A Review of Service Provision for MEN AGED 50+ *(Belfast)*

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Final Report 18 June 2014

HSC Public Health Agency
Queen's University Belfast
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Executive Summary

Although there is increased longevity and better health of our population, older people suffer from inequality and discrimination. Alongside this are concerns about their physical and mental health and wellbeing. Men's health is a growing concern internationally, and isolation, loneliness and depression are now looming as major men's health issues.

During the last decade, many groups and networks have been established in Belfast to address the specific needs of older men throughout the city. However, there is a need for a co-ordinated city-wide approach to maximise benefits for isolated older men, address gaps, share good practice and develop a strategy to sustain this work.

Aims and objectives

The aims of the project are twofold:

- To review the extent and impact of current community, voluntary, statutory or private sector services which are aimed at combating social isolation among men in the Belfast area. The target group is men aged 50 years or over who have retired, or been unable to work through ill-health, and have become isolated. Thus, the project does not include men aged 50-64 years currently in full-time employment.
- To identify how these services are meeting current levels of need, and ways in which they may be developed to meet future requirements.

The two central aims of the project were met via four objectives:

1. Undertaking a literature review of existing research focused upon combating social isolation among older people, to identify key learning and examples of good practice.
2. Mapping the current service provision in Belfast to establish the extent, nature and accessibility of current services provided by community, voluntary, statutory and private providers in Belfast which target men aged 50 years or over with a specific focus on men who are tending to/are socially isolated.
3. Carrying out in-depth interviews with older men aged 50 years or more, to ascertain the views and experience of these men, particularly those tending to social isolation.
4. Consulting with stakeholders to reflect on, and highlight, issues relating to the provision, funding and sustainability of services targeting men aged 50 years or over in Belfast.

Key findings

Literature review (Objective 1)

The literature review outlines different interventions used to address social isolation, highlighting that group work schemes appeared to be effective, whilst one-to-one interventions were least effective. However, more structural issues, such as transport and poverty were also significant factors associated with social isolation of older men.

Mapping exercise (Objective 2)

Data obtained during the mapping exercise indicated that there is a disproportionate number of services for and with men and women (125) in comparison with 20 services which actively target men of any age. In addition, two services focus on men over 50 and 12 aim to combat isolation in that age group of males. Two key themes are funding and sustainability, and these are pivotal to the provision of services. The ending of significant

funding programmes (for example, the Big Lottery *Reaching Out: Connecting Older People* Programme) means that many services will be severely curtailed. Other issues include capacity (both in terms of members and volunteers), gaps, potential, and diversity.

Interviews with men (Objective 3)
The ten interviews with older men provided 'expert' knowledge about how these services can affect men's lives in different ways. The pathways to, and reasons for, accessing these services varied. Nevertheless, the benefits of doing so are similar, including social contacts, friendship and an enduring sense of purpose in a post-work context. Related to these are the improvements to mental and physical health. The essential message is that feelings of usefulness are crucial in successful ageing for men.

Potential barriers to participation include masculinity and 'pride', especially in 'seeking help'. In relation to recruitment to services, word-of-mouth is central, although this will exclude the most socially-isolated individuals. For some of the men, the legacy of the conflict in Northern Ireland remained central in their life. The involvement in services and activities can provide both a place of tension and a place of potential reconciliation.

Interviews with stakeholders (Objective 4)
The interviews with six stakeholders provided information on the strategic context within which appropriate services are funded or provided within Belfast. No funder or provider identified a strategic focus on services for men in general, or older men in particular, although funders will finance these services if particular need is identified.

The underrepresentation of men's groups was highlighted, both among the applicants to, and the grantees of, funding programmes. The lack of experience and capacity in relation to funding applications and governance was acknowledged as a problem. This has implications for the sustainability of services. Lack of knowledge of services remains an issue across sectors, and inhibits collaboration between service providers, and service uptake by users.

Key issues and concerns
The following key issues and concerns were identified at different stages of the project.

Sustainability
Sustainability appeared consistently within all stages of this review. Ongoing pressures on the voluntary and community sector to obtain funding, and the difficulties within the current economic climate, are exacerbated by the winding down of large funders and/or funding programmes, and the change in funding priorities.

Models of procurement
The change to a procurement module by some funding organisations has governance and financial implications for voluntary and community organisations. Socially-isolated older men with complex needs are one group that could suffer in such a model.

