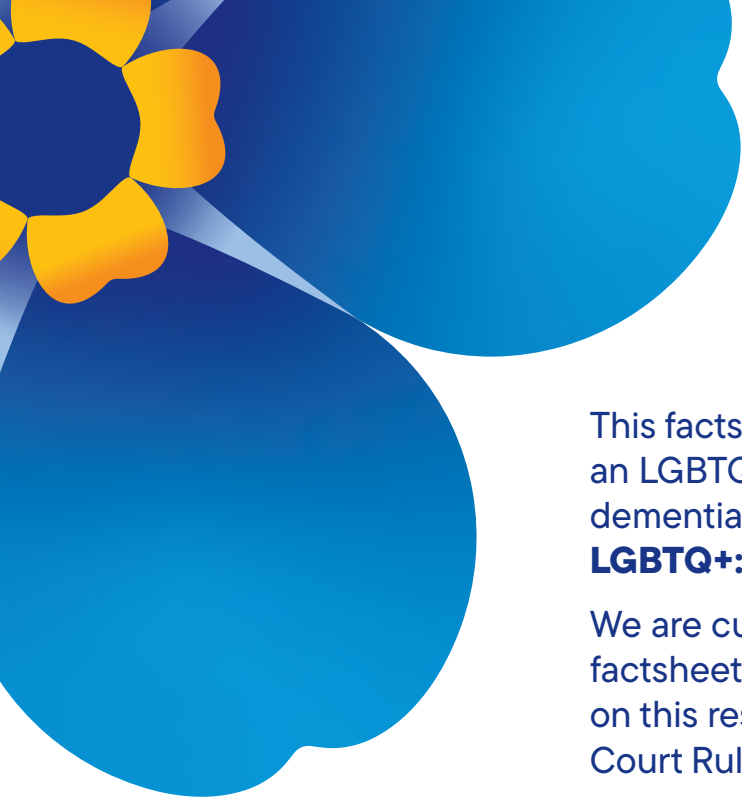


# Supporting an LGBTQ+ person with dementia



**Alzheimer's  
Society**

It will take a society to beat dementia



This factsheet is for anyone caring for or supporting an LGBTQ+ person with dementia. The person with dementia may find it helpful to look at booklet 1511 **LGBTQ+: Living with dementia**.

We are currently reviewing the information in this factsheet. We welcome your thoughts and feedback on this resource, especially in relation to the Supreme Court Ruling (on page 6).

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# 1 Definitions

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Every person with dementia experiences the condition uniquely because of their individual personality, life history, relationships, environment and support. Living with dementia as an LGBTQ+ person can bring particular aspects and challenges, both for the person and for those caring for them. However, support is available. There are also laws protecting the rights of LGBTQ+ people.

This factsheet uses the terms lesbian, gay, bisexual, trans and queer (which are included in LGBTQ+) to mean the following:

- **Lesbian** – a woman who has an emotional, romantic or sexual attraction towards women.
- **Gay** – a man who has an emotional, romantic or sexual attraction towards men.
- **Bisexual** – a person who has an emotional, romantic or sexual attraction towards men and women.
- **Transgender (trans)** – a person who doesn't identify with their assigned gender at birth, or who sees themselves as between, beyond or outside of being male or female.
- **Queer** – a term that some people use to describe their sexual orientation or gender identity. This can include, but is not limited to, lesbian, gay, bisexual and trans people.

The term heterosexual is also used to refer to a person who has an emotional, romantic or sexual attraction towards people of the opposite sex or gender.

The plus sign at the end of LGBTQ+ is to reflect that different people define themselves differently. Some people do not identify with any of the terms in our list of definitions. For example, some people identify as intersex, asexual or nonbinary. These and other groups are included when this factsheet uses the term LGBTQ+.

A person's sexual orientation (sexual, romantic or emotional attraction to others) is different to their gender identity (how they see themselves – male, female, both or neither). Everyone will have both a sexual orientation and a gender identity. It's important never to make assumptions about these.

Some LGBTQ+ people with dementia may find that their sexual orientation is overlooked by the people supporting them. However, it is a part of who they are, and they should be supported to express it if they want to.

## Space for your notes

# 2 Supporting an LGBTQ+ person with dementia

People living with dementia experience a range of challenges. Many of these will not be affected by a person's sexual orientation or gender identity. However, LGBTQ+ people with dementia may face unique challenges.

When supporting an LGBTQ+ person – as with all people with dementia – it's important to remember that everyone is unique. Do not assume that what is true for a lesbian woman is true for a bisexual man, or that what is true for one trans person is true for another, for example.

