



advice and support for older age

**Independent
Age**



Isolation: The emerging crisis for older men

A report exploring experiences
of social isolation and loneliness
among older men in England

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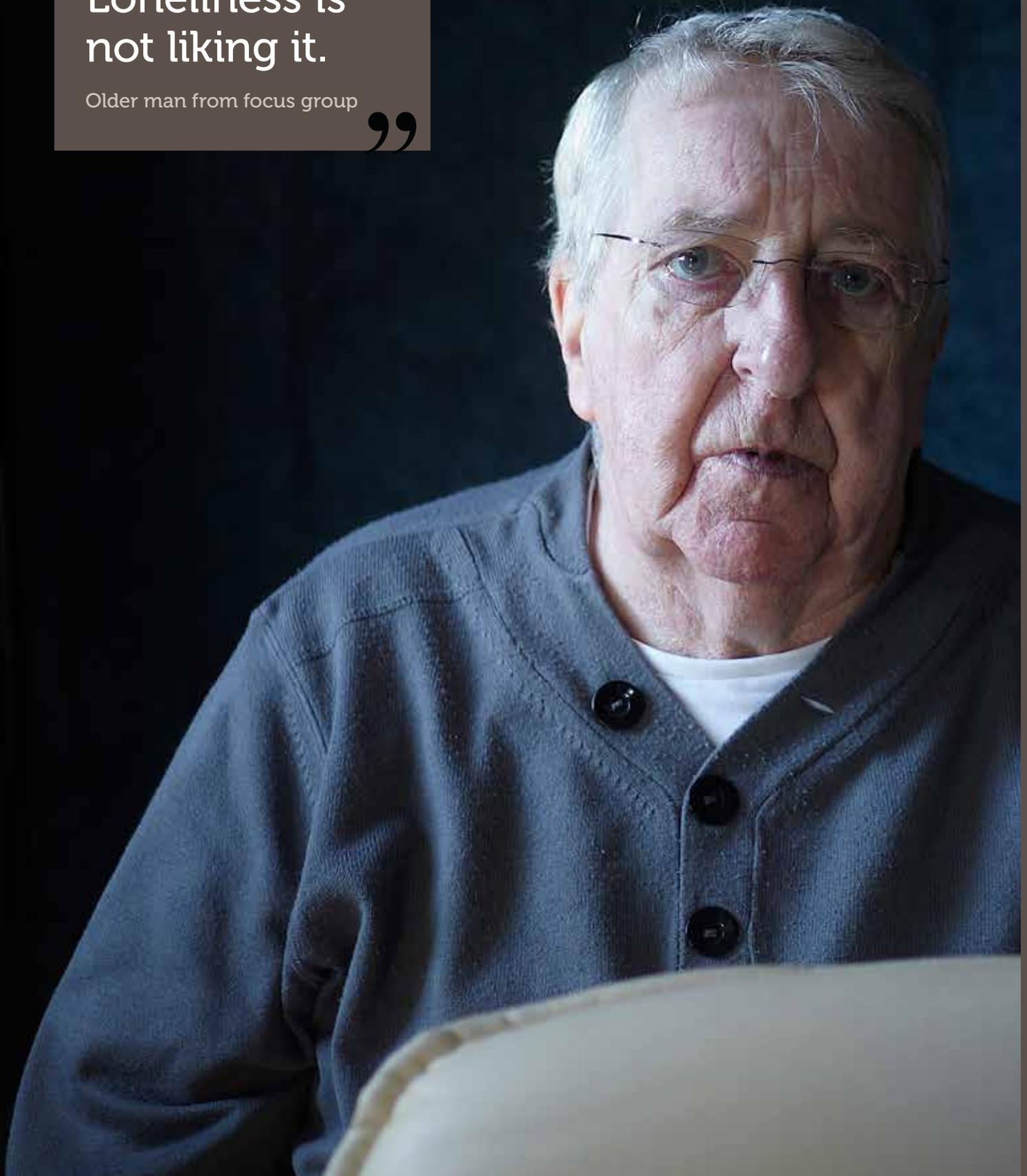
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Isolation
is being
by yourself.
Loneliness is
not liking it.

Older man from focus group

”



Executive Summary

This Executive Summary reports on new research from Independent Age and the International Longevity Centre UK (ILC-UK), which explores the experiences of older men who are socially isolated or lonely. The research has used newly released data from the English Longitudinal Study of Ageing (ELSA), as well as interviews, focus groups and existing evidence.

Despite a growth in activity from across the ageing sector to tackle the challenge of loneliness and social isolation amongst older people, this report illustrates why services still need to adapt to meet the unique needs of older men.

With the population of older men growing faster than that of women, it is important that we understand how and why older men's experiences of loneliness and social isolation differ from women's and how, as a society, we need to respond.

Defining 'social isolation' and 'loneliness'

We used questions in the ELSA dataset and established scales for measuring social isolation and loneliness based on the following definitions:

Social isolation: broadly refers to the absence of contact with other people

Loneliness: a subjective perception in which a person feels lonely

Or put more simply:

"Isolation is being by yourself.

Loneliness is not liking it."

Voluntary sector service provider

Findings

From new analysis of ELSA, in England in 2012/2013, we found that:

Isolation and loneliness affects many older men.

- in the UK in 2012/2013, over **1.2 million older men** reported a moderate to high degree of social isolation.

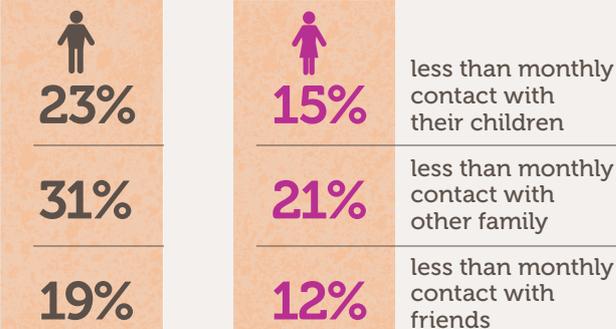
Over **700,000 older men** reported feeling a **high degree of loneliness**.

1.2 million older men experience a **MODERATE** degree of social isolation

0.7 million older men experience a **HIGH** degree of loneliness

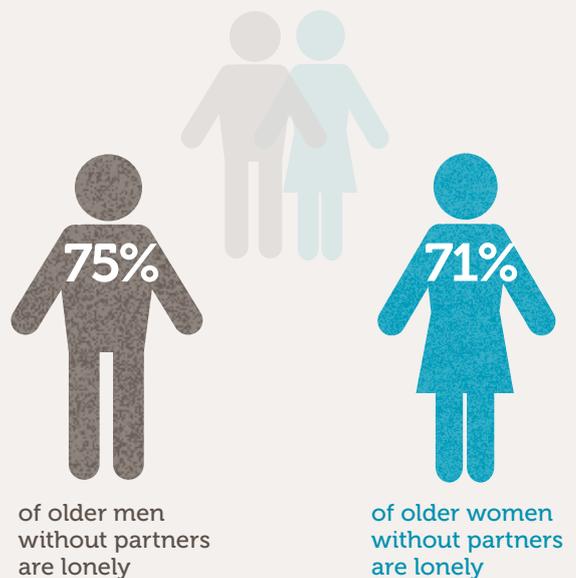
Older men are more isolated than older women.

- 14% of older men** experienced moderate to high social isolation compared to **11% of women**
- almost **1 in 4** older men (23%) had **less than monthly contact with their children**, and close to **1 in 3** (31%) had **less than monthly contact with other family members**. For women, these figures were 15% and 21% respectively
- older men also had less contact with friends. Nearly **1 in 5 men** (19%) had **less than monthly contact with their friends** compared to only 12% of women.



Isolation is putting men at increasing risk of loneliness.

- though overall men reported less loneliness than women, **older men living alone were lonelier**
- this is because **older men are more dependent on their partners**. Older men without partners were more socially isolated and lonely than older women – three-quarters (75%) said they were lonely compared to 71% of women
- and demographic change means that there are **increasing numbers of older men living alone** – by 2030 numbers are projected to be **1.5m**, a **huge increase of 65%** – so **loneliness is also set to grow**.



Loneliness is not an inevitable consequence of age but is driven by poor health and low income.

- isolated and lonely men were much more likely to be in poor health. **Over a quarter (28%) of the loneliest men said their health was poor**, in contrast to just 1 in 20 (5%) men who were not lonely
- a partner's poor health also affected men's isolation and loneliness more than women's. **Nearly 15% of men aged 85 and over were carers** and were more likely to be lonely than those without caring roles



- mental health – particularly depression – was also important. **Over 1 in 4 (26%) of the most isolated men were depressed**, in contrast to just 6% of the least isolated
- around a **third of the most isolated men (36%) were in the lowest income group** compared to just 7% of the least isolated.

Older men are less likely to engage with projects to tackle isolation and loneliness.

- **men are less likely to seek help from medical services**, for example, their GP. In addition to this, some voluntary sector service providers also reported anecdotally that services they have developed to address isolation and loneliness were used more by women than men. However, the reasons for this – and indeed whether it is true more widely – are under-researched
- **men may be unwilling to accept that they need support** to address loneliness and isolation and so may not respond to marketing that focuses on this
- there was also evidence that **men may prefer services which are built around their particular interests**, workplace or experiences such as football, for example, or service in the armed forces.

Some of the report's recommendations

Tackling isolation and loneliness requires action by individuals, organisations (including the voluntary sector) and government.

Individuals:

- men approaching later life need to make efforts to retain and build their social network among friends, families and interest groups.

Organisations:

- service providers should routinely monitor use by gender and address any gaps in the numbers of older men accessing their service
- befriending and support services should be designed with older men's interests and passions in mind. Low-cost interventions that encourage men to support each other – such as clubs and buddying – should be considered, as should men-only services

- promotion of services needs to be targeted at men – to reach men “where they hide” as one organisation expressed it
- since men generally deal less well with losing a partner than women, services should particularly consider reaching out to men who have suffered bereavement.

Local and national government:

- as recommended by the Ready for Ageing Alliance, national government should consider a pre-retirement pack for older people that includes a focus on retention and development of social networks
- the Department of Health must prioritise the development of a new measure that will help us to understand the real scale of loneliness and how the problem affects older men
- Health and Wellbeing Boards need to plan for the expected growth of isolated and lonely older men, recognising that traditional befriending approaches may not work for this group.