Knowledge of services
There is a need for an up-to-date directory of available services which can be accessed by professional staff and community members. This was seen as particularly important to

facilitate ‘reablement’, which is a core service which responds to a range of health and social care needs.

Impact of services
The interviews with older men stressed that accessing these services played a pivotal role in their mental and physical well-being. Men referred to their lives as being ‘transformed’; many highlighted a significant positive impact on their health; whilst others suggested that membership of these clubs sustained them in behaviours which helped to control their addictions. A similar picture emerges from the mapping exercise where the subjective accounts of the positive impact of these services were identified.

Extent of services
Many different types of ‘services’ were identified, including day care provision, support groups, and befriending schemes. Some were offered on generic terms, other services were offered for specific groups of users, such as those with dementia. In many parts of the city, churches were seen to be keeping services going. The interviews with older men suggested that these services provided a comprehensive and diverse range of activities which clearly met the self-reported needs of men in attendance. However, there are gaps and duplication in these services.

Suggestions

Based on these findings, we suggest the following activities and steps which may be helpful in enhancing the provision of services for socially-isolated older men in Belfast. Not all of these are relevant to every organisation or service, and indeed, many may already be involved in these.

1. Increase the capacity of voluntary and community organisations in relation to funding and governance issues
2. Take part in government consultations
3. Join relevant networks
4. Develop a clear and up-to-date directory of services
5. Involve and train health and social care professionals
6. Think about how to engage with men
7. Consider inter-generational work
8. Recognise the legacy of the conflict
9. Acknowledge diversity
10. Think about the range and type of activities that are offered
11. Consider if men-only services are the most appropriate
12. Evaluate what works

Conclusion

With an ageing population, acute loneliness and social isolation are major challenges facing our society, and these can impact gravely on wellbeing and quality of life, with demonstrable negative health effects. At a macro level, such health issues add pressure on statutory health and social care services and the cost of services. At an individual level, by intervening in respect to social isolation, we can improve older men’s quality of life. However, there is no single ‘quick fix’, and thus, there needs to be a sustained, flexible and creative multi-sectoral approach, with input from older men themselves.

Acknowledgements

The project team would like to acknowledge everyone who took part in this project, especially the generosity of the ten men who told us their individual stories, and the six key stakeholders who took part in the interviews. The role of the men who acted as peer researchers is much appreciated. We would also like to thank the Men's Working Group, who provided much assistance and guidance.

We are grateful to Man Matters for permission to use photographs from their *A Man's World* photo pack project.

Chapter 1: Introduction

This study seeks to provide a review of service provision for men aged 50 years or over (50+) living in the Belfast area who are socially isolated.

Although there is increased longevity and better health of our population (Evason *et al.*, 2005), older people are the most likely group to suffer from inequality and discrimination (Allen, 2008; Dean, 2003). In Northern Ireland there is a growing interest in the needs of older people with, over the last ten years, a range of public policies and strategies which impact on older people. These include:

- *Ageing in an Inclusive Society* (OFMDFM, 2005) – a strategy for promoting the social inclusion of older people (OFMDFM, 2005)
- *Lifetime Opportunities Strategy* (OFMDFM, 2006) – an anti-poverty and social inclusion strategy for Northern Ireland which seeks to redress the problem that in 2006, 54,000 pensioners were living in poverty.
- *Investing for Health* (DHSSPS, 2002) – a strategy to promote the health and wellbeing of the population which recommends specific programmes to support older people to live healthy and active lives.
- *Transforming your care: A Review of Health and Social Care* (DHSSPS, 2011) – a review of health and social care provision which recommends the home as the hub of care for older people and suggests strategies to promote healthy ageing.

Most recently, in February 2014, the Office of the First Minister and Deputy First Minister (OFMDFM) published a consultation document on the draft *Active Ageing Strategy, 2014-2020* (OFMDFM, 2014). The overall vision of that strategy is for Northern Ireland to become an age friendly region in which people, as they get older, are valued and supported to live actively to their fullest potential; with their rights and dignity protected. Within this context, active ageing is viewed as the most effective way to enable as many people as possible to enjoy the benefits of living longer and to reduce the problems that some older people will face. Five goals and associated high-level strategic aims are identified: independence, participation, care, self-fulfilment and dignity.

What is old?