While the person's identity as LGBTQ+ may be an important part of who they are, it is not the whole of their identity. Be aware of the person's experiences, personality and interests and support them to continue doing the things that they enjoy.

Many LGBTQ+ people will have experienced negative attitudes, and some will have experienced hostility, rejection or abuse. They may have encountered:

- **prejudice** – people making judgements about them because of their sexual orientation or gender identity
- **discrimination** – being treated differently to other people because of their sexual orientation or gender identity
- **hate crime** – experiencing verbal or physical aggression because of their sexual orientation or gender identity.

If an LGBTQ+ person with dementia has had or still has difficult experiences, these could negatively impact their experiences of dementia. For example, they may have encountered prejudice or discrimination from services such as the police or health and social care services. They may therefore not want to access or contact sources of support, or they may feel uncomfortable being open about their sexual orientation or gender identity around professionals. They may worry about seeing GPs, nurses or social workers, for example. It's important to acknowledge the person's fears, and be sensitive to their needs, history and experiences to support them to live well.

Feeling safe is important for people with dementia and is likely to be especially important if a person is lesbian, gay, bisexual or trans. Some LGBTQ+ people may never have felt safe to express their identity, because of fear of how others will treat them. Intimate relationships, friends and LGBTQ+ communities can help the person to feel safe and be themselves, and help their environment feel like a 'safe space'.

## Tips for supporting an LGBTQ+ person with dementia

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- Respect the person's individual wishes and preferences.
- Talk to the person about telling those who are important to them that they have dementia. This will help these people to understand any changes in the person, and to support both the person and you.
- Talk to the person about how they want to express themselves to others – for example, they may identify as a bisexual man, or a trans woman – and make sure they feel supported to make the decision.
- Support the person to be open about their gender identity or sexual orientation with whoever they choose to be. If there is anyone they don't want to tell, respect this too. See 'Telling others about sexual orientation or gender identity' on page 11.
- Ask the person about the pronouns they wish to be known by – for example, 'he', 'she' or 'they'.

There are fewer services available specifically for LGBTQ+ people with dementia. It can help to plan ahead and think about what the person might need in the future and how to go about putting these things in place. The following suggestions might help:

- Talk to the person about their wishes as early as possible. This includes their treatment and care wishes, other needs and who they want to involve in supporting them or making decisions. Make sure these wishes are recorded, to help ensure they are met later on if the person is no longer able to make particular decisions. For more information see 'Planning ahead' on page 17.
- Think about services and look into what support is available for both the person and you. You may want to speak to services to find out what support they offer LGBTQ+ people. It may also be helpful to ask local LGBTQ+ services if they provide any support for people with dementia.
- You and the person with dementia may want to find out about care homes or supported living options as early as possible, so that you are prepared if it is needed in the future. This can help to make sure the person will move to a place where their gender identity or sexual orientation is respected, and they are supported and treated equally.
- Help the person with dementia to record other things that are important to them, such as their life history, likes and dislikes. This can help care professionals to have a better understanding of the person, and not just their identity as an LGBTQ+ person. This will enable them to provide better, more person-centred care. This can be very helpful, particularly if the person has communication difficulties.

## Space for your notes

Alzheimer's Society produces a tool called **This is me®**, which can be used to record these details. To order a free copy go to **[alzheimers.org.uk/thisisme](https://alzheimers.org.uk/thisisme)** or call **0300 303 5933**.

Remember that legally, everyone has the right not to be discriminated against because of their gender identity or sexual orientation.

For more information, see factsheet 524 **Understanding and supporting a person with dementia**.

### 3 Changes in society for LGBTQ+ people

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While it is possible to develop the condition at an earlier age, most people with dementia are over 65. For older LGBTQ+ people in the UK, there have been many negative experiences. For example, in the 1980s, the AIDS epidemic developed. This affected large numbers of gay men in the UK, and many died. Reported unsympathetically in the media, this affected people's attitudes towards gay men.

Many laws were also discriminatory, for example:

- Until 1967, sex between men was against the law in England and Wales (and until 1982 in Northern Ireland).
- Until 1973, homosexuality was listed as a mental illness in the manual used by mental health professionals in the UK.
- In 1980, 'gender identity disorder' was added to the list of disorders in the manual used by mental health professionals in the UK.

Despite significant changes in the law and in society's attitudes, LGBTQ+ people of any age are likely to know and be affected by this history.

Inequality and unfairness for LGBTQ+ people continues to be addressed, including through recent important legislation:

- In 2003, the Employment Equality (Sexual Orientation) Regulations came into force. This banned direct and indirect discrimination, victimisation and harassment on the grounds of sexual orientation.
- In 2004, the Gender Recognition Act was introduced, allowing trans people to have their chosen gender legally recognised via a gender recognition certificate. For more information see 'Gender recognition certificate' on page 18.
- In 2004, the Civil Partnerships Act was also introduced, allowing same-sex couples to have their relationships legally recognised.
- In 2013, the Marriage (Same Sex Couples) Act was introduced in England and Wales, enabling same-sex couples to get married.
- In 2020, same-sex marriage became legal in Northern Ireland.

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An LGBTQ+ person may still have experienced prejudice, discrimination and hostility, which has affected their identity or understanding of the world. This may impact how they cope day-to-day.

For example, they may be less likely to access the care and support they need because they feel they are likely to experience discrimination. This can put the person and those supporting them under a lot of strain. Be aware of their experiences as an LGBTQ+ person and how these affect them.

## Recent changes to the Equality Act 2010

In April 2025, the UK Supreme Court ruled on how a woman is defined in the Equality Act 2010. This has significant implications for LGBTQ+ rights, particularly for trans and non-binary people.

The ruling means that someone with a gender recognition certificate can be excluded from single-sex spaces, such as toilets or changing areas. This affects public spaces, like hospitals and care homes.

The Equality and Human Rights Commission will provide further guidance on this ruling. It has consulted individuals and groups affected by the ruling.

We are committed to providing information and services for trans and non-binary people affected by dementia. Our support remains firm for them and the wider LGBTQ+ community.



## 4 Relationships

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It's important not to make assumptions about a person's relationships. These may be influenced by a number of factors. For example:

- Some LGBTQ+ people do not see their 'family of origin' (the people they grew up with, often a biological or adoptive family) regularly or at all. This could be for several reasons, for example hostility or lack of understanding from the person's family of origin.
- Some LGBTQ+ people are part of a 'family of choice' or 'found family' (people who aren't their family of origin, but who support them as family). You might be included in this.
- Some LGBTQ+ people experience hostility from their cultural community. For example, they may be from a culture that is less accepting of LGBTQ+ people.
- Some LGBTQ+ people don't have children or grandchildren, so their main relationships are with other adults.
- Older LGBTQ+ people are more likely to be single and live alone. This can affect the support that they have and need.
- Some people may not understand the relationships that LGBTQ+ people have or may not consider them as important as heterosexual relationships. This can be difficult and frustrating for the LGBTQ+ person and may cause them not to be open about their sexuality.

If the person and those supporting them aren't in touch with their family of origin, they may have less support as their dementia progresses than others would. They may instead be supported by paid care professionals who don't understand them or respect their relationships. This can create problems and may mean that the person's needs aren't met.

Advance care planning (see 'Planning ahead' on page 17) can help LGBTQ+ people with dementia decide who they want to be involved in their care and to make decisions for them when they are no longer able to.

Many LGBTQ+ people may rely more on friends and other members of the LGBTQ+ community as they get older. Friends are an important source of support for LGBTQ+ people, and often make up the person's family of choice. It's helpful to know who these friends are. They are likely to have an important role in helping the person be themselves and keep aspects of their identity such as their life history and other important relationships.

## Space for your notes

The person's friends may also be important in ensuring that the person's care needs are met. Take their views into account and be careful not to automatically prioritise or follow the views of the person's family of origin regarding their care and support.

The person's 'family of choice' may have their own health and care needs to manage. This can lead to the person becoming isolated and not having as much support as they might need. People with dementia may also find it harder to stay in touch with people, so it's important that they are supported to continue their social relationships.

## 5 Memory problems

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Most types of dementia cause people to experience memory problems. In addition to the day-to-day difficulties that this causes, LGBTQ+ people may be affected in other ways. For example, if a person has told some people about their sexual orientation or gender identity but not others, the person may forget who they've shared this with. They may think they have told some people when they haven't, for example.

Some people may forget that they have gone through the process of sharing their sexual orientation or gender identity – 'coming out'. This can cause them distress, as they may feel the need to hide this information, for example from their carers. It can also be distressing for those supporting them.

They may also forget that other people don't know about their partner or friends' sexual orientation or gender identity, and may reveal it without meaning to (known as 'outing'). This can be upsetting and can put the person with dementia and those around them in an uncomfortable situation. Some people may avoid going to events with groups of people to stop this from happening.

Trans people who have transitioned (or are in the process of doing so) may not remember that they have started or been through this process. If they have a partner or friend who is transitioning, they may also forget this.

A person who is trans may also be undergoing hormone therapy. If the person forgets to take the hormones or suddenly stops, they may develop health problems. It's important for those supporting the person to be aware of the treatment the person is having, and to support them to take the right medications.

As dementia progresses, the person is more likely to remember older memories than more recent ones. The person's experience may be that they are living in an earlier time in their life (this is known as 'time-shifting'). This may include positive experiences that helped shape their identity, such as feeling a sense of acceptance or belonging after coming out.

However, time-shifting may mean that some LGBTQ+ people believe that they are living in a time when they had to hide their sexual orientation or gender identity for fear of negative consequences. They may relive experiences of negative attitudes or distressing life events such as arguments with members of their family of origin. This can be very difficult for the person and have a big impact on how they feel and interact with other people. However, there are ways that you can support them.

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For more information about memory problems, see factsheet 526 **Supporting a person with memory loss**. For more information about time-shifting, see factsheet 527 **Changes in perception**.

### Talking about the person's past

Be aware of the person's life history (if the person is comfortable with this), especially things that other people may not know about. Consider using footage and materials from past events to talk to them about their personal experience of being LGBTQ+. For example, pin badges, photos, videos or memorabilia from marches can all help stimulate conversation.

Bear in mind that the person may have had negative experiences and looking at these items could cause them to relive these. If they become upset or distressed, check whether they want to keep looking at these items or talking about their experiences. Be guided by them about what they prefer.

Make sure that those supporting the person are aware of any life events that may cause them distress or upset. This is especially important if any professionals support the person with life story or reminiscence work, as this involves encouraging the person with dementia to think and talk about their past. It's important to think about whether the person would feel safe and comfortable doing this. If so, check that any reminiscence groups they attend are inclusive and LGBTQ+ aware.

## 6 Supporting the person to be themselves

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Support the person with their preferences about their appearance and how they want to express their gender identity or sexual orientation. For example, it's important that they are able to choose what they want to wear and how they want to present themselves.

Many LGBTQ+ people will have experienced prejudice or discrimination. They may have found that some people are uncomfortable with their sexual orientation or gender identity, including friends, family members, neighbours or health and social care professionals. LGBTQ+ people with dementia may worry about encountering negative attitudes again, especially if they are experiencing time-shifting (see 'Memory problems' on page 9).

People with dementia may encounter negative attitudes from people who do not understand their condition, or who find it difficult to accept that they have dementia. If a person experiences prejudice or feels isolated because of both their dementia and their sexual orientation or gender identity, they may be feeling very vulnerable.

It's important to try and help the person to feel safe. They should feel that their sexual orientation or gender identity and their dementia are acknowledged, and that they are not being judged, ignored or discriminated against.

If an LGBTQ+ person is in a relationship, it is important that this is acknowledged. Sometimes LGBTQ+ people find that others, such as care professionals, make assumptions about their relationships. For example, if a gay man is visited by his partner, care professionals might assume the person is his brother or friend. This can cause distress and make the person feel that their identity isn't being acknowledged.

### Telling others about sexual orientation or gender identity

For an LGBTQ+ person, choosing how to tell others about ('disclose') their sexual orientation or gender identity can be a difficult decision. They may also be unsure who to tell.

When a person develops dementia, this decision can be even more challenging. However, if they have made decisions about this regularly in the past, they may be more used to doing this.

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It is for the person to decide whether they want to disclose this information. If they do, it's important that the person is able to choose who they want to share these parts of their identity with. Some people will want professionals to know about them being LGBTQ+, so that services can provide them with appropriate support. If so, the person may want this information to be recorded in their care plan.

Equally, the person may be worried about negative attitudes and may choose not to share their identity with someone. If this is the case, their wish should be respected, and you should not disclose this information. You may find the person's decision upsetting or hard to deal with, and it's important that you are able to manage these feelings. For information about emotional support see 'Looking after yourself as a carer' on page 19.

If the person is unable to decide whether to disclose their sexual orientation or gender identity, they should be supported to make a decision as far as possible. If they do not have the ability to decide even with support, there may be circumstances where their carer may have to make this decision. It's important that any decision is made in the person's best interests, and not to satisfy anyone else. For example, there might be medical or health reasons for disclosing this information.

### Disclosing trans status

Some trans people will have sex reassignment surgery, while other trans people may not. Professionals providing personal care may become aware of the person's trans status even if they haven't chosen to disclose it. However, it's important for the person to be respected and there are ways to manage this. It can help to talk to the person in advance about how they would like to address a situation like this. Consider building relationships with care professionals early so that the person feels safe and comfortable with them. They should be able to support the person appropriately and with dignity and respect.

