Ageing without children in rural Lincolnshire: an exploratory study

AGEING WITHOUT CHILDREN
ABOUT THE PROJECT

This briefing draws on findings from the research project: **'Ageing without children in rural Lincolnshire: an exploratory study'.** Conducted over the past six months as a partnership project between YMCA Lincolnshire, TED in East Lindsey Ageing Better Programme and the University of Lincoln, the project explored the experience of older people who were ageing without children and living in rural settings in East Lincolnshire. In-depth interviews were carried out with older men and women who are ageing without children and who responded to calls for participation in the project via TED in East Lindsey and other age friendly networks. For further information about the project and its findings please contact Hayden Bird at the TED in East Lindsey Programme (hayden. bird@lincsymca.co.uk) and Mo Ray at the University of Lincoln (mray@lincoln.ac.uk).

ABOUT THIS BRIEFING

Despite their continuous and growing presence, older people who are ageing without children are 'invisible' in ageing policy and practice. This briefing highlights the diversity of circumstances that led to participants ageing without children and considers its possible impact on their experiences of growing older. A key focus of the study was to explore the experiences and implications of rural living for people who are ageing without children. While many of the challenges the participants experienced are common to a wider older population, we found that people without children experienced distinct challenges which resonates with other research on this topic. Age friendly policy and practice should, we argue, include the voice and experiences of older citizens who are ageing without children.

WHY IS THIS IMPORTANT?

- People who are ageing without children are currently 'invisible' in policy and practice
- The numbers of people who are ageing without children is set to grow. In 2019 the Office of National Statistics suggested that the numbers of women aged 80 and over without children is expected to increase from 23,000 in 2019 to 66,000 by 2045.
- Policy is usually based on the assumption that older people have children who are willing and able to provide support and assistance to their ageing parents.
- Despite growing evidence that ageing without children does not lead to a 'diminished' or 'impoverished' life, ageing without children is still positioned as a risk factor for older women and men.
- Hearing the voice and experiences of people who are ageing without children is important in light of their relative invisibility in policy and practice.

- Research should tease out the challenges or complexities which are distinct to ageing without children as well as highlighting the strengths, capabilities, resilience and resourcefulness that people without children may carry with them into older age.
- To our knowledge, there has been no UK-based research which has explored how living in a rural and rural coastal environment may impact on the experience of ageing without children
- Despite the invisibility of older people ageing without children in policy and practice, there is a growing 'voice' of this diverse group via the national 'AWOC' network which has recently re-launched as a charity www.awwoc.org (info@awoc.org.uk) and local groups (for example, the AWOC network for Lincolnshire supported by the TED in East Lindsey Ageing Better Programme https://tedineastlindsey.co.uk/ (ted@lincsymca.co.uk) and a blog and support network deveopled by a person with lived experience justmeandlilley.co.uk)

PATHWAYS TO AGEING WITHOUT CHILDREN

The 'pathways' to ageing without children are diverse. It is important to highlight that ageing without children includes people who, for example, are separated from them by for example, the death of a child, migration, separation by geographical distance and family conflict – as well as people who have never been a biological parent or acted in a parenting role (for example, adoptive parents).

In this study, there were a number of people who, for different reasons, had made an active choice or decision not to have children. For example, difficult financial circumstances especially in early marriage led to some people avoiding having children which, over time, became a long term choice. Some participants identified concerns about uncontrolled population growth and the need to limit the numbers of children being born. Others said that they were not 'maternal' or 'paternal'. Early trauma, such as, family divorce, childhood abuse, domestic violence and parental mental health problems also influenced decision making for some participants.

'When I met my future husband, we discussed before we got married what we felt we wanted to do and whether to have children and we decided that we did not want children... basically he'd come from a broken marriage and I had parents who were always rowing when I was a teenager and I just thought, well, do you want to bring a child...we thought we're not that bothered, so we didn't.'

For older non-heterosexual men and women, it was considered impossible or not appropriate, at the time, to become a parent. Parenthood was not regarded as a possible option regardless of how much a person may have wanted to become a parent.

'I would have loved to have children but with work it just didn't happen. I think nowadays there are circumstances (for LGBTQ people) that can make becoming a parent achievable but it just wasn't when I was at that age.'

Some participants had planned to have children but were unable to conceive or experienced successive miscarriages. Participants in this group were more likely to reflect on the experience of long term and 'hidden' grief.

