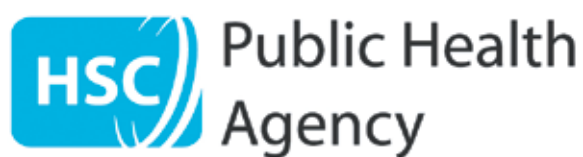


# See me, hear me, know me.

Guidelines to support the needs of Older Lesbian, Gay, Bisexual and Transgender people in nursing, residential, and day care settings and those who live at home and receive domiciliary care.

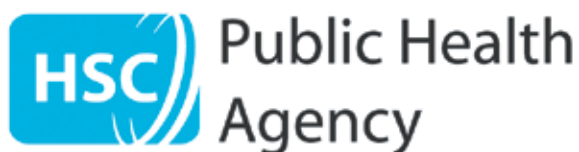


# See me, hear me, know me.

**Guidelines to support the needs of Older Lesbian, Gay, Bisexual and Transgender people in nursing, residential, and day care settings and those who live at home and receive domiciliary care.**

First published March 2014  
Public Health Agency  
Linenhall Street Unit  
12-22 Linenhall Street  
Belfast  
BT2 8BS

[www.publichealth.hscni.net](http://www.publichealth.hscni.net)



# Contents

Foreword	02
Acknowledgements	02
Introduction	03
Guidelines	05
Useful links	07
Key statistics	08
Glossary	10
References	11
Appendix 1 – The Legislation	12



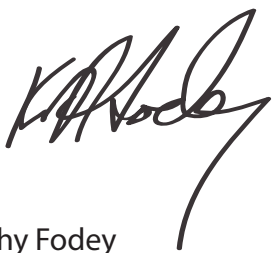
## Foreword

Current statistics report that Lesbian, Gay, Bisexual and Transgender (LGB&T) people make up between 6 and 10% of the Northern Ireland population.<sup>1</sup> For those over the age of 55, growing old is a real concern.

Research has revealed a degree of invisibility for these individuals as many feel they have to respond to the pressures of discrimination by concealing their sexuality, concerned that being “out” might hinder their access to quality care or even endanger their wellbeing. Many older LGB&T people experience, or fear discrimination because of their sexual orientation and/or gender identity, believing that this creates a barrier to communicating their specific needs.

All health and social care staff must ensure that all service users are cared for in a friendly, caring, stimulating atmosphere where they are listened to and feel valued, their rights upheld, and their cultural and religious beliefs respected to ensure that they have a positive and beneficial experience in their care setting.

The following guidelines for supporting Lesbian, Gay, Bisexual and Transgender people in care homes, nursing homes, day care centres, and those in receipt of domiciliary care, are intended to raise awareness of the invisibility dimension and to encourage health and social care professionals to reflect on their practice.



Kathy Fodey  
Director of Regulation & Nursing  
Regulation & Quality Improvement Authority  
(RQIA) Northern Ireland

## Acknowledgements

We wish to thank the following people who have helped in the development of the Guidelines and supporting documents.

**Barbara Porter**, Public Health Agency

**Cara McCann**, Here NI

**Christine Goan**, Regulation and Quality Improvement Authority (RQIA)

**Chris Totten**, Public Health Agency

**Deirdre McNamee**, Public Health Agency

**Duane Farrell**, Age NI

**Fidelma Carolan**, UNISON

**Gail Malmo**, Public Health Agency

**Hugh Mills**, Independent Health and Care Providers

**John O’Doherty**, The Rainbow Project

**Matthew McDermott**, The Rainbow Project

**Sean Stevenson**, Independent Health and Care Providers

Thanks also to all those who participated in the one- to- one interviews, focus groups and online survey; your contribution has been invaluable in helping to inform the development of these guidelines.

# Introduction

Addressing the health inequalities of older people who identify as lesbian, gay, bisexual and/or transgender (LGB&T) is a priority for the Public Health Agency (PHA). As a component of its overall plan to address health inequalities, and in consultation with the LGB&T sector organisations, the Agency identified the need for a set of guidelines to help those involved in the development and delivery of care for older people, to ensure that their services to the LGB&T population are welcoming, safe and inclusive.

These guidelines were informed by a scoping exercise carried out in 2011 involving in-depth interviews with 8 care home managers, and a survey of LGB&T people aged forty years plus. The guidelines were developed by a working group composed of representatives from the PHA, Age NI, The Rainbow Project, Here NI, UNISON, RQIA and the Independent Health and Care Providers. Included in the document are key statistics related to the health and social wellbeing of LGB&T individuals, as well as a glossary of terms and an overview of relevant Northern Ireland legislation.

Understanding the needs and experiences of older people who identify as lesbian, gay, bisexual and/or transgender (LGB&T) is a developing area of research. However, little exists by way of routinely collected information on this community. That which does exist has been collected mostly through specific research projects undertaken in Great Britain, Republic of Ireland, Europe and the USA, and emerges from work undertaken in academia and through charities.

As outlined above, two Northern Ireland studies were undertaken to support the development of these guidelines. The first, 'Making this home my home'<sup>2</sup> was a series of interviews undertaken with care home managers across the statutory and independent sectors in Northern Ireland, and gathered the experiences and perceptions of staff providing care for LGB&T older people.

The second survey, 'The Health of Ageing LGB&T people in Northern Ireland'<sup>3</sup> aimed to explore the lived experience of LGB&T people aged 40 years plus relating to their care, their perceptions of care and how they would like to see services being provided in the future.

Results from a study by Age Concern England entitled, "The Whole of Me: Meeting the needs of older lesbians, gay men and bisexual living in care homes and extra care housing"<sup>4</sup> were also considered. The views of respondents who participated in all three of these studies have informed the development of these guidelines and provided a clear rationale for the need for such guidelines. Below is a sample of some of the responses to the questions posed in the studies:

“ A lot of our care plans are based on social needs, we wouldn't ask about sexual orientation as it is a very personal thing. Older people would be reticent. We have felt that there were LGB&T people in our care over the years, but none of these would have been open about it.<sup>2</sup> ”

“ Staff would benefit from sexual orientation awareness training. Understanding the needs and issues of LGB&T people would support staff in carrying out their roles.<sup>2</sup> ”

“ Though hopefully a long way off, I would have reservations about the delivery of care to the LGBT community both at home and in care. The prospect of living in a care home is rather daunting. To live my life downplaying who I am has been difficult. I fear that little or no understanding would be given to me as an older gay man.<sup>3</sup> ”

“ I would like the option of supported living with my partner and dogs, where we would not have to compromise our identity. I wouldn't be at all confident of that being available now.<sup>3</sup> ”

“ My partner and I had been together for twenty-five years when he was diagnosed with Alzheimer’s .... When he went into hospital, I kept on telling them I was his partner, but they moved him into residential care without asking me. I phoned up to see how he was and he wasn’t there.<sup>4</sup> ”

“ All the time, people wanted to know why I was looking after David and who I was, so there was always the issue of needing to come out ....The whole caring system for older people assumes heterosexuality....which was something I found difficult to deal with.<sup>4</sup> ”

“ What most lesbians and gay people want is simply to be accepted for who they are – equal to heterosexuals, but with distinct identities and needs like other residents.<sup>4</sup> ”



# The Guidelines – See me, hear me, know me.

See me, hear me, know me: guidelines to support the needs of Older Lesbian, Gay, Bisexual and Transgender people in nursing, residential, and day care settings and those who live at home and receive domiciliary care.

## **Do provide the opportunity to allow all people to disclose their sexual orientation and/or gender identity.**

As part of assessment and care planning, service providers often collect a range of demographic and background information on or from service users. Monitoring of sexual orientation and gender identity provides a safe opportunity for service users to 'come out' and demonstrates your organisation's acceptance of minority sexual orientations and gender identities. *Ensure service users understand that information is gathered and shared only to assist with meeting their needs.*

## **Do not assume someone's sexual orientation or gender identity.**

Between 100,000 and 168,500 people living in Northern Ireland have a non-heterosexual sexual orientation. You are working with lesbian, gay, bisexual and/or transgender service users whether you are aware of it or not. LGB&T people may choose not to disclose their sexual orientation and/or gender identity immediately, or indeed ever, to service providers. *Remember to respect the right of service users not to disclose personal information.*

## **Do create a gay-friendly and gender-affirming environment.**

You and/or your organisation may not be homophobic, transphobic or heterosexist and may in fact be well-informed about sexual orientation and gender identity issues. But how will your service users know this? LGB&T people often experience prejudice, discrimination and judgement. This can make them feel like second-class citizens who do not receive the respect and dignity afforded to others. The fear of receiving a homophobic and/or transphobic reaction is as

big an obstacle for LGB&T people accessing services as the actual presence of homophobia and/or transphobia. *Be patient with service users and create opportunities for service users to disclose their sexual orientation and/or gender identity by referring to 'partner' rather than husband or wife.*

## **Do not be homophobic, transphobic or heterosexist.**

Could you possibly be homophobic or transphobic? We are all products of the society we live in and it is possible that you have received misinformation about LGB&T people or that you have been influenced by other people. Even if not the case, it is still possible you are heterosexist, meaning that you are mostly unaware of the needs of LGB&T people and that you make the assumption that everyone is heterosexual. *Take responsibility and ownership for your work, actions, decisions and behaviours.*

## **Do recognise the diversity that exists among the LGB&T community.**

Be aware that LGB&T people (like everyone else) are a diverse group with multiple identities, some of which may also impact on their needs. People who identify as LGB&T, for example, can be from rural or urban areas, living with a disability, have dependents or have a black or minority ethnic background. Understanding the whole person will help you to meet all the needs of the service user. *When dealing with service users, remember to demonstrate tolerance and patience and have an open attitude towards minority sexual orientations and/or gender identity.*

## **Do not make assumptions about LGB&T people.**

The only thing that LGB&T people have in common is their sexual orientation and/or gender identity. LGB&T people are a diverse group with diverse needs. *Remember that the service user is more than just their sexual orientation and/or gender identity – they are a person just like you.*

### **Do remain neutral and non-judgemental.**

A disclosure of sexual orientation or gender identity is not an opportunity to discuss moral implications or to satisfy your curiosity by asking questions unrelated to service delivery. Strange as it might seem, this is not an unusual reaction LGB&T people receive when disclosing their sexual orientation and/or gender identity to service providers. *Remember to communicate with and treat others with respect and dignity and engage with service users in a caring and non-judgemental way.*

### **Do not break confidentiality.**

If an LGB&T person shares information about their sexual orientation and/or gender identity with you, it is important that you do not share this information without their permission. Sharing information with your colleagues may be necessary but inappropriate disclosure or being 'outed' can cause serious distress to the service user. Just because a service user 'comes out' to you or is out to their family, does not mean that they are out to everyone. *Ensure that privacy is afforded to the service user, their partner and their family, when asking personal questions.*

### **Do access appropriate training and support to meet the needs of LGB&T people.**

Access specific training on the needs of LGB&T people. It will help to provide your staff both with the support and advice they need and the opportunity to build their confidence in working effectively to meet the needs of LGB&T people.

*\*See useful links section for information on training and support available.*

### **Do not assume that treating everyone the same counts as meeting the needs of LGB&T people.**

While LGB&T people have the right to access goods, facilities and services on the same basis as non LGB&T people, this does not mean that the same services are appropriate. It is important that

LGB&T people are able to access care and other services which meet their specific needs. *Ensure adequate time is given when conducting a needs assessment with a service user, relative or carer when developing a care plan.*

### **Do be aware that language is important.**

Many LGB&T people come across service providers who do not know the difference between sexual orientation and gender identity.

A person's sexual orientation relates to their attraction (emotional, physical and sexual) to the opposite and/or same sex.

Gender identity relates to a person's identification as male, female or neither. When a person's biological gender is different from the gender they identify with or present as being, this is referred to as transgenderism. In this case, service providers should use the pronoun that is appropriate to the way an individual presents. If you are unsure, it is best to take direction from them by simply asking how they would like to be addressed. If service providers use a pronoun that the transgender service user does not feel comfortable with, it can be hurtful and cause distress to the service user. *If a transgender service user has a name they prefer to use which is different from that on their birth certificate, this is the name that should be used.*

### **Do not use inappropriate language.**

Avoid using terms like lifestyle choice or sexual preference. Everyone is born with a set sexual orientation but they only become aware of this during puberty. The term 'homosexual' is also viewed negatively by LGB people as it was used in the past to refer to LGB people as having a mental illness and has historical connotations that are not acceptable to this community.

*The most appropriate terms are:*

*Lesbian: a woman who is emotionally, physically and sexually attracted to other women.*



*Gay man: a man who is emotionally, physically and sexually attracted to other men.*

*Bisexual man/woman: a person who is emotionally, physically and sexually attracted to people of both genders (not necessarily equal attraction or at the same time).*

*Transgender: a person whose biological gender is different from the gender they identify and/or present as.*

## Useful links

### [www.lgbtqi.org](http://www.lgbtqi.org)

*This website has been developed to provide information to Lesbian, Gay, Bisexual and/or Transgender people and their families. The website provides information on different organisations and services dedicating to support LGBT people and their families across Northern Ireland.*

### [www.transgenderNI.com](http://www.transgenderNI.com)

*This website is intended to be a support for those seeking information around issues of Gender Dysphoria in Northern Ireland. It has been designed and created by the support organisations detailed in this website, including the Gender Identity Clinic for Northern Ireland.*

### [www.lgbtelearning.hscni.net](http://www.lgbtelearning.hscni.net)

*This e-learning programme entitled "Lesbian, Gay, Bisexual and Transgender Creating Inclusive Workplaces" aims to educate staff so that they better understand the difference between sexual orientation and gender identity and the equality implications from both an employer and employee perspective.*

*The programme is applicable to all workplaces and will help staff to recognise the barriers associated with disclosure of sexual orientation and/or gender identity in the workplace and understand how LGB&T awareness within the workplace can help create a more welcoming, safe and productive work environment.*

# Key Statistics

## Older LGB&T population size in Northern Ireland.

Using NISRA figures<sup>1</sup> It is estimated that there are 24,012 men and women of pensionable age in Northern Ireland who identify as something other than heterosexual. NI has the fastest ageing population within the United Kingdom, and this number will continue to increase every year as the numbers of older people continue to grow.

There are 80 to 100 transgender people known to, or who are accessing support services in Northern Ireland. However, it is widely acknowledged that transgender people remain invisible and the numbers are estimated to be much higher. There may be a prevalence of 600 per 100,000 people.<sup>5</sup>

Estimating the size of the LGB&T population is not an exact science as there is little in the way of reliable data on which to base estimations. Combined with the complex nature of issues of sexual orientation and gender identity, the figures above should be seen as indicators, using the best available evidence, which can support discussion and development.

## Health and well-being of Older LGB&T people.

Research has indicated that people from the LGB&T community generally have poorer health. This is manifested, for example, in higher rates of cervical,<sup>6</sup> breast<sup>7</sup> and anal cancer.<sup>8</sup>

Research has also shown that the use of hormones by transgender people can cause illnesses in later life,<sup>9</sup> particularly if they don't have regular check-ups or adequate follow up support.

More than one in five respondents to the N.I. survey undertaken to support the development of these guidelines reported as living with a disability, either physical (14.1%), or mental (12.7%).<sup>3</sup>

More than half of female respondents in this study reported that they had not attended for either cervical or breast screening in the last 3 to 5 years. Male respondents were 3 times more likely to present for bowel screening than female respondents.<sup>3</sup>

As a result of prevailing negative social attitudes and experiences of homophobia, individuals often do not self-disclose to service providers resulting in later presentations to service providers, when illnesses are at a more advanced stage and potentially more difficult to treat.<sup>10</sup>

*Please note: Poorer health outcomes linked with sexual orientation and gender identity should be understood in the context of the prevalence of stigma and societal discrimination experienced by people who identify as LGB&T, and the impact such experiences have on the individual's overall health and social wellbeing.*

## Family, social and community networks.

*Older LGB&T people are likely to have a greater need for health and social care services. Research<sup>4</sup> indicates that when compared to their heterosexual peers, they are:*

- *Two and a half times more likely to live alone.*
- *Twice as likely to be single.*
- *Four and a half times more likely to have no children to call on in times of need.*

*Nearly 1 in 7 people surveyed disagreed that they 'had someone who can help with chores if I am sick'.<sup>4</sup>*

*One in every ten respondents felt supported or accepted within religious or spiritual groupings. Two in every five respondents disagreed with the statement that 'I feel supported or accepted within religious or spiritual groupings' and more than half disagreed with the statement 'I regularly attend spiritual services of activities'.<sup>4</sup>*

Nearly 1 in 10 respondents disagreed with the statement that their 'sexual orientation or gender identity is accepted by my family', and more than one in ten disagreed with the statement that 'I feel supported by my family members'.<sup>4</sup>

More than 1 in 5 respondents agreed that 'I often feel isolated as a result of my sexual orientation or gender identity'.<sup>3</sup>

Respondents reported that they were least likely to be open about their sexual orientation or gender identity with their parents and siblings, other family members, and with people in their community.<sup>3</sup>

### **Perceptions of health professionals' awareness.**

Over 2 in 5 respondents indicated that their doctor was not aware, or they were unsure if their doctor was aware of their sexual orientation or gender identity.<sup>3</sup>

Almost 4 out of 5 respondents believed that healthcare professionals require more awareness of the needs and issues faced by LGB&T people.<sup>3</sup>

Almost 1 in 4 stated a preference to access dedicated LGB&T healthcare provision.<sup>3</sup>

Almost 1 in 5 believed that they had been treated differently (not treated the same) by health professionals because they were LGB&T.<sup>3</sup>

### **Residential and home care**

Over 1 in 4 respondents did not know someone who could or would care for them if they required it.<sup>3</sup>

One in four would not consider staying in a residential or nursing home in Northern Ireland. However, over four out of five respondents would consider receiving home care.<sup>3</sup>

And almost 1 out of every 2 respondents would not feel comfortable being 'out' or their gender identity being known in a residential or nursing home.<sup>3</sup>

Over 9 out of every 10 respondents believed that both home care and residential/nursing care providers should train their staff on sexual orientation and gender identity,<sup>3</sup> and identified this as the top action that providers needed to undertake.



# Glossary

**Bisexual** – a person who is attracted to both sexes not necessarily in equal proportions and not necessarily at the same time.

**Coming Out** – to tell family, friends or the public that you are lesbian, gay, bisexual or transgender.

**Gay Man** – a man who is attracted to other men.

**Gay/Lesbian Woman** – a woman who is attracted to other women.

**Gender Identity** – your sense of being male or female, the gender you identify with and your gender expression. It is not about whom you are attracted to, which is sexual orientation.

**Heterosexism** – attitudes and actions by individuals and institutions based on the assumption that heterosexuality is the norm.

**Heterosexual** – a person who is attracted to someone of the opposite sex.

**Homophobia** – an irrational fear of, aversion to and/or discrimination against people who are gay, lesbian or bisexual.

**LGB** – Lesbian, Gay, Bisexual.

**LGB&T** – Lesbian, Gay, Bisexual and Transgender.

**Outing** – the act of disclosing a gay, lesbian, bisexual or transgender (LGB&T) person's sexual orientation or gender identity without the person's consent.

**Sexual Identity** – a person's feelings of and about his/her own maleness or femaleness and the ways in which he/she expresses these feelings.

**Sexual Orientation** – a person's attraction (emotional, physical and psychological) to another person and which includes feelings, behaviour and identity.

**Transgender** – the umbrella term given to describe individuals, behaviours and groups whose gender identity is different from the sex assigned to them at birth and/or describes individuals, behaviours and groups whose gender identity does not conform to conventional notions of male and female.

**Transsexual** – a person who has been assigned one gender on the basis of their sex at birth, but identifies as belonging to the opposite gender. This means someone whose biological sex is male but whose gender is female, or someone whose biological sex is female but whose gender is male. Transsexual people often feel like they are born in the wrong body. This can be extremely distressing – especially for adolescents going through puberty. Many transsexuals undergo hormone treatment and surgery to align their sex with their gender.

**Transition** – the progression from living publicly and presenting as a man to living and presenting as a woman, or vice-versa. The medical term and diagnosis for transsexualism is gender identity disorder.

**Transvestite/Cross dresser** – people who dress in clothes associated with the opposite gender, as defined by socially accepted norms. The person usually identifies with their biological sex. An erotic transvestite is a person who gets sexually excited by cross-dressing. A social transvestite simply enjoys or feels more comfortable in such clothes.

**Transphobia** – an irrational fear of, aversion to and/or discrimination against people based on their gender identity or gender expression.

## REFERENCES

1. Northern Ireland Statistical Research Agency (NISRA). Mid-population estimates and population projections. Belfast: NISRA, 2012.
2. O'Doherty J & Farrell D. Making this home my home Belfast: The Rainbow Project Northern Ireland, 2012. Available at: <http://www.rainbow-project.org/aboutus/publications> Accessed 5th February 2014.
3. O'Doherty J. The Health of Ageing LGB&T People in Northern Ireland. Belfast: The Rainbow Project, 2013 (Unpublished). Report available from The Rainbow Project, Belfast.
4. Knocker S. The Whole of Me: Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing. London: Age Concern, 2006. Available at: <http://www.ageconcern.org.uk/openingdoors> Accessed 20th December 2012.
5. Reed B, Rhodes S, Schofield P, Wylie K. Gender Variance in the UK: Prevalence; Incidence, Growth and Geographic Distribution. Surrey: Gender Identity Research and Education Society, 2009. Available at: [www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf](http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf) Accessed 19th December 2013.
6. Matthews A, Brandenburg D, Johnson T, Hughes T. Correlates of underutilization of gynaecological cancer screening among lesbian and heterosexual women. Preventive Medicine 2004; 38(1): 105-113. Available at: [www.ncbi.nlm.nih.gov/pmc/articles/PMC2834453/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2834453/) Accessed 20th December 2013.
7. Dibble S, Roberts S, Nussey B. Comparing breast cancer risk between lesbians and their heterosexual sisters. Womens Health Issues 2004; 14(2): 60-68. Available at: [www.whijournal.com/article/S1049-3867\(04\)00018-0/abstract](http://www.whijournal.com/article/S1049-3867(04)00018-0/abstract) Accessed 20th December 2013.
8. Frisch M, Smith E, Grulich A., Johansen C. Cancer in a Population based Cohort of Men and Women in Registered Homosexual Partnerships. American Journal of Epidemiology 2003; 157: 966-972. Available at: [www.ingentaconnect.com/content/oup/aje/2003/00000157/00000011/art00966](http://www.ingentaconnect.com/content/oup/aje/2003/00000157/00000011/art00966) Accessed 20th December 2013.
9. Hinchcliff A. A report of the older LGBT Network into the specific needs of older lesbian, gay, bisexual and transgender people. Cardiff: Older LGB&T Network, 2009. Available at: [www.wlga.gov.uk/older-people-publications/a-report-of-the-older-lgbt-network/](http://www.wlga.gov.uk/older-people-publications/a-report-of-the-older-lgbt-network/) Accessed 20th December 2013.
10. Canadian Research Network for Care in the Community (CRNCC). Diversity: Sexual Orientation in Home and Community Care. Ontario: CRNCC, 2007. Available at: [www.ryerson.ca/crncc/knowledge/factsheets/pdf/InFocus-Diversity-SexualOrientationinHomecommunityCareJuly2011.pdf](http://www.ryerson.ca/crncc/knowledge/factsheets/pdf/InFocus-Diversity-SexualOrientationinHomecommunityCareJuly2011.pdf) Accessed 20th December 2013.

# Appendix 1

## An overview of relevant Legislation in Northern Ireland.

There are three sets of legislation for you to be aware of: (1) Protecting and promoting equality on the basis of sexual orientation, (2) Protecting and promoting equality on the basis of gender identity, and (3) Legislation and Minimum Care Standards underpinning equality, diversity and human rights for registered providers.

### 1. Protecting and promoting equality on the basis of sexual orientation.

#### The Employment Equality (Sexual Orientation) Regulations (NI) 2003

It is unlawful to discriminate on the grounds of sexual orientation in employment and vocational training (including further & higher education). The regulations cover both the actual or perceived sexual orientation of an individual.

#### The Equality Act (Sexual Orientation) Regulations (NI) 2006

It is unlawful to discriminate on the grounds of sexual orientation in the provision of goods, facilities and services (which includes land and premises, education and public functions). The legislation relates to a person's own perceived or actual sexual orientation or that of a person they are associated with.

#### Section 75 and Schedule 9 of the Northern Ireland Act, 1998

This legislation places a duty on 'designated' public authorities (not schools and not the private sector) to promote equality of opportunity on nine grounds and good relations on three grounds \*

- age
- gender
- disability
- racial group\*
- religious belief\*
- political opinion\*
- marital status
- having dependants or not
- sexual orientation.

This means that organisations have to identify and to seek to meet the needs of different groups

of people in everything they do to carry out their functions.

The nature of this duty is unique. It is a positive duty to promote equality. An organisation must consider whether its policies could have an adverse impact on someone. . If so, its discriminatory policies must be changed.

#### Criminal Justice (No. 2) Northern Ireland 2004

Outlaws "hate" crimes. You cannot commit a crime motivated by someone's (perceived) race, religion, disability or sexual orientation.

#### Protection from Harassment (NI) Order 1997

This Order protects individuals from another person "alarming or causing a person distress". It can be used in cases of bullying in the workplace.

#### The Civil Partnership Act 2004

The legislation covers wide range of issues including social security, employment, housing, immigration, occupational pensions, wills and inheritance, tax, criminal injuries compensation and family matters. The legislation only applies to same sex couples.

### 2. Protecting and promoting equality on the basis of gender identity.

#### Sex Discrimination (Gender reassignment) Regulations (NI) 1999

This piece of legislation amended the Sex Discrimination Act 1975 to make it unlawful to discriminate in employment and vocational training on the grounds that a person intends to undergo gender reassignment, is undergoing gender reassignment or has undergone gender reassignment. It prohibits discrimination and harassment on the grounds of sex, pregnancy and maternity, gender reassignment, and marital or civil partnership status.

#### Sex Discrimination (Amendment of Legislation) Regulations 2008

This amendment makes it unlawful for providers of goods, facilities and services to discriminate or harass people on the grounds of gender reassignment.

### **Gender Recognition Act 2004**

The Gender Recognition Act 2004 allows a person who is aged at least eighteen to make an application for a gender recognition certificate on the basis of living in the other gender, or having changed gender under the law of another country. The application is considered by a Panel. The Panel needs to satisfy itself on a number of factors, including that the person

- has or has had gender dysphoria
- has lived in the acquired gender throughout the period of two years, and
- intends to continue to live in the acquired gender until death

### **3. Legislation and Minimum Care Standards underpinning equality, diversity and human rights.**

#### **The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003**

#### **The Nursing Homes Regulations (NI) 2005**

*Regulation 13.- (8) (a) & (b)*

*Regulation 15.- (1) (c)*

*Non-compliance is identified as an offence under regulation 36*

#### **The Residential Care Homes Regulations (NI) 2005**

*Regulation 13.- (8) (a) & (b)*

*Regulation 12.- (1) (a)*

*Regulation 15.- (1) (c)*

*Non-compliance is identified as an offence under regulation 36*

#### **The Day Care Setting Regulations (NI) 2007**

*Regulation 13.- (2), (3), (8) (a) & (b)*

*Regulation 15.- (1) (c)*

*Non-compliance is identified as an offence under regulation 35*

#### **The Domiciliary Care Agencies Regulations (Northern Ireland) 2007**

*Regulation 14.- (e) & (f)*

*Regulation 15.- (5) (a) (b) & (c)*

*Non-compliance is identified as an offence under regulation 32*

### **Individual Minimum Standards DHSSPSNI**

Included in each of the minimum standards are values that clearly state that the philosophy and practice of establishments or agencies should lead to a friendly, caring and stimulating atmosphere where the service users are listened to and feel valued, their rights are upheld, their cultural and religious beliefs are respected, and living in the home/attending day care or receiving domiciliary care is a positive and beneficial experience. In order to achieve this, managers and staff must at all times have the following values firmly embedded in their practice.

#### **Nursing Homes:**

Dignity and respect

The uniqueness and intrinsic value of individual patients is acknowledged and each person is treated with respect.

Independence

Patients have as much control as possible over their lives whilst being protected against unreasonable risks.

Rights

Patients' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

Equality and diversity

Patients are treated equally and their background and culture are valued. The services provided by the home fit within a framework of equal opportunities and anti-discriminatory practice.

*Nursing Homes Minimum Standards (January 2008)  
- page 6-7*

*Section 1 Standard 1 & Standard 2*

#### **Residential Homes:**

Dignity and respect

The uniqueness and intrinsic value of individual residents is acknowledged and each person is treated with respect.

Independence

Residents have as much control as possible over their lives whilst being protected against unreasonable risks.

## Rights

Residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

## Equality and diversity

Residents are treated equally and their background and culture are valued and respected. The services provided by the home fit within a framework of equal opportunities and anti-discriminatory practice.

*Residential Homes Minimum Standards (January 2011) - page 7-8*

## **Residential Care Homes (Updated August 2011)**

### **Day Care Settings:**

#### Fulfilment

Service users are enabled and supported to lead full and purposeful lives and realise their ability and potential.

