

Chapter 13: Concluding reflections: looking ahead for enabling trans inclusive and affirming practice.

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### **The big messages.**

In this final chapter we revisit the 'big takeaway messages' for health, community, and social care practitioners that are woven across the chapters in this book, and we identify some future directions in research for supporting trans people in later life and developing trans inclusive research and practice. In relation to improving care experiences across health and social care systems a resounding message is the importance of developing and delivering a person-centered, person-led approach to care that is collaborative and centered on the wishes and preferences of older trans people as the experts on their lives. Promoting the autonomy of older trans people is an underpinning principle for delivering trans-inclusive and affirming practice.

Numerous authors in this book have stressed the importance of adopting an intersectional lens for better understanding older trans people's lives and the heterogeneity amongst this population. We would add to this the diversity between *different generations* of older trans people, as noted in Heyam's chapter (Chapter 11) on trans histories. Experiences of earlier life-points will vary according to different generational cohorts in parallel with the chronological points when trans individuals 'come out' as trans. An intersectional lens deepens understanding of the complex connections between ageism and cisgenderism, and how these points of social marginalisation can undermine positive ageing experiences for trans people. The importance of recognising and assessing the social support networks of older trans people is another critical theme, taking into account the complexity of relationships

with family members over time, potential experiences of familial estrangement, and the scope of 'families of choice' for providing support in later life. A final resounding message is the ethical responsibility of helping professionals, such as social workers, community workers and healthcare professionals, to advocate for older trans individuals and to ensure that services for and accessed by older people are trans inclusive, cisnormative-critical, and safe to access. As noted by Castle and Kimberley in their chapter, affirming experiences accessing healthcare will then lead to individuals feeling more willing to seek out healthcare services and clinicians.

### **Developing trans inclusive research and scholarship – looking forward.**

In their chapter Kneale et al. highlight several takeaway messages for future research in this field (Chapter 2). An overarching message is the identified disparity between theories on trans ageing and the severely lacking availability of empirical evidence to support this. Kneale et al. stipulate a note of caution to avoid adopting a deficit-only lens for understanding trans individual's wellbeing and relationships. We support this. Inevitably a book that is primarily focused on the care and support needs of older trans people leans more towards a deficit agenda, i.e. what goes wrong in the care of older trans people and how this can be remedied. Accordingly, one key area for future research is developing a richer understanding of older trans individuals' resiliency in overcoming often adverse, cisnormative arrangements and circumstances in their current lives and at earlier life-points. What is needed is a stronger focus on how older trans people experience 'queer joy' in their everyday lives and how this contributes to their wellbeing. 'Queer joy' is discussed as an affective positive state and a point of resistance to heteronormative, cisnormative

arrangements that recognises queer affirming life-experiences beyond more problem-saturated stories of queer (including trans) people's lives as dominated by accounts of distress and trauma (see Copeland, 2023 for a more detailed discussion). A fundamental question is how applicable this notion is to older people's wellbeing and how trans people in later life exercise this through their relationships with others. Through a generational comparative approach, what might be learnt about the ways in which younger and older trans people experience and exercise queer joy and everyday pleasure? And how might this learning be shared across generations? Linked to this is the significance of recognising positive experiences of growing older as a trans person, as touched upon in Almack et al.'s chapter (Chapter 13). This is essential when considering that many trans people may transition and seek to access gender-affirming treatments in later life; older age becomes a critical time of affirming change and self-actualisation.

Connected to the idea of joy is the importance of sexual pleasure. There is increasing attention on aspects of sexual wellbeing for older people belonging to sexual minority groups, mainly lesbians and gay men, but much less attention to the sexual rights and intimate relationships of older trans people (Simpson, Reynolds and Hafford-Letchfield, 2023; one exception being Scarrone Bonhomme, 2022). The intersections between sexual health and sexual relationships, older age, gender transitioning, and gender non-conformity warrant further research. This is in parallel with a greater focus on the romantic relationships of older trans people and how these potentially bolster the resilience and quality of life of trans individuals in later life. Integral to a focus on care and support in later life is the need to recognise disabilities and ableism and how these social dimensions intersect with, and potentially compromise, older people's wellbeing. Some authors in this book have

touched on the impact of dementia, cognitive impairments, and physical disabilities (see Chapters 9 and 12). However, more work is needed on understanding the wishes and expectations of trans disabled people for current and future care arrangements and, through a critical gerontology lens, how social disadvantage can accumulate across the life course and compound social and economic disparities in older age for trans disabled people.