Within *Active Ageing*, there is a lack of clarity of the age of 'older people', although it can be inferred that the focus is on those aged 65 years or over. This highlights a general fuzziness about what constitutes 'old' or 'older'. Until the mid-1990s, what was regarded as old was often taken to coincide with eligibility for State Pension, that is, 60 years for women and 65 years for men. Since then, however, several legislative changes have taken place, meaning that the age at which someone is eligible for state pension is increasing. The Autumn Statement by the Chancellor of the Exchequer on 5 December 2013 brought these deadlines forward, to 68 years in the mid-2030s and to 69 years in the late 2040s. Thus, the definition of 'old' is a social construction that varies over time. Indeed, one third of respondents to the 2008 Northern Ireland Life and Times Survey thought that the age at which they start to think of someone being old is between 70 and 74 years (ARK, 2009).

The most recent Census of Population figures show that one in eight men aged 70 to 74 years are working, and the majority of these are doing so on a full-time basis. The varying economic, health and social circumstances of people at different ages mean that it is imperative that older people are not seen as a monolithic group. This is of direct relevance

to this research, which focuses on men aged 50 years or over. In particular, it means that the social and physical needs and challenges of a 50 year old man are likely to very different to those of a 90 year old man.

Social isolation

Throughout the *Active Ageing* document there are references to concepts such as isolation and loneliness. In particular, the strategic aim of Participation is:

> *'to promote the active participation of older people in all aspects of life, including social participation which helps address isolation and loneliness and ensures that older people are properly integrated, valued and included in society*' (OFMDFM, 2014, p. 14).

The document highlights the links between loneliness and health problems, such as depression, poor diet and reduction in exercise. Furthermore, a lack of exercise has the effect of causing problems with mobility and with the immune and cardiovascular systems. The link between social interaction and the onset of Alzheimer's disease is also cited (*ibid*, p. 7). Thus, the need to prioritise social inclusion as a result of the associated health benefits is explicit within the *Active Ageing* strategy.

However, confusion exists over the terms social isolation, living alone and loneliness (Townsend, 1973), and often these terms are interchangeably.

Loneliness is a complex, multidimensional phenomenon. The type of society in which older people live may be an important variable in predicting loneliness: the prevalence of loneliness appears to be less common in rural areas, where a sense of community exists, than in more densely populated urban communities (Burholt, 2011). Social loneliness is associated with mental health problems, anxiety and depression, supporting the conceptualisation of loneliness as a multidisciplinary phenomenon (Cramer and Barry, 1999). There appears to be no one solution or quick fix to loneliness. At the basic level, strategies for alleviating loneliness among older people may simply propose ways of improving older adult's social networks with the aim of increasing the likelihood of social interaction.

These concepts, and strategies for addressing them among older men, are explored further within Chapter 3.

Men's health

Men's health is a growing concern internationally. Isolation, loneliness and depression are now looming as major men's health issues. Although more women are diagnosed with mental health problems, the extent of the problem for men is hidden. Thus, in their pan-European report (European Commission, 2011), the authors contend that men's depression and other mental health problems are under detected and under treated (p. 9). Social isolation, loneliness and depression are increasingly identified as major issues for men throughout their life course. Men often have less involvement in support and friendship networks than women do (Dalgard *et al*., 2006). Alongside this, service provision has been criticised for being 'feminised', for example, by women comprising the majority of staff and membership, and activities being geared more towards women (Ruxton, 2005).

As previously discussed, the *Active Ageing* strategy has highlighted the link between health, loneliness and social isolation. However, that document does not take a gendered approach in discussing need or how to address this need.

