



UK Civil Society Women's Alliance

The impact of the Covid-19 pandemic on older women Briefing note

Executive summary

5 July 2020 (extended in December 2020)

Preface

This note highlights issues faced by older women across the four nations of the United Kingdom during the Covid-19 pandemic, and sets out recommendations on how these should be addressed. It was developed over the last six weeks, a period of rapidly changing circumstances, by the UK Civil Society Women's Alliance (UKCSWA) expert group on older women. The group comprises academics, UK and development NGOs, as well as representatives of civil society. I am grateful to all who contributed to and supported the development of this note.

At the request of Professor Peter Lloyd Sherlock, the note was extended in December 2020 with additional material relating to low- and middle-income countries by Kate Horstead (Age International) – see pages 16 onwards.

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Executive summary

References are listed on page 22

Older people are recognised as one of the groups in the UK to have been significantly affected by the Covid-19 pandemic, not only in the number of deaths following infection, but also by the physical, social and emotional impacts of the specific Government requirements: shielding, physical isolation and social distancing. In addition, the impact on care home residents and staff, reduction in local authority home care services, as well as 'low level' support to informal carers have taken their toll. Increased anxiety and fear led to many refraining from seeking medical advice, potentially resulting in increased health issues.

For many older people globally, Covid-19 has exacerbated pre-existing inequalities, ageism, discrimination, abuse and violence, and has disrupted income security. Older people in developing countries have been recognised by the UN Secretary General Antonia Guterres as being particularly at risk of poverty, discrimination and isolation as a result of the pandemic.

As they have been before the pandemic, older women and men must continue to be seen as a resource for their families, their communities and society. As the UK emerges from lockdown, older women should not be encouraged to remain isolated simply due to their age alone. If they do need to self-isolate, they must receive appropriate support. In addition, they must be consulted in policy and service development at local, regional and national levels.

As the UK develops a new strategy for its contribution to international development, it must recognise that it can only fulfil its commitments to the 2030 Agenda by making explicit its inclusion of older women and men in plans to build back better in the recovery from Covid-19.

Older women's voices must be heard, particularly in relation to the following issues:

Ageism, age discrimination and abuse of human rights These have been evidenced in:

- the government's policy response (for example, inadequate attention to care homes, media stereotyping older people as passive, vulnerable, and consuming too many resources); and
- human rights abuses (for example, the blanket denial of the right to family life being imposed without adequate/nuanced assessment by the requirement not to visit vulnerable relatives in the community or care homes).

Recommendation

- *Policy and practice should be attuned to the diversity of older people. It would be a highly retrograde step if this progress were undone by policy measures that reinforce the view that all people over a certain age share a particular set of characteristics.*

Health, care and carers Reports from government and in the media highlight the drop in citizens seeking medical advice, including older women and men. This will affect those needing immediate treatment (whose condition is likely to be worse by the time they get treatment) and also those caring for them, the majority of whom are women. There are also concerns over the mental wellbeing of older people, particularly those living alone or in households that have been shielding for a long time.

Care The provision, staffing, and funding of care for the most vulnerable in the community were already in crisis before the pandemic exposed the depth and extent of the issues. There are reports that a large number of independent social care providers may go out of business as a result of increased costs, reduced revenues, and widespread staff shortages.

Informal carers The majority of informal carers are older women who face a double whammy. The Coronavirus Act 2020 allows the downgrading of several aspects of the Care Act 2014 if a council applies 'easements' because of staff shortages or rising demand. In addition many carers, especially those caring for older people/partners with dementia, do not identify themselves as carers even after losing vital 'low level' services that kept them going. These include befriending services often provided on a voluntary basis by retired older women now having to socially isolate. Another consideration is that the risk of infection within the general population is likely to increase when restrictions are lifted, further limiting the care available to those in need, with a consequent adverse impact on older women carers.

Recommendations

- *Urgent action is required to address the crisis in social care provision in the areas of resourcing, quality of provision, recruitment, training, and valuing staff.*
- *NHS and Social Care Services should work more closely together so that those who signed up to volunteer for the NHS at the start of the pandemic might be referred on to enhance Social Care Services.*

Violence against older women The UN Secretary General's briefing on older people and Covid-19 includes mention of the increased risk of violence, abuse and neglect during/due to the pandemic. The Wales Commissioner for Older People has issued guidance on protecting and safeguarding older people in Wales, and Women's Aid Northern Ireland reports far fewer referrals from older women during 'lockdown'.

