



The impact of Covid-19 on people ageing without children: experiences of the AWOC York Group

Introduction

There are currently over 1 million people over 65 in the UK who have never been parents, this will rise to 2 million by 2030. 4 million people over the age of 50 are not parents.

It is clear from the data already published from current national surveys about the impact of Covid-19 in the UK that pandemics do not affect all social groups and communities equally and that the spread of the virus and the response to it has further magnified deep-rooted inequalities in relation to the health and care needs of the most vulnerable and often least visible. The essential role of adult social care which has always been marginalised and underfunded in comparison to health care has received much more attention.

In 2016 **Ageing Without Children** published [Our Voices](#), looking at the experiences of people ageing without children and the factors which contribute to the invisibility of this growing demographic in society and in debates around ageing and social policy.

In our definition people ageing without children includes not only those who have never had children or whose children have died, but also people whose children may be estranged, have particular care needs of their own or live at great distance and are unable to offer support.

A recent report [In Focus](#) (based on 2019 research) published by **Independent Age** recognises people ageing without children as one of the subgroups of older people in society whose voices are less heard and who are more likely to have unmet needs as they age.

Despite the media stories and wide-ranging coverage of older people during the pandemic the experiences of those who identify as AWOC, and have no adult children or family support to rely upon have not been represented. Much of the coverage has viewed the experiences of older people at risk of Covid-19 through the lens of family for example, grandparents not able to hug their grandchildren or the restrictions on people visiting their parents in hospitals and care homes.

Perhaps one impact of the pandemic is that some older people who usually rely on family support are experiencing challenges under lockdown which many ageing without children experience on a daily basis.

In this context we undertook a small unfunded qualitative study of members of the AWOC York Group to find out more about how Covid-19 has impacted on them. We want to use our findings to raise awareness and highlight the need for better understanding of people ageing without children, to stimulate funded research in this area and contribute to the change we want to see in the new post-Covid-19 social care landscape.

Thanks to Sue Lister and Ann Murray and all members of AWOC York who contributed their Covid-19 pandemic experiences and agreed to be quoted in this report.

1. Ageing Without Children (AWOC) York Group

AWOC York was set up in January 2016 by York-based partners, Sue Lister and Ann Murray, inspired by a meeting in Leeds with the founder of Ageing Without Children, [Kirsty Woodard](#).

The group which has 170 people on its mailing list meets monthly in the centre of York in an accessible private room in a pub. Meetings are held alternately on afternoons or early evenings with the option of meeting for lunch beforehand or dinner afterwards. Attendance at meetings varies but with a monthly average of around 12 people attending each one.

Meetings feature an external speaker from a local charity or organisation providing services for and working with older people in the city. Topics discussed over the past year include legal and financial issues in planning for later life, advance decisions, housing options, use of public transport, help at home, mental health and personal wellbeing. Meeting notes with links to helpful resources are sent to all on the mailing list either by email or post.

Since March when the lockdown was imposed some members of the group have been meeting remotely each week using Zoom, and Sue and Ann have also been communicating with those offline with regular phone calls. The monthly newsletter continues to be sent out.

In May the Group also launched its own [website](#).

AWOC York is entirely unfunded other than small donations made by members but it is well-integrated into the York community and voluntary sector network of organisations. It welcomes anyone who does not have children or whose children are unable to support them.

2. Covid-19 impact and experiences survey

To better understand the current situation and implications on AWOC individuals a short Survey Monkey questionnaire was sent to everyone on the AWOC York mailing list in mid-May with print copies mailed to those not online. Some additional material has been included in this report from an ongoing Experiences Record of AWOC pandemic views submitted by members and collated by Sue Lister for York Archives.

The 25 responses to the survey and extracts from the Experiences Record represent a small snapshot of life in York and its surrounds as experienced by people ageing without children over the past three months.

Survey questions focused on:

- practical challenges - shopping for food, accessing medication, information seeking
- specific feelings engendered by the pandemic relating to loneliness, anxiety or isolation
- the personal coping strategies and activities which members have found helpful
- thoughts about the Covid-19 crisis in residential care

3. Profile

Respondents were asked to supply any personal details they felt to be relevant and many provided additional background information which highlights the diversity of their experience as people who identify as AWOC. The group includes the childless and childfree, those whose adult children have severe disabilities and those who have family living far away, people living alone, those living with and caring for partners, widows and widowers, those who are currently active and in good health, people with disabilities and health issues, people who are shielding. Most are retired but a small number are still working. The majority of respondents were women and the average age was 72 years.