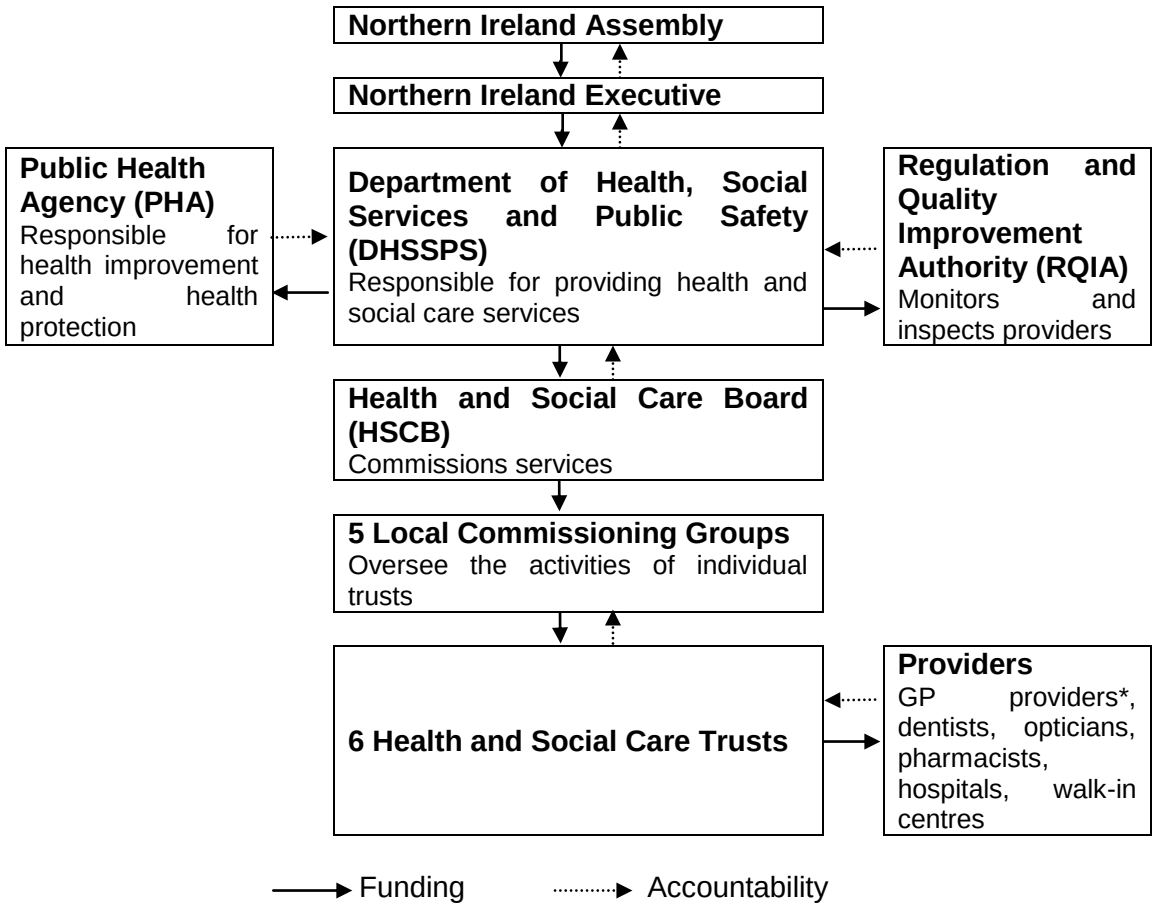
The needs of men aged 50-64 are also important when discussing social isolation, and of particular concern is the effect of unemployment on this group. The employment rate among men aged 50-54 years in Northern Ireland is 72.6% (Rogers, 2013), and this is significant for two reasons. Firstly, this is lower than the figure of 80.2% for those aged 45-49 years. Secondly, the figure in Northern Ireland for men aged 50-54 years is over 10 percentage points lower than the United Kingdom (UK) average for this age group (83.2%), suggesting that unemployment or economic inactivity are important issues for men in Northern Ireland. Research by Dillon and Butler (2011) highlighted that strong causal links exist between unemployment, recession and deteriorating economic circumstances; and the health and wellbeing of men.

Addressing need

During the past ten years, there have been a range of dedicated older men's groups and networks established in Belfast in order to address the specific needs of older men throughout the city. These work at a variety of levels, and within and across sectors. For example, Age Partnership Belfast works at a strategic level, and will run from 2013 to 2016. This is a collaborative partnership between Volunteer Now, Engage with Age and North Belfast Senior Citizens Forum. As part of this collaboration, Age Partnership Belfast established a Men's Working Group which brings together organisations currently supporting or running programmes for men, including older men. For more details, see Appendix 1. At the other end of the scale, there are a large number of smaller organisations providing services to individual men on the ground, and these are highlighted later in this report.

