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The Reflective Call of Carers Ageing without Children and/or Family: 'Who will be there for me when I need it?

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In the mid-1980s my father aged 60 died at home of kidney failure – in no small part due to having spent the majority of his working life working nightshift in the newspaper printing industry. In the latter stages of his illness my mother, younger sister, brother Alex* and myself were the main carers. While in the mid- 90s my mother died aged 72 of peritonitis following hospitalisation following a series of strokes. Before hospitalisation, Alex and I were the main carers being available to 'live-in' with her in our childhood home. In the past decade two of my older siblings have died of different forms of cancer. Alex* was eight years older than me and like me, was a mediated childless man (1) and died aged 63 in 2015. Isabella*, mother of two daughters and grandmother to four children, 10 years older than me, died aged 70 in 2020. Both my siblings were solo living although Isabella had regular contact with her adult children and grandchildren. In both cases we siblings rallied round to support our brother and sister. The decisions around who would be the main carers was pragmatic. In Alex's case, my older brother Ken and I were geographically closest, had access to cars and were available to care: I was mainly working from home on my PhD (2) and Ken (father and grandfather), had just retired. As Alex's illness progressed other members of the family stepped in to give us some respite. At the very end stage the two sisters who lived furthest away were able to be involved in his care. The support for Isabella was different. Again, as Ken and I again were geographically closest, had transport and were available, we were the main sibling support. During the early stages of Isabella's treatment we supported her daughters work and family commitments by transporting Isabella to and from treatment, helping around the house etc. In the later stages of her illness, Isabella's daughters became the main carers and our role changed to one of supporting them. For example, by sitting with Isabella to enable either or both daughters to deal with health and care providers, work and/or familial duties. Both Alex and Isabella died in their respective homes with their family at their side. The role of carer that both Ken and I undertook is not unusual with men being at least 42 per cent of carers. Research shows that adult sons provide substantial help in accessing health and care services as well as emotional and financial support (3).

The stories of my brother and sister's end of life journeys highlights the importance of adult children and familial support in the care of older people. Indeed, 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 (4) “‘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.

Many of those ageing without children/family reflect on who will care for them when they need support (1, 5, 6). For example, when I talked (2: 205) to solo-living Michael* (aged 63) he talked about his concerns and anxiety regarding ill health in later life, ‘My Swiss, single, [childless], gay friend said to me, “Who’s gonna take us to the hospital? Who’s gonna push us? When we fall on the floor, who’s gonna pick us up?” ... I’m aware of that.’ In his book ‘The Pater: My Father, My Judaism, My Childlessness’ Elliot Jager (7) describes the complexities of being a childless man in a strongly pro-family pronatalist context of contemporary Judaism. He asks, ‘What happens if you die without a ‘kaddish’ l’ (the duty of a son to ‘recite the ‘Kaddish’l’ prayer for the dead – linking God, eternity and children’ (7: 92). Similarly, when I spoke to Russell* (aged 55) he observed, ‘my own demise is becoming more real. More importantly, the very few people that are significant others to me are very close now to their demise and that makes me extremely anxious. I’m also grieving that, just as I won’t have the paternal role, I won’t have the grandfather role either’ (1:87).

The issue for childless older people is that while their health is good, they have no disadvantage. However, if and when their health declines and they require support, informal support also reduces and they do not have the safety net of family. Consequently, they are much more likely to experience a ‘care gap’ where they enter formal care earlier, for lesser issues and remain in care longer than equivalent people with family. 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 (8).

Although precarity in ageing has recently become a popular trope in gerontology and sociology, those ageing without children are excluded because they are not counted and dismissed as a ‘non-category.’ This means they are in danger of being invisible to academia, policymakers and other institutional stakeholders. This despite that in their report, the House of Lords Committee on Adult Social Care (4: 38) recommended:

The Government should implement mechanisms to collect more accurate data on the number of people ageing without children, including men who do not have children, people who are estranged from their children, or people whose children have pre-deceased them.

Further research is required to understand the prospects of people ageing without children. The Government should work with charities, civil society and academics to understand how their needs can better be met.

To encourage the African American electorate to vote, Horace Sheffield (9) wrote in the Michigan Chronicle, ‘If you are not counted you do not count.’ 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'?

*Pseudonyms.

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For those who cannot access the papers behind publishers’ paywalls pre-publication drafts are available via the [Manchester Metropolitan University Research Repository](#):

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