- **Age:** Youngest respondent 45, oldest, 85. **Average age** of respondents: 72
- **Gender:** Female: 19 Male: 6
- **Sexuality:** 4 respondents identified as LGBT
- **Ethnicity:** White British: 24 BAME: 1

13 people live alone, 10 live with a partner/spouse, 1 with a friend and friend's family and 1 in temporary accommodation.

3 people are working but most are retired (derived from additional comments as no direct question asked about employment)

Although a specific question was not asked about current state of health, around a third of those responding mentioned physical and/or mental health issues or specific disabilities in their supplementary comments.

Three respondents stated that they are carers for another person who is currently shielding and two mentioned shielding themselves.

Several identified themselves as currently being/keeping fit, engaging in particular activities to maintain this including walking, cycling, exercising and eating a healthy diet.

(My) ***“aim is to get through this period and stay well!”***

4. Practical issues

4.1 Accessing food and medicine

The greatest practical difficulties during lockdown relate to shopping for food and arranging food deliveries (37% in each case).

In this respect not being online for food deliveries, being online but unable to get delivery slots (and not for some weeks ahead), concerns about too many people and some people not adhering to social distancing in local shops, and having to stand for long periods in queues outside shops were mentioned as practical challenges. One person who wanted to go out for shopping said that the closure of public toilets in York meant that she could not risk doing so because her health issues meant she needed frequent access.

Banking when not online and access to regular cash to pay for deliveries were also mentioned as practical difficulties when making purchases and arranging deliveries.

Several respondents state that they are disabled and housebound, reliant on neighbours, friends, the church or voluntary groups to help with food and medicine supplies.

“I think it brings it home to you about not having children when so many people are dependent on them at present to bring in groceries etc...”

“I can’t leave my house as am shielding so food and medicine access is most difficult”

“My online grocery order is the highlight of my life as I get to talk briefly with the deliverer”.

Accessing medication, picking up pharmacy prescriptions presented a difficulty for 22% of those responding

However, in contrast some stated that they had not experienced any practical challenges since the lockdown started and were continuing to be self-sufficient and not in need of external help.

(I am) ***“completely self-sufficient as regards shopping, care and all activities of daily living.”***

“I have experienced no difficulties at all, I am fiercely independent”

(I) ***“have managed by myself”***

Some are active in their local community helping others by shopping for them and regularly checking in

“I do food shopping once a week for 3 people as well as us”

“I am hoping to volunteer for “the cause”, not particularly at risk and plenty of energy to help others.”

“My neighbour down the road has taken to posting me letters with requests for shopping and chores that I am happy to fulfil for her”

4.2 Health and care

Some respondents reported non-Covid-19 health issues during the pandemic (the most serious incident was a suspected heart attack), or are in the middle of ongoing medical treatment (cancer mentioned by several) which has been postponed.

“I have been going through various hospital appointments and a hospital procedure alone without any company and emotional support.”

There are concerns expressed about the risks of attending hospital for appointments or having to use A & E, and the risks relating to use of public transport or taxis. One person with no access to private transport contacted a local charity to arrange a lift to a regular hospital appointment but the service arranged was subsequently withdrawn.

Closure of private massage and therapy services was cited as a health challenge by someone who uses these to self-manage a long-term condition.

Lack of access to dentists, having to self-medicate for toothache and for one person, removal of a tooth at home were mentioned. Two people who live alone had minor accidents at home and sought help from neighbours.

4.3 Finding out how to get help if you need it

Being able to access relevant, appropriate information at the right time has been particularly important during the pandemic. We know that for older people without family support and particularly those who are not online, researching and accessing information can be challenging and advocacy and information services targeted at an older audience are invaluable.

The AWOC York information monthly updates via email and newsletter were highlighted as very useful and one of the key benefits of being a member of the Group.

“I value the information I receive from AWOC York”

“Ann and Sue are mines of information..”

“I have learned a lot about what services are available, whether I need them or not”

Other useful sources of information included the local council's coronavirus guidance and listings of local businesses providing services (online and print versions).

Local councillors and York City Council's telephone helpline were named as sources of support along with information from other local charities like Age UK York, York Carers Forum, Older People's Advocacy York, York LGBT Forum, York Coronary Care Support Group and York Mind the local hospital, churches and local press. Many also mentioned informal sources such as recommendations from friends and neighbours.