Alongside the voluntary and community sector is the statutory sector, which comprises health and social care agencies, as well as local councils. Northern Ireland has an integrated health and social care system, and its structure is outlined in Figure 1. The Health and Social Care Board is the commissioning body, whilst the five Health and Social Care Trusts are responsible for the provision of primary, secondary and community health care. Alongside each Trust is a Local Commissioning Group, which is responsible for the strategic commissioning of health and social care by addressing the care needs of their local population (Ham *et al*., 2013). The *Transforming Your Care* review of health and social care (the Compton Review) was undertaken in 2011 (DHSSPS, 2011). However, whilst Northern Ireland may have an integrated health and social care system, research has suggested that Northern Ireland has 'the most disjointed approach to ageing issues in the UK' (Gray, 2009, citing Trench and Jeffrey, 2007, p. 24).

Figure 1: Structure of health and social care in Northern Ireland



** GPs in Northern Ireland are contracted directly by the Health and Social Care Board and so they receive funding from, and are directly accountable to, the Board rather than the Health and Social Care Trusts.*

Source: National Audit Office, 2012, p. 49

Overall, the context of the commission and provision of relevant services is that of a complex system, which can be baffling, with little or no information available to older people and their families who often find that 'you need to be really bullish to get the care and support you need' (Cross, 2014, p. 5).

Impetus of this research

These projects have now reached a stage that requires co-ordination and a city-wide approach to maximise benefits for isolated older men, address gaps, share good practice and develop a strategy to sustain the work. It is within this context that The Men's Working Group received funding from the Public Health Agency to commission a review of services for older men (aged 50+) within Belfast.

For the purposes of this project, 'Belfast' refers to the area within the Belfast Health and Social Care Trust area ('Belfast Trust') which covers Belfast, and part of the Borough of Castlereagh. (For details of the Trust boundaries, see www.belfasttrust.hscni.net/pdf/Health_and_social_care_trust_areas_in_NI.pdf)

Aims of project
The aims of the project are two-fold:

- To review the extent and impact of current community, voluntary, statutory or private sector services which are aimed at combating social isolation among men aged 50+ in the Belfast area.
- To identify how these services are meeting current levels of need and ways in which they may be developed to meet future requirements.

Reflecting the terms of the project tender, the target group is men aged 50+ who have retired or been unable to work through ill-health and have become isolated. Thus, the project does not include men aged 50-64 years currently in full-time employment.

Objectives
The two central aims of the project were met via four objectives:

- Undertaking a literature review of existing research focused upon combating social isolation among older people, to identify key learning and examples of good practice.
- Mapping the current service provision in Belfast to establish the extent, nature and accessibility of current services provided by community, voluntary, statutory and private providers in Belfast which target men aged 50+ with a specific focus on men who are tending to/are socially isolated.
- Carrying out in-depth interviews with older men aged 50 years or more, in order to explore their use and opinions relating to relevant services.
- Consulting with stakeholders to reflect on, and highlight, issues relating to the provision, funding and sustainability of services targeting men aged 50 years or over in Belfast.

Each objective requires a separate survey methodology, and these are fully outlined within Chapter 2 of this report. Whilst each of these objectives form discrete pieces of research, the outputs from Objectives 1 and 2 were used to inform the development of Objectives 3 and 4.

Project team
The project team are based within the School of Sociology, Social Policy and Social Work, Queen's University of Belfast, and comprise:

- Paula Devine, Coordinator, ARK Ageing Programme (www.ark.ac.uk/ageing)
- Janet Anand, Lecturer in Social Work
- Lorna Montgomery, Lecturer in Social Work
- Laura O'Hagan, freelance consultant working on mapping exercise (Objective 2)
- Caoimhe Ní Dhónaill, freelance consultant working on interviews with older men (Objective 3).

The team worked alongside the Men's Working Group who assisted the project in several ways such as the identification of relevant data sources, potential research participants, and peer researchers.

Chapter 2: Methodology

As identified in Chapter 1, the project had four key objectives or stages of work. Thus, the project team, alongside The Men's Working Group, devised appropriate methodologies for each of these. Whilst each objective took the form of a distinct piece of research, each stage was interlinked, with the outputs from Objectives 1 and 2 feeding into the development of Objectives 3 and 4. Thus, the team undertook the following activities:

- Objective 1: A literature review of existing research on combating social isolation among people in the UK and Ireland.
- Objective 2: A mapping exercise to establish the extent, nature and accessibility of current services for older men provided by community, voluntary, statutory and private providers in Belfast.
- Objective 3: Ten in-depth narrative interviews with older men aged 50 years or over to ascertain the views and experience of these men, particularly those tending to social isolation.
- Objective 4: Six interviews with stakeholders from the statutory, community, voluntary sectors.