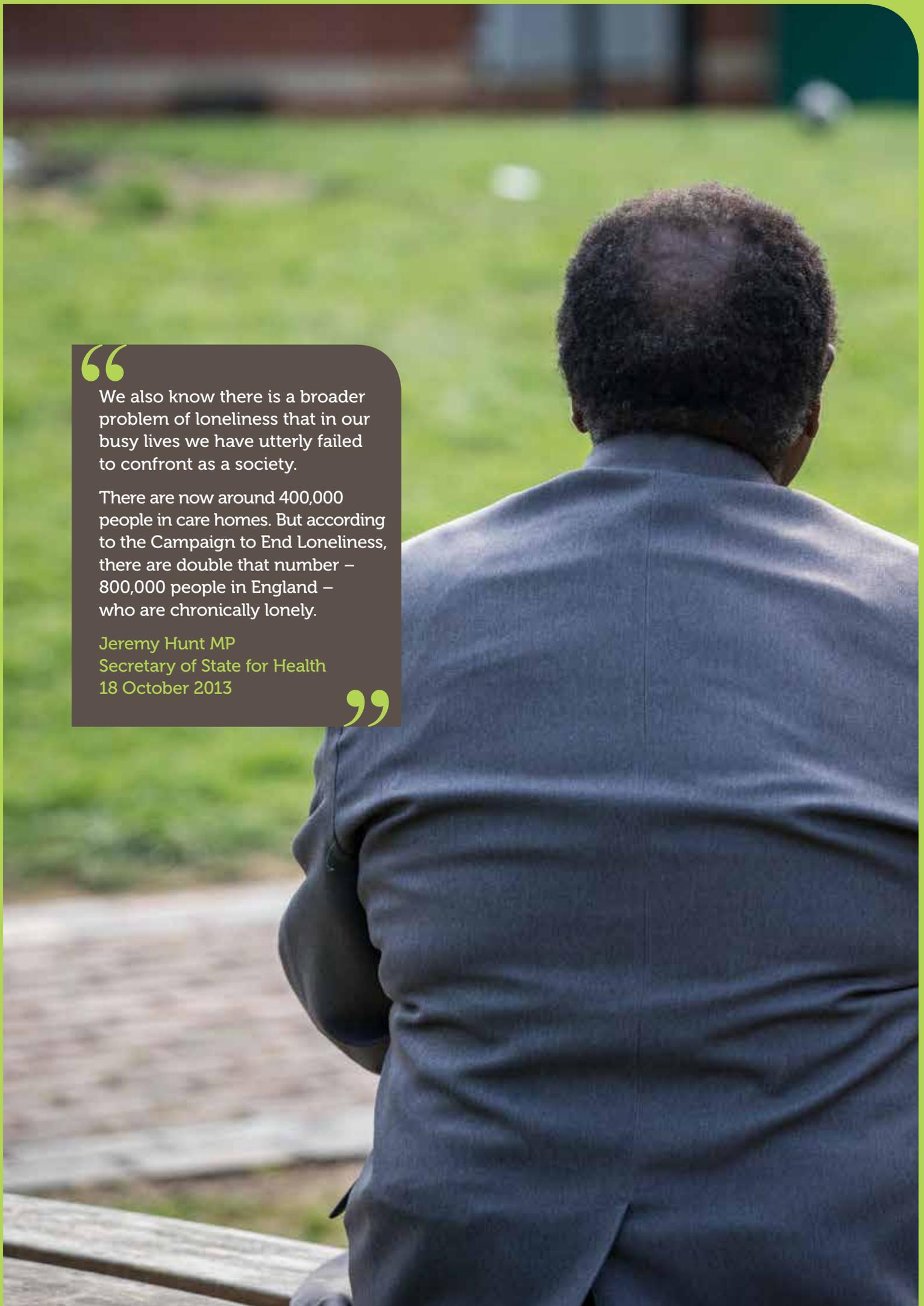
“

We also know there is a broader problem of loneliness that in our busy lives we have utterly failed to confront as a society.

There are now around 400,000 people in care homes. But according to the Campaign to End Loneliness, there are double that number – 800,000 people in England – who are chronically lonely.

Jeremy Hunt MP
Secretary of State for Health
18 October 2013

”



Introduction

Our ageing population is growing, and so too is the issue of loneliness and isolation among older people. Jeremy Hunt MP, Secretary of State for Health, recently acknowledged that as a society we have “utterly failed” to confront this problem, labelling it a “national shame”. Meanwhile, policymakers, academics and charities have given the issue increasing amounts of attention in recent years, looking especially at the effects of loneliness and isolation on the health and wellbeing of older people and trying to find solutions.

But, interestingly, the population of older men is growing faster than that of women. This is likely to bring new challenges particularly as, while 911,000 older men live alone today, this is projected to grow to around 1.5 million by 2030 – nearly a 65% increase. Yet, in policy and practice, ageing has regularly been looked at in gender-neutral ways. And when gender has been explored, the focus has usually been on women – the Labour Party’s Commission on Older Women being a good example of this.¹

This report examines social isolation and loneliness in older men. It looks at the differences between the way older men and older women report feeling lonely and isolated and how partners, families, health, financial circumstances and major life transitions, such as retirement and bereavement, influence their experiences. It also asks, in particular, what kind of service provision could help address social isolation among men and encourage their participation.

Using recently released data from the latest wave (2012/2013) of the English Longitudinal Study of Ageing (ELSA) to develop insights for the population of England aged 50+, our research sets out to better understand the needs of older men in order to ensure those who are lonely and/or isolated are encouraged to access the support they need when they most need it.

1 www.yourbritain.org.uk/agenda-2015/policy-review-page/commission-on-older-women

Why focus on older men?

There are a number of reasons to look at social isolation and loneliness among older men, specifically:

- evidence suggests that men and women experience social isolation and loneliness in different ways
- with respect to medical services, evidence shows that men are less likely to seek help or ask for support
- service providers generally acknowledge that current support services aimed at tackling social isolation and loneliness are used more by women than men
 - **are we failing older men in this respect?**
- male-specific activities and projects to address social isolation and loneliness have grown in number and scope
 - **can these sufficiently substitute for mainstream provision?**
- current services are under-researched, and providers need a better understanding of best practices and what works
 - **are current programmes effective, or are resources being wasted?**
- historically older men tended not to be the focus in ageing research and public policy debates
 - **are men being left out, or is important information being missed?**

“

I would say that the women I know age much better than the men. They like to cook and eat well – they're better at taking care of themselves. They also mix more – talk and chatter more. I think they age better – maybe it's something to do with that [socialising].

Older man from focus group

”

In order to tackle these questions, we:

- examined the existing evidence on older men and social isolation and loneliness
- presented analysis of newly released data of the English Longitudinal Survey of Ageing (ELSA Wave 6, covering 2012/2013), looking at the population aged 50 and over
- conducted focus groups and one-to-one interviews with older men
- reviewed male-specific activities and initiatives aimed to tackle social isolation and loneliness, and interviewed project leads.

The policy context

In recent years, interest has been growing in both the public and private spheres in how to tackle the negative effects that social isolation and loneliness have on older people. As a result, public policy is increasingly taking the issue into account in a number of tangible ways and the government has implemented the following measures:

- the Care and Support White Paper includes the requirement for better integration and the need to tackle loneliness and social isolation in our communities²
- a commitment was made to include measures of loneliness and social isolation in the Adult Social Care Outcomes Framework (ASCOF) and Public Health Outcomes Framework.
 - For 2013/14, the ASCOF included a new measure on social isolation drawing on self-reported levels of social contact as an indicator of social isolation. It found that less than half (44%) of people who use social care said they have as much social contact as they would like³
 - a measure for loneliness is still under development but will not appear in the 2014/15 framework.⁴

Exploring the impact of social isolation and loneliness on different social groups is an important process in discovering their impact on older people generally. But although policy and practice have examined the issue in relation to, for example, disability and ethnicity, explicit research on older men has so far been lacking.

It is the wider ageing sector – such as the Campaign to End Loneliness, of which Independent Age is a founding member – and the third sector generally that have begun to develop a range of interventions specifically focused on men.

One of the most widely known and earliest interventions in this field is 'Men in Sheds', DIY clubs for men aged 50 and over. Based on an Australian project, it has rapidly expanded across the UK and research has found that it has a positive impact on older men's wellbeing by reducing social exclusion, social isolation, and loneliness, and improving mental health (see page 33).⁵ Gaps remain in current knowledge on what is effective, though, and there is a lack of evidence on the long-term impact of such programmes.

The Campaign to End Loneliness is a network of national, regional and local organisations and people working together through community action, good practice, research and policy to create the right conditions to reduce loneliness in later life. Launched in 2011, it is led by five partner organisations and works alongside 1400 supporters, all tackling loneliness in older age.

For more information, visit campaigntoendloneliness.org

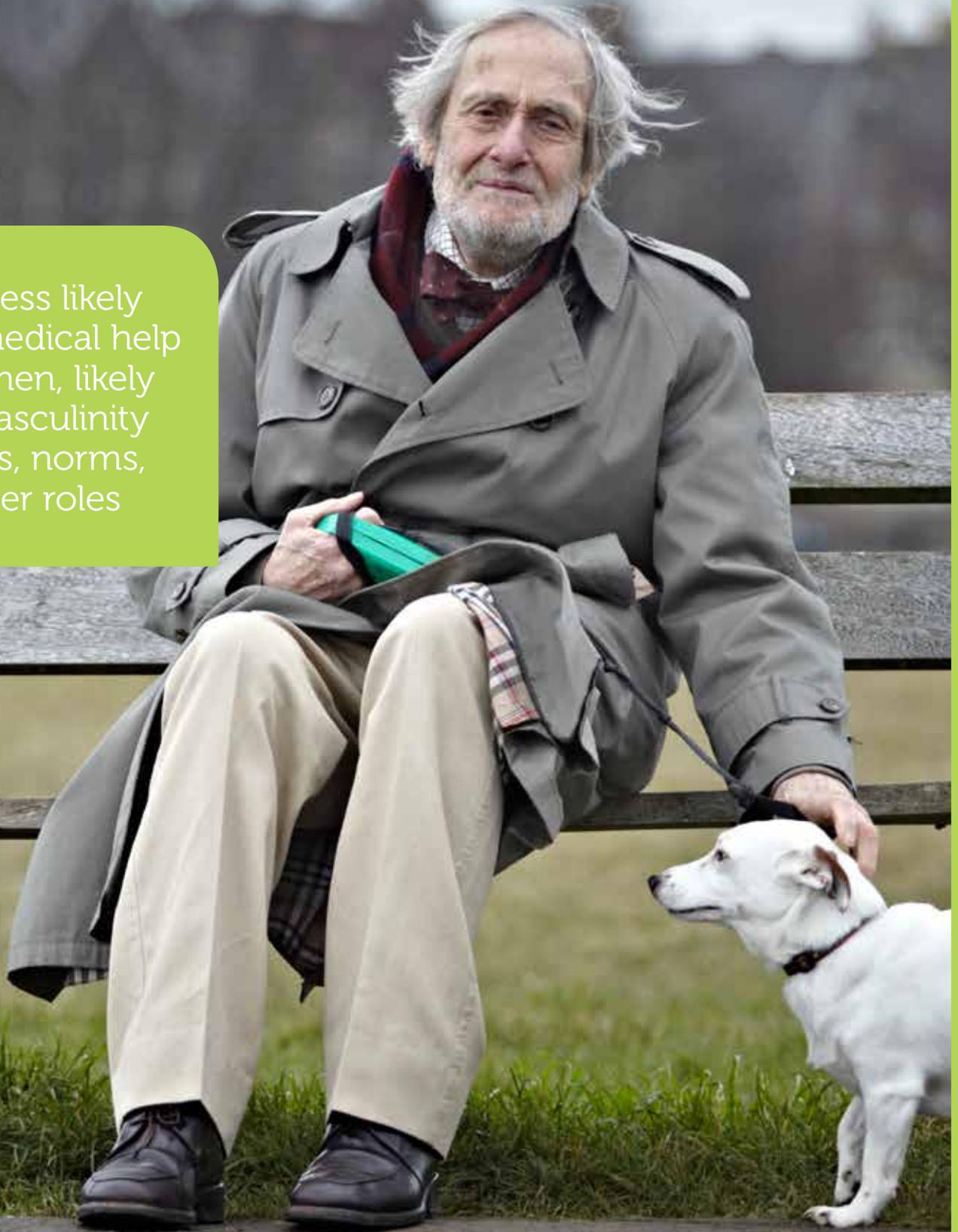
² Department of Health (2012)

³ HSCIC (2014)

⁴ Department of Health (2013)

⁵ Milligan et al. (2013)

...men are less likely to seek medical help than women, likely due to masculinity ideologies, norms, and gender roles



Understanding the older man

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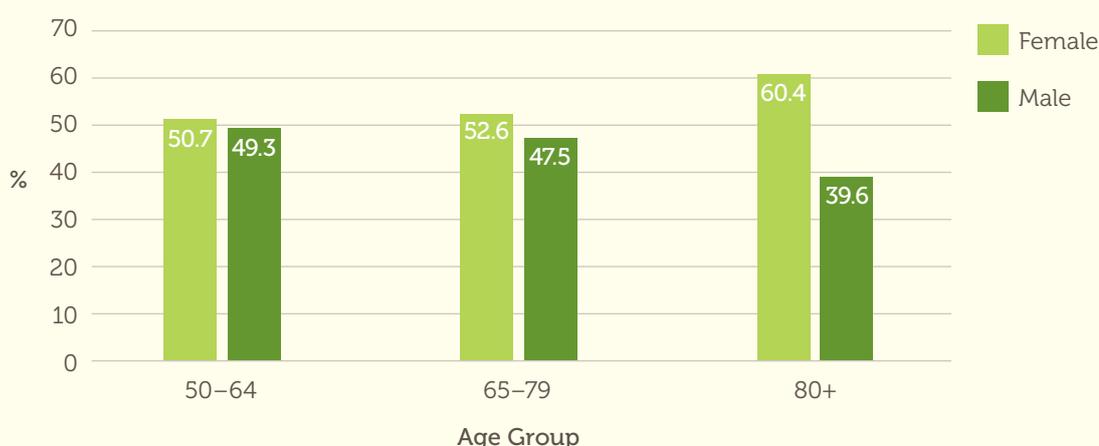
We know that there are fewer older men than older women today. In our sample of older people from ELSA,⁶ over half of those aged 50-64 or aged 65-79 are women, and this grows to over 60% of those aged 80 and over.