'I think there were about six treatments available, and you didn't sort of go on indefinitely. That was in the 70s... I remember the attitude was very unsympathetic, the hospital wasn't arms round you. It was quite brutal in some ways...It is a loss. You have to deal with it because life is hard...when we were younger I dealt with it very well...nights out and all that sort of thing it was probably quite a bonus because there is nobody having to babysit. Perhaps it's a selfish thing now because now I am thinking, well not just now but at this stage in my life, I am thinking how sad really. It is like that because you haven't got anybody'

Participants reported mixed experiences in the extent to which they felt judgement or disapproval in a society which continues to view parenthood as an expected life event. Participants who were involuntarily ageing without children were more likely to say that they felt stigmatised and this was associated with feeling different from their peers who were parents and difficulties coming to terms with not becoming a parent and later, a grandparent.

'I think it made my partner quite bitter and now when he talks she says, well, they're all right because they got children, or they've got backup or support.'

While most participants did not feel judged for being without children, they often reflected feeling sometimes 'at odds' with people who had children. Conversations with friends could often revolve around children and grandchildren leaving them feeling that they did not have much to offer in return. Social time with friends who were grandparents was often restricted by grandparent care

'...my two friends that I have here they've always got the grand kids, they're always babysitting, do you know what I mean? One – she's lovely – but she has loads of grandchildren there's always a grandkid and as much as I like children, I don't want to be sat there doing playdoh all the time when I'm meant to be having coffee with her...'

Some participants commented on feeling isolated in rural communities which can wrongly assume that everyone is in a heterosexual marriage with children. These assumptions may limit opportunities to socialise in places where participants felt easily accepted. This could create feelings of isolation or exclusion.

'...we joke about it...you do feel different. First thing people ask, you meet someone new and it's have you got any children? 'No'...it's almost like a conversation stopper...I always say I've got lots of family and it's quite...it's as though you've failed somehow in life not producing children...you meet people who think you've failed.'

LIVING IN RURAL LINCOLNSHIRE

A minority of participants had lived in Lincolnshire all of their lives. Most had either left Lincolnshire in young adulthood and returned to retire or were retirement migrants. It was clear that most of the participants in this study felt unconstrained by, for example, close family ties in making decisions about where they might retire to:

'I was watching 'Escape to the Country' and they featured Lincolnshire so we decided to have a holiday there and have a look...it snowballed from there.'

A key motivation in the decision to move to the area was the affordability of property

allowing people to purchase desirable homes in rural locations often with large gardens or land. The sale of more valuable properties allowed participants to raise capital to supplement their retirement income. For many people, moving into the Lincolnshire countryside enabled them to realise an important retirement aspiration.

'in (area) we would have needed a million pounds to get an acre of land and that was never going to happen on our salary. It is lovely here. I can't bear all the traffic down South. There are too many people there'

Most people migrated to the County in their 50s and early 60s in good health and preparing for an active and busy retirement. When asked, few participants recalled giving any consideration in their move to the potential future implications of changing health, mobility or developing care and support needs.

As participants started to experience some change in their health and its impact on, for example, managing a large garden, they started to think more about the future suitability of their home, its location, the availability of local resources and sources of informal and formal support. At the time of the study, a significant number of participants were actively contemplating, or had made concrete plans for a future house move. Others had thought about potential adaptations to their home.

SOCIAL CONNECTIONS AND NETWORKS

'Many friends through church and neighbours, we still keep in touch with friends in (town) and I go away a couple of times a year with lifelong friends and we are involved in a lot of local activities.'

Most of the participants in the study were retired and enjoyed well-developed social connections and involvement in a variety of voluntary and citizenship roles as well as membership of social groups and local friends. For some participants their civic and voluntary activities were almost a full time job, but a number of participants said that they had scaled back as they felt their energy levels had reduced as they aged. A small minority continued to be in paid employment.

Participants often had friendships sustained for many years. Given the high number of retirement migrants in the study, family were more likely to live at distance and contact with family was more likely to be sporadic, limited to annual or infrequent visits. It was not uncommon for participants to have only distant relatives with whom they had no or limited contact and a small minority had no surviving family.

'My family are in (original home) and I've got a brother overseas...That's all the family I've got really apart from a cousin...it's not like we are in each other's pockets but they are there if I need anybody but I'm not one for asking for help.'

The pandemic caused the suspension of in person socialising and the closure of many social groups and organisations. Many people felt lonely and isolated during this time and were anxious for face to face events to resume. Feeling lonely was more likely amongst participants who were newer to the area, lived alone, had health difficulties which limited their ability to travel and meet outdoors (when socially distanced contact was permitted) or had few or no surviving relatives or friends with whom they could keep in touch. Close friendships and confidantes, even at

distance, were a lifeline.

'Since the pandemic everything has come to an end...there are no groups or activities and it has been absolutely horrible. I wanted my husband here, I kept on thinking about him. It got quieter and quieter and I miss him very much...I have good friends in the (activity) group and we have been telephoning each other and making sure we are alright and (friend) does the garden for me and any odd jobs.'

