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DR ROBIN HADLEY – WRITTEN EVIDENCE (ASC0002)

Submission title: The invisible older men

1)Contributor’s background: I am a married, mediated childless older man (aged 62) with a congenital hearing disability. My reason for submitting is my concern regarding future health and care policy and practice for older people who are ageing without children childless (AWoC) or family (AWoF). Both these groups are invisible in current datasets and yet form a significant minority of the general and other populations, for example LGBTIQQ people.

2)The concern: My submission is based on a specific findings from my doctoral study on male involuntary childlessness^[1]: the failure to collect the father’s fertility history at birth registration (as a mother’s is) and its impact on current and future health and social care policy and practice. In 2020 the Office for National Statistics (ONS)^[2] published a report on the predicted tripling in the number of older childless women by 2045.

3)Background: The global demographic change of increased life expectancy and falling fertility rates has been internationally accepted^[3, 4]. This demographic change has highly significant implications for individuals and institutions alike: in the United Kingdom (UK) those needing care are estimated to grow by 90 per cent^[5] while carer numbers are predicted to rise by only 27 percent^[6, 7] (approximately) by 2041. During the same period public expenditure on social care in the UK is projected to rise by 329 per cent^[5]. Likewise, projections indicate that by 2030 there will be over two million people aged sixty-five and over without an adult child to support them if needed^[8, 9]. As the ONS⁽²⁾ report empathises, the care of older people in later life is heavily dependent on family -typically adult children^[1, 10-12] - who typically undertake informal

care with an 'oldest old' relative^[13]. Notably, childless adults are viewed as 'available to care'^(7, 9), being 20–40 per cent more likely to be a carer than adults with families^[14]. In many countries single childless adults have an increased likelihood of spending the last years in formal care and form a disproportionately high population in residential care facilities^[15, 16]. It is the case of those AWoC and/or AWoF do not have the safety net of family. Accordingly, they are liable to enter formal health or care for lesser issues, earlier and remain in longer than corresponding people with family. There is a need for increased attention to be paid of men who are AWoC and/or AWoF because men tend to have smaller social networks, tend not access health settings and more are likely to be estranged from family than women^(6 - 9).

4) Evidence of absence: In 2020 the Office for National Statistics (ONS)^[2] published 'Living longer: implications of childlessness among tomorrow's older population.' The ONS argued that by 2045 there would be a projected tripling of childless older women aged eighty-five and over with concomitant '*Increased levels of childlessness among older people in the future are likely to increase demand for formal care*'. The ONS draw on birth registration data post-World War 1, post-World War 2 and in the 1960s which only recorded the mother's fertility history. Regarding men they note, '*Data on number of children is not available for men using birth registration data.*' The data they used for men are not at all comparable as they drawn from extremely limited survey data. Consequently, there are no figures or projections for the number of childless men for 2045. Erroneously, the ONS claim '*levels of childlessness among men in the large post-World War 2 (WW2) and 1960s cohorts ... are similar to those for women in these cohorts.*' This claim ignores the evidence that childlessness affects one in four men (25 per cent) and one in five women (20 per cent) in the Western world^[17]. Similarly, in 2015 a British cohort study reported that at age 42, 25.4 per cent of men and 19 per cent of women had no biological children of their own^[18].

5) Summary: As a consequence of this absence of data on 49 percent of the population, estimates for the cost and provision of health and care practice and policy are seriously undermined. Importantly, the ONS report highlights the implications for the supply of health and care services for all ages but specifically for older people. Since men's details is excluded from the data services are based on the impact of childlessness on this population's behaviour, health and social status cannot be accounted for. It is imperative that relevant government institutions immediately include parity in the collection of parents fertility history at birth registration to avoid avoidable future pressure on services.

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