

Older men at the margins: experiences of seeking social engagement and combating loneliness in later life

RESEARCH FINDINGS

The effects of loneliness were often pronounced and had a range of negative impacts on day-to-day life

Experiences differed by sexuality, hearing loss and caring responsibility

Feeling 'left out of things', socially excluded, overlooked, cut-off were commonly expressed emotions

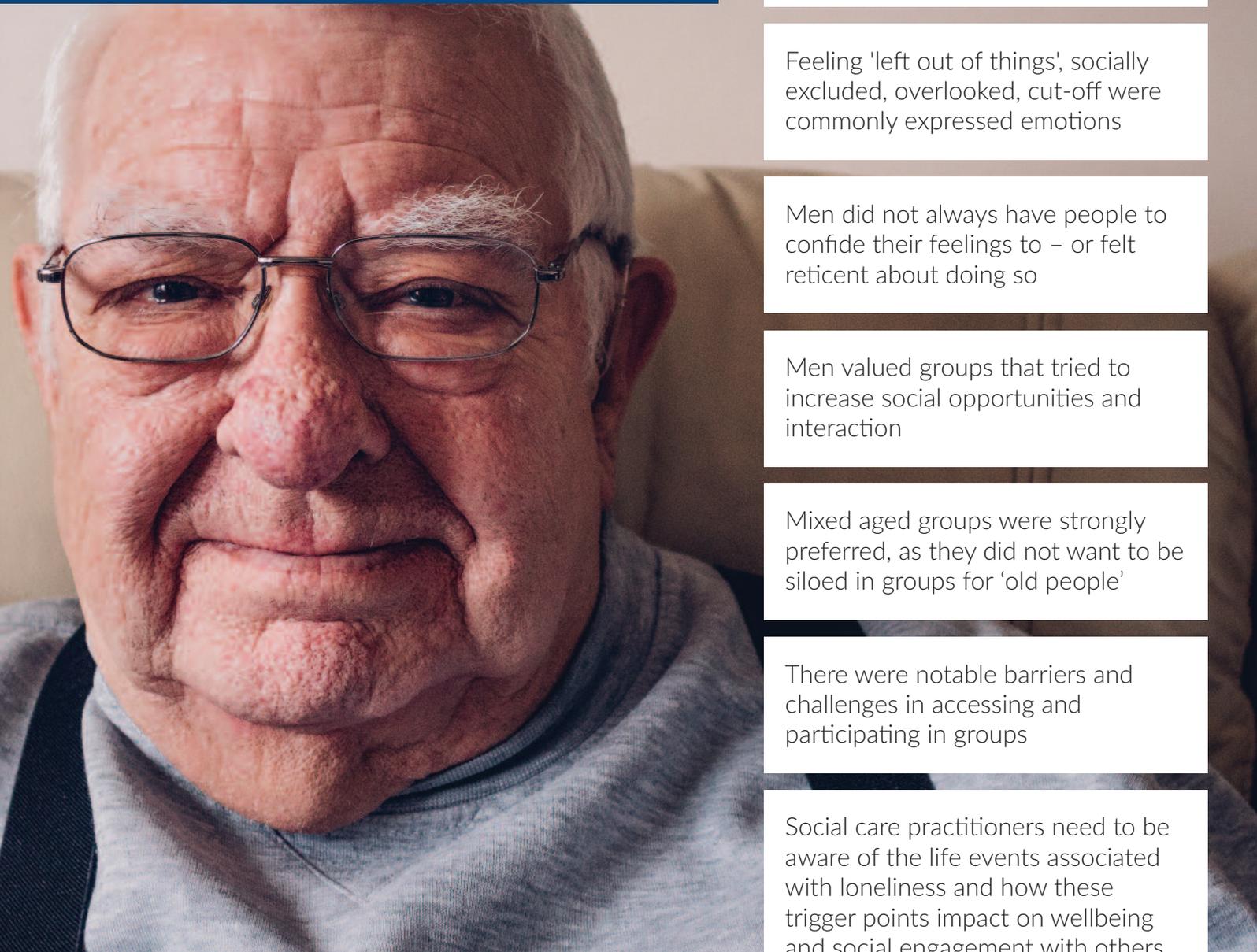
Men did not always have people to confide their feelings to – or felt reticent about doing so

Men valued groups that tried to increase social opportunities and interaction

Mixed aged groups were strongly preferred, as they did not want to be siloed in groups for 'old people'

There were notable barriers and challenges in accessing and participating in groups

Social care practitioners need to be aware of the life events associated with loneliness and how these trigger points impact on wellbeing and social engagement with others





BACKGROUND

Loneliness can impact on people's wellbeing across the lifecourse, however, later life is consistently associated with loneliness. Research about older men's experiences of loneliness and social isolation is largely undifferentiated and less attention has been given to the experiences of men from marginalised or seldom heard groups.

