Written evidence submitted by Dr Robin A Hadley [ROP0015]

Submission: ***The excluded: people ageing without children or family.***

Contributor

I am a married, White-British, working-class, circumstantially childless older man (aged 63) with a congenital hearing disability. After leaving school with few qualifications, I gained my PhD in social gerontology (Keele, 2015) and specialise in ageing and childlessness. I am Associate Lecturer (sessional) at Manchester Metropolitan University and founder member of 'Ageing Without Children' campaign group.

Summary

People who are ageing without children (AWoC) and/or family (AWoF) are labelled a 'non-category' by institutions and academia. Consequently, they are excluded from policy and practice. Yet, it is estimated that there are at least one million people aged 65 and without an adult child to support them in the UK (1) and that population set to increase to over two million by 2030 (2). AwoC/F are excluded, stigmatised, and discriminated against as a group and individuals. This piece makes the case for recognising this significant sub-population and for fundamental change at all levels of policy and practice.

Background

My reason for submitting regards an invisible but significant minority population in the UK: people who are ageing without children (AWoC) and/or family (AWoF). This significant minority cuts across all population social stratifications and categories. The AwoC/F population comprises a wide range of people from those who are childless by circumstance (economics is a major but under reported influence, infertility, partner choice etc.), the chosen childless and parents who are functionally childless through geographical distance, bereavement, estrangement, pregnancy loss, and stillbirth (3, 4).

I am arguing for the right of AWoC/F to be recognised as a category. AwoC/F people are absent from policy and practice and mostly ignored by institutional stakeholders, policymakers, and academic establishments. This is largely down to the childless being viewed as a 'non-category': 'if you are not counted you do not count' (5). The same principle applies to those ageing without children although it can be added that 'if the people who do the counting won't count you, you are doubly discounted.' What does this say about the people in power who decide who does and who doesn't 'count'? (6-8)). Consequently, their data is not routinely recorded in reports, surveys or other statistical data-collection events (9: p.244).

The social health and care system in the UK is almost completely reliant on family members to perform the bulk of adult informal care. As stated in the 2022 House of Lords Committee on Adult Social Care report (10), '"Gloriously ordinary life'': spotlight on adult social care', it is frequently the adult childless who are viewed as available to care for their older parents

and/or other family members. It is estimated that currently there are at least one million people aged 65 and without an adult child to support them in the UK (1) with that population set to increase to over two million (2). Importantly, AwoC people tend to have smaller social networks than equivalent parents. Consequently, their social network does not have capacity to provide informal care. When it comes to health, research shows that AwoC/F people are not a disadvantage when their health is good but when they become frail, ill, or lose their independence they access formal care at younger ages, for lesser issues and remain in care longer than equivalent people with family (11, 12). Consequently, AwoC/F people are much more likely to experience a 'care gap.' As older men tend to have smaller social networks, do not access health settings and more are likely to be estranged from family than women, they are at greater risk (3).

I will signpost how AwoC/F intersect with the Committee's identified areas of interest.

Digital exclusion

The older childless are seen as vulnerable 'a group at risk of social isolation, loneliness, depression, ill health, and increased mortality' compared to the 'social support, health and well-being' formed by the intergenerational parent-child family alliance (13 p. 1288). Children are a bridge to a wide range of informal and formal social communities. This is evident in familial intergenerational support in setting up, maintaining and problem solving between older parents and adult children and grandchildren (14). What happens to those who do not have familial support?

Digital exclusion through poor provision and connectivity is very important - especially when it comes virtual nursing and care. Although heavily associated to those living in rural areas, this critical infrastructure can be poor in city centres and areas within conurbations. Manchester Metropolitan University (15) research on wearable and mobile technologies to support independent living findings included:

- wearable and mobile technologies which can support people to be more independent in the community, but the technologies need to be: introduced early; affordable and be more easily supported by family and professional care givers as appropriate.
- support for people who do not have a local or remote family carer who can support the use of new technologies needs to be considered.
- safeguarding – which needs to take a holistic approach and include more traditional and 'paper based' safeguarding systems (such as the Herbert protocol).
- emerging and new technologies, which are developing constantly but a national approach is still missing.
- support for family/other carers who are key to the support of mobile and wearable technologies.
- education, information, and support for people living with dementia (and other older people) and their carers to use new technologies; even when delivered via familiar technologies this can be challenging and needs support and time.

