

Keziah Wenham-Kenyon:

Hi, welcome to the second series of home from home journeys into elderly care, brought to you by Ad Infinitum. My name's Keziah, I've been having conversations with people who make up a fragment of the sprawling social fabric of the elderly care system. This three part series, will take a closer look into care from perspectives that are underrepresented and intersections that require more compassion lens, people, focused support, and traditional forms of care are currently providing.

Keziah Wenham-Kenyon:

The music you are hearing is centered around the South African group charm. The thinking here is that just as it takes a community of people to raise a child, it also takes a community of people to care for our elders, or at least it should.

Keziah Wenham-Kenyon:

Research and health inequalities show that older LGBTQ+ people in the UK face higher rates of loneliness and prejudice when accessing health and social care services. Homelessness and precarious housing is also disproportionately rife and a higher risk of substance use and ill mental health is often present as a result of endured discrimination and lack of acceptance and abuse. In this episode, we'll be providing space for the experiences of the LGBTQ+ community. Exploring how organizations and charities are taking a different approach; and plans for the first LGBTQ+ retirement community in London.

Keziah Wenham-Kenyon:

Daniel Hibbs Woodings is a community and customer engagement manager at Tonic Housing. Founded in 2014, Tonic Housing initially looked at loneliness and isolation, but now operates as a housing association catering for the needs of the older LGBTQ+ community.

Daniel Hibbs-Woodings:

We did a piece of research and it was called the building safe choices report. That was rereleased last year. Now it was actually the largest survey ever done with older LGBTQ people, and the overwhelming report and kind of data from that suggested that they want to live in an environment where their identity as a human is recognized effectively. And that the services that are provided, the events that are provided, what's available for them, takes them into account every step of the way. That's also reflected by a lot of the stories that we hear. We hear some really sad stories of people facing bullying and harassment in current care environments. In a lot of cases, people having to go back into the closet sometimes after a long life of activism towards LGBTQ causes.

Daniel Hibbs-Woodings:

Older LGBT people who are around now are actually the people who've experienced some of the greatest change and the radical shift in attitudes towards them as people, and also seeing the most radical shifts towards them in terms of their social legal rights that they have and enjoy today. 60, 70 years ago, you have those same hospitals that are still standing today were delivering a very, very different form of therapy specifically to lesbians and gays, to what is delivered today. So back then it was shock therapy treatment, and so we recognize that there's that very inherent distrust.

Daniel Hibbs-Woodings:

There is one example at the moment of someone that we've heard of now, this person is actually living in a care environment. They were actually one of the, I believe one of the founding members of the Gay Liberation Front, so arguably the UK equivalent of Stonewall, really. This was the organization that fought for our civil and social rights and this is a key member of that organization that demonstrated real demonstrable change in the route and direction that social legal rights took in this country for LGBT people. And that person is now being bullied, and harassed in a care home.

Daniel Hibbs-Woodings:

We hear these stories a lot. I think the sad reality is for every one we hear, there's probably a lot that we don't. I think that links as well with this idea of loneliness and isolation, LGBT people are less likely to have a partner, they're less likely to have any kind of familial support structure, they're more likely to live alone, they're more likely to have worse health outcomes than the rest of the population. So actually from an empowerment perspective and somebody actually telling that story, and making that story known, that community is very disadvantaged to be able to tell that story because we just don't have that community around us. There's a huge amount of misunderstanding. So the, the kind of the instances I've heard, for example, when it's come from staff, it's come from a total lack of understanding of who we are as a community about what is appropriate and what is inappropriate.

Daniel Hibbs-Woodings:

So I think a lot of it comes from, from ignorance of where our communities at, whether or not that ignorance comes through a place of malice, I think varies. But we do hear stories of terminology being used massively incorrectly by care staff and the stories I hear remind me of the bullying I was at the receiving end of when I was 14 years old. I think that's one of the reasons why something like Tonic is so important because we're going in now with that understanding of our community, working, not to kind of blanket, okay, what are the experiences of black people, what are the experiences of trans people, because it's recognizing that those intersectional communities exist in between and actually until we're developing a collective understanding, but then also individual understandings of individual service users that we have and interact with then we're never going to develop an understanding if we don't kind of interact with people and hear their personal stories.

Keziah Wenham-Kenyon:

As more research is being carried out in this area, higher rates of people are expressing a lack of confidence that social care will be able to meet their needs, wouldn't feel comfortable being open about their sexuality, or even maintain a comfortable level of privacy in residential care. It's because of this, that more LGBTQ+ focused services are now in operation across the UK, offering a space that is aimed specifically at them, by people who share similar experiences. As featured in episode one, Ramses Underhill Smith is the managing director and founder of Alternative Care Services. The first LGBTQ+ focused domiciliary care service in the country.

Ramses Underhill Smith:

One of the people we were called to support that sort of found us, was telling us about an experience where the carer wanted to use a mop to wash them once they found that they were gay. So it's not, "I'm going to stay at arms length", it's "I'm going to step mop's length". And what you find is that, they won't complain because you complain and they send the same person back to you, you're in trouble. If we contact our clients to find out if everything's okay, we have to really script and think about the way we deliver the questions in order to coax them to say anything at all. And then you have to reassure them

that if anything happens, we're not going to tell anybody. So, no one will know it's you, and we get no everything's okay.

Ramses Underhill Smith:

But you do that bit more and more and more. And some will say, Oh, well, yesterday, I really didn't like all my food was cold or whatever the situation is, but you really have to coax it out of them, because they won't say anything because if you send the same carer back, and that person's upset with them, they're vulnerable. That's why they need care in the first place. Yeah, people have to feel safe to be able to say what they feel otherwise they're just prisoners in their bodies aren't they really? We've got called in to deliver services and they found us and they were really happy, but they had a lawyer who had power of attorney, and the lawyer was furious that we would give it. I don't understand why do they need an LGBT, and I'm just saying, well, if that's their request, you're just meant to be supporting their wishes.

Ramses Underhill Smith:

And the lawyer was absolutely furious because they just didn't understand. "You've got to explain it to me". And I'm just like, "I don't have to explain it to you. This is what they want." And they fought against us tooth and nail, they just didn't see the need for it. As far as they were concerned, everybody should be treated the same. They didn't understand why that this person wants to be, that's his preference, and if he's a gay man, that's his preference. Really, you shouldn't be challenging that. Or you get family members that challenge it. Don't see why they need that, and really all their prejudices come out. All of their, "they're old now, they don't need to even be thinking about this". And so they think it's very much about sex. It's all kinds of stuff comes out.

Ramses Underhill Smith:

I've heard of people who are trans and their families transitioning them back because that's what they want. They say that, "I lost this parent, and I'm grieving and I'm going to transition them back against their will." And those are the things that we sort of, when we're around, we can make sure that we pick up on these things and we say, "well this is not acceptable, that is not acceptable." But often as people get older, and want to continue to express themselves the family members are the ones that start to fight against it. What I realized we're becoming these people's extended families, for people who don't have families.

Keziah Wenham-Kenyon:

The concept of family means different things for different people. But for me, the core values are that of love, respect, and support. Hearing stories of family members, forcibly reverse transitioning their parents demonstrates a painful absence of those basic virtues. By no means, is this an isolated incident, there are far too many cases of people being disowned by their parents and families after coming out. And LGBTQ+ elders are twice as likely to live alone and have lower levels of contact with their relatives. Offering his redefinition of family extension. I spoke with Daithi Clayton, an expatriate born in America, but since fled the States due to increasing levels of attack and deteriorating political conditions.

Daithi:

Many of my members of my family of origin are Trump supporters, and that's so painful, and hurtful to me. So instead I have chosen to create a rainbow family, a family of choice. Of people who not just accept me for who I am, but celebrate me for who I am, and each other. That's what families are meant

to do, I believe. I've heard stories of an older transgender woman in a care setting whose family of origin did not support her transition and insisted that she be dressed as a man, referred to as a man, to have her entire identity erased because of the local laws and all, they were supported. Her justice was totally denied, so that's the reality for far too many. If it happens to one that's too many. But then there are microaggressions, of course, or just something as simple as a NHS form.

Daithi:

When the question after first name, surname, gender, and you only get two choices, really? In 2021, really? No, no, no, no, I just don't accept that "oh, well, we've got work to do". We are way too far behind the curve, it's just unacceptable. I'm of what has been referred to as the Stonewall generation. I came out just five years after the Stonewall rebellion, that was in 1969. I came out of the closet in 1974 and have lived my life out, and proud, and authentically. And that's exactly how I want to live to the end of my life. And I don't want my LGBTQI identity erased because of heteronormative care imposed upon me. I had hope to be able to enjoy a nice, quiet retirement, sipping my tea and into oblivion and all, but that's not the case at all.

Daithi:

Now, I'm not the only one fighting for justice and equal housing as I need care at the end of my life. And I am absolutely adamant that I will not have heteronormative care imposed on me by others because of a lack of either political will or a lack of vision on the part of LGBTQI leadership. Things are changing, but I don't feel like I have the luxury of time. I just want to be in a care setting, for example, when they have these, singing for the brain singalongs for older folks and all, that's great, but I want to hear some show tunes or some disco hits from my lived experience.

Daithi:

I don't think that's too much to ask. Well, I would hope to God that have drag queen bingo night for sure that's top of my list. But that's sort of thing to widen the lens of inclusivity, not everyone in my generation had the experience of partnering, and having children, and all, and for those who did great, but for those of us who didn't, I don't want to be sitting around a care home with a bunch of straight people talking about their children and grandchildren. And if that's a heterophobic on my part, fine, I'm willing to own it. God damn it.

Keziah Wenham-Kenyon:

It's clear something needs to happen. European countries like Germany, Sweden, and Spain have started to implement more models of LGBTQ+ focused care, but many feel the UK has been slow to adopt these alternative practices. However, gradual change is being made. In 2020 Manchester city council initiated the first LGBTQ+ extra care housing scheme in response to an increase in loneliness and isolation exacerbated by the pandemic, and due to open later this year, Tonic Housing is excited to announce the opening of Bank House, the first LGBT+ retirement community in the UK. Receiving overwhelming response, this news couldn't have come sooner, and Daithi, like many others, is firmly on the waiting list.

Daniel Hibbs-Woodings:

The response that we've had has just been overwhelmingly positive. People are so, so excited. And they're so hopeful that something like this has become available now. And it fills us with joy because we're just like, this is exactly what we knew. We were in touch with a LGBT mental health charity the other day, they were supporting somebody who had quite a rare degenerative disorder, was about to be

thrown out of his flat and had been served an eviction notice was living in private rental property and had no ongoing housing provision. We were instantly like, we can't let this happen, we can't let this person become homeless, we need to work something out. We have worked really, really tirelessly with, with Lambeth council and with our partner housing association to effectively refer him into Bank House. So, I mean, that was the loveliest phone call I've ever received because he called me up crying his eyes out, having kind of been just about to become homeless. And now he's moving into a property with a view of Big Ben and the house of parliament.

Daniel Hibbs-Woodings:

Is there such thing as a gay building, as an LGBT building, what is it that's special about a building that makes LGBT and from a bricks and mortar perspective, the answer is absolutely nothing. So nothing within the design itself is specifically designed for LGBTQ people. And I say there's nothing inherently kind of LGBT in the bricks and mortar because the community is what makes us who we are. The services that we offer is what makes us who we are, the events that we provide is what makes us who we are.

Daniel Hibbs-Woodings:

So with our community model, where we're planning on delivering a full range of events that actively celebrate and recognize the lives and contributions and histories of LGBT people, and really just look at us as a community. And there's a level of respect, the LGBTQ community, we've created music, we've created a film, we've created a language now. And I think this is going to be a place where we celebrate that stuff. We look back at the struggles that we've experienced as a community, but we celebrate our achievements. And that's what Tonic is about. It's about positivity, it's about that recognition that we've struggled to this point, but that there are some wins that we've made as a community and we need to celebrate those.

Daniel Hibbs-Woodings:

I mean, my perception of older people has shifted dramatically in the past six years, really, since I started working in social housing, not just within LGBT specific housing, I've had incredible experiences with older LGBT people. When I was a housing officer, I had a resident who came over from the Caribbean, was best friends with Bob Marley, had photos up on his wall of him and Bob Marley together, unbelievable. And we used to sit, and we'd drink squash, and listen to records in his garden.

Daniel Hibbs-Woodings:

And I'd probably do far less work than I should have done on that particular day, but just relished in this opportunity to meet this person I otherwise wouldn't have met. And I think that's the key problem now is if I hadn't had these jobs, I would never have met these people. There's no way I would have met them unless you make that real active effort to volunteer for Age UK or work at an organization like Tonic. It's very rare that the younger generations are going to come into contact with all the generations. And that's especially true for the LGBT community, as a community we struggle for spaces as it is. I think it's 50, 60% of LGBT venues have shut down in the past 10 years in London. Once you put people together in the same room, 95% of the work's done, give people a common topic to talk about and you'll find that that mutual understanding will increase.

Keziah Wenham-Kenyon:

Ageist stereotyping, repressed anxieties towards growing old. The beauty industry's over idealization of youthfulness, shifting generational values, and the mental segregation facilitated by a culture obsessed with the classification of people, has produced a wedge in between young and old, a gap that needs to be bridged. As featured in episode one, Antonnette Clarke-Akalanne is a retired general nurse, midwife, psychiatric nurse, health visitor, and social worker serving 50 years in the NHS. At the age of 79, she's involved in a whole host of activities. On a week by week basis, she stays mentally and physically agile through Tai Chi, meditation, yoga, singing, long walks, drama, writes poetry and short stories. And is at university studying a master's degree in black humanities. Way more than I can manage at the moment, I say this because we spoke about what perceptions of aging that she's clearly defied.

Antonnette Clarke-Akalanne:

I remember once, I was only 50 at the time, and I was dealing with some young people and I said to them, "how would you describe somebody in their fifties?" I was 50 at the time. And this young woman, she said, "oh, can I draw what I imagined?" And I said, "yes, of course." So other people said "oh I'll draw it too." So they all went on and draw, the first picture, she came out with a banked back old woman with a stick. That was the perspective of an elderly woman. Somebody also put somebody walking with a walking frame, from a 20 year old perspective, 50 sounds really old. And in definition that's what they see. So it's a matter of re-education, but it will be useful to hear what the younger people think would help to unite the two age groups.

Keziah Wenham-Kenyon:

What may seem like a minor misrepresentation could be keeping generations from forming strong ties. Furthermore, as young people are at the forefront of most elderly healthcare services, their attitudes towards delivering care could be influenced by those perceptions speculating on some of the causes of an apparent fear of aging is Bonnie Adair who started working at care homes as a teenager.

Bonnie Adair:

I mean, I'm quick to blame the media, I suppose, and our obsession with searching for youth. Particularly I think, as women, this idea that you can't age, you look at kind of beauty treatments, beauty products, you look at plastic surgery. I don't know if all of those things are a response to our fear of ageing or whether they increase our fear of aging. My sense of it is they increase our fear of aging. Societally there's a problem in that we don't talk about dying. Why do we not teach these things in school? Why do we not talk about death? Why is it something that's hidden from children? Why do we say they'd gone to sleep or some other rubbish that's not helpful? We all die and I think talking about that is essential because if we talk about it, we maybe wouldn't be so scared of it. And we wouldn't be so scared of ageing and we wouldn't be so, it would be considered growing and it would be considered getting wiser. And there would be more of a respect for another generation.

Keziah Wenham-Kenyon:

A new review of evidence on intergenerational contact launched by Age UK indicates that society as a whole benefits when younger and older people are able to hold space and connect, realizing their similarities and respecting their differences. The abundance of learning goes both ways and there are calls for intergenerational contact becoming incorporated into policy in areas like business and employment, health and social care, and education.