The overarching aim of this 2.5-year qualitative study was to develop an in-depth understanding of the formal and informal ways in which men (65+ years) from marginalised and seldom heard groups seek to maintain social engagement and social participation in later life. This includes their experiences of participation in group interventions targeted at reducing loneliness among older adults.



Methods

The main method was semi-structured interviewing. Interviews included questions about men's social networks (ascertaining key features of their networks, including membership and sources of practical and emotional support), experiences of loneliness (past and present) and ways of coping with this, and participation in groups. A rapid literature review was also conducted to identify predictors of, and preventative factors against, loneliness and social isolation for older men from the above identified groups. Seventy-eight sources were included (academic and grey literature).

A total of 111 men self-selected to take part from five groups: (1) men who are single or living alone in urban areas; (2) men who are single or living alone in rural areas (i.e. towns, villages, hamlets with less than 10,000 residents); (3) gay-identifying men who are single or living alone; (4) men with hearing loss; and (5) men who are carers for significant others.

Participants ranged in ages from 65–95 years and the mean age was 76. Thirty men (27%) were aged between 80–89 years with six men (5%) aged over 90 years. The majority of the sample were from White British backgrounds with six men identifying with BAME groups (a limitation of the study). Twenty-one men (19%) identified as 'gay', all other participants identified as heterosexual. No participants identified as bisexual.

Twenty stakeholders involved in running or leading groups for older men (or older adults) in South West England were interviewed. There were a range of different services represented in the sample ranging from self-managing grass roots organisations to larger community organisations such as community centres supporting a variety of activities for older people in the community.



FINDINGS

How do older men's experiences of loneliness and social participation differ? What are the similarities in their experiences?

- Variations in experiences of loneliness and social isolation across groups

Loneliness impacted negatively on men's social connections across the groups. Feeling 'left out', socially excluded, overlooked, cut-off: these were emotions and thoughts commonly expressed. Men's descriptions of loneliness suggested exclusion, invisibility and redundancy in later life. The way loneliness is experienced in later life differs not only according to gender but also on the basis of other intersecting dimensions. Key differences are identified in Table 1.

- Timing of loneliness

Men reported that loneliness was more of a problem during particular seasons and events of the year. This included times of celebration and remembrance (e.g. Christmas, birthdays, anniversaries). Winter was often described as the worse time because of the longer evenings and less opportunities to get out of the house and socialise with others.

- Life events associated with loneliness

Participants attributed feelings of loneliness to events in their recent lives, and to longer-term problems and earlier life experiences. More recent events that were frequently reported included: loss of a partner through death or separation; retirement; living with a physical disability and, periods of ill-health. Other research studies confirm that these are risk indicators for experiencing loneliness in later life for men and women. Regarding retirement, men identified the dual loss of social bonds and organisational responsibilities in the workplace that impacted negatively on their sense of social wellbeing. For a small group of men, earlier life events (for example adoption in childhood, long-term illnesses, experiences of the armed forces) impacted heavily on their confidence and capacity to socialise with others and

participate in groups. These experiences were sometimes identified as contributors to current feelings of loneliness.

■ Psychosocial impact of loneliness

While most men described loneliness as a short-term experience, they reported how this feeling impacted on their mental health (e.g. experiencing low mood, feeling unable to make decisions), physical health (e.g. trouble sleeping or sleeping too long) and their emotional health (e.g. feeling bored, angry or left out).

What might social care learn from the everyday ways men try to overcome social isolation?

Alleviating loneliness and reducing social isolation on one's own:

■ Feeling stuck versus getting on with it

Men's discussions about alleviating loneliness often wavered between two positions: social inertia ('I don't know what to do about it') versus self-sufficiency and self-reliance ('getting on with it and doing something about it'). The former position potentially complicates efforts to seek help from others.