HEALTH AND WELLBEING

'When we moved I was reasonably mobile and I have got dogs which require walking. But since moving here, as has happened in the past, I have flare ups of ...severe pain and I really am becoming more and more decrepit shall we say...so I am not walking as much. I am having to walk with a stick now and some days I can hardly drag myself about. It is infuriating...Shopping is a trial now...it is very hard work'

Although most participants were able to carry out their usual daily activities, get out socially and enjoy life, many lived with and managed a range of health difficulties which to some degree or another, impacted on their daily lives and for some, their quality of life. Although usually well managed, health conditions often created symptoms which could be problematic such as, pain, managing specific dietary requirements, the need to reduce or prioritise activities to manage fatigue or pain, struggling with aspects of daily life. Many participants saw their changing health as the 'realities' of getting older and found ways to accommodate to and positively manage the changes. Changing health, even when very manageable triggered thoughts about managing large gardens and properties in

the future. Accessing practical assistance in rural areas was perceived as being difficult to find.

'It has got worse and I can't walk very far without getting breathless. It takes all the breath out of me and once it takes the breath out it affects everything else...I have got a big garden and I want to get there but I can't...The other unfortunate part of living in (village) is that every road leads in from a hill. Where we live you can't walk up to the village without stopping three or four times to get our breath. Whereas when we first moved we used to do a three-mile circuit, easy, no problem.'

PLANNING FOR OLDER AGE

'I think we can put a ramp down and a stair lift if necessary. The stairs aren't much of a problem at the minute. We are awaiting a quote from a plumber to do the bathroom, we have decided that we are going to have a walk in shower put in...so that will be one step won't it?'

In common with many older people regardless of whether they had children, participants invariably had not actively planned for future ageing and the potential for their needs to change.

'I didn't really think about the ageing part... It was mainly cost. This was an unbelievable price and we just jumped on it and you know anything else was an afterthought...It's only then that we heard all the bad stories about the NHS not being good here...you know, one Doctor in the whole area and it's really hard to get through to the surgery, and my wife's a bit worried about it if she needs health care.'

Awareness of the potential and actual challenges grew over time and in response to personal experiences of ageing or witnessing others around them. A number of people commented that if their health changed to the point that they could no longer manage their homes or gardens they would look to employ gardeners and cleaners to help if they could afford it. Others said that they would look to move into a town or village with better and accessible amenities and to a smaller house and garden.

'...we're both now talking about what our next move would be, depending on our abilities would probably be near a town or a small village. We've looked at places of course, somewhere closer where you can actually get to a shop, get to health services. That does worry us being out here...not a lot of access but we'll stay for as long as we can...we'd rather make the move while we can move so we're thinking probably another ten years.'

However, this presented something of a problem for participants who reflected on the challenge of managing a 'big move' without any obvious support to assist with the move. Other people were worried about the financial implications of moving and a number felt that they could not afford to move and would have to 'stay put' regardless of the suitability of their current home. This was particularly acute for people who had limited financial resources and for people living on their own.

'I have thought about it and moving to a bungalow but they are expensive and it's more money so in the end I thought I'm going to stay where I am.'

Some people had made plans if a future house move became necessary. For example, moving to a flat in a local town and pre-identifying suitable schemes. Participants pointed to their perception of a lack of 'age friendly' housing in rural towns and villages and especially housing which recognised diversity in for example, the availability of family to provide practical support. Extra care housing or housing cooperatives were identified as potentially creative solutions not just for people ageing without children but which could meet the housing needs of diverse populations of older people. Moving to housing with support/care on site if needed and with opportunities to make new friendships was especially important for participants who expressed concern about being left alone if they pre-deceased their spouse or partner or for those people who were already living alone.

'I think if I was left alone I would be extremely lonely.'

Participants were anxious about poor transport infrastructure in the region and that a lack of transport could lead to their social exclusion if driving was no longer possible in the future. Participants who were non drivers and who relied on their partners were most worried about being left alone and the implications for getting out and getting around.

'I think my main concern is in the future when we can't drive.There's no bus service. Not a regular bus service. There is the morning bus basically for school children but there is not one back into the village until 4 pm...I know there is Call to Connect but you sometimes think, 'Oh, it's a nice day I would like to go out' and you have to book that in advance. It could be pouring with rain two days later...Not everyone enjoys click and

collect, we like to go and see what we are buying. We can't rely on someone chucking something in a box that we don't necessarily want'

Perceptions of sparse and poorly resourced health provision was also a concern for participants in light of current health needs and/or if their health changed in the future. While this concern is common amongst older people regardless of whether they were ageing without children, an added worry for participants in this study was who they could or would ask to help with practical challenges such as transport to essential appointments, especially if they needed to travel to centrally located hospitals for repeated outpatient appointments or treatments.