This means that older women today are more likely to outlive their partner. Just under 7% of men in our 2012/2013 ELSA sample of those 50 and over are widowed, compared to almost 1 in 5 (19%) women, and nearly 4 out of 5 men in this age group are married or cohabiting (78%), compared with 64% of women.

Part of the reason older men do not live as long as women is because they are more likely to engage in risky behaviours⁷ – such as smoking, drinking too much or eating a poor diet – that contribute to higher levels of heart-related disease and other fatal illnesses. Men are more likely than women to die from a heart attack across all ages while the leading cause of death for women is dementia and Alzheimer's disease.⁸

But, despite these health risks, men are less likely to seek medical help than women, likely due to masculinity ideologies, norms, and gender roles.⁹

Figure 1: Proportion of age group by gender (%)



6 All figures reported from the analysis of ELSA data reflect weighted values adjusted for sampling features (clustering and stratification).

7 Townsend et al. (2012)

8 ONS (2013a)

9 cf Addis et al. (2003); Noone & Stephens (2008)

Evidence also suggests they are also less likely to participate in preventive health-based activities and use fewer community health-based services.¹⁰

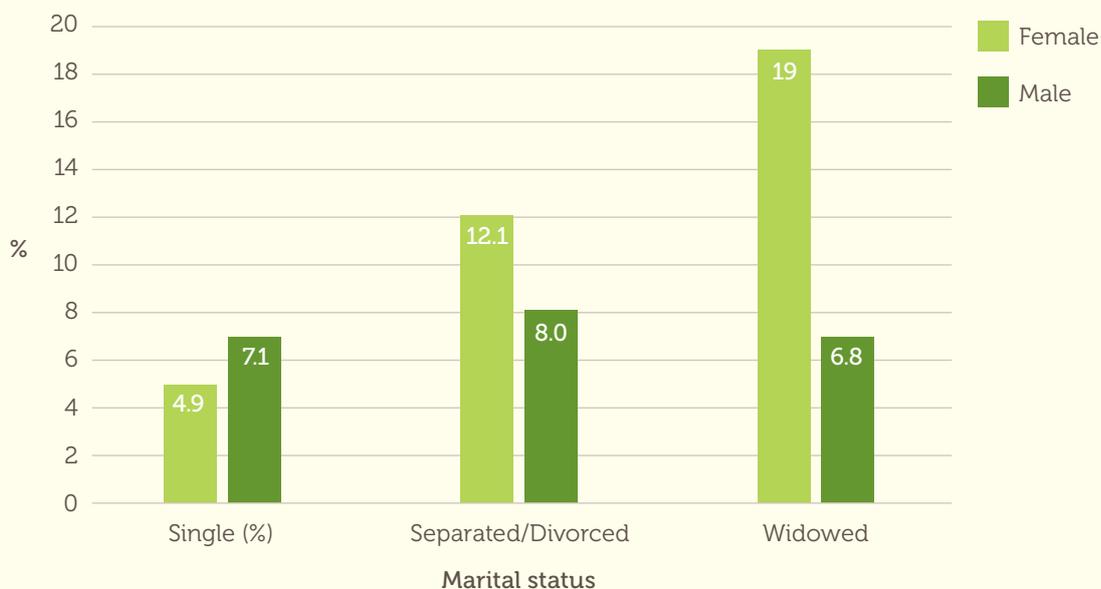
As health problems worsen, more older men facing disability rely on their partner or spouse to provide care and are less likely to seek formal care and support than women; 28% of men aged 75 and over with a care need are cared for by their partner or spouse, compared to 15% of women in a similar position.¹¹ In addition, just 10% of these men were in receipt of formal help, compared to 20% of women.

At the same time, we know that men aged 85 and over disproportionately provide more informal care than women.¹² This is likely related to the fact that after the age of 65, women can

“ Not asking for help – it’s a macho thing. I hate going to the doctor. The doctor has to ask me to go in to get my blood pressure checked. ”
Older man from focus group

expect to live a greater proportion of their remaining years with a limiting longstanding illness and men who make it to this age – the ‘oldest old’ – have survived alongside their spouse.

Figure 2: Proportion of non-partnered men and women by marital status



10 Milligan et al. (2013)

11 Breeze & Stafford (2010)

12 Breeze & Stafford (2010)

13 Espinosa & Evans (2008)

The responsibilities of care at this age raise the prospect of a vulnerable and growing contingent of older men who may themselves be coping with illness and disability.

Interestingly, previous research has found that men are 30% more likely to die after being recently widowed, compared to their normal risk of mortality, while women had no increased chance of dying after their husbands passed away.¹³

But the profile of the older male is set to change as the number of older men is growing at a faster rate than that of women. In 2012 in England and Wales, for example, 16% of men were aged 65 and over compared to 23% of women and, over the next 20 years, the figure for men is projected to increase substantially to 21%, while staying more or less stable for women (24%). Mainly due to an increase in male life expectancy, the gap between the genders is gradually shrinking.¹⁴ Compared to 20 or 30 years ago, fewer men today work in heavy industries and manufacturing – jobs that take a big toll on physical health and wellbeing.

And although today's men are more likely than women to be living in a couple, there is a large number of those aged 65 and over who live alone, and this number is set to increase. Around 911,000 men aged 65 and over live alone today, but based on current trends, this is projected to grow to around 1.5 million by 2030, nearly a 65% increase,¹⁵ while the equivalent projected increase for women is 52%. The increase for men could be even higher if one considers other factors, such as an increase in the divorce rate among older people. Among those aged 60 and over in England and Wales, there were 2.3 divorced per 1,000 married men in 2011, compared to 1.6 per 1,000 married women; in 1991, these figures were 1.6 and 1.2, respectively.¹⁶

Of course, older men are not a homogeneous group and the interplay of other influences, such as disability, sexual orientation, race and ethnicity, and wider factors like education, must all be considered. As the number of older men increases, it is likely that many will become socially isolated and lonely and services set up to support them must be prepared for this.

Case study

George, 83, lives alone in the house he shared with his wife until she died eight years ago. He has three children, but only one lives near enough to visit once a week. He used to travel a lot with his wife and was very involved in his children's lives, but now he's visited by very few people – just a neighbour who does a bit of shopping for him, a carer who comes once a week and a gardener who comes once a fortnight.

George is registered blind and can't go out on his own. Although he used to go to a local club, he stopped because he doesn't like not being able to see the people he's talking to. He now says he's "resigned to being at home" and spends a lot of his time listening to sport on the radio.

14 ONS (2013a)

15 Calculated based on figures from ONS (2013c) & ONS (2013d)

16 ONS (2013b)



Table 1: The older population in numbers

Numbers of older men in England by age in 2013 ('000s)¹⁷

50+	8,958
65+	4,186
80+	968
90+	127

Change in population aged 85+, England and Wales 2001-2011 (%)¹⁸

Men	45
Women	16

Projected change in population aged 65+, England and Wales 2012-2034 (%)¹⁹

Men	5.0
Women	0.6

 **45%**

 **16%**

increase in
people aged 85+
in 2001-2011

 **5%**

 **0.6%**

increase in
people aged 65+
in 2001-2011

17 ONS (2014)

18 ONS (2013d)

19 ONS (2013c)

Table 2: Life expectancy at age 65²⁰

Life expectancy at age 65, England 2008-2010 (Years)

Men	18.0
Women	20.6

Disability-free life expectancy at age 65, England 2008-2010

Men	10.7
Women	11.3

Expected proportion of years after age 65 with limiting longstanding illness (%)²¹

Men	40.7
Women	45.2

+18  **+20.6**  years life expectancy after 65+



 **49%**  **14%** aged 85+ living with a spouse or partner in 2011

 **1,500,000** aged 65+ living alone by 2030 – currently 911,000

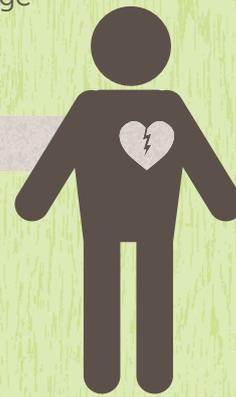
20 ONS (2012)

21 ONS (2012)



Table 3: Leading causes of death by gender, England and Wales (2012)²²

	Cause of Death	Number	Percentage
Men			
1	Heart disease	37,423	15.60%
2	Lung cancer	16,698	7%
3	Emphysema/bronchitis	14,378	6%
4	Stroke	14,116	5.90%
5	Dementia and Alzheimer's	13,984	5.80%
Women			
1	Dementia and Alzheimer's	29,873	11.50%
2	Heart disease	26,741	10.30%
3	Stroke	21,730	8.40%
4	Flu/pneumonia	15,075	5.80%
5	Emphysema/bronchitis	14,155	5.50%



²² ONS (2013c)

Table 4: Care and physical limitations by gender²³

Prevalence of people aged 75+ with a physical limitation receiving help, England 2008/9 (%)

Men	48.0
Women	59.2

Prevalence of people aged 75+ with a care need receiving formal care, England 2008/9 (%)

Men	10.2
Women	20.3

Prevalence of informal care received from partner or spouse, England 2008/9 (%)

Men	27.8
Women	14.8

Proportion of people aged 85+ providing informal care (%)

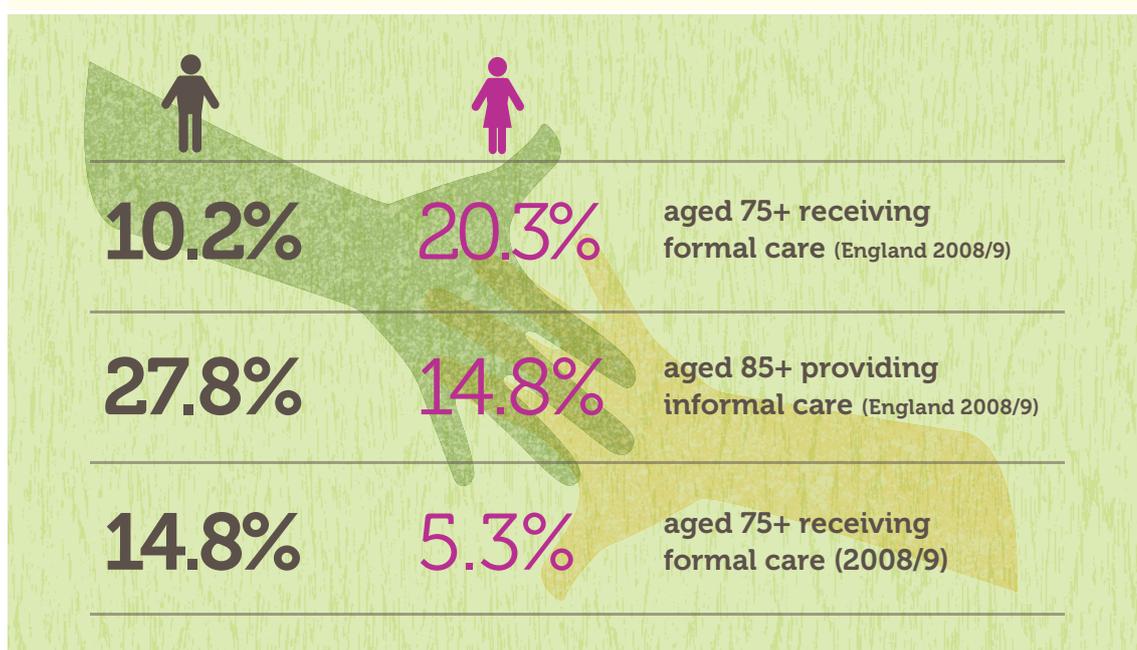
Men	14.8
Women	5.3

Men aged 65+ living alone ('000s)

Today	911
2030	1,500

Prevalence of people aged 85+ living with a spouse or partner, 2011 (%)

Men	49
Women	14



23 Breeze & Stafford (2010)

What do we mean by social isolation and loneliness?

2

The concepts of social isolation and loneliness are often used interchangeably and can even be confused with social exclusion. But, although related, they are distinct in important ways. Our research is based on the following definitions:

Loneliness:
a subjective perception in which a person feels lonely

Social isolation:
broadly refers to the absence of contact with other people

Social exclusion:
refers to being marginalised; closely related to social cohesion²⁴

Being socially isolated – that is, not having contact with others – can certainly contribute to social exclusion when it causes a person to be marginalised, forgotten, or deprived.

“
You go into a shop and they think ‘Oh he’s just an old man, he’s not going to buy anything’ – they ignore you.

Older man from focus group

”

Likewise, the absence of contact with others (ie social isolation) can contribute to feelings of loneliness, but loneliness is not necessarily related to the degree of contact one has with others.

For the purposes of our research, we have focused on social isolation and loneliness, and not social exclusion.

Using an index for social isolation and loneliness that has been used in other work, we have allocated scores for answers to different questions and added them up to achieve an overall score.

²⁴ cf Scharf et al. (2005); Dwyer & Hardill (2011)

The social isolation index

The **social isolation index** ranges from 0 to 5, where 0 could be thought to represent no isolation. The index is composed of five parts:

- 1 partnership:** score of 1 if having not married or not cohabiting with a partner
- 2-4 contact:** score of 1 if having less than monthly contact (meeting in person, speaking on the telephone, or written communication including emails) with:
 2. children
 3. other family members
 4. friends
- 5 organisational membership:** score of 1 if not identifying membership in a social organisation, including political parties, residents' groups, religious groups, charities, educational groups, social clubs, sports clubs, or any other kind of organisation.

For the analysis in this report, we have condensed the scale by combining scores 3-5 into one category of the most isolated.

The **loneliness index** is measured with the Three-Item Loneliness Scale, which ranges from 3 to 9, with 3 representing the lowest level (or absence) of loneliness.²⁵ The scale is composed of responses to three questions:

- how often do you feel a lack of companionship?
- how often do you feel left out?
- how often do you feel isolated from others?

Responses include "hardly ever/never", "some of the time", and "often", which score 1, 2, and 3 respectively. For this report, we have grouped total scores of 4-6 and 7-9 to represent moderately lonely and the loneliest people.

Since the loneliness index is subjective – based on questions about how people feel – it can lead to measurement error due to bias. In other words, different people in similar circumstances may not necessarily respond to questions in the same way either because they perceive situations differently or are reluctant to reveal their feeling to the same degree. This is important and contributed to our decision to use the index to measure loneliness rather than simply asking respondents if they felt lonely.

25 Hughes et al. (2004)

How do men differ from women in reports of social isolation and loneliness?

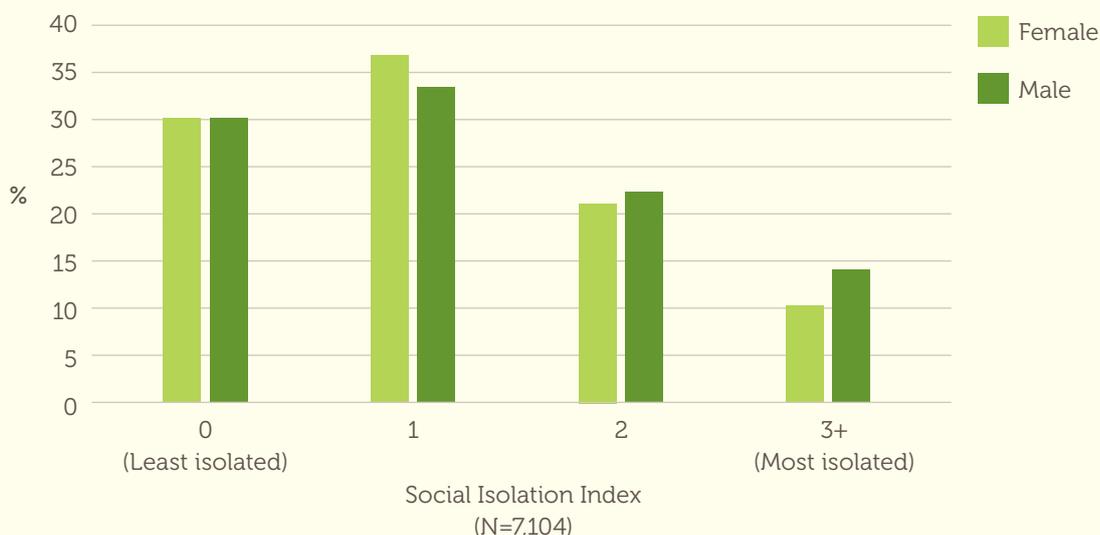
3

Perhaps the most surprising result to come out of the research is that while many previous studies suggest that women are more likely than men to experience social isolation and loneliness,²⁶ our findings found that in fact men report higher levels of social isolation.

- based on our data, an estimated **1.2 million men** over 50 (14%) experienced a moderate to high degree of social isolation (scores=3-5).
 - almost **3.0 million** (34%) were only slightly isolated (score=1)

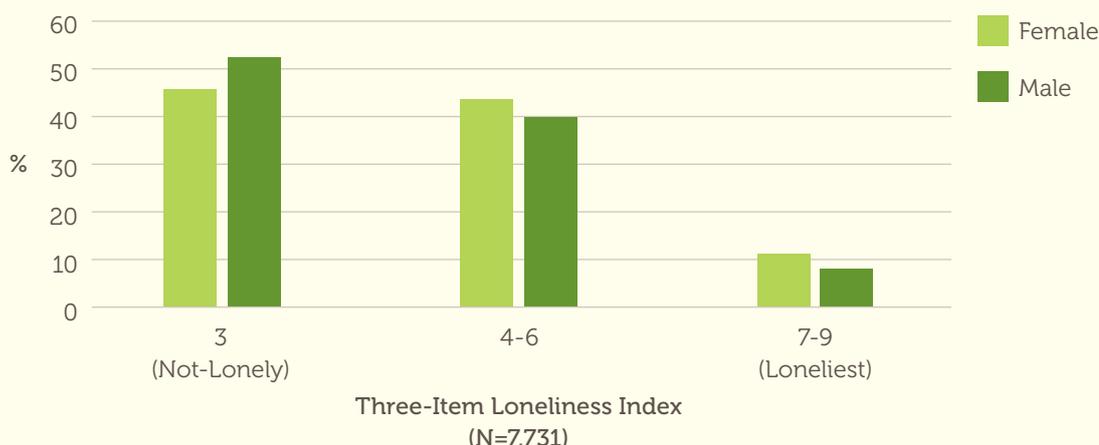
- in contrast, just over a million (11%) women experienced a moderate to high degree of social isolation, while over 3.7 million (37%) were only slightly isolated
- meanwhile, nearly **4.2 million men** over 50 (48%) experienced some degree of loneliness in England in 2012/2013 (score<3).
 - over **710,000** older men (8%) experienced a high degree of loneliness (scores=7-9)
- in contrast, **over half of women** over 50 (54% or over 5.4 million) experienced some degree of loneliness, with over 1.1 million (11%) experiencing a high degree of loneliness.

Figure 3: Social isolation by gender



26 Victor et al. (2000)

Figure 4: Loneliness by gender



As **Figure 3** shows, a higher proportion of women than men report only a slight level of social isolation (score=1), and the main reason for this relates to partnerships – women tend to outlive their partners more often than men.

The **separate social isolation components** (**Figure 5**) show that, although men are more likely to have a partner than women, they report a higher level of social isolation because they have significantly less contact with their children, family and friends. In fact, nearly 1 in 4 older men has less than monthly contact with their children and previous research has also found that this contact seems to deteriorate over time for older men but increase for women as they age.²⁷

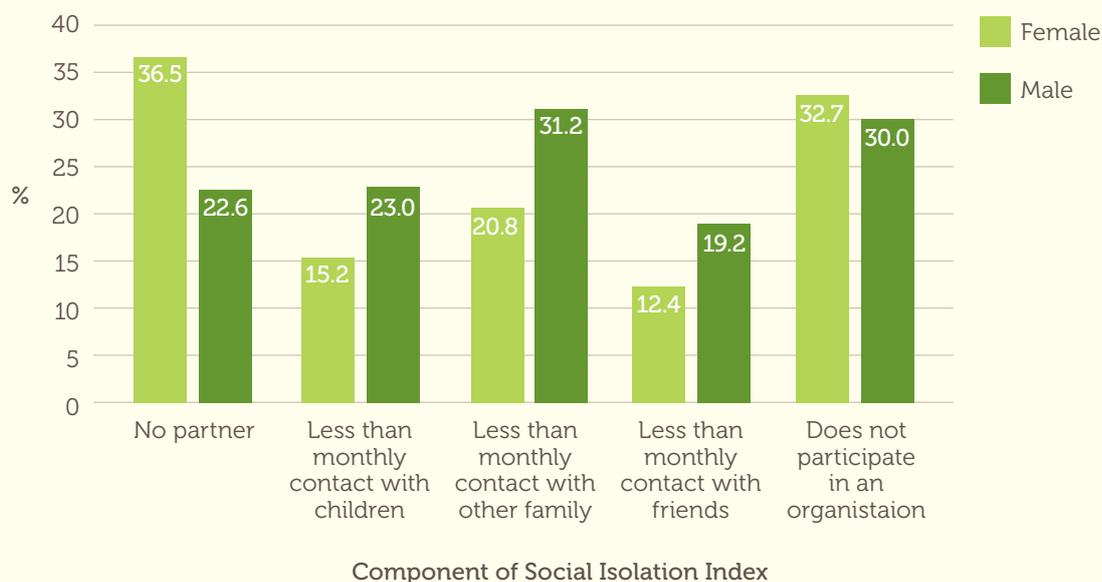
This is a key point and indicates that men are far more dependent on their partner for social contact than women are. This means they are particularly vulnerable to experiencing social isolation after their partner dies as they lose their close companion and their other regular social contact with children and family as well.

Even single older men are less likely to have frequent contact with their children and other family members, which could explain why they are more likely than single older women to move into residential care, even though they do not suffer as much disability.²⁸ As the population of older men continues to grow and more older men find themselves living alone, social isolation among older men and the potential issues it brings is set to get worse.

²⁷ Del Bono et al. (2007)

²⁸ Arber & Ginn (1993); Tinker (1997)

Figure 5: Proportion scoring on each component of the social isolation index by gender



Yet, although social contact tends to decline with age among men, they do seem to develop wider social networks beyond family and friends, particularly with neighbours or through civic engagement.²⁹ As **Figure 5** shows, older men participate in organisations slightly more than older women. As a consequence, social organisations may be particularly well-positioned to address social isolation among older men, especially those who are divorced or never married and who are more susceptible to social isolation and poor health than married men.³⁰

But there is a difference between the sexes as what type of organisation they are more likely to join (**Figure 6**). While both are equally likely to get involved in residence/neighbourhood groups, men are more likely to be members of groups related to politics/environment than women.

In addition, prior work has found that older men are resistant to engaging with services or organisations that cater specifically to older people, particularly as many appeal mainly to older lone widows.³¹ It's important then that services trying to connect to isolated older men pay careful attention to the kinds of activities that appeal to them. Services and interventions are discussed further on page 36.

With regard to the three questions that make up the **loneliness score**, a similar proportion of men (nearly 1 in 3) report feeling each of these aspects of loneliness "some of the time" or "often". These proportions are lower than those reported by women, particularly on companionship, perhaps because many people think of companionship in terms of a partner or spouse rather than other family and friends.

29 Del Bono et al. (2007)

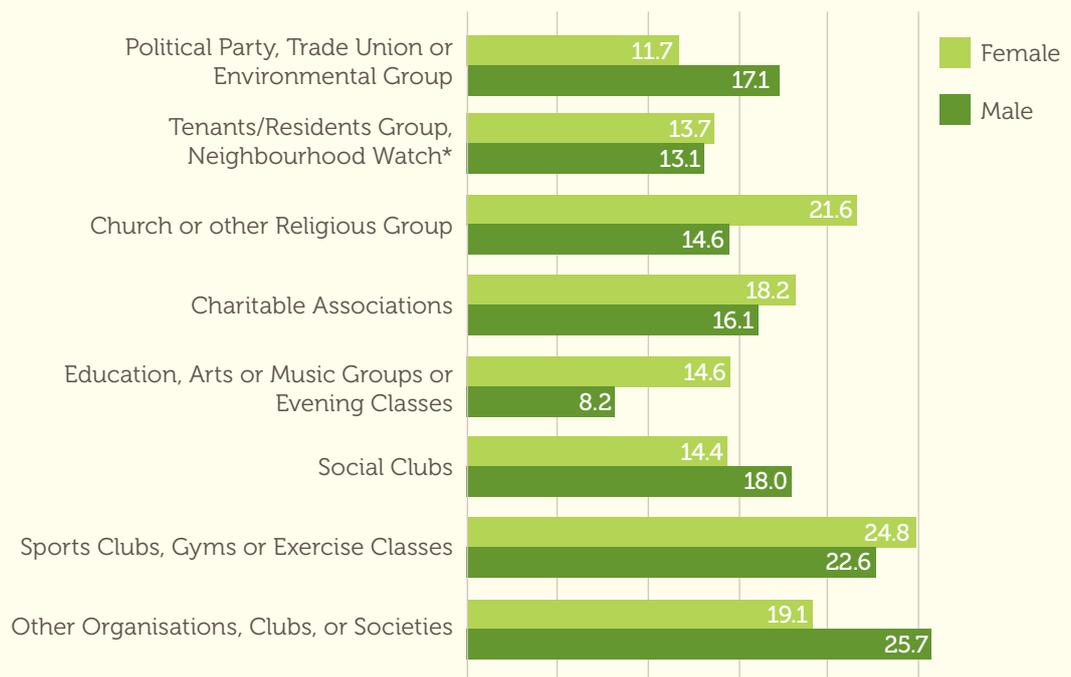
30 Davidson et al. (2003)

31 Dwyer & Hardill (2011)

Since men report less frequent contact with children, family, and friends than women, one might imagine that they would feel left out or isolated more often, but this is not reflected in the loneliness scores. Part of the explanation for this lies in the differences in the demographic profile of older men and

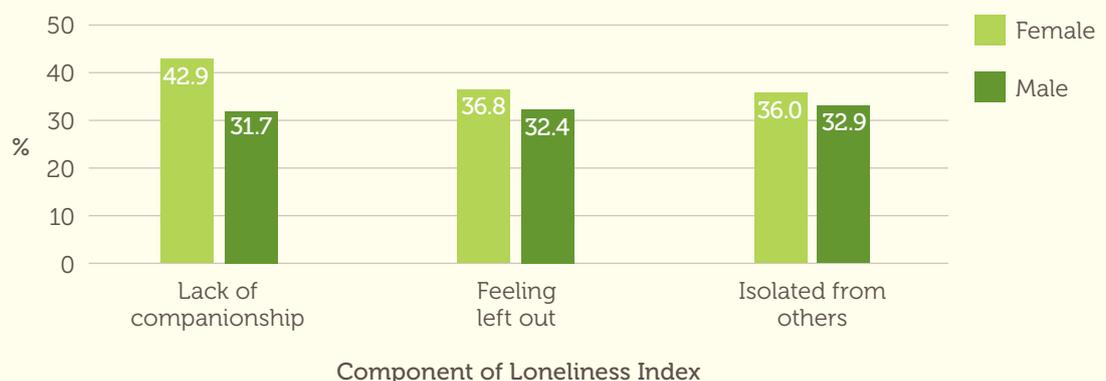
women: women are more likely to report loneliness in part because they are more likely to be living alone and without a partner. When we compare men without a partner with women who don't have a partner, men are more likely to feel lonely (see page 30).

Figure 6: Proportion reporting membership by organisation type and gender



*non-significant difference between genders

Figure 7: Proportion responding "some of the time" or "often" to loneliness index components by gender



Are men under-reporting loneliness?

Another possible explanation is that it's more socially acceptable for women than men to report feelings of loneliness, or perhaps men just don't see themselves as lonely to the same degree. If this is true, then we might expect that our figures are under-representing the true extent of male loneliness. This lack of knowledge – of being able to accurately identify lonely older men – presents a substantial challenge for service providers in knowing who to target and how to evaluate their efforts to reduce social isolation and loneliness.

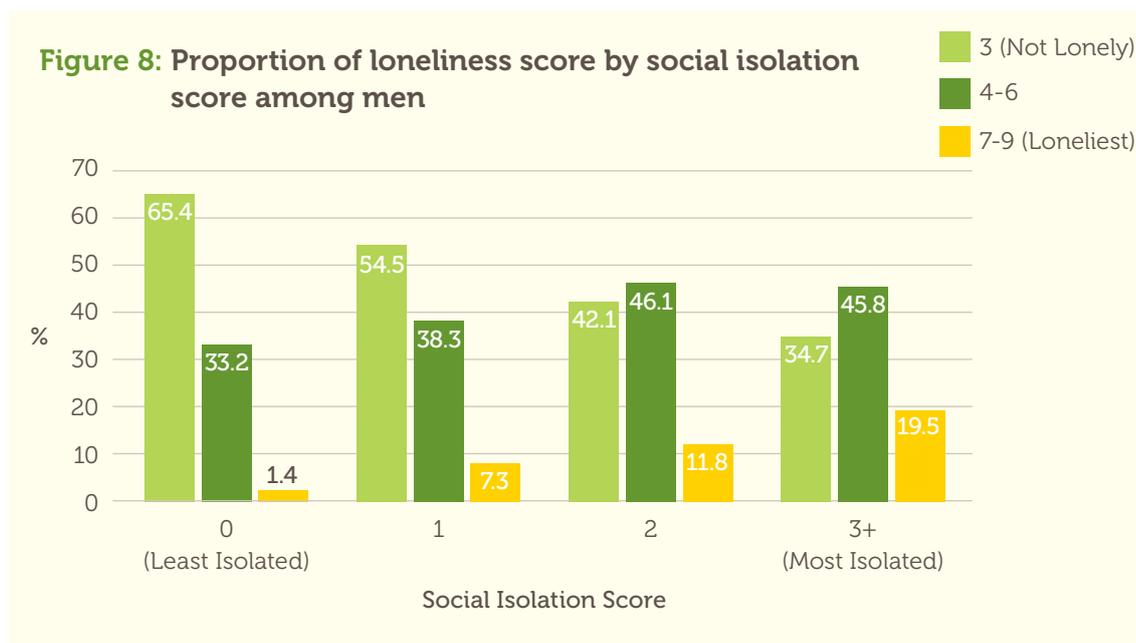
One way to explore the possibility is to compare social isolation scores against loneliness scores.

As **Figure 8** shows, although the most isolated men report higher levels of loneliness than those who are less isolated, a third report that they are not lonely at all. Among the most isolated people, a slightly smaller percentage of

men than women report the highest level of loneliness (20% versus 23%). This tends to support the idea that men are able to be alone without identifying as lonely.

If we look at the group who are the most lonely, nearly a third (33%) of older men report being the most isolated, but this is true for less than a quarter (22%) of women. So, the loneliest men are more isolated than the loneliest women – in a way, lonely men are more alone than lonely women. However, of those who are not alone (the least isolated), women are lonelier.

While this could again reflect a general under-reporting of loneliness among men, it could also suggest that men and women experience loneliness in different ways – namely that women can be well-connected to others but still feel lonely. As we have seen, partnerships play a key role in men's social relationships. Women may need more than this to avoid feelings of loneliness; perhaps they also need strong relationships outside the partnership.





...the loneliest men are more isolated than the loneliest women

Case study

Jim, 87, lost his partner six years ago and lives by himself in local authority housing. Although he has two children, his daughter never phones and only visits twice a year as, he says, "We've run out of things to say to each other." He's also completely lost contact with his son. Meanwhile, over the years his friends have "all dropped out and died".

Jim's mobility is limited and he finds his energy is very low for day-to-day activities. He would like some help around the house, with cleaning and shopping, but hasn't asked anyone for this. Once a month he goes to a tea party organised for older people, which he finds "rather boring but pleasant" and would like to attend more often if he could. He doesn't see anyone else apart from shop-keepers.

Jim says, "I don't get on with people, to be honest, or they don't get on with me. I don't really feel lonely... not in the sense that it matters... It suits me really."

What characterises older men's experiences of social isolation and loneliness?

4

Socio-economic circumstances³³

Socio-economic status is often measured by income and education, and both can relate to people's interactions with others. Higher levels of income mean people can afford more social activities³⁴ and access to paid care services, which can enhance their ability to maintain social connections. Education can influence the kinds of social connections people have and the activities they find appealing, although the extent of which will be restricted by the resources they have available. Indeed, previous work has found that people with more years of schooling and higher income report less loneliness.³⁵

Those renting their home are more likely to experience much higher levels of social isolation than homeowners or those paying a mortgage. Among the most isolated older men, over a third are renters compared to just 5% of those who are not isolated. This suggests that housing tenure should be considered in efforts to address social isolation among older men, particularly in terms of targeting services.



31%

most socially isolated men have **no qualifications**

We found that just under a third of the most isolated men had no qualifications (31%), while for those older men not isolated, 13% had no qualifications. Meanwhile, 16% of the most isolated had degree-level qualifications, while around 1 in 4 of the least isolated or lonely men had degree-level qualifications (24% and 27% respectively). However, once other factors are taken into consideration, we found weak evidence that men with no qualifications were more likely to be isolated than those with degrees, and there was no evidence at all to suggest education influenced loneliness.

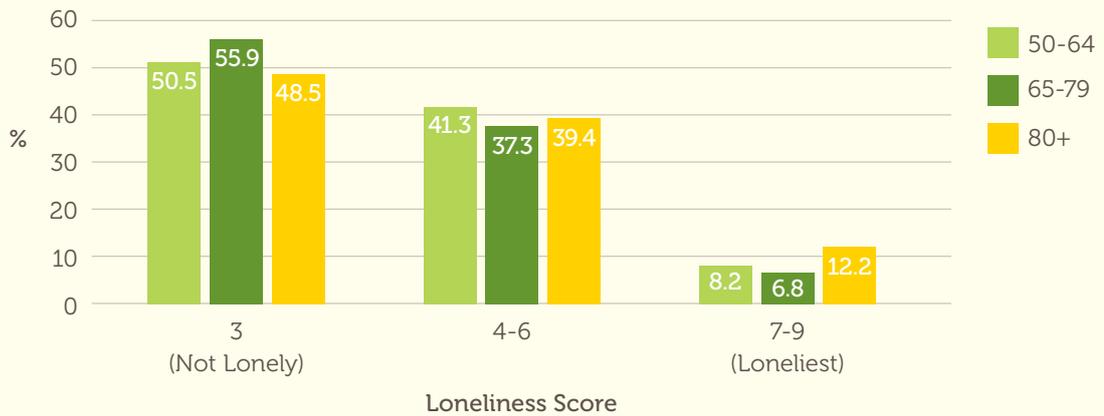


³³ For a comprehensive breakdown of how these characteristics vary by gender, turn to the Appendix on page 52.

³⁴ Pinquart & Sörensen (2001)

³⁵ Pinquart & Sörensen (2001)

Figure 9: Proportion of age group by loneliness score



Income, on the other hand, was found to have a strong relationship with social isolation – around a third of the most isolated men were in the lowest income quintile (33%), in contrast to only 7% of the least isolated men. But like education, we found income had no impact on levels of loneliness when other factors are taken into consideration.

£ 1 in 3 most socially isolated men have low incomes

Taken together, these findings could suggest that socio-economic elements may enable older men to maintain social contacts but have no impact when it comes to deeper, emotional connections.

Age

Looking closely at the differences in social isolation and loneliness between age groups, there are higher levels of loneliness among those aged 50-64 and 80 and over. In particular, men aged 80 and over were more likely to report high levels of loneliness (12%) compared to men aged 65-79 (7%).

These patterns are virtually identical for women, although higher proportions of the 80 and over group report the highest levels of loneliness (19%), partly because a higher proportion live alone.

The spike in loneliness among the 50-64 age group could be explained by unplanned exits from work related to early retirement, redundancy, deteriorating health, or care responsibilities. At the same time, the lower levels of loneliness among the 65-79 age group could relate to increased social contact as people settle into the traditional retirement phase of life; in fact, this age group also has the highest proportion reporting no social isolation, suggesting relatively higher contact with children, family, and friends.

But it is important to note that not all older men are lonely. Our analysis found that loneliness is not an inevitable part of the ageing process and that it is, in fact, other influences more likely to occur in later life, such as illness and the death of a partner, that contribute to social isolation and loneliness.

Therefore, it is completely possible to avoid social isolation and loneliness as we age, just as it is completely possible to be more socially isolated and lonelier in our younger years than later in life.

Partnerships

As we have already seen, having a partner has a far more significant bearing on men than women when it comes to social isolation and loneliness.

For those without a partner, men report higher levels of loneliness as well as higher levels of social isolation compared to women, and overall,

a higher proportion of men without a partner report loneliness compared to women (76% versus 71%).

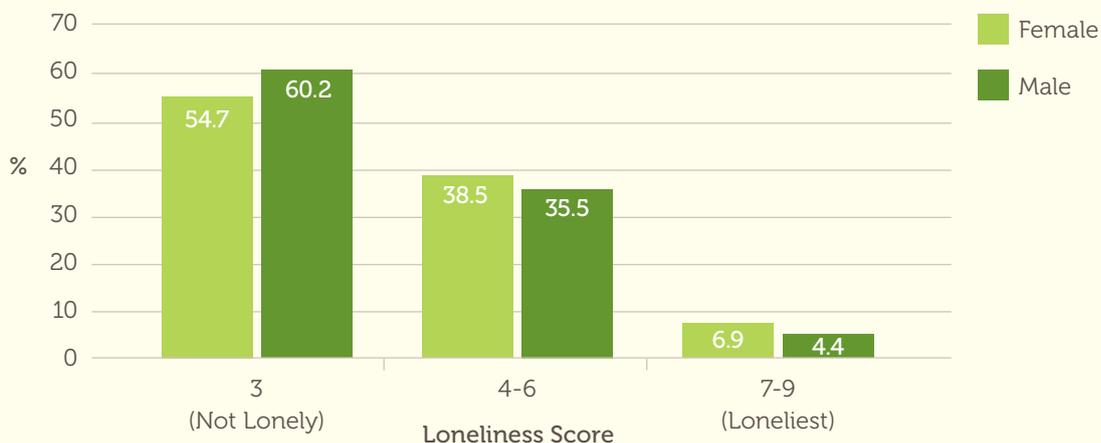
In contrast, among those who are married or cohabiting, women are lonelier than men. Among men, 60% are not lonely (compared to 55% of women), while 4% are the loneliest (compared to 7% of women).

Likewise, more than 1 in 3 older men without a partner are the most isolated, compared to over 1 in 5 women (37% versus 23%). In addition, men still have higher rates of isolation among those with a partner since they are less likely

Figure 10: Proportion of loneliness among people with no partner by gender



Figure 11: Proportion of loneliness among married/cohabiting people by gender



to have frequent contact with friends and other family members; 7% of older men are the most isolated compared to 4% of women.

Mirroring this, while we know that more older women live alone – over 1 in 4 women (27%) were living alone compared to less than 1 in 5 men (18%) – which contributes to the higher reporting of loneliness by women, nearly half of the loneliest older men were living alone (47%). Therefore, as the number of older men living alone increases, so too will the number of lonely older men.

Family and friends

Of course, losing one's partner can greatly impact anyone's vulnerability to loneliness.³⁶ But, for men, the experience of widowhood can be compounded by the fact that their partner is so often the main figure to whom they turn for emotional support. Upon the loss of a partner, widowed men rely more on family than widowed women. This is because older women generally have well-established support networks outside the family in place.³⁷

Older men and women tend to have very different kinds of social networks. Women tend to have closer relationships with friends outside the family and have more frequent interactions with relatives than men.³⁸ In contrast, men tend to foster relationships on a broader level, particularly with neighbours and through activity in their communities.³⁹ These relationships are more fragile, and contact tends to decline as men age. In addition, men develop friendships through the workplace which can be lost after retirement.

36 Victor et al. (2006)

37 Davidson et al. (2003)

38 Del Bono et al. (2007)

39 Davidson et al. (2003)

40 Perren et al. (2003)

“
Women keep the family together and people rally around them. When women die, people drift away from the man left behind.

73-year-old man, widowed

”

These differences are highlighted in **Figure 5** on page 24. Women report more frequent contact with children, family, and friends than men and nearly 1 in 5 men (19%) have less than monthly contact with their friends compared to only 12% of women. With respect to family, almost 1 in 4 men (23%) have less than monthly contact with their children, while close to 1 in 3 men (31%) have less than monthly contact with other family members. For women, these figures are 15% and 21% respectively.

Interestingly, in contrast to widowed men who depend on family for support during bereavement, divorced men are more likely to have strained relationships with their adult children. They are also less likely to be active in social organisations.⁴⁰ Women, on the other hand, keep social contacts from a range of sources regardless of age or marital status.

Overall, the nature of older men's relationships with others suggests that major life events, such as divorce, widowhood or retirement, can affect them in a much greater way than they affect women. This is mainly because women's close social networks make them more resilient.



Upon the loss of a partner, widowed men rely more on family than widowed women

Case study

John, 73, lost his wife five years ago and lives by himself in local authority housing. Two of his sons live nearby and visit fairly regularly, but he doesn't see his grandchildren often, saying, "they're just tied up in their own lives". Before his wife became ill, they had an active social life. "The house was always full of kids," he says. "Women keep the family together."

Health problems have limited John's ability to do everyday jobs so one of his sons helps out with odd jobs every fortnight, a neighbour occasionally pops in and he has a carer twice a week for an hour. "Without them, I don't know where I'd be," he says. If organisations contact him offering help he'll take it up, but says, "I worry that I'm taking them away from someone else."

"Loneliness is a killer... you can't cure loneliness. It's something I wouldn't wish on my worst enemy... I never thought I'd be in the same boat."

Informal care provision

Providing informal care to a partner or loved one can be a very time consuming and intense commitment, which can often become long-term.⁴¹ Not surprisingly, being an informal carer can limit time spent on social activities, which can increase social isolation and feelings of loneliness. As men get older, they are more likely to be caring for someone else. Among the 85 and over age group, nearly 15% of men are informal carers compared to just over 5% of women.

Most informal care provided by older people is for family – around a third care for spouses⁴² – so informal carers would likely score low on our index of social isolation. Although having care responsibilities may reduce their ability to go out, having a family member with care needs may well increase communication as relatives outside the household check in and try to stay updated.

Some previous studies have found that carers have higher levels of loneliness, and this does not appear to end when the caring role ends.⁴³ Other research, however, has found that, after taking health into account, carers were not lonelier than non-carers.⁴⁴

Of our sample of older men, around 10% reported providing informal care. Although we found no immediate association between being a carer and loneliness or social isolation, when we

explored several factors at once – taking into account other characteristics like marital status and health – male carers did in fact appear more likely to report the highest levels of loneliness compared to those older men who were not lonely.⁴⁵

Of course, the relationship between informal care provision and experiences of isolation and loneliness can change over time. For example, loneliness may increase if the care recipient has a form of dementia and becomes withdrawn or less able to engage in conversation. Furthermore, after the care recipient dies there tends to be a sharp decline in the support the carer receives, and indeed some of older men we interviewed noted that the nurses and other support staff abruptly disappeared upon their wives' deaths.

Physical and mental health

Research has consistently found that social isolation and loneliness are associated with poor health and chronic illness. Poor physical and mental health can have a negative impact on people's ability to get out of the home and make social connections but, at the same time, loneliness in particular can impact physical activity, motor function, depression, and cognitive function.⁴⁶ Lonely people are also at a greater risk of dying, and people who are socially isolated have also been associated with a higher chance of dying.⁴⁷

41 Maher & Green (2002)

42 Milne et al. (2001)

43 cf. Beeson (2003); Robinson-Whelan et al. (2001)

44 Ekwall et al. (2005)

45 This analysis applied a logistic regression model. We do not go into detail on the modelling in this report, but further information can be obtained from the authors.

46 cf. Alspach (2013)

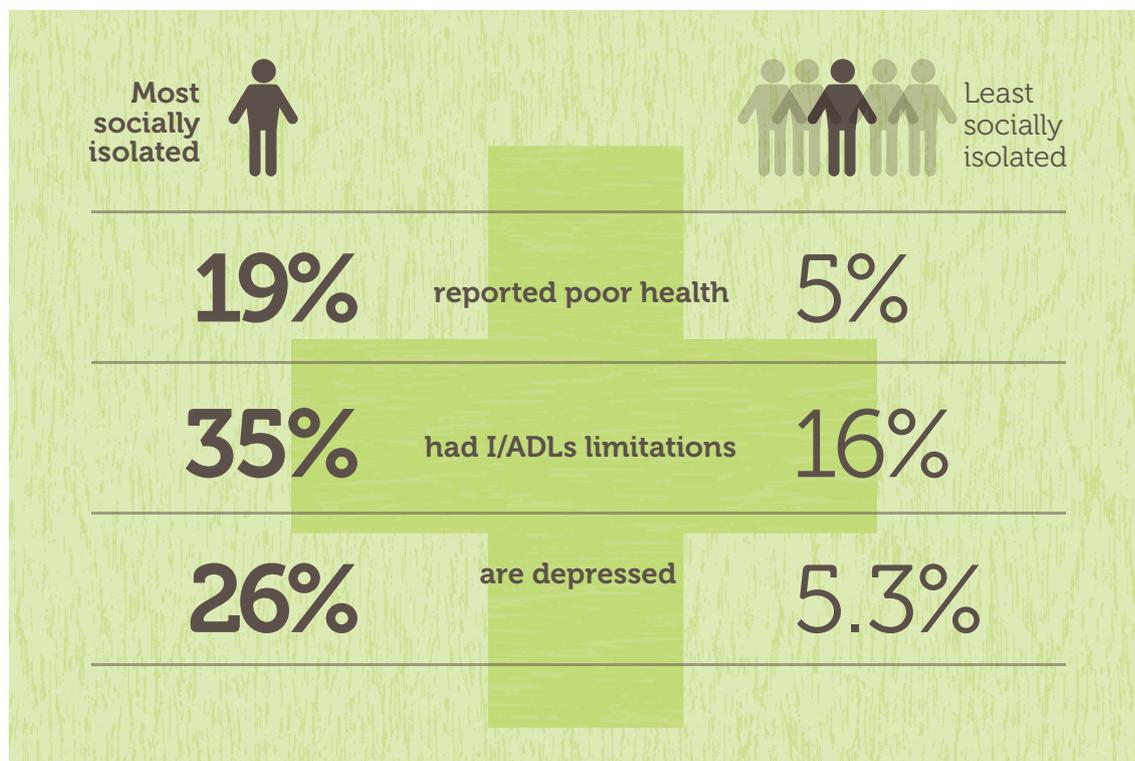
47 cf. Tilvis et al. (2011), Steptoe et al. (2013)

Our data revealed that poor health was much more prevalent for the most isolated and the loneliest men compared to those not isolated or lonely. **For the most isolated, 19% reported poor health compared to just 5% of men not isolated. Likewise, more than 1 in 4 of the loneliest men (28%) said their health was poor, in contrast to only 5% of men not lonely.**

In the same way, limitations in activities of daily living and instrumental activities of daily living (ADLs/IADLs) were more prevalent among the most isolated and loneliest men.⁴⁸ Over 1 in 3 of the most isolated men (35%) had limitations in I/ADLs compared to only 16% of the least isolated men. And the difference was starker regarding loneliness. Over half of the loneliest men (53%) reported limitations in ADLs/IADLs versus just under 1 in 6 men (17%) not reporting loneliness.

Mental health, specifically depression, can be another factor. Over 1 in 4 (26%) of the most isolated men were depressed, in contrast to 6% of the least isolated and over half of the loneliest men (55%) were depressed compared to just 4% of men not reporting loneliness.

Loneliness and social isolation have a complex relationship with depression. There are challenges in conducting analyses to assess which comes first – whether depression causes people to be lonely or isolated, or whether loneliness or isolation lead to depression. While our research cannot identify the direction of causation, we did find that depression was the only health factor directly associated with both loneliness and social isolation. In other words, when other factors are taken into account, depressed older men are more likely to be socially isolated and much more likely to be lonely.



48 Activities of daily living (ADLs) consist of activities required for taking care of oneself, such as dressing, eating, or tending to personal hygiene. Instrumental ADLs are less fundamental activities, but they enable or enhance independent living, e.g. managing medications or finances on one's own or doing housework.



...depressed older men are more likely to be socially isolated and much more likely to be lonely.

Case study

Mike, 85, lives by himself in a housing association flat. He never married, doesn't have any children and hasn't got to know his neighbours as "they all work". Although he is in fairly good health, Mike had a fall 18 months ago and fractured his pelvis. He used to go to town most days, looking around the shops and meeting friends for a cup of tea, but the fracture has severely restricted his mobility and he can no longer go out of the house without help.

Apart from the odd visitor, the only activity Mike attends outside the home now is a church lunch club once a fortnight. But, although he'd like to socialise more, he feels it's impossible as there is no one else to ask. Mike says, "I do feel a bit cut off and depressed on the days when people don't come. But I don't sit and mope; I find things to do – listen to music, read magazines."

What is being done to address social isolation and loneliness among older men?

5

In the last couple of years we have witnessed a growth in male-specific interventions aimed at tackling social isolation and loneliness but, overall, most activities for older people are gender-neutral, not targeting either men or women in particular. Among these, anecdotal evidence shows that mainstream services are disproportionately used by women, with the breakdown of female to male ratios varying from 60:40 up to 80:20.

Could this difference be because mainstream activities targeting social isolation and loneliness – such as coffee mornings and befriending services – are more attractive to women? To find out, we identified a number of initiatives targeting social isolation and/or loneliness and conducted interviews with some of the project leads. We also interviewed 20 older men to hear their experiences and to gain an understanding of their views on social connections, offering insight into what can be done more effectively in the future.

A photograph of two elderly men walking together on a paved path outdoors. The man on the left is Black, wearing a white short-sleeved shirt and dark trousers. The man on the right is white, wearing a light-colored short-sleeved shirt, a tie, and light-colored trousers. They are walking towards the camera. In the background, there are green plants and a brick wall. A large green number '5' is overlaid on the top right of the page.

there is a need for services that address loneliness that look separately at men's needs and preferences

Interventions aimed at social isolation and loneliness among men

Men in Sheds is one of the earliest interventions to address social connections among older men. The project aims to attract older men to a social setting where they can foster new friendships through engagement with hands-on DIY activities.



Project name	Men in Sheds
Lead organisation and scope	Originated by Age UK (then Age Concern), now run independently – national
Overview	Men in Sheds was started by Age UK Cheshire in the autumn of 2008 for older men who feel isolated or are experiencing major life changes. A Men's Shed is where a group of men come together to share the tools and resources they need to work on projects of their own choosing at their own pace in a safe, friendly, and inclusive venue. They are places of skill-sharing and informal learning, of individual pursuits and community projects, of purpose, achievement and social interaction.
Service gap to address	Facilitates social bonds through gender-targeted activities for older men to help them be more social and foster new friendships.
Objectives and approach	The overarching objective of the Men in Sheds project is to encourage older men to be more socially active through the hands-on DIY activities. Men in Sheds programmes aim to improve men's physical, emotional, social, and spiritual health and wellbeing. Guiding older men in informal adult activity is an important aspect of the programme. Some 'sheds' provide health-related information and signpost older men to relevant services, which are tailored to the specific locality with no one-size-fits-all approach.
Additional information	This approach originated in Australia. Since its introduction to the UK, it has grown to comprise several programmes across the UK.
Links and references	www.ageuk.org.uk/notts/our-services/men-in-sheds/ www.ageuk.org.uk/get-involved/men-in-sheds-appeal/

Stereotypically, men like their football. But with advancing age, it can be difficult or impossible to get on the pitch as a way to stay physically active. One of the initiatives we identified helps connect older men through their love of football while also encouraging them to stay active with one small modification – players walk instead of run. Walking Football, run by a number of Age UK branches, is not restricted to men but tends to appeal more to them. It removes the intimidating element of playing intense football against younger, fitter opponents, while at the same time helping them to connect with others as well as to exercise.

“There is a great need for more male targeted groups, not just in sport necessarily, but to encompass all of the activities men are interested in.”

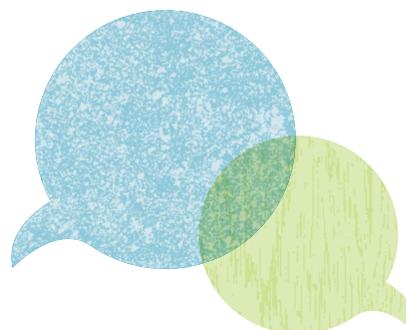
Project leader



Project name	Walking Football
Lead organisation and scope	Several Age UK branches across the UK
Overview	Walking Football is a five-a-side game where players walk instead of run. While it is open to everyone, it mainly attracts men aged 50 and over.
Service gap to address	Older men who want physical activity but may not have companions or facilities through which to undertake this.
Objectives and approach	A main objective is to encourage older people to be physically active and to leave the home to meet others with a shared interest. The initiative is open to all, organised at local leisure centres. As a lack of confidence is a major barrier to older men engaging in physical activity, this scheme supports older people to engage and get involved with the activity.
Additional information	This project was nominated for a NESTA prize awarded for outreach to older people at risk of social isolation.
Links and references	http://oldermenswellbeing.co.uk/uncategorized/walking-football-a-great-way-to-play-for-the-over-50s-man/ www.ageuk.org.uk/surrey/activities--events/walking-football/ www.bbc.co.uk/news/uk-18380173

While the physical activity in Walking Football and the hands-on craft involved in Men's Sheds appeal to a wide segment of older men, there are some who prefer services that offer more academic or intellectual activities. Culture Club, run by Age UK Exeter, organises presentations from different speakers who offer their expertise on different topics. An interesting point is that, during its development, the older men indicated they wanted the project to be men-only.

Another key point is that many of the men involved had spent their working lives in intellectual fields. As levels of higher education have increased in recent generations, the demand for this kind of service may also go up.



Project name	Culture Club
Lead organisation and scope	Age UK Exeter
Overview	Culture Club involves meetings featuring different speakers who present their expertise on fairly academic subjects and answer questions. The primary function of the group is learning rather than socialising, and members – who help select the speakers – are given the details of the speakers prior to the meeting so they can read up on appropriate material for the session.
Service gap to address	Isolated older men who are not interested in practical, shed-based activities, and have commonly spent their working lives in intellectual pursuits. This was identified by the lack of interest in and uptake of the 'Men in Sheds' scheme by this social group.
Objectives and approach	The objective of the club is to bring together socially isolated older men who have the same interests (intellectual pursuits), but do not enjoy the more hands-on shed-based schemes.
Additional information	When the older men were being consulted about how the club should be set-up the two key asks were: no women and no "chit chat".
Links and references	Contact Age UK Exeter

An important trend to emerge from the case studies we explored is that a number of the services to address social isolation and loneliness among older men were built around particular interests or shared experiences. For example, the Seafarers Project brings together retired seafarers over the telephone to have a chance to bond over their shared background. This is particularly important for this group as the nature of their previous careers – away at sea for extended periods – could hinder the development of close family bonds.

Instead, they tend to develop close bonds with other members of their crew, and consequently lose a great part of their social connections upon retirement.

These examples clearly suggest that there is a need for services that address social isolation and loneliness to look separately at men’s needs and preferences. After all, the Culture Club participants preferred a men-only rule, and although Walking Football and Seafarers Project do not exclude women, men are the main participants. This was echoed by some of the project leads we interviewed.



Project name	Seafarers Project
Lead organisation and scope	Community network – national
Overview	A telephone befriending service for retired seafarers
Service gap to address	Retired seafarers are recognised as being at high risk of loneliness and social isolation as the lifestyle involves extended periods of time away from land, hindering family development. The camaraderie and close bonds between crew on the ship can come to act as a substitute for this.
Objectives and approach	On a weekly basis, the befriending club connects former seafarers who have the chance to bond over their shared background. Through a telephone conferencing system, participants are able to maintain regular contact and build friendships. Eight groups of 8-10 members have been established in Wales, Wallasey and Hull, along with others that are UK-wide.
Links and references	http://communitynetworkprojects.org/seafarers-link-conference/ www.csv-rsvp.org.uk/site/seafarers.htm http://communitynetworkprojects.org/our-projects/seafarers/

What older men want from services

So what do older men want in terms of services? Putting this question to our interviewees and focus groups highlighted a number of important issues on current services, which can be valuable in terms of planning services tailored more effectively to older men.

A service for people rather than for lonely older people

One of the main issues discussed was about the way services are marketed. The men told us that the idea of taking up a service for older people or for lonely people can turn people off. One reason for this is that some men may not acknowledge that they need support to address loneliness and isolation so would not necessarily see the point of participating. It is clear that appealing to men will sometimes need a marketing approach that does not require them to admit feelings of loneliness.

At the same time, services that explicitly target older people can also be a deterrent. One reason for this is that men may not consider themselves as older and it may give them a negative perception of what the service will be like, based either on stereotypes or personal experience. They may identify more with supporting a service through being a volunteer or a coordinator, or through peer support, rather than being a recipient.

“

[On social clubs for older men]

They make me feel older than what I am. The people there all have their own problems, don't want to listen to other people's problems. Women aren't too bad but men are notorious – they whinge all the time.

Older man, aged 73, widowed

”

Existing evidence already supports the idea that men are generally more resistant to engaging with services or organisations that cater specifically to older people.⁴⁹

They tend to prefer to attend what they view as “normal interests, rather than organisations specifically for older people.⁵⁰

49 Davidson et al. (2003)

50 Dwyer & Hardill (2011)

Appealing to men's interests and passions

According to our interviews, older men tend to prefer services that reflect their longstanding interests and passions, and it seems one reason for this is that many of the gender-neutral programmes turn out to carry a feminised feel to them.

This might be because the activities on offer can appear – at least initially – to be more suited to women, such as coffee mornings and befriending services, but it can also come down to the environment. Many third sector organisations are run and staffed by women, so older men may have trouble connecting. In addition, some older men reported that female users did not always welcome the arrival of men.

“

[On his book club]

I thought it would be interesting to have a go at it... [It has] brought me up to date... There is a whole host of things in libraries now by people I've never heard of, you see, and it does bring you in touch with some of them.

Older man, aged 85, widowed

”

“

I find ladies stick together more than men do... I don't think they want anything to do with men.

Older man, aged 85, widowed

”

The service providers also reported they felt there was a demand for male-targeted groups. At the same time, though, they need to recognise that not all men are interested in the same things, and not all men will want men-only activities – one interviewee, for example, noted his passion for his book club despite being the only male member.

Case study

Frank, 85, moved to buy a house close to his son after his wife died, but they don't see one another as often as he would like as his son is very busy with work. Apart from seeing neighbours occasionally and a family who have “adopted” him, he is dependent on organised activities. Failing eyesight means he can no longer drive, but his health is good and he keeps active playing bowls.

But Frank thinks a lot of groups and friendship clubs cater for couples and can be difficult for people on their own - especially men as “single women link up with other ladies more easily”. He does go to a friendship club once a week but is “bored to death with it”, and would like to try something new.

User-led involvement and engagement

Many of the project leaders emphasised the benefit of user-led involvement as a way of encouraging effective buy-in and recruitment. Getting older men involved from the inception of a project allows them to help create its design which ensures it adequately reflects the desires and needs of the target group. It also provides early support for the project, as future users already feel engaged in it.

Another valuable point was that services should make a concerted effort to keep users coming back through follow-up contact. There is evidence that once men get involved, they tend to stay engaged.⁵¹ But follow-up contact with attendees who do not return can be beneficial in that it gives them the feeling they are missed and valued. Even if an attendee only misses one meeting due to other obligations, a follow-up call can help strengthen their connection to the service.

“One of our challenges is breaking down the barriers to get older men to participate. Once they go one time they love it; it is just persuading older men in the first place to go.

Project leader

“Men are involved in the planning process in the programme, so they take ownership.

Project leader

How can service provision be improved?

Major life transitions can greatly impact the onset of feelings of social isolation and loneliness, particularly among older men, and this is something services need to take into account when trying to engage older men and prevent social isolation and loneliness from becoming severe in the first place. At the same time, we can identify some blind spots that our research, or service provision in general, does not cover. These areas also need particular consideration among service providers.

Throughout this report, we have highlighted the importance of partnerships in the experiences of social isolation and loneliness. As our research shows, older men tend to view their spouse as their closest confidante but, on becoming widowed, can find that the extended family fails to step in to replace this lost connection. Previous work has suggested that one way of preventing this may be for services to make efforts to engage with men through their partners so they do not become isolated when their partner dies.⁵²

51 Davidson et al. (2003)

52 Dwyer & Hardill (2011)

Retirement can also have a big impact on men. Many men have social networks that were built around their workplace which can dwindle after leaving the labour force. One solution to this could be building support structures for people as they prepare for retirement, so that their social bonds can evolve and be maintained after they leave the workforce.

Another major change that can impact social connections relates to changes in health and physical capacity. Sudden health shocks that reduce people's ability to go out and be as independent as they once were can turn one health problem into a worse one by negatively affecting mental health. Health services need to be alert to this and refer to appropriate support systems.

Sometimes, these health shocks will result in a move into a care home or other facility that provides care support. In general, changes in living arrangements can have a negative impact on one's social connections, particularly as moves into a different area can take a person farther from their family. Services could take a particular interest in older men who have moved.

Areas of further work

There are also some areas that deserve greater attention from service providers, either because they will grow in relevance as the population gets older or because our research uncovered little evidence of innovation or intervention in these areas.

The experiences of older men in **care homes** will grow as a salient issue as the number of men living to later life grows in the future. Men can be particularly vulnerable to feelings of social isolation and loneliness in care homes, partly due to the predominantly female culture they encounter there.

One interviewee showed us a leaflet from his care home, offering feminine activities such as card making, knitting and a foot spa. Future service development needs to take into consideration the needs and sensitivities of older men with respect to formal care.

There will also be a higher prevalence of older men with **dementia**. Only two project leaders mentioned they had engaged directly with older men suffering from dementia, indicating that there may be a need for greater awareness of the particular challenges in providing adequate services for this group. Services will need to be more responsive and adaptive in order to support and attract men with dementia.

Since there will be a major growth in the number of men who live to old age – the **oldest old** – this means there will be many more living alone and many more providing informal care to loved ones. Our research has highlighted the existing challenges related to service provision for men living alone and for those providing care, so concerted efforts should be made now to prepare for this growth. This may require projects that do not rely on activity or mobility for participation, but instead look at targeted interventions in the home or residential care settings.

There are also other groups that are hard-to-reach by mainstream services given their minority status among older men today. Our research did not uncover any projects that specifically target **black and minority ethnic groups** of older men, but project leaders appeared aware of the need to address this. In fact, an expansion of Walking Football to include Walking Cricket is already underway for this reason, to reach out to isolated older men of Afro-Caribbean and South Asian descent.

In addition, some projects are seeking to cater to the **LGBT community**, which is particularly welcome given the likely growth in the future of this group.

Along the same lines, **relationships in general have been changing** and evolving over time, and this will also continue to develop among older people. A growing number of divorcees will reach old age in the future. In addition, people are getting remarried more often and experiencing more changes in their relationship status. This is likely to continue as people age, and given the importance of partnerships, as well as the impact of life transitions, services should begin thinking now about how they will adapt to these changes.

So far, we have said little about **the role of technology**. Without a doubt, technological changes in recent years have transformed day-to-day life, and this is likely to be the case in the future.

Extensive research is being done on how technology can enhance the ageing process and life in older age, but we found few interventions that looked to use new technology as a means to improve social isolation. It is possible that this reflects a sense of limited effectiveness based on earlier interventions.⁵³

Nonetheless, we did find that having a mobile phone and an internet connection can be beneficial. Older men who owned a mobile phone were less likely to report high levels of social isolation or loneliness and older men who had an internet connection were less likely to report high levels of social isolation, but there was no relationship with loneliness. This suggests that communications tools can play a role in keeping people connected, but that the more impersonal nature of the internet may not be a substitute for the emotional connections necessary to avoid loneliness.

“

[On using the internet]

It's been really important and really fun. When I see someone sending me an email from their phone – that's the cutting edge.

Older man from focus group

”



53 cf. Dickens et al. (2011)

A photograph of an older man with a mustache and glasses, wearing a red jacket and a blue and black beanie. He is sitting at a table with a white cup of coffee. The background is blurred, suggesting an outdoor setting. The image is framed by a green border.

Older men are less likely to engage in mainstream projects aimed to tackle social isolation and loneliness.

Key conclusions and recommendations

The research above has identified a number of key risk factors for social isolation and loneliness among older men, in addition to particular concerns that deserve more attention from both researchers and service providers. This report ends with some of the key lessons on the experiences of older men along with recommendations for policymakers, civil society, service providers, and funding bodies on how to better connect with older men to address social isolation and loneliness.

Lessons on social isolation and loneliness among older men

- The trigger points that lead to social isolation and loneliness are clearly different for men and women, and the factors that influence these include those across the life course and key transitions in later life. Partnerships and other kinds of social connections impact men and women in different ways with respect to their experiences of social isolation and loneliness.
- Disadvantages and inequalities experienced across the life course can contribute to higher levels of social isolation and loneliness. Perhaps unsurprisingly, we found men in the lowest income quintile were much more likely than men at other income levels to be socially isolated. Similarly, health issues like limitations in I/ADLs have a great impact on social isolation and loneliness.
- Our new analysis of ELSA suggests that ageing per se does not lead directly to an increased likelihood of loneliness. Rather, the risk factors that may lead one to become lonely such as bereavement, lack of contact with family and friends and poor physical or mental health are key triggers, all of which are more likely to occur as a result of old age.
- We found that many older men have low levels of contact with their family and friends, but that for many older men, family is a key source of support during bereavement. When older men lose their partners, greater attention should be made to foster connections with other family and friends to avoid social isolation and, in particular, loneliness.
- Older men are less likely to engage in mainstream projects aimed to tackle social isolation and loneliness. Given men's traditional reticence to seek help, it is clear further work is required to identify why older men are not engaging with mainstream provision.
- Recent efforts to reach out to older men in terms of male-specific activities to tackle social isolation and loneliness, such as Men in Sheds and Walking Football, are welcome initiatives, but there is a gap of evidence and evaluation on the impact of most male-specific services, particularly in the long term.

Recommendations

Individuals:

- men approaching later life need to make efforts to retain and build their social network among friends, families and interest groups.

For voluntary and community sector:

- services need to avoid language in their marketing that could be perceived negatively or could be off-putting to older men. Services targeted towards 'older' or 'lonely' people should be avoided – instead marketing needs to be tailored and innovative in its reach, for example, advertising services in pubs or barber shops. Or as one project leader said, the marketing needs to be “blokey” and we need to reach men “where they hide”
- befriending and support services should be designed with older men’s interests and passions in mind. Low-cost interventions that encourage men to support each other – such as clubs and buddying – should be considered, as should men-only services
- effective and compelling service design should include engagement with older men at the beginning of, throughout, and after the programme.

Early engagement should lead to user-led design, which can create a sense of ownership and keep users involved. Follow-up, especially when a previous attendee misses an activity, can enhance a participant’s sense of worthiness and encourage future engagement

- service providers need to look at developing programmes that engage men in purposeful activities – such as training or learning initiatives or volunteering roles which draw on their existing skills.
- since men generally deal less well with losing a partner than women, services should particularly consider reaching out to men who have suffered bereavement.
- service providers should systematically record male to female participation rates in all activities aimed to tackle social isolation and loneliness – both those meant to be gender-neutral as well as those with a particular gender in mind – and seek to address unequal levels of participation where necessary.

For national and local government:

- the Department of Health must prioritise the development of a new measure that will help us to understand the real scale of loneliness and how the problem affects older men
- as recommended by the Ready for Ageing Alliance, national government should consider a pre-retirement pack for older people that includes a focus on retention and development of social networks
- local authorities should improve efforts to identify older people who are potentially most at risk of social isolation and loneliness. Public Health England and other associated bodies should undertake a review of the available data sources to help the local authorities improve their knowledge of the levels of social isolation and loneliness
- given the potential issue of under-reporting loneliness among older men, combined with their lower use of health services, GPs and/or GP bodies need to be more proactive to reach out to older men. If it is felt the patient is at risk or experiencing social isolation and/or loneliness,

then GPs should be acting as the point for signposting, navigation, and care coordination, working in partnership with the third sector

- Clinical Commissioning Groups should prioritise social isolation in their commissioning plans because of the association between social isolation and potentially high health care costs
- as part of their duties to produce health and wellbeing strategies, Health and Wellbeing Boards need to plan for the expected growth of isolated and lonely older men, recognising that traditional befriending approaches may not work for this group
- statutory bodies working in partnership with the third sector should consider low-cost innovations that encourage men to support each other through the creation of clubs, social networking, buddying and befriending programmes.

For service providers and professional bodies:

- for housing providers, given the high percentages of the loneliest and most

Appendix

Social Isolation

	Score=0		Score=3-5	
Education	Degree	26.8%	Degree	15.3%
	No qual	13.3%	No qual	30.9%
Labour market status	Retired	49.8%	Retired	44.0%
	Sick/Disabled	2.8%	Sick/Disabled	12.4%
Income	Q1	7.1%	Q1	33.1%
	Q5	30.3%	Q5	10.8%
Marital Status	Married	99.8%	Married	40.5%
	Single	0.0%	Single	32.1%
	Sep/Div	0.2%	Sep/Div	16.1%
	Widowed	0.0%	Widowed	11.3%
Living Alone		0.4%		50.3%
Housing Tenure	Own	66.9%	Own	44.9%
	Rent	5.0%	Rent	38.9%
Health	Very Good	33.9%	Very Good	23.7%
	Fair	11.5%	Fair	26.3%
	Poor	5.2%	Poor	18.5%
Chronic illness/disability	No	53.8%	Yes	59.9%
I/ADLs	No	84.2%	No	64.7%
Depression	No	94.4%	No	74.3%
Mobile Phone	Yes	90.9%	Yes	73.8%
Internet Connection	Yes	91.3%	Yes	62.1%
Age	50-64	52.8%	50-64	58.3%
	65-79	39.3%	65-79	31.6%
	80+	8.0%	80+	10.1%

Loneliness

	Score=3		Score=7-9	
Education	Degree	24.4%	Degree	11.5%
	No qual	18.7%	No qual	30.2%
Labour market status	Retired	50.5%	Retired	47.9%
	Sick/Disabled	2.8%	Sick/Disabled	14.0%
Income	Q1	12.4%	Q1	36.0%
	Q5	27.4%	Q5	10.2%
Marital Status	Married	90.4%	Married	43.5%
	Single	2.9%	Single	18.8%
	Sep/Div	4.1%	Sep/Div	17.8%
	Widowed	2.6%	Widowed	19.9%
Living Alone		8.4%		46.6%
Housing Tenure	Own	64.3%	Own	42.4%
	Rent	11.2%	Rent	40.6%
Health	Very Good	33.0%	Very Good	15.4%
	Fair	14.1%	Fair	32.8%
	Poor	4.9%	Poor	27.8%
Chronic illness/disability	No	53.5%	Yes	71.0%
I/ADLs	No	83.5%	Yes	53.2%
Depression	No	96.2%	Yes	54.7%
Mobile Phone	Yes	87.1%	Yes	75.1%
Internet Connection	Yes	85.4%	Yes	61.9%
Age	50-64	52.7%	50-64	55.2%
	65-79	38.2%	65-79	30.0%
	80+	9.1%	80+	14.8%

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Acknowledgements:

Special thanks go to colleagues at ILC-UK, including **Ben Franklin, Jonathan Scrutton,** and **Trinley Walker,** for their contributions along various stages of the research, as well as the older men and project leaders who provided their perspectives to the story.

We must also express our appreciation to **Sue Arthur, Andrew Kaye,** and **Liz Millar** at Independent Age for their contributions, support, and funding, without which this report would not be possible.

This report uses data from Wave 6 of the English Longitudinal Study of Ageing (ELSA). The data were made available through the UK Data Archive (UKDA). ELSA was developed by a team of researchers based at the NatCen Social Research, University College London and the Institute for Fiscal Studies. The data were collected by NatCen Social Research. Funding is provided by the National Institute of Aging in the United States, and a consortium of UK government departments co-ordinated by the Office for National Statistics. The developers and funders of ELSA and the Archive do not bear any responsibility for the analyses or interpretations presented here.



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