■ Reluctance to speak to others

Men did not always have people to confide their feelings in and across the groups, some men reported reluctance to seek help from others. Underlying this concern was a perception of other people as not being interested in their lives or the potential stigma attached to loneliness. Some men struggled with identifying a confidant for sharing emotionally difficult issues. Men with adult children avoided speaking to their children as they did not wish to worry them, or it was not in keeping with their family role as the father-type figurehead. This is where more traditional expectations on men, such as being head of the family, made it difficult to speak to significant others.

■ Who do single older men look to for emotional and practical support?

Men who were single or living alone looked to both friends and family for emotional and practical support with problems. Across the groups, seeking practical support sometimes encompassed neighbours and other people living locally. Likewise, gay men reported confiding in both friends and family members about a sensitive or emotional problem and approaching family members and friends for practical support. This indicates how biological family members are likewise valued in gay men's 'families of choice' alongside partners and friends.

How do older men from these groups seek to maintain social engagement and participation through and alongside formalised services and interventions?

How do older men experience participation in formalised interventions and what significance do they attribute to their participation?

■ What older men value in groups

Men valued groups that tried to increase social opportunities and interaction. Group of mixed ages were strongly preferred by both heterosexual and gay men, as they did not want to be siloed in groups for 'old people'. Mixed-generational groups that included younger adults were preferred.

Equally, men valued groups that facilitated emotional and social ties with other men. However, the social value attached to these groups differed according to sexuality. For heterosexual men this was commonly associated with male companionship and the enjoyment of male banter and opportunities. For gay men this was often associated with a sense of belonging gained from being in the company of other gay men with similar life-experiences.

Targeted groups were also highly valued, for example groups for carers where men could meet others in caregiving roles and receive emotional and practical support. There were a small number of men who valued groups that were specific to disabilities or impairments they were living with, for example lip-reading classes or mental health support groups.

■ Importance of undertaking active roles in groups

Men placed high value on helping others and giving something back, for example through participation in volunteering roles, being involved in organising events or being part of an organising committee for groups and societies. Within these roles, men are not perceived to be service users or needing the support of others – rather, they are positioned as active contributors.

What factors may inhibit older men from participating in formalised interventions and services?

■ Barriers to accessing and participating in groups

General barriers included living with physical disabilities which restricted mobility and travel to groups. Barriers for specific groups are identified in the Table.

A small group of men across the five groups discussed the psychosocial challenges connected to participating in groups. For those who described themselves as 'lone wolves', groups were a daunting experience. Some men found it difficult to do small talk when meeting other group-members, and in a few cases, viewed themselves as being more comfortable in their own company. This finding suggests that groups are not always a feasible intervention for men struggling with loneliness and in some cases one-to-one interventions will be more suitable.

FINDINGS

What use is made of social care and voluntary services?

All the men taking part in the study were living independently and there was little engagement with (or need for) social care services. This reflects the ways in which men were recruited to the study through groups and services targeting adults living independently in the community.

Across the five groups, men reported frequent use of social and support groups run by voluntary services (for example, local Age UKs, British Legion, carer's support services) and independent groups and associations (for example, University of the Third Age, Men's Sheds). This highlights the critical role voluntary and independent groups and services play in promoting

social wellbeing and reducing social isolation in later life.

■ Role of social care workers and services

Stakeholders involved in leading and running groups for older men (and older adults more generally) identified a dual role for social care practitioners: first, signposting service users to groups, and second, playing a more active role in the referral process, such as accompanying men to groups.

Social care workers in local authority services were identified as providing an important gateway to accessing isolated men in local communities through their contact with older adults needing care and support. The community navigator role was flagged

as an ideally situated role for linking isolated men in with local groups.

Stakeholders identified the challenges they currently experience with funding cutbacks from local authorities and the strain this places on small organisations to continue to run groups when they are under-resourced.

Long-term sustainability was difficult for some groups to achieve due to short-term funding arrangements and rolling staff turnover. This can create inconsistencies with who organises and runs groups and when groups meet, which can directly impact on older men's participation and retention. Ten of the participating providers had set out to be self-sustaining or to continue with minimal outlay or staff resource.