Daithi:

There are a lot of cultures who honor their older folks. Japan comes to mind and South Korea, and in many Asian countries, particularly, and as they have done in the Dutch model, in the Netherlands, where the Dutch government has invested to assist university students, particularly for many of whom have housing difficulties, particularly in urban areas to place them in housing with older LGBTQ people so that they are helping each other. And the conversation works both ways, yes, younger folks can help older folks with some tasks of daily living that may be challenging, cooking, cleaning, bathing, dressing, things like that. But older people too, this has certainly been my experience, learning and listening. For as challenging as things are planetarily, I am hopeful that a new generation of queer folk can take up the banner of social justice, environmental justice for certain, the planet is on fire, and a younger generation, hopefully, in conjunction with those of us who have gone before to seek and demand those justices, inequalities.

Daithi:

So I am so grateful for the young people in my life. I live in a rainbow family setting here with, I call her my granddaughter, my 20 year old transgender flatmate, who was abandoned by her family of origin. And so we are in conversation and support of each other. That's how rainbow families work, supporting each other.

Keziah Wenham-Kenyon:

As Daniel mentioned earlier, the owners for building intergenerational ties, often falls on younger people. But Antonnette offered a valid reason why older generations also have a role to play.

Antonnette Clarke-Akalanne:

You've got to get involved, and okay, you might've been brought up a certain way with certain values, and I'm not saying that we should drop our values, elderly people should also try to attune with what's happening today. I've been in groups, where there is homosexual or transvestite and so on doesn't bother me. But I have also been in groups where there are people in my age group or younger who, "oh, that is sinful, that is sodomy. Oh, I won't drink in a cup from somebody who is a transvestite" and all that. So they come with such rigid values that they had years ago, because I know years ago as a psychiatric unit, we used to actually treat people who were gay. We gave them drugs, we gave them ECT electroconvulsive therapy, which never worked of course.

Antonnette Clarke-Akalanne:

So that was a system that time. But we have marched on, this is 2021. And if elderly people are not prepared to actually engage and see things from a different perspective, then this is where a lot of younger people tend to start to shun them, or only mix with them when absolutely necessary. Personally, I would say that I tend to be caught probably because I am in university and so on, I do read a lot. I tend to see things more like how a younger person would see things. But by having that mindset, I am able to converse, able to relate, and able to see their own values. And that is a step towards them. And then of course, when they see that I am not an off-putting person and somebody said to me recently, "I don't see you as an older person. I just see you as my friend."

Keziah Wenham-Kenyon:

Something we will look into in greater depth during the next episodes are the experiences of those living with dementia, for Antonnette, a plethora of activities and adjusting to modern values keeps her mind

functioning. Although she is fully aware that mental deterioration can be caused by a whole range of other things, the brain is a muscle, and in her words...

Antonnette Clarke-Akalanne:

If you don't use it, you lose it.

Keziah Wenham-Kenyon:

In closing this episodes. We hear from Daithi, who was diagnosed with dementia roughly five years ago, and has since become a member of Speak Out With Dementia Opening Doors London. A unique online peer support group for LGBTQ plus people who have a diagnosis of dementia.

Daithi:

This is how my dementia is manifesting itself. I can recall with absolute clarity, events, and things from 50, and 60 years ago. And they're still there in my brain, and yet I can't remember what I had for breakfast this morning. So it's recent memory. And see, that's why I am so adamant and focused on, I don't want my queer identity erased. As my cognition continues to diminish. I am Daithi, queer to the core, and that's how I want to approach the end of my fabulous life. Just as to celebrate my essential queerness, and that's what I'm looking forward to.

Keziah Wenham-Kenyon:

You've been listening to the second episode in series two of Home From Home: Journeys Into Elderly Care, featuring words from Daniel Hibbs-Woodings from Tonic Housing, Ramses Underhill Smith from Alternative Care Services, Daithi Clayton from Speak Out With Dementia Opening Doors London, Bonnie Adair, and Antonnette Clarke-Akalanne, poet and self-titled active elder. The podcast is narrated, produced, edited, and music arrangement was by Keziah Wenham-Kenyon. Commissioned by Ad Infinitum with support from the North Wall. Join us next week, where we'll look into progressive ways of supporting those living with dementia and a first hand account from Bonnie Adair who started working in care homes as a teenager.