The telephone and “old style” calls (not via smartphone) were mentioned as a key resource for many people – **“a bottom-line essential”**. Regular phone calls to friends and calls from local organisations checking whether assistance was needed feature in many of the responses too – alongside the regular calls and Zoom meetings from AWOC York.

Despite being on the AWOC York mailing list and the wide range of information resources available in York, 11% of survey respondents said they struggled with finding out how to get help if they needed it.

4.4 Digital access

The majority of the survey/Experiences Record respondents are online but not all. The AWOC York Group has always supplied printed copies of newsletters and meeting notes to its members who are not Internet users (around 7% of current membership). Getting online for older people who do not have the benefit of younger family members (or colleagues) helping with the process can be a challenge. Many of the media stories of life under Covid-19 feature adult children and grandchildren connecting, supporting and socialising with older family members through use of iPads, and video calling apps but accessing technological support even if you do have the hardware in place is not so easy for people living alone.

“It is extremely difficult for me to cope during unanticipated sudden lockdown. The almost total reliance on digital technology and online systems for booking appointments, delivery slots, news and visual contact...requires set-up knowledge and problem solving, difficult to arrange if in isolation.”

“everybody is expected to live and survive on a virtual planet without any alternative”

“Very concerned for AWOCs I know who are low tech, not on email and might be feeling very isolated and far from help”

“Using Zoom and Skype where there are no younger people around with computer savvy! A major learning curve causing many hours of frustration”

5. Has Covid-19 and lockdown has made you feel:

5.1 Anxious or worried (58%)

Predominant feeling of respondents is anxiety relating to fears about becoming infected or a person they care for being infected, or developing other health issues whilst locked down and unable to access medical care or social care support

“I am anxious about catching the virus myself and maybe leaving my husband to cope alone. He needs my help because he is not computer literate and I don’t know how he would manage finances.”

“The restrictions may set us back/age us which is a concern...”

“I’m in fear of catching the virus and any of my family catching it”

“Being over 80, the worries caused by the latest Government restraints are high on my list”

5.2 Isolated or lonely (37%)

Some noted that this is not a new feeling for them:

“disabilities have kept me housebound and in solitary confinement for the past four years”

“always feel lonely”

“I’ve lived alone my whole life, with no close relatives”

5.3 Better connected with neighbours (37%)

Many of the national Covid-19 polls and surveys mention a revival of good neighbourliness and a greater sense of community connection as a source of support – this has also been the experience of many of the AWOC York group who report:

“a rekindled community spirit”

“some neighbours are so supportive and communicative”

“trying to help neighbours, doing mutual help etc is helpful to my morale”

I stay connected to friends and neighbours in my community”

Is this type of mutual aid and neighbourly support which has been a feature of the impact of Covid-19 nationally be sustainable post lockdown? It is one of the benefits of being part of an established group like AWOC York where the connections are not based purely on a pandemic crisis response. This may be particularly important when post-pandemic the mutual aid and neighbourliness that has been such a positive feature of the response to it diminishes due to lack of sustainability and perhaps some compassion fatigue sets in.

5.4 Calmer because life is less busy (32%)

A third of members reported a greater sense of calm This seems to resonate with responses elicited by national Covid-19 impact surveys as people welcome time out from a frenetic pace of life, and an opportunity to reset the pace of life and focus on what is meaningful.

5.5 Feel the same as before (16%)

Several respondents in the 70+ age group mentioned not heeding the Government guidance on over-70s staying at home and were continuing to actively engage in permitted activities outside the home (exercising, shopping etc) “...**hope nobody asks my age**”

6. What have you done to cope during lockdown?

Responses focused on specific leisure activities and taking positive approaches to a more restricted daily life.

Cooking, gardening, walking, exercising, TV and radio, online cinema screenings, live streaming of church services, calling friends for chats, volunteering, art work, knitting etc.

For those still working (3 respondents) work was highlighted as important in providing social interaction and a sense of normality “**my workplace closed yesterday and I am bereft without all it provided to me.**”

“It has been lovely to be in contact with colleagues,...it also helped to give a sense of normality.”

The importance of friendships and social connections was emphasised as a coping strategy and way of maintaining wellbeing

“setting daily goals and keeping in touch with friends”

“Continue my daily contact with my partner who lives elsewhere because otherwise I knew complete isolation would have caused me to become mentally ill again”.

Maintaining a routine, the importance of resilience, a positive attitude and for some a lifetime of self-sufficiency has been invaluable in coping with the impact of Covid19

“(I) rely on myself even more”;

“I am generally a positive person and deal with things as they arise”

“it’s very stressful but I just keep going.”