If someone chooses to tell a professional about their trans status, or if the professional learns about it in another way, they cannot then disclose this information to others without the person's consent. This means that the professional must treat this information as confidential and not tell others unless the person wants them to. There may be several people involved in their support and care and they may have to decide whether to disclose this information to all of them.

## Losing sexual inhibition

People with dementia can sometimes lose their sexual inhibitions. In addition, as dementia changes the brain over time, people can become much more or much less interested in sex.

These changes can affect anyone with dementia. However, for an LGBTQ+ person who has not shared their sexual orientation or gender identity, the ways they behave may reveal these to other people. For example, a bisexual woman with dementia may express emotional, romantic or sexual attraction to another woman in front of people who don't know she is bisexual. It may help to talk to each other about what to do in this situation so that you are both prepared. For example, ask the person if they would want to disclose their sexual orientation if this happened.

For more information on sexual inhibition, see factsheet 514 **Sex, intimacy and dementia**.

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## 7 Services and care settings

As the person's dementia progresses, they will need more support from different care professionals. In the later stages of dementia, they may need to move into supported living or a care home.

In any care setting, the person has a right to the same treatment as people who are not LGBTQ+. The Equality Act 2010 means it is illegal for health and social care staff and organisations in England and Wales to discriminate against someone (treat them less favourably) because of their sexual orientation or gender identity. In Northern Ireland, there are similar laws – the Equality Act (Sexual Orientation) Regulations (Northern Ireland) 2006 and the Sex Discrimination (NI) Order 1976.

Some LGBTQ+ people may be worried about meeting different care staff or going into care settings. They may feel uncomfortable about carers coming into their home and feel it is an intrusion into their safe space. They may worry that they will experience prejudice or discrimination. The idea of revealing their body to professionals during personal care may also be difficult for them.

In some settings, care professionals may not have enough knowledge or awareness to support the needs of LGBTQ+ people with dementia. They may not realise that LGBTQ+ people access their services or understand that the person's sexual or gender identity can have a big impact on their needs. For example, reminiscence activities may focus on people's family, not realising that some LGBTQ+ people may not be in touch with their family of origin or may not have children. In some cases, you may have to inform professionals and make them aware of these issues.

You could suggest that they read 'Safe to be me', Age UK's guide for health and social care workers supporting LGBTQ+ people. For more information contact Age UK – see 'Other useful organisations' on page 20.

Some care professionals may feel that they are not discriminating because they treat everyone the same. However, many LGBTQ+ people want their unique history and identity recognised and respected, and their individual needs met. It's important to find a setting where the person feels that they are understood, and their preferences and wishes are respected. This should also take into account the person's cultural, spiritual or religious beliefs or practices.



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It can be harder to find LGBTQ+ aware services. Try to think ahead and look around in advance for what is available. Consortium has a directory that might be useful. It includes LGBTQ+ services and support groups for older people. You might want to check if there is anything in your area. For more information see 'Other useful organisations' on page 20. You may also want to contact a local LGBTQ+ organisation in your area. They may know about any groups or services that are available locally for LGBTQ+ people with dementia.

As a carer, you should be given the opportunity to be involved in and informed about the care of the person with dementia. However, in some cases you may experience prejudice or discrimination from care professionals, for example if you are also LGBTQ+ and you are the person's partner. It's essential that care professionals recognise and respect the person's relationships, both for your sake and in order to best support the person. If you are not being involved in the person's care, there are actions you can take. For more information see 'Complaints about prejudice or discrimination' on page 16.

## Moving into a care home

Many people with dementia remain living at home independently when they have the right level of support in place. However, the time may come when the person needs to move into a care home. For more information, see factsheet 476 **Care homes: when is the right time and who decides?**

If the person is moving into a care home, they may be worried about staff not supporting them or meeting their needs. They may also be worried about experiencing prejudice, discrimination or hostility from other residents. They might feel like their home is a 'safe space' where they are free to express their identity and may be worried about leaving it.

The person with dementia, with your support, may find it helpful to talk to care home staff about their sexual orientation or gender identity as early as possible. This can help them find out whether staff have any negative attitudes towards LGBTQ+ people, and whether they are aware of the unique challenges an LGBTQ+ person with dementia may face.

If the person is trans but doesn't want to share this with everyone in the care home, they may want you to tell one (or a few) of the care home staff. It is against the law for care home staff to share the person's gender identity without the person's consent.

It's important to find a care home where the person can feel safe and accepted. For advice on housing options for LGBTQ+ people, it may be useful to contact Stonewall Housing (see 'Other useful organisations' on page 20).