TABLE 1

	Experiences of loneliness and social isolation	Barriers to accessing and participating in groups
Single or living alone (urban and rural) (n=22)	Two forms of loneliness: 1. yearning for a partner (often overlapping with spousal/ partner bereavement); 2. seeking increased day-to-day contact with others.	Feeling left out in groups full of couples. Not being a 'social animal' – interpersonal difficulties interacting in groups. For some widowers – difficulties readjusting after having relied on spouses to lead socialising activities.
Living in rural areas (towns, villages, remote) (n=22)	Cities viewed as lonelier places than rural areas. Rural areas potentially isolating - limited number of groups in small towns and villages.	Long-driving distances. Preferring not to drive at night time. Poor access to public transport.
Caring for significant others (n=25)	Loneliness not a recurring problem, however attuned to loneliness in the future if caring relationship changes. Diminished contact with friends – unable to fit in meeting up with friends due to caring routines.	Women-majority membership in groups – restricts discussion of sensitive issues for male carers. Hard to discuss personal issues when the person receiving care also attends carer groups.
Gay men, single and living alone (n=21)	Loneliness and isolation interconnected with concerns about 'coming out' in early and current life. Being a 'minority in a minority' as older and gay – impacts on forming new relationships.	Isolation from gay or LGBT groups – groups all located in bigger cities. Feeling invisible in LGBT-venues and services targeted at younger people.
Living with acquired hearing loss (n=21)	Loneliness experienced within groups due to hearing loss. Cycle of indirect exclusion: from feeling isolated and invisible in groups to withdrawing from groups. As a result, men are further isolated from others.	Hearing loss as a barrier across groups. Environmental barriers – background noise (e.g. music in pubs), room acoustics, competing conversations. Interpersonal barriers – keeping up with conversations, sidelined in conversations, embarrassed to ask people to repeat themselves.

CONCLUSIONS & IMPLICATIONS

- The findings heighten social care practitioners' understanding of how men from different social backgrounds and circumstances experience loneliness. Key findings set out the challenges older men experience in speaking about loneliness and the stigma attached to this. Social care practitioners need to be aware of the life events associated with loneliness and how these trigger points can impact on men's current social wellbeing and engagement with others. This should inform practitioners' awareness of potential risk factors for older men and barriers to socially engaging with others.
- Often social care practitioners work with older adults experiencing high degrees of social isolation. Therefore, practitioners need a fine-grained understanding of the ways in which different social factors such as sexuality, caring and hearing impairments shape older men's engagement with others and limit who they seek support from when needed.
- Across the findings, there are clear messages about the types of groups and group roles that men value and enjoy, and the barriers that hinder men's involvement in group interventions. Men from across the sample valued the social and emotional bonds formed with other men but sometimes in different ways, for example heterosexual men emphasising social ties, gay men emphasising shared identities and experiences. Men being active contributors within groups and not perceived as 'service users' is another important finding for informing group interventions. Group leaders need to appreciate the importance of mixed-generational groups that mirror social interactions in everyday life. The findings also indicate that group interventions may not be always suitable for some men who experience interpersonal difficulties participating in groups.
- If groups run by voluntary and third sector organisations are a key resource for social prescribing programmes and form part of local authorities' preventative agendas, more consideration needs to be given to their long-term resourcing and sustainability by people responsible for the commissioning of local health and social care services. This is based on findings from interviews with stakeholders.
- The adult social care sector has increasingly focused on the care and support of the individual. The above findings point to the importance and prominence of groups and group networks in older men's lives. The findings also attribute importance to the role of social care workers at the frontline of service delivery, alongside more tailored roles such as community navigators, as providing an important gateway to accessing isolated men in local communities through their contact with older adults needing care and support. The running of, and support for, group interventions and community-based groups needs to be given greater priority in the sector.

COMMENT

The findings of this study are highly relevant to service providers for a number of reasons:

- (1) It highlights the issue of loneliness in older men, who are often overlooked;
- (2) it gives insights into the various ways older men experience and deal with loneliness (or not);
- (3) it gives insights into barriers that men from often marginalised groups face, and possible ways to overcome them; and
- (4) it helps service providers/group intervention leaders understand things that men from various backgrounds might want, like, dislike, and need in order to participate in groups to address loneliness and social isolation.

We have also worked with Dr Willis to produce guidance for service providers on these matters, and additionally information and tips for older men themselves, and family or friends who are worried that an older man close to them may be lonely.

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Resources from the project can be accessed on the Age UK website:
www.ageuk.org.uk/our-impact/policy-research/older-men-at-the-margins-how-men-combat-loneliness-in-later-life

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