“Here self-help comes into play, keeping calm, positive. Playing to your strengths is helpful”

However, there is an awareness particularly amongst those living alone (the majority of respondents) that a sudden crisis or major life event like bereavement or ill health, can have a greater impact on those with no adult children or family “safety net” to call upon for both practical and emotional support.

7. Residential care

Research ([Wenger, 2009](#)) shows that people ageing without children are more likely to go into residential care.

The survey asked ***How does the coverage around residential care homes at the moment make you feel?***

Several people mentioned their concerns for relatives and friends currently living in care homes, and expressed support for the commitment and dedication of care staff but the overwhelming responses were of anger and fear:

“desperate to avoid having to go into one”,

“we’ve saved for the inevitable but sincerely hope for a reasonable death before we get to that stage,

“makes us more determined to stay in our own home”,

“typical of the contempt older people are held in by government and society at large”,

“scared, worried but helpless”

8. Benefits of membership AWOC York Group

Two thirds of respondents felt being part of a local peer support group like AWOC York was helpful.

The key reasons given related to feeling part of a network of people sharing a common experience and the support and information that was available as a member of the group whether or not that had been utilised so far during the pandemic. Knowing that the group is involved in advocating and campaigning for recognition of the needs of people ageing without family support is also important.

“Feeling part of a community always helps...”

“We’re very aware that we’re far from alone in this matter” (being AWOC)

“Being a member of AWOC made me realise that I am not the only AWOC and there are many people ageing without children in the community”

“Good to have the support of likeminded people”

“It has been of enormous help....no need to struggle alone.”

“Interesting to hear how people are coping in their own situations, be they in an urban situation or like me in a more rural area”

One person mentioned that the Government’s Covid-19 guidance seemed to focus on family units and did not feel inclusive of people living alone

“so much emphasis has been on – you can go for a walk with your household - which is no use whatever if you live alone”

9. Learning from AWOC York Group

“Not everyone has a network of friends and organisations. Not everyone is proactive and able to seek help. Lots of people are falling through the net.”

“Having no siblings or children makes it all harder”

“No close relatives means you’re an island”

“I hope the Covid-19 crisis serves as a wake-up call to provide more services and support”

A lot of the experiences referred to by respondents reflect similar views to those expressed by people in a number of national surveys during this pandemic. For example, the practical challenges of daily life under lockdown, feelings of anxiety and uncertainty, concerns over government responses, gratitude for the role of key workers, reduced confidence in residential care, and appreciation for the support of neighbours and community networks.

However, for people ageing without children it is underpinned by an awareness of how their ability to cope depends their own health and resilience remaining strong and the potential fragility of their support networks. People were keenly aware that for example, neighbours could become overburdened with helping or simply have to return to work and not be able to offer support. Equally while they were able at the moment to go out and get shopping or medicine, if they became ill or experienced a crisis such suddenly life could feel very different.

Most of the people responding to the survey were online but several reported struggling to manage using technology in a new way for example, while they may have been comfortable using email or arranging deliveries, working out how to use video conferencing applications such as Zoom required new skills or hardware that they did not currently have (webcam, smartphone etc).

These findings need to be considered in the wider context of current issues around age and ageing policy and practice in the UK.

People ageing without children are a growing and diverse demographic of older people, who are disadvantaged in a society predicated on a model of family care and the many assumptions often made about childless people.

The members contributing to both the survey and the Experiences Record are likely to be the more engaged and proactive members of the York Group but what about those people who are not part of groups or networks, the most vulnerable and socially isolated older people whose lives remain invisible to their wider community and whose care needs are not recognised ?

Resilience, a positive attitude to later life and an awareness of how being AWOC can exacerbate the recognised challenges of ageing is evident in many of the responses and has served some members well in adjusting to the impact of Covid-19 on daily life. There are useful lessons here in terms of asset-based approaches which recognise and harness the

strengths of individuals and community groups. However, these will only work if the particular challenges facing people ageing without children are understood.

Doing more in-depth research on the benefits of peer support for people ageing without children would be useful in developing the evidence on what works in this respect particularly in relation to preventative approaches and facilitating personal later life planning.

As we move from a Covid-19 emergency response to a recovery phase, the challenges facing charities in the ageing sector are immense and we need to ensure that the voices and experiences of people ageing without children are represented and contribute to the development of new policies and programmes. Embedding awareness of AWOC and the implications of this in the provision of services and support for older people benefits everyone growing older.

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15th June 2020