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### Complaints about prejudice or discrimination

If you or the person with dementia feel unfairly treated by an organisation because of your or their sexual orientation or gender identity, ask for their complaints procedure.

If you follow this procedure and still don't feel your complaint has been properly addressed, you can take the complaint further. The organisation's complaints procedure should explain what to do next. If not, you can contact the relevant Ombudsman to make a complaint. Which one you talk to will depend on what the complaint is about and where you live. For more information see 'Other useful organisations' on page 20.

If you need advice or support when making a complaint, there are lots of organisations that can help and support you through the process. If you are in England, you can contact your local Patient Advice and Liaison Service (PALS). The Community Health Council in Wales and the Patient and Client Council in Northern Ireland provide similar support.

You can also get advice and support from the Equality and Human Rights Commission in England and Wales, or the Equality Commission for Northern Ireland. For more information see 'Other useful organisations' on page 20.

In some cases, if you feel you need more help with the process, you might need to talk to a solicitor to get legal advice.

## 8 Planning ahead

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There are legal tools to protect the interests and wishes of the person with dementia. This can include wishes that relate to the person's identity and needs as a LGBTQ+ person. It's important to make plans as early as possible, to prepare for a time when the person will need much more support and may not be able to make decisions for themselves.

### Appointing a person to make decisions

The person may want to appoint you, or another person who is important to them, to make decisions on their behalf when they are no longer able to make them. They can create a Lasting power of attorney (LPA) in England and Wales, or an Enduring power of attorney (EPA) in Northern Ireland.

There are two types of LPA – one for decisions about health and welfare (covering issues such as day-to-day care, treatment and clothing choices) and one for decisions about property and financial affairs (covering issues such as bills, bank accounts and selling property). However, the EPA in Northern Ireland currently only covers property and financial affairs.

For more information, see factsheet 472 **Lasting power of attorney**, or if you are in Northern Ireland, see factsheet NI472 **Enduring power of attorney and controllership**.

### Decisions about treatment

To record the person's wishes about treatments they don't want to receive, they can create an advance decision to refuse treatment in England and Wales, or an advance directive in Northern Ireland.

Health professionals in England and Wales must follow the person's wishes if the person is unable to make a decision for themselves at the time. These wishes should also be followed in Northern Ireland. To make sure this happens, it's important that the advance decision or directive is recorded in writing and includes certain information. For more information and a template advance decision form, see factsheet 463 **Advance decisions and advance statements**, or if you are in Northern Ireland, see factsheet NI467 **Financial and legal tips**.

## Space for your notes

### Recording other wishes

The person may have other important wishes. For example, they might want to specify:

- how they wish to dress
- the pronouns they would like people to refer to them by (for example, 'he', 'she' or 'they')
- any prosthetics.

It's a good idea to record the person's wishes. An advance statement in England and Wales, or living will in Northern Ireland, is a document that lists a person's general wishes and preferences for the future.

Advance statements and living wills are not legally binding, but they should be taken into account if future decisions are made on a person's behalf. If a decision is made that goes against an advance statement or living will, there must be a very good reason for this.

For more information and a template advance statement, see booklet 1510 **Planning ahead**, or if you are in Northern Ireland, see factsheet NI467 **Financial and legal tips**.

### Gender recognition certificate

A person who is trans can apply to the government's Gender Recognition Panel for a Gender recognition certificate, if they meet certain criteria.

Not all trans people will have a Gender recognition certificate, and there are lots of reasons why a person might not have applied for one. It's important to remember that a trans person does not need to have a Gender recognition certificate to have their gender identity respected by others. They also don't have to have a Gender recognition certificate to be legally protected from discrimination.

For more information go to the **GOV.UK** website (see 'Other useful organisations' on page 20).

## 9 Looking after yourself as a carer

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Caring for a person with dementia can be rewarding but also very challenging. It's important to take care of your own needs too, as this will help you to continue to care for the person and mean that you are better able to manage. Supporting an LGBTQ+ person with dementia can have particular challenges, such as:

- issues with accessing appropriate services and a lack of support
- conflict with others (for example, the person's family of origin)
- negative attitudes from others
- lack of recognition of your relationship to the person, and concern about disclosing this relationship to others
- experiencing, or being worried about experiencing, discrimination.

These challenges can be even bigger if you are also LGBTQ+. You may feel vulnerable yourself. Remember that you have the same rights as the person with dementia not to be discriminated against for your sexuality or gender identity.

Support is available and it's important to seek help if you need it. This could be from a support worker or a carers' group, for example. For more information, see 'Other useful organisations' on page 20 and factsheet 523 **Carers – looking after yourself**.

## Space for your notes

# Other useful organisations

### Age UK

0800 678 1602 (advice line, 8am–7pm)

[www.ageuk.org.uk](http://www.ageuk.org.uk)

### Wales – Age Cymru

0300 303 4498 (advice line, 9am–4pm Monday–Friday)

[advice@agecymru.org.uk](mailto:advice@agecymru.org.uk)

[www.ageuk.org.uk/cymru](http://www.ageuk.org.uk/cymru)

### Northern Ireland – Age NI

0808 808 7575 (advice line, 9am–5pm Monday–Friday)

[advice@ageni.org](mailto:advice@ageni.org)

[www.ageuk.org.uk/northern-ireland](http://www.ageuk.org.uk/northern-ireland)

Age UK, Age Cymru and Age NI aim to improve later life for everyone through information and advice, services, campaigns, products, training and research. Some local Age UKs, Age Cymrus and Age NIs run social groups for older LGBTQ+ people.

### Care Quality Commission (CQC)

03000 616161

[enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

[www.cqc.org.uk](http://www.cqc.org.uk)

CQC is the independent regulator of health and social care in England. It has a database of service providers, including ratings to help people choose care.

### Carers Trust

0300 772 9600 (England)

0300 772 9702 (Wales)

[info@carers.org](mailto:info@carers.org)

[www.carers.org](http://www.carers.org)

Carers Trust works to improve support, services and recognition for anyone living with the challenges of caring for a family member or friend.

### Carers UK

0808 808 7777 (helpline, 9am–6pm Monday–Friday)

[advice@carersuk.org](mailto:advice@carersuk.org)

[www.carersuk.org](http://www.carersuk.org)

Carers UK provides information and advice about caring, alongside practical and emotional support for carers.

**Community Health Councils in Wales**

[www.wales.nhs.uk/ourservices/directory/  
communityhealthcouncils](http://www.wales.nhs.uk/ourservices/directory/communityhealthcouncils)

Community Health Councils are independent bodies who listen to what individuals and the community have to say about the health services provided for them. You can find your local one using the directory on the NHS Wales website.

**Consortium**

020 7064 6500

[admin@consortium.lgbt](mailto:admin@consortium.lgbt)

[www.consortium.lgbt](http://www.consortium.lgbt)

[www.consortium.lgbt/member-directory](http://www.consortium.lgbt/member-directory)

Consortium focuses on the development and support of LGBTQ+ groups, organisations and projects. It has a directory where you can search for LGBTQ+ services by location.

**Dementia Engagement and Empowerment Project (DEEP)**

[www.dementiavoices.org.uk](http://www.dementiavoices.org.uk)

DEEP is a network of peer support groups around the UK that provide opportunities for people living with dementia to support each other. They include an online LGBTQ+ group called Speak out with dementia.

**Dementia UK**

[www.dementiauk.org](http://www.dementiauk.org)

0800 888 6678

Dementia UK have an Admiral Nurse service for the LGBTQ+ community.

**Equality Advisory and Support Service (EASS)**

0808 800 0082 (helpline, 9am–7pm Monday–Friday,  
10am–2pm Saturday)

[www.equalityadvisoryservice.com](http://www.equalityadvisoryservice.com)

EASS provides support and advice about your rights in England, Scotland and Wales.

**Equality Commission for Northern Ireland**

028 90 500 600

[information@equalityni.org](mailto:information@equalityni.org)

[www.equalityni.org](http://www.equalityni.org)

The Equality Commission provides information and advice about your rights in Northern Ireland.

**Space for  
your notes**

## Space for your notes

### **Galop**

020 7704 2040 (LGBT+ hate crime helpline, 10am–4pm Monday–Friday)

0800 999 5428 (LGBT+ domestic abuse helpline, 10am–5pm Monday, Tuesday and Friday, 10am–8pm Wednesday and Thursday)

[info@galop.org.uk](mailto:info@galop.org.uk)

[www.galop.org.uk](http://www.galop.org.uk)

Galop provides advice and support to LGBT+ people who have experienced hate crime, domestic abuse or sexual violence. They have a dedicated Trans Advocacy Service.

### **Gender Identity Research and Education Society (GIRES)**

[www.gires.org.uk](http://www.gires.org.uk)

GIRES aims to improve the lives of trans and gender non-conforming people, including those who are non-binary and non-gender. It also hosts Tranzwiki, a comprehensive directory of the groups campaigning for, supporting or assisting trans and gender non-conforming people.