Healthcare professional in the study highlighted issues with tele-health and tracking technology (15 p.20) (original anonymisation):

'You've got to be really careful with technology - that it's a false sense of security.' (D-MS)

'I think there's a danger of relying on machines they're like a safety net, if people have, I don't know, a wander mat or something it's like mum and dad will be okay because it's the wander mat, it's like okay well that's not going to stop them climbing out of a window.' (E-MF).

'I wonder if it could become almost like addictive though in a less than positive way for relatives. You know that they are, your mum has dementia, you're concerned about her, you know she's gone out with her thing on and you're checking, you're checking again and you're continually checking. It becomes an addictive behaviour which actually could be quite restricting for the relatives, the relative's health.' (E-MF).

Vulnerability to the changing market of health and social through policy change was spotlighted:

'I know that there have been tele-care systems, tele-health systems that have been put in and people, it was free at first when they had the government pump priming money and now people have to pay or they can only get it for so long and then they have to pay and I think that is why because then you're given something and then taking it away because they cannot afford to pay. So, you know I would like to see an equality in terms of provision. So, it's not just people who can afford to pay that are able to get these things, quite often those that have the money have more ability to use other sources of support and that whereas people that are most vulnerable are often the ones that don't have the money.' (E-MF).

There is also another ethical issue:

'…technically if someone didn't know they were being tracked then that would constitute intrusive surveillance.' (Police Officer).

Championing older people's rights

Are older people's needs and rights given adequate consideration in Government policymaking? If not, what steps should be taken and what relevant national and international examples of best practice exist?

The impact of the demographic change of falling fertility rates and increased life expectancy is widely acknowledged (16). Regarding people who are AwoC/F, at present in the UK there is a significant gap in the population data which public bodies base current and future policy. The absence of the childless in policy and practice related to health and social care for older people is a significant issue. This is largely down to the childless being viewed as a 'non-category' with the result that their data is not routinely recorded in reports, surveys or other statistical data-collection events (9: p.244). It is important that this 'non-category' is recognised - the failure of parity in the collection of accurate data has serious implications for all citizens in terms of provision of health and care services. The Office for National Statistics (17, 18) report on the predicted tripling in the number of older childless women by

2045 warned of the impact that would have on health and care services. There was no equivalent data for men and no warning on the consequences of an increase in that demographic. Evidence included in both recent House of Lords committee reports examining respectively, Covid-19 and Health and Adult Social Care in relation to AwoC, AWoF and the invisibility of older men, can be found here https://bit.ly/2Pqra6G and here https://bit.ly/3DnsgpZ.

The small costs of addressing this massive gap in the data by collecting father's fertility history at birth registration are outweighed by the benefits for public service planning and for individuals to maintain a high standard of independent living. Moreover, it will prevent the accusation that the ONS discriminates against women by only collecting data on their fertility history at the registration of a birth and therefore reinforcing gender stereotypes. Similarly, the ONS could be accused of discriminating against men by not collecting their fertility history at the registration of a birth. Planning future services and funding on data that excludes 49 per cent of the population is fundamentally flawed and has grave risks for both institutions and individuals (6, 8).

There is an urgent need for a deeper understanding of the experiences of the increasing numbers of the unacknowledged population of AWoC/F people, especially men. Much more research is needed – because academic research funding is metric driven, and as AwoC/F people are not a recognised 'category' therefore there is little motivation to, kudos in or funding for, studying them – to understand the factors that influence their health and wellbeing needs in later life and nature of support networks. It is so important to know more about this significant sub-population and for them to gain true recognition so that social and healthcare policy and practice is better informed.

Case study

The following has been anonymised but is an example of the issues faced by AwoC/F people.