A final area to highlight for more research is older trans people's use of and reliance on digital technology. We know from previous work that the arrival of the Internet in the 1990s brought with it much-needed access to trans personal accounts and online groups and communities that were not easily accessible before (see Willis et al., 2020). Trans lives, identities and stories became much more visible through the Internet and subsequent Web 2.0 platforms. Has this equipped older trans people with greater skills in digital literacy compared to cisgender older people, and what contributions have digital technologies made to older trans people's social networks and supportive relationships? An additional question is how digital technology may enhance older people's engagement with health and social care providers, especially for those experiencing high levels of social isolation, and the ways in which digital platforms may enhance pathways of care for those accessing gender-affirming treatments and transitioning through medical means (as noted in Castle and Kimberley's chapter, Chapter 9). As highlighted by authors in this book, the active involvement of trans people in research design and delivery for studies about their lives and experiences is critical. Research involvement and participation should be an empowering and affirming experience that brings tangible benefits to trans groups and communities. In a similar vein, Hafford-Letchfield and McCormack (Chapter 10) reiterate the need for trans-positive, evidence-based models of practice grounded in

the experiences of trans people in later life. Local research about trans experiences and care needs is just as critical for informing good service delivery as wider programmes of funded research in this area.

### **Developing trans inclusive practice – looking forward.**

In this final section we return to the big messages for developing trans inclusive practice with older people. The ‘Over to you’ learning activities located across this book are one useful base for developing your knowledge and skills as helping professionals and practitioners. The bulk of these activities reiterate the importance of critical reflection – reflecting on your past experiences of supporting trans people (whether this be positive or not so positive), reflecting on the cisnormative and ageist beliefs and views we are bombarded with from childhood onwards within contemporary social climates, and reflecting on the ways we can develop and deliver anti-oppressive practice. In the context of this book this means practice that is *anti-cisnormative*, *anti-ageist* and grounded in an *intersectional* lens on marginalisation and social disadvantage. Critical reflection requires reflecting individually and collectively on the power and authority helping professionals hold, and being open to recognising that the ways in which we exercise power in relationships with service users and patients can inadvertently reinforce heteronormative and cisnormative arrangements. For example, not attending to regular usage of binary language in conversations, in data collection and in recording, or not considering how older people accessing your service may have trans-related needs i.e. ‘we don’t have those sorts of older people around here’. To help develop this critical approach we encourage readers to return to the learning activities, to embed trans inclusive

practices into everyday work with people in later life, to regularly engage in 'trans inclusive talk' as a service team and with other professional colleagues, and to use the resources and reading identified across chapters in this book to keep extending your knowledge of this area.

This learning development does not occur in a vacuum and relies on supportive work cultures that are enabled through good leadership. The current social and political climate in the UK (and other Global North nations) frequently legitimises anti-trans rhetoric. Within this hostile context it is crucial that organisational leaders set out and commit to a clear agenda for delivering trans inclusive culture and practices 'from the top', and lead by example. This also means supporting staff in their knowledge development about trans issues in later life, including trans histories, and developing the legal literacy that is needed to provide good support for trans people seeking to transition socially and/ or medically. Health and social care professionals can be called upon to advocate for older trans people; this is even more fundamental for supporting individuals experiencing declines in cognition and living with dementia. As reiterated throughout this book, trans inclusive practice rests on a shared value base of upholding the autonomy and dignity of older trans people, adopting a person-led approach, and practicing from an anti-ageist and anti-cisnormative value base.

### **Final activity - So what next...?**

After having read this book...

- What questions do you still have? Where might you seek out further information and guidance?
- Identify three things you will do differently in a) your practice and b) as a service to promote a trans **inclusive, affirmative approach** to your work with older people.

How will you know you have achieved these things? What will be different in your practice and in your service?

- Who else in your team/ service may find it useful to read this book and engage with the learning activities?

## References

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