Organisations

The above is just a small selection – a good place to find an up to date list of resources is on the SAND website. SAND is an initiative set up in Shropshire to raise community awareness and help local authorities, care providers and carers to be proactive in addressing the fears and discrimination that may be experienced by older and old LGBT people and carers and to meet their needs.
https://lgbtsand.wordpress.com/

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Registered Charity no 1005671 A company limited by guarantee no. 2644430

ISBN 978-1-910286-09-8
Published July 2016

This guide was written by Kathryn Almack of Nottingham University and collated by Daisy Goddard, Stephanie Owens and Miranda Ryan from NCPC .

Supported by

E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL