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Trans Women's Perceptions of Residential Aged Care in Australia

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Abstract

Many older people in trans communities in Australia and elsewhere have experienced long histories of violence and discrimination in the health and social care sectors, making some of them fearful of interacting with contemporary health and social care providers. This study explored older trans women's perceptions of these services. It involved a qualitative, thematic analysis of semi-structured, one-on-one audio-recorded interviews with ten trans women aged sixty years and older in Australia. Participants expressed a number of concerns about using residential facilities for older people in Australia, including potential for abuse and discrimination as a result of being trans, and not having access to appropriate treatments. Participants indicated a range of alternatives in using services, such as renovating the home, relocating to areas with greater access to trans-inclusive services and potential euthanasia. Participants perceived that service providers were not adequately trained for trans and gender diverse needs, and highlighted a number of ways aged care services could better support the trans and gender diverse community. The findings provide important information to assist health and social care professionals, including social workers, as

well as residential care service providers, in supporting the health and well-being of older trans women.

Keywords: gender, LGBT people, palliative care, qualitative methods, social care

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Older trans people experience an array of complex social issues and discrimination in the health and social care sectors (Finkenauer *et al.*, 2012; Witten, 2014; Fredriksen-Goldsen *et al.*, 2014a; Jones and Willis, 2016; Hafford-Letchfield *et al.*, 2018), which has implications for the delivery of services. *Transgender* refers to someone whose gender identity or expression is different from their biological sex assigned at birth. Many, though not all, seek gender affirmation, such as undergoing hormonal or surgical treatment (Heyes and Latham, 2018; Latham, 2019). Recently, the term trans has been preferred over transgender in Australia (Transgender, 2018).

Studies in this area are generally focused on trans people in general or as part of a broader focus on Lesbian (L), Gay (G), Bisexual (B), Transgender (T), Intersex (I), Queer (Q), Plus (+) populations rather than on trans women specifically. Researchers in the USA and the UK have noted that many older trans people have experienced discrimination from health and social care workers (Witten, 2008, 2009; Persson, 2009; Witten, 2014; Jones and Willis, 2016). In the USA, this has included denial of insurance cover for trans-specific health issues (Bradford *et al.*, 2013), the failure of health care service providers to understand trans-specific health care issues (Fallas *et al.*, 2000) and the complex relationship between ageing and gender transition (Siverskog, 2015). Studies in the USA have also found that older trans adults are hesitant to seek medical support due to experiences of stigma and violence (Fredriksen-Goldsen *et al.*, 2014a). In the UK, concerns have been expressed that residential care older trans people, along with gay, lesbian and bisexual people, may be exposed to prejudice not only from service providers but also from other residents and their relatives (Concannon, 2007). Hafford-Letchfield *et al.* (2018), in evaluating a series of activities to increase LGBT inclusion within residential care settings, noted a low level of awareness among staff and residents of the unique experiences of trans people.

In Australia, scholars have noted that health and social care services are often understood to be cisnormative (the assumption that everyone's gender identity is congruent with their sexed body), and that trans people are often concerned about reduction in quality of care should they reveal their identities (Cartwright *et al.*, 2012; Ansara, 2015; Latham and Barrett, 2015a). However, while these issues are becoming more recognised, research has been limited regarding the experiences of ageing for

trans people and their specific needs in accessing long-term care services. Since 2012, older trans people in Australia have been included as part of the LGBTI 'special needs group' for the provision of aged care services (Australian Government Department of Health, 1997). Other broader strategies have also included older trans people, including the Review of the Implementation of the National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Strategy (Australian Government Department of Health, 2017b), the *Aged Care Diversity Framework* (Australian Government Department of Health, 2017a) and *Actions to Support LGBTI Elders* (2019). This includes a number of goals, such as that LGBTI people have access to appropriate aged care services.

Siverskog (2015) notes that the possibilities for being trans in contemporary culture have shifted in the last 20 years, meaning that older generations may have had different experiences compared with younger trans people. In Australia and elsewhere, such as the UK, Canada and the USA, there have been significant gains in recognition of the rights of trans communities. These include the reclassification of gender identity disorder as gender dysphoria in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) (Siverskog, 2015) and increased access to trans-specific health services and treatments, such as hormone replacement therapy (HRT) and sex reassignment surgery (SRS). However, it is important to recognise that such gains are recent, and there is concern that gender dysphoria remains in the DSM (Lev, 2013). It has been found that older trans people have poorer physical and mental health than cisgender people (Fredriksen-Goldsen *et al.*, 2014a). Many older people in the trans communities of Australia and elsewhere have experienced a long history of violence, trauma and discrimination in the health sector, making some of them fearful to interact with health care providers (Witten, 2014; Jones and Willis, 2016). Such trauma can include being misgendered, discriminated against, exclusion from accessing services and clinicians' poor knowledge about trans health and well-being issues (Witten, 2014; Jones and Willis, 2016).

Despite these developments, research has focused on the experiences of young people and their negotiation of puberty and adulthood, with minimal attention to the experiences of trans people who are ageing. Older (60+) trans people often have their experiences disregarded, a factor of ageism (Brown, 2009), and being rendered invisible in mainstream communities, a factor of cisnormativity (Latham, 2019). This can be further compounded by other intersecting factors, such as race and financial status, among others. For example, in the USA, trans women of colour are more likely to experience severe financial constraints and duress than their white and cisgender counterparts (Crissman *et al.*, 2017). More research is thus needed into those approaching older age or who transition later in life (Siverskog, 2015). A concern is the limited

information available regarding older trans adults undergoing hormonal treatment and problematic drug interactions with age-related illnesses and treatments (Berreth, 2003; Williams and Freeman, 2007; Finkenauer *et al.*, 2012; Jones and Willis, 2016). Other research priorities include end-of-life issues, such as the exclusion of trans people from religious funeral or end-of-life services, issues pertaining to post-mortem examinations and legal barriers relating to property and inheritance and powers of attorney (Witten, 2009; Finkenauer *et al.*, 2012). Trans people have routinely been expected to educate their doctors and other health care providers about the health needs of trans communities (Bauer *et al.*, 2009; Latham and Barrett, 2015a). This can add an extra emotional and mental burden onto the trans people (Sperber, Landers and Lawrence, 2005; Latham and Barrett, 2015a).

In this article, we specifically focus on trans women as most of the literature on aged care and trans identity/history tends to conflate trans women with trans men. It is important to conduct focused research with particular subpopulations, as experiences and needs may vary depending on the gender identity and other intersecting factors. While trans populations are often acknowledged within broader discussions of LGBTI people and their experience of health and social care (Cook-Daniels, 2008), their specific health needs and concerns are typically subsumed under broader categories of gender or sexuality. Trans people may also identify with a range of sexual orientations such as bisexual and heterosexual among others (Kuper *et al.*, 2012). Trans women may share perceptions and experiences of health and social care with trans men and other gender diverse people, as well as cisgender lesbian women, gay men and bisexual men and women, but they may also experience a range of unique issues (Latham and Barrett, 2015a,b).

To gain an in-depth understanding of these issues and complexities, it is important to conduct detailed qualitative research, such as interviews that explore perceptions of residential care to better support this population group. In 2016, 5 per cent of Australia's population over the age of 65 years were in a residential care facility (Australian Bureau of Statistics, 2017), and the probability of people entering residential care after the age of 70 years is 54 per cent for women and 40 per cent for men (Australian Government Aged Care Financing Authority, 2018). In Australia, only the reports by Latham and Barrett (2015a,b) have provided an in-depth, qualitative examination of the experiences and perceptions of health and social care services among trans and gender diverse individuals. Findings note difficulties in accessing care, as well as significant fears about discrimination. However, further work is needed to explore a wider range of potential issues, including whether there are still major concerns about residential care in Australia, and what alternative pathways older trans people might take to avoid the use of residential care services.

To address this, we explored older Australian trans women's perceptions of residential care, and the rationale behind their current and future decision-making processes with regard to ageing and future care. We deal exclusively with data from trans women to avoid conflating the experiences of this group with other populations, such as trans men, and other gender diverse people, as well as cisgender gay, lesbian and bisexual people. This study was informed by a social constructivist paradigm (see Hua, 2016). We used interviews to gain an in-depth look at their perceptions of residential care to better understand how trans women are making sense of and thinking through the potential of needing residential care as they age. While the interviews covered many aspects of health and well-being, this article specifically focuses on findings on participants' perceptions of residential care. The findings have important implications for informing policy, programme development and health and social care delivery relating to trans-inclusive practice in residential care services.

Methods

Recruitment

We conducted ten one-on-one semi-structured interviews with older Australians who were identified as trans women between September and December 2017. Participants were recruited through a quantitative survey (Alba *et al.*, 2019a,b; Waling *et al.*, 2019), completed by sexual and gender diverse participants aged sixty years and older. This national survey explored the health and well-being of older LGBTI+ people in Australia. Survey participants had an opportunity to fill out a form at the end of the survey to indicate interest in participating in the interviews in which they provided their name, contact details, age, sexual identity, gender identity, assigned sex, whether they were born with intersex variations and whether they were receiving home care services. They were contacted by email with further details about the interviews, including the general topics the interview would cover, what participation would involve and the potential risks of taking part in the study. Those who were interested then contacted the interviewer (A.W.). Participants who agreed to be interviewed were asked to email a signed consent form. In all, twenty trans women expressed interest in being interviewed, including those who indicated their gender identity and assigned sex were different (i.e. indicating their gender as a woman rather than trans, but their assigned sex at birth as male). All were contacted and, of these, ten volunteered to be interviewed.

Procedure

Interviews were conducted by A.W. by telephone or Skype video conferencing. This method was chosen in preference to face-to-face interviews to enable people from across the country to participate, including trans women from rural and regional areas. Interviews were semi-structured using a progressive-focusing approach which allows for the development of open and organic conversation (Guest *et al.*, 2006), and covered a range of topics on health and well-being. Supplementary Table S1 provides the interview schedule. We have focused specifically on Experiences of Aged Care due to the large size of this data-set but, where relevant, have incorporated into the analysis of other themes related to this topic. Interviews took between forty-five and sixty minutes, were digitally recorded and were transcribed by an external agency. Transcripts were verified and anonymised, with all participants assigned a pseudonym. Participants were offered the option of receiving a copy of their transcript for review within four weeks of the interview; however, all declined.

Ethics approval for the study was received from the La Trobe University Ethics Committee. We followed recommendations as outlined in Vincent's (2018) work on ethical considerations in working with trans communities. This included consulting with community experts, ensuring that participants were able to schedule a time and place for their interview to allow them to consider their privacy, allowing participants to choose their preferred pseudonyms, providing participants the opportunity to review their transcripts and analysing the data with respect to understanding the history of trans people and their experiences of oppression and marginalisation.

Qualitative analysis

A thematic analysis procedure was used, following Braun and Clarke (2006) who advocate six stages of qualitative analysis. Supplementary Table S2 provides the analysis procedure. This has been successful in conducting research with older people in previous studies (Lyons *et al.*, 2017). A.W. first familiarised themselves with the data by reading and re-reading the transcripts, and providing a summary of emerging thoughts, themes and ideas (Stage 1) and used *a priori* categories outlined above for defining the initial semantic themes (Stage 2). A.W. then used the software package NVivo to code the transcripts using the initial descriptive themes (Stage 2). To facilitate trustworthiness, the coding for a random sample of transcripts was reviewed by B.A. and there was full agreement between them. A.W. took the code, 'Experiences of Aged

Table 1 Demographic characteristics of participants

Demographic characteristic	No.
Sexual identity	
Straight or heterosexual	1
Lesbian	3
Asexual	1
Queer	1
Pansexual	1
Other-not sure/unsure	2
Other-did not disclose	1
Age	
60–65	5
66–70	3
71–75	2
Relationship status	
Single	6
Partnered	4
Have children	
Yes	6
No	2
Missing	2
Residential location	
Urban	4
Regional	3
Rural	3
Employment status	
Retired	4
Disability/medical leave	3
Working	3
Currently taking HRT	
Yes	9
No	1
Have undergone SRS	
Yes	5
No	5

Care' and began analysing the data at more depth, exploring the emerging latent themes (Stage 3). These themes were reviewed with the rest of the research team to ensure their relevancy to the research questions (Stage 4). The authors then defined the themes to understand how older trans women in Australia were thinking about long-term care for older people, which required reorganising the main themes and sub-themes (Stage 5), and wrote up the material (Stage 6).

Results

Table 1 provides a breakdown of all demographic characteristics of the interview participants.

All of the participants were aged between sixty and seventy-five years and were residing in a mixture of rural (three), regional (three) and urban/suburban (four) areas. In Australia, urban areas are typically those that comprise the major cities including outer suburbs, regional areas comprising small cities or large towns, and rural areas comprise small towns or areas outside towns, which may include remote areas. Participants were interviewed from across Australia, and none were currently using a home-based aged care service or residing in a residential care facility. Most were partnered (six), had children (six) and were taking HRT (nine). Only half (five) had undergone SRS, and a range of sexual orientations was noted, including lesbian, asexual, bisexual, pansexual, heterosexual and queer.

Supplementary Table S3 provides a breakdown of the themes. Three major themes emerged from the analysis: (i) concerns related to being trans; (ii) avoidance of, and alternative strategies to, using residential care services; and (iii) specific wants and needs relating to residential care service provision. In Australia, a broad range of health and social care services exists to support the health and well-being of older people. These include home care services, assisted living facilities and/or retirement villages and residential care facilities (or nursing homes) designed for individuals with high-care needs. Participants only spoke of residential care when asked about aged care services, and did not have much awareness of other services available to them, such as home care services. None of our participants reported direct experiences of residential care and as such, all findings below relate to participants' perceptions and de facto experiences (i.e. through family or friends).

Concerns related to being trans in residential care

Participants reported a number of concerns relating to being trans in residential care service provision. Specifically, they spoke of the complexities of being trans at an older age. Some spoke about uncertainty as to whether staff in residential care services had been educated about the experiences and needs of trans clients, and highlighted fears relating to transphobic services:

> **Leah (60, unsure):** Prejudice against LGBTI people, that clearly happens, particularly, particularly trans people, yeah that would be a big issue.

Others, like Abby, felt that aged care was already inadequate for cisgender people, and thus doubted its ability to serve trans people:

> **Abby (60, lesbian):** I have doubts about how just good aged care for transgender people is going to be. Because transgender is such a new, well it's not new, but it's suddenly become such a new item that

> everybody's talking about, and that's all that's really happening at the moment is just talk. No real action.

Other issues concerned perceptions of trans women in relation to not having had surgery to support transition. All but one participant in the study had transitioned late in life, with many opting to only take hormonal treatment, and few having had SRS. Participants, such as Janelle, who felt she had transitioned as far as she was physically capable without undergoing surgical intervention, noted this may become an issue for her in terms of registering her gender and being treated respectfully:

> **Janelle (67, unsure):** I have heard some horror stories about a number of people, of trans women who want to dress and live as trans women being told, 'No, no, no, you are really a male. You have to wear this. You have to wear that' … I would hate to be in that sort of situation. The other thing too is I have fully transitioned as far as I can…I just, I have heard some horror stories. I would hate to be in that situation and I'm not a great fan of those sort of places…..I couldn't think of anything worse personally.

During the interview, Janelle noted that due to her age and finances, she chose not to undergo reassignment surgery. At the time, marriage equality was not available in Australia. This had caused issues for her in changing her birth certificate, something she chose not to do to ensure that her marriage to her wife was not dissolved. She was worried that this could become an issue if she needs to use a residential care service, where her gender may not be respected and she may be forced to live as a man.

Others, like Abby, indicated concerns in accessing appropriate care and treatment, such as hormonal treatment:

> **Abby (60, lesbian):** Well is someone like me still going to be able to access the hormone treatments that are required to make me feel like I need to feel? Am I going to get the proper care? …Are they going to know what I require? And I doubt that because even I don't know what I need. But is it going to be any different to what other people need? Who knows, I don't know. And that's the sort of thing I wonder about.

Abby indicated that the care needs of trans women are often ignored. This included knowledge regarding access to medicine such as HRT, as well as the expectations that she, rather than the professionals, should know what her explicit needs are. In these responses, participants noted the unique challenges of being trans in residential care services.

Alternative strategies to using residential care services

As participants had negative perceptions and concerns about residential care, some had begun thinking about alternatives to or avoiding

residential care. While participants did not explicitly link these issues to being trans, it is important to note that trans women have historically had to create safe spaces for themselves due to experiencing extreme violence, hostility and discrimination from health care services (Fredriksen-Goldsen *et al.*, 2014; Latham and Barrett, 2015a,b). Some, like Janelle, prepared themselves for future possibilities of needing accessible living arrangements and in-home care as a way to avoid a residential care service:

> **Janelle (67, unsure):** I have come up to [RURAL AREA], got a little three bedroom home unit. It looks out over the lake. I can walk into town so I don't have to worry about driving. When I bought it, I did keep in mind about access…I had the bathrooms and everything renovated and they are easy access. I was looking to the future to possible problems in the future and I think it is reasonably well set up for that.

Janelle had taken measures to ensure she could age in a place where she felt comfortable. While she had moved to a more rural location, she noted that her home had been renovated to enable ageing in the home in the event that she experiences deterioration in her health or physical issues occur, such as decreased mobility. It was also important for her to be somewhere where she feels connected with the community and within walking distance to services. Alexis had also taken measures to avoid residential care:

> **Alexis (65, asexual):** I've got two houses in our aged-care plan…we got a block of land and built another house, so we built a shower you can actually get a wheelchair in if one of us gets crook, so we've got a house that we've got my son living in, with his partner and her kids, and the idea is that it's ready for us if one of us gets disabled, where we'd need a house that's more accommodating.

Alexis indicated that due to finances, she and her partner were able to build a home they could move into should one or both require a house equipped for mobility issues.

Others, like Leah, indicated that while they had not yet been thinking about residential care, they held preferences for small, communal living:

> **Leah (60, unsure):** Not at the moment, no, not at the moment, and I'm not sure if that's the way to go, maybe get a few people together to share a house of comparable ages…Well it'd probably, you know, it probably might be single level three bedroom house, small, depending on how many bedrooms, three people help each other out, strikes me as it's definitely, I'd explore first before I thought of any aged care…That's right, yes that's right, the things you can't do yourself and yes you're right you can get externals just to help you do them…

Others, such as Lily, had not given too much thought to residential care:

> **Lily (68, pansexual):** Oh no I intend to age healthily, so at this stage, I don't think, that's the thing, I am healthy, I'm really healthy, there's a lot of longevity in my family… I really haven't thought that much, I mean I do know that based on other things that there could be a stage where I have, would have to go into a nursing home, not necessarily a nursing home but into aged-care facilities and I certainly keep my eye on them in case…I lead such a healthy life that I think it's, and given the genetics, I think I'm quite capable of staying healthy for a long time to come.

Lily reported that not only does she feel healthy, but also that she intends to age in such a way as to avoid residential care although she did not completely rule out the possibility. Some participants, however, noted they see the option of euthanasia as the only alternative over the prospects of entering residential care:

> **Interviewer:** What are your thoughts on aged care?
>
> **Charlotte (64, heterosexual)**: I will euthanise myself before I go into aged care
>
> *****
>
> **Cassandra (71, lesbian):** I also have a strong belief that life is not a series of tragedies, life is a series of events and that if I ever get to the point where I can no longer survive financially or health wise I intend to take my own life and I think that a lot of people will come to the conclusion in the coming years.

Trans-inclusive service provision

Participants suggested that for them to consider residential care as a viable future option, work needed to be done to ensure such services were trans-inclusive. 'Trans-inclusive' was defined by participants as services that welcome trans clients, where the environment is hospitable and safe for this group to interact with staff and other residents, and that service providers are trained and knowledgeable about the specific health and care needs of the trans community. Some participants, such as Charlotte, perceived a lack of trans-inclusive awareness in residential care, and felt they had to provide training:

> **Charlotte (64, heterosexual)**: I was the first TG person my wife's aged-care facility had ever (knowingly) met. I trained them.

The need for residential care services to engage in appropriate training regarding trans issues was a common theme amongst participants:

> **Leah (60, unsure):** [You have] particular health issues with trans people, different for trans men and trans women, many trans women are women of course, but you've got specific health needs, how many would know that for trans women, you know, they are at risk for prostate cancer, even though being on hormones reduces that risk considerably, but it's still a risk, it's still there. So there's all these issues and of course, cervical cancer for trans men you know, lack of knowledge and expertise.

Leah noted that training is needed, specifically around health conditions, alongside concerns relating to potential transphobia. Leah also indicated that certain health conditions, such as prostate or cervical cancer, can become more complicated with trans-bodies, as such conditions are associated with cisgender framings of men and women. As Leah contended, routine checks involving trans women for prostate cancer, or trans men for cervical cancer, may go undone as a result of gendering particular health ailments. Jade echoed Leah's concerns relating to training:

> **Jade (72, other-no answer):** Well I think first up the staff would need to be educated as to what male to female, or female to male transitioning is, and how they need to treat those people… You'd have a rainbow sticker or something like that on health services and aged-care things, or so that someone walking up to it knows that it's transgender friendly- and awareness on both sides, awareness by the provider and awareness by the person that's going to use it.

Jade contended that training is vital for residential care services to be trans-inclusive. Importantly though, Jade stressed that services not only need to be trained in trans-inclusivity but also actively promote themselves as such so that community members are aware of available services. This need for awareness and promotion was echoed by Abby:

> **Abby (60, lesbian):** Just knowing that you're going to get the proper care without being discriminated.

Abby highlighted the need to be aware that a service will treat her fairly and provide the care she requires. Participants were not only critical of the need for residential care services to engage in trans-inclusive training, but were also adamant that changes needed to be made across the board regarding how residential care is performed, managed and handled:

> **Charlotte (64, heterosexual):** I think there needs to be a structural change in how aged care is performed…At the moment the aged-care system is very much the management group and the 'bottom washers'. There needs to be a readjustment to make the industry attractive from a practical point of view.

Charlotte expressed numerous issues with residential care, and refers to larger structural problems. Underlying this view, however, is a clear

dissatisfaction with the current system of residential care and its capacity meet the needs of trans populations.

Discussion

Participants in this study were particularly concerned about residential care services for older people, and did not have much awareness of other services, such as home care, which may be available to them. There were particular concerns relating to the overall quality of care, as well as specific issues relating to challenges in being older and trans. As all but one participant had transitioned later in life (i.e. fifty and above), many of their additional concerns included health risks, such as the gendering of diseases including cervical and prostate cancer, which could result in missed examinations, and the expectation for trans people to have more knowledge than their doctors about their specific health needs. Much of the fear lies in the potential compromising of dignity and autonomy by living in a facility that discriminates. Strategies to avoid residential care included renovations and relocation to enable ageing in the home, as well as being open to euthanasia. Participants felt that residential care service providers needed training to be trans-inclusive.

Participants' concerns regarding residential care in this study echo findings from previous research regarding the possibility of transphobic discrimination and violence within aged care (Latham and Barrett 2015a,b), the anticipated poor quality of care provided (Jones and Willis, 2016), and a general lack of awareness of the unique life experiences of trans people (Hafford-Letchfield *et al.*, 2018). Such concerns are tied to previous experiences and histories of violence and discrimination within the health and social care sectors (Witten, 2014; Jones and Willis, 2016), as well as broader concerns about LGBTI inclusion in health and social care services (Concannon, 2007; Cartwright *et al.*, 2012). The findings also highlight the expectation for trans women to be aware of their own medical and care needs, something that could become problematic as they age (Crameri *et al.*, 2015). The findings also suggest concerns about the impact of age-related illnesses and associated treatments on trans women who undergo HRTs (Berreth, 2003; Williams and Freeman, 2007; Finkenauer *et al.*, 2012).

Furthermore, a number of participants had not undergone SRS, and some cited concerns relating to being treated as though they were male when residing in a long-term care facility. These concerns suggest that there are a range of experiences of being trans that cannot be reduced to those who have sought surgical interventions (Jones and Willis, 2016; Heyes and Latham, 2018; Latham, 2019). It is important to note that contemporary medical definitions of being trans are contentious in that

they continue to replicate a narrow understanding of trans people's experiences and lived realities, an outcome of transnormativity (the belief that all trans people have the same experiences regarding trans identity) and cisnormativity (Heyes and Latham, 2018; Latham, 2019). Trans individuals may not choose to undergo surgical options, have SRS, engage with psychiatric treatment in order to be eligible for SRS or even take HRT for a range of reasons, including limited access to funds and/or not feeling that such measures are necessary, among others. As such, it is important to understand this complexity and to recognise that 'transgender' may carry many possibilities with regard to diverse bodies and engagements with body modifications and practices (Heyes and Latham, 2018; Latham, 2019). Another consideration involves legal barriers. For example, the inability to change one's birth certificate so a person's gender can be properly recognised and acknowledged in aged care settings may have the potential to affect services they receive if these vary depending on gender. While all states and territories in Australia allow for a person to change the sex listed on their birth certificate, as of 2019, only the Australian Capital Territory, Northern Territory and South Australia allow for this without hormonal or surgical intervention. This has implications for trans women who are unable to, or choose not to, undergo either.

Furthermore, trans as an identity is often attributed to younger generations, whereby older trans women may experience a silencing of their identities and experiences due to their age both in the mainstream, and in the broader LGBTIQ+ community (Brown, 2009). Thus, their experiences are compounded not only by cisnormativity and transnormativity, but also ageism. Lastly, it is important to recognise the history of violence that many trans women have experienced in accessing mainstream health and social care services (Fredriksen-Goldsen *et al.*, 2014b; Latham and Barrett, 2015a,b), and the difficulties many have had in securing safe housing (Begun and Kattari, 2016), and so for many, alternative arrangements are important mechanisms for keeping themselves safe. Many of these concerns, while currently specific to the experiences of trans women, may be similar for trans men and non-gender binary people. For example, trans men may share similar concerns in terms of accessing treatments, not getting adequate health care specific to their unique needs, being treated poorly by staff and other residents and not being given the opportunity to live as a man among others.

There are a number of potential implications for policy and social work practice and education from the findings of this study. Social workers can benefit from being more aware of the complexity of issues that trans women experience when considering aged care. This may include providing advocacy on behalf of their clients in setting up arrangements with service providers and educating families of origin that may not agree with trans rights. This may also include supporting trans clients

who may be fearful of the prospect of entering a residential care facility, assisting trans clients with making decisions about care facilities, identifying benefits they may be able to access and supporting trans-inclusion within the service by being aware of, and trained in, trans-inclusivity. Social work education also plays a role in enhancing practitioners' knowledge and skills regarding trans-inclusive care, given trans social work students' reporting of direct discrimination and transphobic microaggressions in social work classrooms (Austin *et al.*, 2016).

Additionally, residential care service providers will require more comprehensive and extensive training to meet the specific and unique health and care needs of trans women. As stated earlier, in Australia, policies have been developed to encourage support and resourcing of initiatives (Australian Government Department of Health, 2017). Although there is growing awareness about the needs of trans people, there are few if any aged care services that specifically cater to trans people. While some services may have implemented inclusive practices, others may not be fully aware of the specific needs and life experiences of trans people. Such training also needs to recognise that not all trans women undergo surgical options such as SRS, choose to take HRT or make legal changes to their birth certificates concerning their assigned gender. Residential care providers need to be mindful of these complexities concerning biological sex and gender identity and work with trans women to ensure that the residential care service environment is friendly, welcoming and safe. Service providers could work with trans organisations and trans-inclusive medical practitioners to support medical and social service training for staff and workers. Educational awareness programs for staff and residents of residential care services are also vital in supporting these needs, as well as educational outreach programs targeting trans communities to raise awareness about inclusive services available to them. But training and awareness raising courses for individuals may not be sufficient (Westwood and Knocker, 2016). What may be needed is a more ambitious 'whole of organisation' change process that embeds within the organisation a commitment to address disadvantage and celebrate diversity. The change management and participatory leadership model employed by Hafford-Letchfield *et al.* (2018) is one such example. Such initiatives could go some way towards alleviating concerns among trans women about residential care.

As our participants stressed a preference for staying in their own home, it may also be important to make programmes available that can assist them to do so for as long as possible, as well as providing trans-inclusive health and social care services. Addressing the needs of trans people is necessary to support the psychological well-being of trans individuals, and this has been reported to be successful in reducing experiences of depression, anxiety and suicidal ideation among this cohort (White and Reisner, 2016).

Limitations

There were a few limitations to this study. First, participation in this study required individuals to self-identify as trans women. As such, individuals who have a trans history, but who do not identify as trans or another related identity, such as sister girls in Aboriginal and Torres Strait Islander communities, may not have come across the study or thought that they were eligible to participate (Bennett and Gates, 2019).

Secondly, the study required participants capable of making choices, thus excluding those who may be no longer able to do so. This raises some important questions to consider regarding the pre-empting of eventualities such as living wills, power of attorney and rights to engage in their gender identity in a residential or similar care setting with a decline in cognitive abilities. As such, future research is needed to explore the diversity of trans experience within older populations, as well as the complexity of issues that can occur if their decision-making capacity is reduced (Latham and Barrett, 2015a,b).

Thirdly, as none of the participants were currently using home-based services, their experiences of aged care were limited. Future research is needed to focus on the experience of health and social care services, including residential care, among older trans women. As none of the participants were over the age of eighty years, future research is also needed to explore perceptions and experiences of this particular group. All but one participant had transitioned later in life. As such, more research is needed to explore the differences in experiences between those transitioning earlier and later in life. This study was also limited to trans women. Trans men, non-gender binary individuals and intersex populations may have specific needs and experiences not shared by trans women; thus future research is needed to explore these groups. While there is likely to be a range of similar concerns, separate studies involving each group may be useful to identify unique areas of concern.

Conclusion

With an ageing population of trans women in Australia and many other developed countries, as well as increasing options for older Australians to transition, there is likely to be a growing number of trans women entering older age and in need of support services. This study identified a range of concerns expressed by trans women about residential care services, specifically related to issues of discrimination, inclusivity and loss of autonomy. These findings should be useful for policymakers and service providers and highlight a need to ensure that services are inclusive and sensitive to the health and well-being needs of trans women.

Supplementary material

Supplementary material is available at *British Journal of Social Work Journal* online.

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