Objective 1: Literature review

The first objective of the project was to undertake a literature review of existing research on combating social isolation among older people in the UK and Ireland. Where appropriate, however, international research was included, in order to maximise the usefulness of this review.

The broad aim of this literature review was to define the complex relationship between loneliness and social isolation with a specific focus on exploring older men's experience of both. The literature was both academic and practitioner-based, and primarily took the form of reports, rather than academic journal articles. The literature was then reviewed to explore the evidence of how service provision and other work with older people can reduce social isolation. In particular, useful case studies were identified, highlighting how the services were facilitated, what the key considerations are when working with older people – and men in particular – to reduce social isolation, and what were the key factors in their success. In this way, the literature review could identify principles of best practice.

Objective 2: Mapping current provision

This objective involved undertaking a mapping exercise to establish the extent, nature and accessibility of current services provided by community, voluntary, statutory and private providers in Belfast. There was a particular focus on those services which target men aged 50 years or over who are tending to/are socially isolated. The working parameters were to create an inventory of all services/projects that focus on the social and mental wellbeing of older men, and involved an approach called Community Services Mapping.

It should be noted that within the timescale of this project it was anticipated that this mapping exercise would provide a snapshot of the range and diversity of services, rather than a complete inventory of all services. The term 'services' was defined broadly. Thus, information on many different types of 'services' would be sought, including day care provision, support groups, advocacy groups, befriending schemes, leisure and library facilities.

Community Services (or Resources) Mapping is a strategy often used to facilitate inter-agency collaboration by better aligning programmes and services. It is a way to organise information and give direction to meet a common goal, due to the awareness of the frequency, duration, intensity, and quality of services and supports in the community for specific service users. Therefore, a major goal of this mapping exercise was to assess whether older men in Belfast have access to a broad, comprehensive, and integrated system of services essential to prevent and address social isolation and loneliness.

The multiple benefits of such a mapping process to this project include:

- Identifying resources
- Seeking to ensure that all socially-isolated older men have access to the resources they need
- Avoiding duplication of services and resources
- Cultivating new partnerships and relationships
- Providing information across agencies that work with older men
- Encouraging collaboration

The geographical context was important here, in order to provide parameters of this work. Thus, as highlighted in Chapter 1, the Belfast Health and Social Care Trust was taken as the geographic boundary. However, one complicating factor was that providers may be based outside the area within which they provide services. In addition, whilst combating the social isolation of older men may not be the main focus for a service provider, it may be an unintended outcome.

When developing the mapping strategy, the project team envisaged that relevant services are likely to be provided in different contexts:

1. Services for and with men and women, for example, leisure centres
2. Services that actively target men, for example, specific men's projects
3. Services that focus on men aged 50 years or over
4. Services that focus on combating social isolation among men aged 50 or over

Using a variety of methods, such as an internet trawl, relevant services were identified. Services were also suggested by The Men's Working Group, as well as by other members

of the project team. A snowball approach was also used, whereby service providers were also asked if they knew of other relevant services.

Individual services, programmes and schemes were contacted by telephone or email by the researcher, and a mapping pro forma completed (see Appendix 2). This audit had a focus on easily-accessed, administrative-type information that did not place a burden on respondents. In order to measure effectiveness and impact, each service/organisation was asked if they had recently been evaluated, and if so, how to access a copy of the evaluation. As well as recording this information on a spreadsheet, a summary analysis of the mapping exercise, including any gaps and overlaps, was prepared.

In addition, the Befriending Services Directory produced by Volunteer Now in 2013 provided useful information on relevant befriending services for older people aged 50 years or over (see www.volunteernow.co.uk/fs/doc/BefriendingServicesDirectory.pdf)

The work undertaken for Objectives 1 and 2 fed into work related to Objectives 3 and 4. However, it was anticipated that the data collected across the entire project would also identify other research gaps to be filled in the future.

Objective 3: Interviews with older men

This objective involved engaging with older men aged 50 years or over to record their views and experience of relevant services. In particular, these men tended to, or experienced, social isolation, and were users of services identified in the mapping exercise stage of the project (Objective 2).