There are no up-to-date UK national, regional or local reported safeguarding data on the situation of elder abuse in the current pandemic. However calls to local services relate mainly to the lack of access to vulnerable older women and men in care homes. There are many concerns about what might be happening to those with restricted access to support or who cannot make contact outside the home due to constant/continuous contact with a violent/abusive person. The phrase 'locked in with an abuser' applies to older as well as younger people; moreover older women face a greater risk of harm from violence and abuse than older men.

Recommendations

- *Ensure that in their guidance and publicity, the government and (all) domestic violence organisations/agencies promote awareness of the risk of older women experiencing domestic/intimate partner violence, stressing that violence and abuse can happen at all ages.*
- *As a protective measure, reconsider powers of entry to care and nursing homes; at a minimum, this could be as an emergency power on a temporary basis.*

Older women in rural areas experience a greater impact of reductions in care services as well as isolation and increased anxiety. Reliance on information technology is no solution because broadband coverage is poor in many areas, and older women and men are least likely to have access to online communication tools and/or the skills to use them. Respondents consulted across Scotland made it clear that they did not want online to be the 'new normal', which might result in increased isolation.

Recommendation

- *Public services must be accessible, available, and affordable – and not solely online.*

Older widows Recently, UN Women reported that “*widows were largely unseen, unsupported and unmeasured in our societies*”. The statement acknowledges the lack of data, and that more must be done to spotlight issues of widows of all ages in the light of the pandemic. Lockdown, social isolation, as well as the loss of a partner and income from the virus create considerable difficulties for older widows, where uncertainty and anxiety are prominent. A report from the ONS highlights another marked change “*Prior to the coronavirus pandemic we consistently saw lower anxiety ratings in those aged 65 years and older, but now we are seeing the highest levels of anxiety amongst this group in lockdown*”.

Insufficient disaggregated data As more than 80% of residents are older women, data need to reflect better the impact of Covid-19 on older women, not only in the residential care and nursing homes, but also on those who are at high risk and shielded in the community.

It is also important to collect data on marital status across all age groups in order to measure the impact of Covid-19 on widows of all ages, particularly with respect to *poverty*.

Recommendation

- *Develop routine processes to disaggregate data by age, sex and other socio-economic indicators including marital status and protected characteristics. In the short term, ensure that such disaggregation includes data on the number of positive Covid-19 cases and deaths in care and nursing homes, as well as excess mortality rates in these settings.*

Age inclusive international cooperation The UK Government's focus on gender, and on women and girls in developing countries, needs to articulate more clearly and specifically how it is taking into account the rights and needs of older women. In the context of Covid-19, the collection, monitoring, and analysis of disaggregated data by sex, age, disability, and location are essential for understanding the risk older women face from the virus the discrimination, violence and abuse that they experience; and the multiple roles that they play in their families, communities and economies that can help countries to develop resilience and contribute to the recovery, post-pandemic.

Recommendations

- *The UK Foreign, Commonwealth and Development Office must make explicit its commitment to older women within its policies and programmes on women's economic empowerment and its broader work on gender equality.*
- *All development stakeholders must include older people in all relevant socio-economic assessments and clearly recognise the impacts of the Covid-19 crisis on the wellbeing of older people, analysed through an age, disability and gender lens.*

Recap of recommendations

- Policy and practice should be attuned to the diversity of older people. It would be a highly retrograde step if this progress was undone by policy measures that reinforce the view that all people over a certain age share a particular set of characteristics.
- Urgent action is required to address the crisis in social care provision in the areas of resourcing, quality of provision, recruitment, training, and valuing staff.
- NHS and Social Care Services should work more closely together so that those who signed up to volunteer for the NHS at the start of the pandemic might be referred on to enhance Social Care Services.
- Ensure that in their guidance and publicity, the government and (all) domestic violence organisations/agencies promote awareness of the risk of older women experiencing domestic/intimate partner violence, stressing that violence and abuse can happen at all ages.
- As a protective measure, reconsider powers of entry to care and nursing homes; at a minimum, this could be as an emergency power on a temporary basis.
- Public services must be accessible, available, and affordable – and not solely online.
- Develop routine processes to disaggregate data by age, sex and other socio-economic indicators including marital status and protected characteristics. In the short term, ensure that such disaggregation includes data on the number of positive Covid-19 cases and deaths in care and nursing homes, as well as excess mortality rates in these settings.
- The UK Foreign, Commonwealth and Development Office must make explicit its commitment to older women within its policies and programmes on women's economic empowerment and its broader work on gender equality.
- Include older people in all relevant socio-economic assessments and clearly recognise the impacts of the Covid-19 crisis on the wellbeing of older people, analysed through an age, disability and gender lens.

The impact of the Covid-19 pandemic on older women

Briefing note

Introduction

General information relating to older women in England from a research report published by Independent Age in April 2020 [1], was not related to the pandemic as such, but provides useful context. The report looked at certain groups of older people as well as a gender perspective. Highlights for women included:

- financial security – 1.9 million older people live in poverty and this is more likely to be the case for single women.
- three out of five older people in the age group 85 and over live alone; in this age group women are twice as likely as men to live alone (They may also form a large proportion of those shielded).
- in the same age group, one in five people use the internet every week. Women are significantly more likely than men never to use or have access to the internet.
- women are more likely to have the role of informal carer.

Age UK's report, published in May 2020, *Covid-19 the impact on the human rights of older people* [2], although not specifically highlighting the issues faced by older women, sets out clear principles to be applied in future decision making in order that older people's human rights are respected and upheld.

Ageism and age discrimination

Ageism and age discrimination have been apparent in both the policy response of government and the press. For example, the government's initial neglect of care homes – residents and care workers; treating all older people over 70 as homogeneous, by using age as the only condition to socially isolate older people and without consultation or recognition of their diversity and co-morbidities.

The press has consistently used images that reduce older people to body parts and represent the negative stereotypes of older people as sad, lonely, neglected, or vulnerable. In addition, the discourse on inter-generational conflict as a result of the pandemic, and pitting generations against each other (views of younger people about older people being a burden etc), contributes to increased levels of stigmatisation, marginalisation, and abuse of older people.

In March 2020, the British Society of Gerontology expressed its objection to the use of age as a key criteria of isolation, pointing out that research on social aspects of ageing is that policy and practice should be attuned to the diversity of older people and that *“it would be a highly retrograde step if this progress was undone by policy*

measures that reinforce the view that all people over a certain age share a particular set of characteristics” [3]. The following day, the President and members of the British Society of Gerontology issued a strong statement challenging discriminating against older people over 70, negative media images, and the fostering of generational conflict [4].

Older women and Covid-19

The UK Women's Budget Group briefing *Easing Lockdown: Potential Problems for Women* [5] highlights the following points for older women:

Increased pressure on health services The NHS has had to cancel or postpone non-urgent treatment in order to increase capacity to deal with Covid-19, with more than two million operations cancelled [6]. This includes treatment for people with life-limiting and life-threatening conditions. Mental health problems are expected to increase as a result of the lockdown. Once the immediate Covid-19 pandemic is over, the backlog of cases will lead to increased waiting lists unless there is significant additional funding. This will affect those needing immediate treatment (whose condition is likely to be worse by the time they get treatment) and also those caring for them, the majority of whom are women.

Ongoing crisis in social care There are reports that a large number of independent social care providers may go out of business as a result of increased costs, reduced revenues, and widespread staff shortages. The BBC has reported that half of the care homes in Wales could close within the year [7]. This will result in an increase in the already high number of people not receiving the care they need, a loss of jobs for care workers, and an increased burden of unpaid care. All of these impacts will disproportionately affect women who are the majority of those needing care and the majority of those providing it, both paid and unpaid [8].

In Northern Ireland, the entire board of the Regulation and Quality Improvement Authority – the statutory body responsible for inspecting social care establishments – resigned on 22 June highlighting concerns that the Northern Ireland Department of Health took decisions without consultation regarding the Authority's role and work during the pandemic. These included decisions to scale back inspections and redeploy senior staff that its Board felt affected the Authority's independence. A review has been ordered into the issue [9].

The Coronavirus Act 2020 allows the downgrading of several aspects of the Care Act 2014 if a council applies 'easements' due to staff shortages or rising demand. In this situation a council will not have to comply with the duty to assess the needs of individuals or their carers. Neither will it be bound by law to provide services to meet assessed needs unless failing to do so would breach the human rights of a service user or carer [10].

Potential consequences of shortages of care and widespread economic hardship

Increased poverty Before the Covid-19 pandemic, women were more likely to experience poverty as they make up the majority of lone parents, **single elderly people**, precarious and low-paid workers and, **those with caring responsibilities** which limit their time for paid work. Job losses and increased unpaid care responsibilities as a result of lack of childcare and social care are likely to increase poverty and dependence on social security benefits, especially for women, **with a resultant impact on pension contributions**. In addition, a predicted increase in the divorce rate will have a negative impact on resources available to women in later life [11].

Legislation in Northern Ireland on age protection for accessing goods and services differs from that elsewhere in the UK, so older people do not have the same protections and the Equality Commission for Northern Ireland has long campaigned for this [12]. A recent investigation by digital publisher, *The Detail*, received no assurances from the Northern Ireland Executive regarding introduction of legislation [13].

Severe health impacts Older people and younger people with impairments and complex health conditions (such as respiratory and diabetes) are the most at risk of severe health impacts if they contract Covid-19. Older women and men and those with impairments may find it harder to self-isolate when they rely on social care including domiciliary or unpaid care. They may be left without vital care services if their carers fall ill or have to self-isolate, or if care services are reduced (due to lack of available staff or restricted services). As hospitals and other health services have to cancel or postpone non-urgent cases, older sick and disabled people will face longer waits for treatment, exacerbating existing health conditions and potentially reducing longevity/increasing premature mortality. There are also concerns over the mental wellbeing of older women and men, particularly those living alone or in households that have been shielding for a long time.

In Northern Ireland, food parcels have been distributed to vulnerable households since March 2020, with over 30,000 boxes distributed by the end of April [14]. It was recently confirmed that distribution will continue over the summer months to those shielding for medical reasons [15]. Women's centres in Northern Ireland have been involved in providing this service, funded by the Department for Communities. However, anecdotal reports highlight concerns that food parcels have not been nutritionally balanced for all recipients. There is also anecdotal evidence that parcels are not used or are being redistributed to others than intended recipients, as households do not feel contents (such as dried pasta, rice and coffee) are suitable for their needs.

Older women carers Local community groups have been formed across the country to provide food and medicine for people unable to leave their homes as they are at high risk or shielded, but as more people return to work the number of volunteers in these groups is likely to fall. Many older and disabled people who normally rely on domiciliary care services to meet their personal or domestic needs have either had to refuse care because of fears about infection or been unable to access care because carers are ill, are themselves vulnerable, or services have been constrained. If

restrictions on other people are lifted, the risk of infection in the general population is likely to increase, further limiting care available to those who need it, with a consequent adverse impact on older women carers.

In April 2020, Carers UK surveyed over 5,000 informal carers and found that 81% of respondents were women, while 54% of respondents were aged 55 or over. Key points emerging included 70% of unpaid carers were providing more care due to Covid-19 outbreak, 35% reported services reduced or closing, and 55% of carers feeling overwhelmed and worried about burnout in the coming weeks/months [16].

Grass roots concerns from Sheffield Carers Centre (SCC) [17] The points in the paragraph above were echoed at a recent Sheffield Carers Centre trustees' meeting:

- The relative lack of attention paid so far by the Government to those long-term carers, a good proportion of whom are older women, supporting others way before Covid-19 was even heard of. Many continue not to identify themselves as carers but have lost vital 'low level' services that were keeping them going, especially those caring for older people/partners with dementia. Those services include befriending services, which are often provided on a voluntary basis by retired older women now having to socially isolate.
- The predicted rise in demand on services supporting carers as lockdown eases and people return to work. SCC has coped so far because people being 'off work' or working from home has meant that they are '(better) able' to support others who need care, especially older parents. However, the need for older people to continue to socially isolate when carers have resumed travelling to work (etc) is going to see care gaps and tensions potentially erupt.

Recommendation

- *NHS and Social Care services should work (more closely) together so that those people who signed up to volunteer for the NHS at the start of the crisis might be referred on to enhance Social Care Services.*

Older women in rural areas

Feedback from Scotland indicates that older women living in rural communities are some of those most affected negatively by Covid-19. In May 2020, the Scottish Women's Convention [18] carried out nine regional online Covid-19 consultations with women across Scotland. Whilst all nine regions identified strong informal, inter-generational community-based responses, the pandemic has exposed key infra-structure challenges affecting women. Those that affect older women included:

- Poor broadband coverage, little access to up-to-date ICT equipment, and lack of ICT skills
- Impact of caring: reduced public services, increased pressure on care service staff, isolation and deteriorating mental health in both urban and rural communities.

For some older women in Scotland, online is not the 'new normal'. The same has been emphasised in Northern Ireland, where older women and men are also the least likely to have access to online communication tools and/or the skills to use them [19].

Feedback from NGO organisations in Wales, Northern Ireland and rural regions of England echo these findings.

“The socio-economic fallout from Covid-19 may prove to be an added hurdle for older rural women in Ireland, in addition to ignored issues from the 'old normal', will the 'new normal' be able to cope?”

Alison Herbert, Research Associate, Irish Centre for Social Gerontology, NUI, Galway

In addition, the Older People's Commissioner for Wales has called for an investigation on older people's rights in Wales.

“The situation we have seen in our care homes during the Covid-19 pandemic has been a tragedy, and I have concerns that older people's rights may not have been sufficiently protected, in these settings and across health and social care more widely.

It's crucial that these concerns, and the concerns raised by older people, their families and care home staff throughout Wales, are investigated and I believe that the Equality and Human Rights Commission would be best placed to examine and scrutinise the action taken by the Welsh Government, as part of a wider inquiry that looks at older people's experiences and the action that has been taken across the UK”.

Violence and abuse [20]

There are no up-to-date national, regional or local reported safeguarding data on the situation of elder abuse in the current climate of Covid-19. Recent information from staff in the East Anglian region indicated some initial drop in safe-guarding referrals when lockdown occurred (compared with what they normally expect around now) but this began to pick up from mid-May onwards. Most referrals related to people in care homes, not those in their own homes or living with relatives. There are many concerns about what might be happening to those with restricted access to support or who cannot make contact outside the home due to constant/continuous contact with a violent/abusive person. The phrase 'locked in with an abuser' applies to older as well as younger people, and older women are more at risk of harm from violence and abuse than older men.

The UN Secretary General's briefing on older people and Covid-19 [21] mentions the “increased risk of violence, abuse and neglect during/due to the pandemic”. In addition, the Older People's Commissioner for Wales issued (on 5 June) guidance on protecting and safeguarding older people with a particular reference to Covid-19 [22].

In Northern Ireland, there has been a great drop in the number of older women contacting Women's Aid for support since lockdown began. As older couples have been shielding, victims of abuse have had no opportunity to seek support as they are trapped in their own homes. Women's Aid Northern Ireland are very concerned about the wellbeing of such women.

Recommendations

- *As a protective measure, reconsider powers of entry to care and nursing homes, at a minimum as an emergency power on a temporary basis.*
- *Ensure that, in their guidance and publicity, the government and (all) domestic violence organisations/agencies promote awareness of the risk of older women experiencing domestic/intimate partner violence, stating that violence and abuse can happen at all ages.*

Older widows

Widows have been neglected globally, including in the UK. Recently, UN Women reported that *"widows were largely unseen, unsupported and unmeasured in our societies"*. The higher numbers of male and BAME deaths is resulting in an increase of widows: the latest global estimate available (from 2015) is 258 million widows. The actual number is likely to be much higher and will grow further given the continuing impact of pandemic and its related effects on health around the world. The statement acknowledges the lack of data, and that more must be done to spotlight issues of widows of all ages in the light of the pandemic [23]. Lockdown, social isolation, as well as the loss of a partner and income from the virus create considerable difficulties for older widows, where uncertainty and anxiety are prominent. A report from the ONS highlights another marked change: *"Prior to the coronavirus pandemic we consistently saw lower anxiety ratings in those aged 65 years and older, but now we are seeing the highest levels of anxiety amongst this group in lockdown"* [24].

Insufficient disaggregated data

Much is made of the impact of Covid-19 on men. However, there is no disaggregated data on deaths in care and nursing homes. A recent study by LaingBuisson based on ONS data indicates that 50% of deaths in England will be of care home residents [25]. As more than 80% of residents are older women, data need to reflect better the impact of Covid-19 on older women, not only in the residential care and nursing homes, but also on those who are at high risk and shielded in the community.

It is also important to collect data on marital status across all age groups in order to measure the impact of Covid-19 on widows of all ages, particularly with respect to poverty.

Recommendation

- *Develop routine processes to disaggregate data by age, sex and other socio-*

economic indicators including marital status and protected characteristics. In the short term, ensure that such disaggregation includes data on the number of positive Covid-19 cases and deaths in care and nursing homes, as well as excess mortality rates in these settings.

Older women in lower- and middle-income countries

The following material from Age International [26] indicates that responses to Covid-19 threaten to exacerbate existing inequalities in lower- and middle-income countries, including those based on age and gender. Even before the pandemic, the inequality that women experience throughout their lives, and the significant unpaid care work older women do, can affect their health, wellbeing, likelihood of living with disability, and access to healthcare in older age [27]. Women of all ages are more likely to be in informal and formal caring roles, which can expose them more to infection from the virus [28], in addition to the psychological impacts and potential stigma of caring for those who are ill or dying [29]. Older women's paid work in low and middle-income countries tends to be in the kinds of informal roles that are likely to be disrupted by the pandemic, and this – combined with interrupted work histories and the unpaid care work that they shoulder throughout their lives – leaves them without social protection to fall back on.

Older women are also more likely to live alone [30], therefore they are more exposed to some of the mental health risks from isolation. Such risks have been exacerbated by physical distancing and quarantine measures that could also lead to challenges accessing food and income, particularly for those living alone.

Access to information is another challenge. BBC Media Action research in the Rohingya refugee camps found that the older women interviewed received no direct information from health workers or NGOs about the virus symptoms, treatment or prevention: they relied on older men informing them [31].

Older women in lower- and middle-income countries have been consistently excluded from data on gender-based violence (GBV), but pockets of evidence show that they are equally, if not more, at risk. Cases of abuse and neglect of older people in the context of Covid-19 have been well documented in the media. There is evidence to suggest that domestic GBV against women has increased globally since the pandemic [32].

Older people, particularly older women, could face an increased risk of domestic violence – including physical, psychological, financial and sexual abuse – during the imposition of physical distancing rulings.

Age inclusive international co-operation

In April 2020, the UN Department for Social Affairs (DESA) issued a policy brief on Covid-19 and older people [33]. This sets out the issues and the desired responses from member states and other 'actors' to ensure older women and men across the world can continue to enjoy their human rights.

“Older persons are frequently overlooked in development and humanitarian strategies and in their funding. Considering the higher risks confronted by older persons in the Covid-19 pandemic, development and humanitarian strategies must explicitly identify and consider their needs, challenges and strengths at all levels and in all settings”.

Recommendations

- *The UK Foreign, Commonwealth and Development Office (FCDO) must make explicit its commitment to older women within its policies and programmes on women's economic empowerment and its broader work on gender equality.*
- *The FCDO must include older people in all relevant socio-economic assessments and clearly recognise the impacts of the Covid-19 crisis on the wellbeing of older people, analysed through an age, disability and gender lens.*

Looking ahead and strategic response

The diversity of older women must be recognised. A gender mainstreaming approach (plus other protected characteristics) should be added to the principles identified in the Age UK report which outlines a rights-based approach to future policy development [2]. The Care Act 2014 easements by local authorities under the Coronavirus Act 2020 should be suspended as soon as possible so that they retain their duty to assess the care and support needs of older people.

The UN Secretary General's policy brief on Covid-19 and older persons [34], and supporting letters from 146 governments including the UK, states clearly that efforts to protect older persons should not overlook the many variations within this category, their incredible resilience and positivity, and the multiple roles they have in society, including as caregivers, volunteers and community leaders. He stressed *“Our response to Covid-19 must respect the rights and dignity of older people”*.

These announcements provide the impetus by which older women and men can be given reassurances by policy makers that the impact on them of Covid-19 has not been discounted, and that 'building back better' means having life course and inclusive policies at the centre of decision making.

Experience of the Covid-19 pandemic and the words of the UN Secretary General should act as levers to support a Convention on Human Rights of Older People currently discussed by member states. As the UK is no longer bound by alignment with the EU, we should put pressure on the UK Government to affirm support for such a convention.

Older women and men in the UK must be seen as positive resources for their families, their communities and society, as was the case before the pandemic. As the UK emerges from lockdown, older women should never be required to self-isolate simply because of their age. If isolation is necessary, they must receive support. In addition, they must be consulted during the development of policies and services at local, regional or national levels.

Older women's voices must be heard!

The following sections, addressing issues that relate more specifically to low- and middle-income countries, were added in December 2020.

Sustainable Development Goals

The monitoring of the Sustainable Development Goals both at national and regional level must include reference to older women and men as they are the most rapidly growing sector of the UN Economic Commission for Europe region's population. Population ageing is taking place at the fastest pace in the least developed countries, where it is projected the numbers of people aged 65 and over will rise from 37 million in 2019 to 120 million in 2050. Globally, older women currently outnumber older men, particularly when they reach the oldest age ranges – in 2019, there were 81 men for every 100 women aged 65 years or older, and 63 men for every 100 women aged 80 years or older.

The international Stakeholders Group on Ageing has stressed to the UN High-Level Political Forum the need to take into account population ageing, the need for better data gathering and disaggregation by sex and age, as well as the imperative to address ageism and age discrimination. The situation of older women is highlighted as follows in a recent position paper:

“In 2050, women will comprise 54 per cent of the global population aged 65 years and over, and 59 per cent of the total population aged 80 years and over. Women experience greater economic hardship as they age, owing to a lifetime of gender-based discrimination, in particular in terms of education and employment, ending up with few savings and assets. They are also denied rights owing to the intersection of ageism, widowhood, disability, invisibility and negative attitudes about their value and capabilities” [35].

The 2030 Agenda, and an effective Covid-19 recovery, can only be achieved if we take into account the needs, rights and contributions of older women.

Particular attention should be given to the following areas:

Access to healthcare

Before the pandemic, access to healthcare was already seriously constrained for older people. A WHO study found that over 60% of people aged 60 and over in lower- and middle-income countries cited not being able to afford the visit as their reason for not accessing health services [36]. Healthcare systems in many countries lacked resources and specialist expertise or training in gerontological care, including chronic diseases [37].

During the pandemic, discriminatory age-based triage policies have been implemented in various countries to protect scarce resources [38] and older people

have reported being unable to access healthcare services for pre-existing conditions [39]. This is despite the link between other health conditions and the risks of becoming seriously ill with Covid-19. Alarmist messages about the risks of Covid-19 for older people and the need for them to stay at home has also led to increased fear and anxiety among older people about going to health facilities to access ongoing health services.

Recommendations

- *Recognise older people as a key risk group in the pandemic and support outbreak responses and health services that are targeted to their needs and respect their rights.*
- *Promote the fulfilment of commitments to Universal Health Coverage, which includes preventing, diagnosing and treating NCDs in later life.*

Support for unpaid carers

Women of all ages are more likely to rely on public services including healthcare due to their caring roles [40]. Many older people, particularly older women, are unpaid carers for family members and for other people in their community. They also do double the amount of unpaid care work that men do [41]. In older age, these inequalities continue, with older women carrying out on average 4.3 hours a day of unpaid care work and domestic work, more than twice the amount of their male counterparts [42]. This workload will increase during the pandemic due to increased illness, pressure on health and care services, and school closures [43]. As older people are particularly at risk from the serious impacts of the virus, [44] and older women take on care responsibilities for multiple generations [42], this leaves them on the frontline of the pandemic while already being potentially at high risk. An increase in unpaid care work could also further limit income-generating opportunities for older women.

Recommendations

- *Ensure the recognition, reduction and redistribution of unpaid care work takes into account older women's work and its impact between generations.*
- *Promote investment in care infrastructure, including long-term care and support, that meets the needs of carers of all ages – usually women – and those in their care.*

Informal workers

Older people often work in the informal sector, which provides little protection against income shocks, like the pandemic. In low and middle-income countries, many older workers, and particularly women, [45] work in informal jobs. Informal workers – such as home-based workers, domestic workers, street vendors and waste pickers – are often not protected by sick pay or other forms of social protection such as pensions, and therefore can't afford to stop working; this can have a serious impact on their own and their households' livelihoods and income security. Older women face particular barriers to securing dignified work.

Only 22% of older people in Sub-Saharan Africa receive a pension, and 23% in South Asia [46]. Older women are even less likely to have a pension, and often arrive in older age with fewer savings and assets.

Recommendations

- *Recognise that many older women rely on income-generating activities and work for their survival and the ability to support those in their care, and that older people work mainly in the informal economy, which has been hardest hit by the pandemic.*
- *Promote access to appropriate social protection and health and safety measures for older workers, especially those working in the informal economy [47].*

Income security

Older people often rely on multiple income sources including paid work, savings, financial support from families and pensions. However, the pandemic means family members may not be able to provide support, and many older people may not be able to engage in their own income-generating activities because of risk of infection or lockdowns. Governments have rushed to expand and strengthen social protection systems in response to Covid-19. However, older people are often not a priority. As already mentioned above, older women face specific barriers to accessing pensions and to dignified and secure work. Of the almost 1,300 reforms to social protection systems undertaken by July 2020, only 6% relate to pensions, and only some of those actually increase coverage or benefits for older people [48].

Recommendation

- *Put special emphasis on social pensions as the most effective and gender responsive way to provide income security to older people and their households, and call for the establishment of universal social pensions to reach all older people, especially in low-income countries where pension coverage is low.*

Violence, abuse and neglect

Violence, abuse, and neglect of older people has been rising, with global estimates before the Covid-19 pandemic suggesting that 1 in 6 older people were subjected to some form of abuse [49]. Emerging data shows that since the outbreak of the virus, violence against women especially has intensified [50].

Restrictions on movement to control the spread of the virus can increase the risk of violence and make it more difficult and dangerous to seek help. Older people who are in isolation with family members or caregivers (including within long-term care facilities) face higher risks of violence, abuse and neglect, compounded by increased anxiety and stress levels and economic hardship. Those at higher risk include older people, especially older women, those living with disabilities or receiving care and support for independent living. Covid-19 has led to staff reductions in long-term care facilities, due to illness or self-isolation, and the suspension of family visits, increasing the isolation of residents and the risk of abuse and neglect.

Recommendation

- *Specifically recognise older people as at risk of violence, abuse and neglect, including gender-based violence, during the pandemic. Include and adequately resource prevention and response measures in national Covid-19 response plans and risk mitigation communication. Support services for older survivors must be categorised as essential and life saving.*

Social cohesion and community resilience

Older people are integral parts of their communities in low and middle-income countries, and participation in community life is crucial for their wellbeing and that of others. In the absence of developed healthcare, long-term care and social protection systems, many older women and men rely partly on the support of their families and communities, and many older women contribute to their communities with their unpaid as well as paid work [42].

Maintaining social connections has been proven to reduce older people's mortality risk. For example, factors such as being married, exchanging support with family members, having contact with friends, participating in community groups, and engaging in paid work, all contribute to lowering the incidence risk of dementia in older adults without care needs [51].

The traditional support mechanisms that older women and men rely on have already been fractured by trends, events and changing social contexts that pre-date the Coronavirus pandemic; these include economic migration, rising living costs, humanitarian crises, the climate crisis, and other health epidemics [53]. The Covid-19 pandemic has disrupted the lives of older people and their communities. Regardless of how far the virus has spread within communities, the majority of governments have imposed physical distancing measures which have affected the livelihoods and social lives of people of all ages. The UN has warned of a mental health crisis, highlighting isolation as a particular risk for older people's mental states [53].

Recommendations

- *Ensure older people have access to digital platforms used for community engagement so they can have their voices heard effectively and are able to meaningfully participate on an equal basis with others.*
- *Support programmes that engage with local communities and older people's organisations as part of efforts to bring together civil society leaders.*

Ageism

Many older people may already lack the opportunities to exercise their voices. Disasters and emergencies, conflict and crisis can dramatically alter their ability to be heard, as does shrinking civic space. Ageism can be a major barrier to the ability to exercise voice, both in terms of the stereotyping of older people as unable to contribute, and through internalised ageism where older people may exclude

themselves. This can be exacerbated by barriers associated with intersecting identities, such as having a disability, gender, class, religion, ethnicity or sexuality.

The UN Expert on the Enjoyment of Human Rights for Older Persons has called out the 'deep-rooted ageism' in our societies that has been exposed by the Covid-19 response, and the lack of attention to their voices, opinions and concerns. Unhelpful stereotypes of older people have been solidified in government policy, with the implementation of age-based policies to restrict the movement of people over a certain age. At times of scarce resources, inter-group conflicts may occur [54] – which makes efforts to promote inter-generational solidarity essential.

Recommendation

- *Support social dialogue between generations to promote inter-generational contact and solidarity, and reduce ageist attitudes and stereotyping.*

Humanitarian response

The pandemic has both increased the need for humanitarian aid and disrupted its delivery. The response to coronavirus has thrown into stark relief the gulf between the risks older people are facing and the level of support available to them. Humanitarian responses continue to fail older people and undermine core humanitarian principles

A recent report from Age International and HelpAge International found that even pre-pandemic, older women were under greater strain than older men in humanitarian crises. They accounted for 58% of those living alone, 56% of those caring for others, 56% of those with no access to healthcare, 58% of those with no access to food, and 58% of those with no income [55].

Recommendations

- *Humanitarian actors and agencies should mainstream older people's inclusion by taking responsibility for responding to the rights and needs of older people, alongside the work of specialist agencies. This includes integrating age into existing gender, disability and protection mainstreaming policies and action plans; incorporating the Humanitarian Inclusion Standards for Older People and People with Disabilities into humanitarian policy, guidelines and training; and investing in programming to uphold older people's rights and meet their specific needs.*
- *Humanitarian actors and agencies should strengthen data collection, analysis and disaggregation on the basis of age, as accurate information is essential to uphold humanitarian principles and basic human rights. This includes ensuring that collecting, analysing and making use of data on age, sex and disability (as well as interviewing older people directly as part of needs assessments) are regular core activities throughout the programme cycle; all funding proposals and reporting are required to incorporate analyses of risks older women and men face and the extent to which humanitarian aid supports them.*

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Other useful links that are not gender specific:

A press release accompanying the British Society of Gerontology statement was issued <https://www.britishgerontology.org/DB/latest-news/press-release-from-british-society-of-gerontology-20-March-2020> This statement and related issues are also discussed by the Society's president, Thomas Scharf, in a:

- Lancet Voice podcast <https://www.thelancet.com/the-lancet-voice>
- conversation with Gerry Foley and Mervyn Eastman, host of AGE SPEAKS talk show on East London Radio available through the Later Life Audio and Radio Network <https://www.mixcloud.com/LLARN/>

Another excellent discussion on human rights and ethical care during the Covid-19 pandemic is available between Debora Price (Past President of the Society), broadcaster Gerry Foley, and Donald Macaskill (CEO of Scottish Care) <https://www.mixcloud.com/LLARN/>

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