



## UK Civil Society Women's Alliance

# The impact of the Covid-19 pandemic on older women

## Briefing note

### Executive summary

5 July 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.

Elizabeth Sclater  
Convenor, expert group on older women, UKCSWA

#### Executive summary

*References are listed on page 15*

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.

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.

***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.

*Recommendation*

- *The recently announced merger of the UK Foreign and Commonwealth Office with the Department for International Development must not have a negative impact on the government's already under-resourced development investment and actions in relation to older women.*

## **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 recently announced merger of the UK Foreign and Commonwealth Office with the Department for International Development must not have a negative impact on the government's already under-resourced development investment and actions in relation to older women.

# 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 [12].

**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 re-distributed 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 infrastructure 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.

### Recommendation

- *As a protective measure, reconsider powers of entry to care and nursing homes, at a minimum as an emergency power on a temporary basis.*

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.

### Recommendation

- *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 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. Older people, particularly older women, face an increased risk of domestic violence – including physical, psychological, financial and sexual abuse – during the imposition of physical distancing rulings. There is evidence to suggest that domestic GBV against women has increased since the pandemic [32].

### **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”.*

#### **Recommendation**

- *The recently announced merger of the UK Foreign and Commonwealth Office with the Department for International Development must not have a negative impact on the government's already under-resourced development investment and actions in relation to older women.*

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 is essential for understanding the risk older women are facing from the virus; the discrimination, violence and abuse that they are experiencing; and the multiple roles that they play in their families, communities and economies that can help countries to develop resilience and contribute to the post-pandemic recovery.

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. The international Stakeholders Group on Ageing contributed a position paper to the UN High-Level Political Forum meeting in July 2020. This stresses 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 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” [34].*

#### **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 [35], 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 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!***



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- 20 Information provided by Dr Bridget Penhale, UEA, UK
- 21 [https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief\\_on\\_covid-19\\_and\\_older\\_persons\\_1\\_may\\_2020.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf)
- 22 [https://www.olderpeoplewales.com/en/news/news/20-06-05/Protecting\\_and\\_Safeguarding\\_Older\\_People\\_Covid-19\\_Information\\_Pack.aspx](https://www.olderpeoplewales.com/en/news/news/20-06-05/Protecting_and_Safeguarding_Older_People_Covid-19_Information_Pack.aspx)
- 23 <https://www.unwomen.org/en/news/stories/2020/6/statement-ed-phumzile-including-widows-in-covid-19-recovery>
- 24 <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusandanxietygreatbritain/3april2020to10may2020>
- 25 Article Observer 07.06.20
- 26 <https://www.ageinternational.org.uk/>
- 27 <https://blogs.worldbank.org/health/how-can-we-ensure-women-receive-adequate-health-care-their-age> and <https://www.odi.org/sites/odi.org.uk/files/resource-documents/12509.pdf>
- 28 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext)
- 29 [https://www.researchgate.net/publication/296456255\\_Psychosocial\\_effects\\_of\\_an\\_Ebola\\_outbreak\\_at\\_individual\\_community\\_and\\_international\\_levels](https://www.researchgate.net/publication/296456255_Psychosocial_effects_of_an_Ebola_outbreak_at_individual_community_and_international_levels)
- 30 Globally 17% of older women live alone, compared to 9% of older men
- 31 What Matters Humanitarian Feedback Bulletin, Issue 34
- 32 <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>
- 33 <https://www.un.org/development/desa/ageing/news/2020/04/issue-brief-on-older-persons-and-covid-19-a-defining-moment-for-informed-inclusive-and-targeted-response/>
- 34 [https://sustainabledevelopment.un.org/content/documents/26120MGoS\\_discussion\\_paper.pdf](https://sustainabledevelopment.un.org/content/documents/26120MGoS_discussion_paper.pdf) pp14-15
- 35 <https://www.un.org/development/desa/ageing/news/2020/05/covid-19-older-persons/>

*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/>

**Members of the UK Civil Society Women's Alliance expert group on older women**

Sylvia Beales, Linda De Chenu, Eleri Evans, Evelyn Fraser, Lynda Wallis Hawkins, Dr Alison Herbert, Kate Horstead, Dr Annette Lawson, Dr Elizabeth Martins, Emily McCarron, Maureen Meatcher, Jonna Monaghan, Dr Bridget Penhale, Prof Debora Price, Dr Lorna Warren, Dr Gemma Wells

Convenor: Elizabeth Sclater