### **GOV.UK**

[www.gov.uk](http://www.gov.uk)

[www.gov.uk/apply-gender-recognition-certificate](http://www.gov.uk/apply-gender-recognition-certificate)

GOV.UK is the website of the UK government. It includes information on legal issues and rights, such as Gender recognition certificates and power of attorney.

### **Healthwatch**

03000 683 000 (8.30am–5.30pm Monday–Friday)

[enquiries@healthwatch.co.uk](mailto:enquiries@healthwatch.co.uk)

[www.healthwatch.co.uk](http://www.healthwatch.co.uk)

Healthwatch is the independent champion for people who use health and social care services in England. They listen to what individuals and the community have to say about local health and care services. You can find your local Healthwatch using the directory on their website.

### **LGBT Foundation**

03453 30 30 30 (9am–9pm Monday–Friday)

[info@lgbt.foundation](mailto:info@lgbt.foundation)

[www.lgbt.foundation](http://www.lgbt.foundation)

LGBT Foundation provides advice, support and information services to lesbian, gay, bisexual and trans communities.



## Space for your notes

### **LGBTQ+ Dementia Advisory Group**

<https://lgbtqdementia.org/>

The Group work to improve the lives of people affected by dementia who identify as LGBTQ+.

### **The National LGB&T Partnership**

020 7064 6506

[laura@consortium.lgbt](mailto:laura@consortium.lgbt)

[www.consortium.lgbt/nationallgbtpartnership](http://www.consortium.lgbt/nationallgbtpartnership)

The National LGB&T Partnership is a group of organisations that aims to reduce health inequalities and improve access to health and social care for LGBT+ people. Its website includes resources and links to local organisations.

### **Parliamentary and Health Service Ombudsman (England)**

0345 015 4033 (8.30am–5pm Monday–Thursday,

8.30am–12pm Friday)

[www.ombudsman.org.uk](http://www.ombudsman.org.uk)

The Parliamentary and Health Service Ombudsman investigates complaints about the NHS in England where local resolution has not been possible.

### **Patient Advice and Liaison Service (PALS)**

[www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service](http://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service)

Each hospital in England and Wales has a PALS who can help with complaints and provide advice and information on health-related matters. The NHS website offers a search by location to find your local PALS office.

### **Patient and Client Council (Northern Ireland)**

0800 917 0222

[info.pcc@pcc-ni.net](mailto:info.pcc@pcc-ni.net)

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

Patient and Client Council independently represents and advocates for people in Northern Ireland on health and social care issues. It can help with complaints and provide advice and information.

### **Re-engage**

0800 716543

<https://reengage.org.uk/>

Re-engage offer a Rainbow Call Companion service for LGBTQ+ people aged 75 and over.

## Space for your notes

### **Stonewall**

0800 050 2020 (information service, 9.30am–4.30pm  
Monday–Friday)

[info@stonewall.org.uk](mailto:info@stonewall.org.uk)

[www.stonewall.org.uk](http://www.stonewall.org.uk)

Stonewall campaigns for the equality of LGBTQ+ people across Britain. Its website includes information and advice.

### **Stonewall Housing**

020 7359 5767 (advice line, 10am–1pm Monday–Friday)

[info@stonewallhousing.org](mailto:info@stonewallhousing.org)

[www.stonewallhousing.org](http://www.stonewallhousing.org)

Stonewall Housing is the specialist LGBTQ+ housing advice and support provider in England.

### **Switchboard**

0300 330 0630 (10am–10pm)

[chris@switchboard.lgbt](mailto:chris@switchboard.lgbt)

[www.switchboard.lgbt](http://www.switchboard.lgbt)

Switchboard provides an information, support and referral service for lesbians, gay men and bisexual and trans people, and anyone considering issues around their sexuality and/or gender identity.

### **Together in dementia everyday (tide)**

0151 237 2669

[carers@tide.uk.net](mailto:carers@tide.uk.net)

[www.tide.uk.net](http://www.tide.uk.net)

tide is a UK network of carers, former carers and health and care professionals. It campaigns to improve the lives of carers and those they care for across the UK.



Factsheet 480

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Next review due: June 2024

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Birmingham Law School

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At Alzheimer's Society we're working towards a world where dementia no longer devastates lives. We do this by giving help to everyone who needs it today, and hope for everyone in the future.

We have more information on **Adjusting to caring for someone with dementia**.

For advice and support on this, or any other aspect of dementia, call us on **0333 150 3456** or visit **alzheimers.org.uk**

Thanks to your donations, we're able to be a vital source of support and a powerful force for change for everyone living with dementia. Help us do even more, call **0330 333 0804** or visit **alzheimers.org.uk/donate**



**Alzheimer's  
Society**

It will take a society to beat dementia

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