Undoubtedly the impact of the pandemic had offered new opportunities in the use of digital technology. While this may serve as a means to an end, many of the participants commented on their experience of increased isolation as a result of living 'on line' and expressed concern about the potential for social exclusion if digital solutions became the dominant mode of living in light of deteriorating health.

Many participants were aware of the challenge of getting care services in rural areas and while few participants had care needs at the time of the interview, it was regularly reflected as a potential future need. While access to care is likely to be of concern to many older people, participants highlighted worries about achieving tasks such as, securing care without support or assistance and at a time when their personal and physical resources may be depleted. For people living alone and without friends or families living close by, managing a crisis or a sudden change in health was a background worry.

Participants were well aware that having children did not inevitably mean that they were available to care for an older parent. But participants often noted the absence of a close person to 'kick ideas around with' for example, when considering housing or care options. The realities of making important future decisions alone was particularly stark for people who were not partnered/married or who had been widowed or separated.

'Realising that as you're getting older and you – your mental capacity starts to go you actually do need an advocate...just being able to stick up for you if you can't do it, not necessarily to care for you, not necessarily to go and live with them...I wouldn't expect kids to be responsible for me but it would be lovely to know that if somebody was there looking out for you as you were getting older and you haven't got that...and that's a big gap you feel as you get older, I feel as I get older.'

Legal and personal affairs could also pose a difficulty for people ageing without children. It is not always easy to ask a distant relative or a friend, for example, to act as a lasting power of attorney for crucial decisions about care and finance or to be named as executor. For people without any relatives, trying to decide how to dispose of their estate after their death could also pose a significant problem or worry. Despite the difficulties, many participants said that they had worked around the problem and had found someone to take on this kind of role. Those participants who could not identify anyone suitable to represent them tended to postpone decision making leaving them potentially vulnerable in the event of them losing decision making capacity or dying

intestate.

At the moment it's my partner, but we're going to have that difficulty in future, who do you put down as your next of kin, it would probably be my sister...people are going to be making those decisions throughout the rest of your life and not wanting to be a burden to them...but you have to put somebody down.'

DEVELOPING AGE FRIENDLY COMMUNITIES TO REFLECT THE DIVERSITY OF AGEING EXPERIENCE

Participants were ask to comment on the priorities which they felt were important in light of their experience of ageing and in particular, to reflect any concerns related to ageing without children. Participants often commented on the paradox that older people were usually the dominant population in rural areas as well as giving considerable support to the life of rural communities yet services and resources did, they felt, little to reflect this reality. Their perceptions are likely to be a combination of the realities of resource limitations and the availability of services combined with not always knowing what kinds of services and resources might be available.

Transport: The need for accessible and affordable transport. People ageing without children may struggle to ask or find people to assist with transport especially if it involved repeated or lengthy journeys. Getting a taxi was problematic and potentially very expensive and going to a train station was not easy. This limited options for people especially if they did not have access to help with transport.

'...the problem round here for people is transport. Could services work together to have some kind of transport system that paid volunteers to take people to places... That's the problem, it's transport.'

Housing: Housing developments which actively involved older citizens in their planning and recognised the diversity of ageing experiences was a priority. Housing with care was identified as an important option for people ageing without children as this could circumvent the need to make difficult decisions about finding and accessing care and crucially, avoid moving to a care home in the absence of other realistic or affordable care alternatives and in the absence of informal support and help. Housing which offered accommodation of different sizes and social space for eating, drinking and socialising were highlighted as important for people who may not have relatives or friends close by. Affordable housing was also identified as an important issue as some people felt that they were effectively trapped in their current properties, regardless of its future suitability, because they could not afford a property in town.

Health and care: The challenges of accessing health and care in rural Lincolnshire was, unsurprisingly, a high priority. Participants were concerned that ageing without children added additional layers of challenge to their potential future health and care needs. Transportation, someone to discuss care options with, practical sources of support to navigate health and care systems and advocacy may all be challenging for participants to access. There was an underlying anxiety for a number of participants associated with the risk of earlier admission to a care home in the event of a partner predeceasing them and having little access to informal care and poor, limited or overly expensive access to

formal/paid care. There was a general acceptance that friends and acquaintances could not and should not generally be relied upon in these situations.

Old age is a diverse experience: Participants wanted to highlight that ageing without children does not mean that they are victims or inevitably disadvantaged. Our research supports other studies which show that people ageing without children often have well-developed and extensive social lives.

Many of the participants used life skills to support civic and voluntary activities which played a role rural communities.

What participants argued for was for age friendly policy and practice to include awareness of people ageing without children and the potential for individual circumstance to lead to specific challenges such as, long-term and unrecognised grief, difficulties associated with accessing care and support without help and the potential in advanced older age for diminished sources of practical assistance and emotional connections.

Citizen participation in the development of age friendly policies, practice and service redesign should seek to maximise diversity in its representation and include older people who are ageing without children.

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