Liz (pseudonym) is a solo-living 70+ year old, retired health professional, who lives in London. Liz has a degenerative eye condition that requires four separate surgeries – twice for each eye. After surgery she has been told to lie flat for 48 hours to ensure the new lens stays in place. This is impossible without someone to help with preparing food and personal care. The top-rated specialist hospital only has emergency beds and cannot accommodate her. She has no option but to go home – a minimum £50 taxi journey each way.

Intersectionality

How does "intersectionality", for example sex, sexual orientation, ethnicity and disability status alongside age, impact older people and require distinct policy responses?

As I argued in my blog (8), 'In the Western world, childlessness affects one in four men and one in five women. Although precarity in ageing is increasingly recognised in academia, people ageing without children are not acknowledged as a group and dismissed as a 'non-category' (9, 19). This means they are in danger of being invisible to academia, policymakers, and other institutional stakeholders. 'If you are not counted, you don't count' has become a mainstream saying: few acknowledge that it was written by Horace Sheffield

(5) to encourage the African American electorate to vote. More recently, lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA) campaigners in America highlighted the importance of completing the census because of the link to state funding of food, health and housing support (20). The LGBTQIA community have high rates of accommodation precarity, homelessness and poverty (20) and more likely to be childless – especially gay men (4). Taken in hand with a couple of popular management mantra's, 'If you can't measure it, you can't manage it' and 'What gets measured gets managed' (21) highlights the importance of being 'counted.' This leads to the question who gets counted? When it comes to measuring groups who decides who is included and who is excluded? Who is structurally excluded and/or made invisible? Does this matter? One such group is those ageing without children and/or family.

The issue for those ageing without children/family is if they require support, they do not have the safety net of family. Consequently, many of those ageing without children/family are concerned on who will care for them when they need support (1, 6, 11, 12, 19).

Apprehensions include:

Financial implications: you may not have anyone to help you access support and you may need to rely on your own financial resources.

Social support: you may become more reliant on others for emotional and physical support. Consequently, the size and dynamics of your familial and social network may become critical to your quality of life. You may need to draw on paid carers and/or rely on institutional services.

Health and Care: paucity of support may mean you do not access health and/or care services (or those services do not connect with you). For example, if you are admitted into hospital/care you may have concerns about pets and property.

Death: you may be worried about your funeral arrangements and if your wishes will be carried out (23).

Legacy: your family name may end and heirlooms, family stories and traditions are not passed on.'

Case study

A guest blog on 'oneleggedwomanspeaks' by 'Rattlecans' (24) describes the situation of an olde, solo living man in Glasgow. For reasons of space only extracts of the blog are presented here:

''There's a wee auld man lives a couple a mile up the road fae me. Never been married. Kept himsel tae himsel. A neat and tidy wee soul, the kinda guy you'd no notice in the street… Ye don't notice him. He disnae matter. He never did. A wee guy gaun through life on his tod…. When it's redundancy time, he's nae weans, he's telt, so, he'll no miss the wage and the boss disnae feel bad aboot letting him go intae unemployment. It's fine…. Wi nae overtime and nae secure job, that means he's nae savings and never hid a mortgage.

He got new neighbours in a few year back… He keeps himsel tae himsel. Quiet wee soul. Wisnae long tae the weans fae this wan new family a neighbours were following him whenever he went oot his front door… He took tae gaun oot fur his milk and bread at 6 in the morning while the weans were no aboot. Avoided them as much as he could… And still they followed him. Tormented him. Frightened him witless… As time went on, he got mair feart. And mair feart. Single guy himsel. Nae weans. Getting aulder. Mud sticks. He couldnae sleep fur the worrying about that mud… He lived in constant fear. Constant terror.

the impact on his mental and physical health…getting on in years… He got in his wee auld banger and drove away, leaving everything he owned behind. He spent months living in his wee banger, parking it up at night in supermarket carparks so he could sleep somewhere he thought he'd be safe…

Scotland that wonderful country that cares for people, but no fur the likes a him, telt him he'd no get any help wi housing cos he'd voluntarily made himself homeless…. He wis rescued by a lawyer. A welfare rights lawyer found him, in his wee rust bucket in a car park. That lawyer knew a private landlord who would make sure he had a roof o'er his heid…. only two folk were willing tae look at the wee man and see a human in desperate need of his Human Rights; his Human Rights to Housing. Finally, the wee soul got a roof o'er his heid. In a safe quiet street, in a community where naebody would bother him any mair.