#### Dignity and Respect

The uniqueness and intrinsic value of individual service users is acknowledged and each person is treated with respect.

#### Independence

Service users have as much control as possible over their lives whilst being protected against unreasonable risks.

#### Rights

The individual and human rights of service users are safeguarded and actively promoted within the context of services delivered.

#### Equality and Diversity

Service users are treated equally, their background and culture are valued, and services provided fit within a framework.

*Day Care Settings Minimum Standards (January 2012) - page 6-7*

*Section 1 Standard 1*

*Section 1 Standard 2*

## **Day Care Settings Minimum Standards (January 2012)**

### **Domiciliary Care Agencies:**

#### Dignity and respect

The uniqueness and intrinsic value of individual service users is acknowledged and each person is treated with respect.

#### Independence

Service users have as much control as possible over their lives whilst being protected against unreasonable risks.

#### Rights

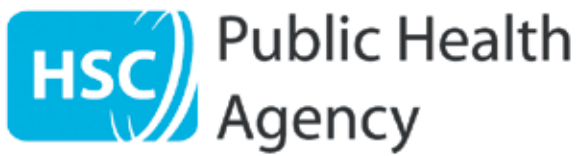
Service users' individual and human rights are safeguarded and actively promoted within the context of services delivered by the agency.

#### Equality and diversity

Service users are treated equally and their background and culture are valued. The services provided by the agency fit within a framework of equal opportunities and anti-discriminatory practice.

*Domiciliary Care Agencies Minimum Standards (Updated August 2011) - page 6-7*  
*Section 1 Standard 5*





# See me, hear me, know me.

## GUIDELINES ON CARING FOR OLDER LESBIAN, GAY, BISEXUAL AND/OR TRANSGENDER PEOPLE

The aim of these guidelines is to support the provision of care to older LGB&T people which takes into account the mental, physical and sexual health and wellbeing needs of this community and is underpinned by practice which understands the social, spiritual, emotional and sexual needs of this group.

Do allow all people to disclose their sexual orientation and/or gender identity. Ensure service users understand that information is gathered and shared only to assist with meeting their needs.

Do not assume someone's sexual orientation or gender identity. Remember to respect the right of service users not to disclose personal information.

Do create a gay-friendly and gender-affirming environment. Be patient with service users and create opportunities for service users to disclose their sexual orientation and/or gender identity by referring to 'partner' rather than husband or wife.

Do not be homophobic, transphobic or heterosexist. Take responsibility and ownership for your work, actions, decisions and behaviours.

Do recognise the diversity that exists among the LGB&T community. When dealing with service users remember to demonstrate tolerance and patience and have an open attitude towards minority sexual orientations and/or gender identity.

Do not make assumptions about LGB&T people. Remember that the service user is more than just their sexual orientation and/or gender identity – they are a person just like you.

Do remain neutral and non-judgemental. Remember to communicate with and treat others with respect and dignity and engage with service users in a caring and non-judgemental way.

Do not break confidentiality. Ensure that privacy is afforded to the service user, their partner and their family, when asking all personal questions.

*For more information on training and support available visit [www.lgbtelearning.hscni.net](http://www.lgbtelearning.hscni.net)*

Do access appropriate training and support to meet the needs of LGB&T people. Access specific training on the needs of LGB&T people.

Do not assume that treating everyone the same counts as meeting the needs of LGB&T people. Ensure adequate time is given when conducting a needs assessment with a service user, relative or carer when developing a care plan.

Do be aware that language is important. If a transgender service user has a name they prefer to use which is different from that on their birth certificate this is the name that should be used.

Do not use inappropriate language. The most appropriate terms are:

**Lesbian:** a woman who is emotionally, physically and sexually attracted to other women. **Gay man:** a man who is emotionally, physically and sexually attracted to other men. **Bisexual man/woman:** a person who is emotionally, physically and sexually attracted to people of both genders (not necessarily equal attraction or at the same time). **Transgender:** a person whose biological gender is different from the gender they identify/present as.

A copy of the full guidelines can be viewed online at [www.rainbow-project.org/guidelines](http://www.rainbow-project.org/guidelines)

For more information on LGBT groups in Northern Ireland please visit [www.lgbtni.org](http://www.lgbtni.org) and [www.transgenderni.com](http://www.transgenderni.com)