He started tae feel no well… GP ordered tests. Consultants called him in. He got wan a the letters ye get that said "Bring somebody with you." But he couldnae. Cos he didnae hiv anybody tae take wi him. So, like everything he'd done in his life, he went himsel.

He got his surgery, in a hospital. Like ye'd expect. Nae visitors. Nae next a kin, ye see. And discharged as soon as possible. Like ye'd expect. Naebody there tae collect him. Naebody tae cairry his wee hospital bag fur him oot the door… No as if he's any weans, is it? He got hame, somehow.

Naebody came tae ask if he needed any messages. Naebody came tae see if mibbes he'd want a wee haun wi cooking dinner, full the freezer wi tubs a veggie soup. Naebody came tae check he wis OK. Naebody came tae fit up the flat wi the things he'd mibbes need; grab rails fur gettin in and oot the bath, things like that. Naebody came tae change the bed, gie the place a wee tidying up if it wis needed.

And how dae I know about this wee man and whit's happening? Annual gas safety check. Somebody had tae be let intae his hoose tae dae the check…'

Stereotyping and discrimination

How prevalent is ageist stereotyping and discrimination; what forms does it take; in what areas is it most common; what its impact is on older people; and how can it best be challenged?

The negative portrayal of older people has long been established. Both older women and men are subject to 'a large range of deleterious stereotypes (for example, the labels of crones, hags and witches) have been applied to many lesbian and heteronormative older women for not attaining motherhood or grandmotherhood (Westwood 2016a, 2016b)… many older men have been subject to sexualised stereotyping ('dirty old men')…'reduced to genderless status and generalized as old' (Thompson 1994; Spector-Mersel 2006; Nilsson, Hagberg and Grassman 2013). Walz (2002: 100) has suggested that older people are not

presented as attractive, with older men frequently viewed as sexually driven, but also sexually inappropriate and/or sexually impotent.' This stereotyping is particularly applied to lone older men and all the men in my study (and many others I have spoken too, including fathers) fear of being viewed a paedophile; the widowers and single men expressed this most strongly (12).

AWOC/F people face several forms of discrimination and stigmatisation (4): 'In the majority of societies, biological parenthood provides the surest way to a positively valued social identity… All the main religions promote the childbearing ideal as a 'blessing' and not conceiving as 'barrenness.' Moreover, the 'childless' are socially disenfranchised through the absence of any positive cultural narratives recognising their status. Indeed, people ageing without children are mis/recognised almost to the point of invisibility because childlessness counters the structurally embedded pronatalist and heterosexist normative. In older age, the statuses of parenthood and grandparenthood can mitigate some of the negative stereotyping associated with ageism (Calasanti and Slevin, 2013), with grandparenthood in particular being a positive status identity for older people (Timonen and Arber, 2012; Tarrant 2012) … Childless older people not only do not benefit from the 'protective' identity of grandparenthood but may also be 'Othered' by their childlessness.'

Labour market access

Research has shown that childless middle age and older adults may provide more upward intergenerational support (i.e., to people older than themselves) - in the form of financial, practical, and emotional transfers - than middle age and older parents. This was echoed in my own research (4). George (60) and his wife were seen as 'available-to-care' for her ageing parents, "We are supporting my wife's family [parents] now. We're the main support and we don't have children… [my wife's] brothers, have children" (9 p.184) . However, government and employers' policy surrounding leave to care for others other than biological kin and partners does not apply the rights.

What more needs to be done to support older people who want to stay in work longer?

Undoubtably, it is harder for older workers to re-enter the workforce. One element of this is the view that older people are willing and able to work for free: volunteer fodder. Nonetheless, the development of the gig economy also influences the older workforce. This population may be more interested in part-time or flexible working but with job security. My personal experience may be of some relevance here, after graduating with PhD in late 2015 aged 55, I have held 13 short term contracts in academia. In the past three years I have had 3 posts of 4 months each. I have applied for several lectureships and have not even been selected for interview despite excellent references and publication record.

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