Qualitative research methods

The use of qualitative research methods provided a way to explore men's feelings and thought processes about accessing services, or not. Semi-structured interviews have been described as 'guided conversations' (Mason, 1996), and enable the researcher to talk to the interviewees, to listen to them, and to gain access to their accounts and articulations. However, the team considered that a more open and loosely-structured format may facilitate a fuller representation of the interviewees' perspectives. Within this narrative approach, the researcher would not have a list of questions but instead, would have a range of topics, themes or issues which s/he wishes to cover.

Bryman (2004) describes a narrative analysis as useful to uncover the stories which people employ to understand their lives and the world around them. In particular, narrative analysis entails a sensitivity to the connections people make between their past, present and future events, to the sense of place within these events, and the significance of context. Thus, the strength of this approach within this project is that it will help explore the sense of continuity and process in men's lives. Where possible, a narrative approach was used within the interviews, and four main trigger questions were used to stimulate conversation:

- Tell us about your journey, what has led you to engage in this service?
- What difference does membership of this service make to your day-to-day life?
- What is your experience of attending this service?
- Have you any messages to other organisations about how they can best engage men in their service?

However, where appropriate, the interviewer asked additional trigger questions, particularly for those men who responded better to a more structured type interview.

It is important to note that these interviews were not intended to provide data that represent all men, but instead provide case studies, where the emphasis was on an intensive examination of the setting. Narrative enquiry fits within the wider framework of case study research which entails the intensive and detailed analysis of a single case (Yin, 2003). A case can refer to a community, organisation and family event or, as in this study, a single person. In this present study, multiple-case studies are selected in replicating a discussion of the journey of how and why these older men engaged with services, their perception of the impact of these services on their lives, and their potential to impact other men in similar circumstances.

Identifying interviewees
One goal of this stage of the project was to engage with as wide a range of men as possible, in order to maximise the diversity of participants across a range of socio-economic and demographic characteristics (for example, ethnicity, sexual orientation, length of time in contact with organisation). In acknowledging that the characteristics and needs of older men are not homogenous, interviewees were sought from a wide age range.

During the mapping exercise in Stage 2 of the project, organisations were asked if they could help identify suitable interviewees. The Men's Working Group was also asked to identify potential interviewees.

Objective 4: Consultation with stakeholders
The final objective of the project was to engage stakeholders from the statutory, community and voluntary sectors. This involved interviews with six stakeholders who currently or potentially could fund or provide relevant services for socially-isolated older men. In particular, a list of potential participant organisations was identified from the mapping exercise, as well as those suggested by The Men's Working Group.

Key informants within six organisations were contacted by the project team, and asked to participate in either a face-to-face or phone interview.

Peer researchers
This project involved the participation of older men as peer researchers. Within this role, the interviewer involved in Objective 3 discussed the interview strategy and question themes with these peer researchers. At the end of the project, the project team met with a group of these men to discuss the key findings, themes and suggestions outlined in Chapter 7. Such user involvement was important to the research process, not least because it adds value to the quality, relevance and impact of research (Murtagh, 2014), due to the incorporation of 'expert' voices.

Ethical approval
The project team obtained ethical approval for this project from the School Ethics Committee within the School of Sociology, Social Policy and Social Work, Queen's University Belfast. The researcher undertaking the interviews with older men obtained clearance from Access NI (Criminal History Disclosure Service).

Chapter 3: Literature Review (Objective1)

The aim of the literature review was to provide the background to the project. Relevant reports and studies on combating social isolation amongst older people were sourced from the Northern Ireland, UK, and Ireland, as well as internationally. A table of the key reports informing this review are provided in Appendix 3, together with international case examples of innovative practices in service provision targeting isolated older men. The findings of this review are not gender specific; however, there are dimensions of the experience of social isolation and the delivery of services that are unique to the needs of men. The first section of the literature review explores the complex relationship between loneliness, social isolation and masculinities. The second section examines the delivery and funding of services to socially-isolated men. The review concludes with a summary of key findings relevant to the study.

Loneliness, social isolation and men

Establishing social contact is a basic human need and the lack of social contact is a threat to an individual's psychological and physically well-being (Maslow, 1943). Social isolation is an objective lack or paucity of social contact and interactions with family members, friends or the wider community (Peplau and Perlman, 1982). Loneliness is regarded as the psychological embodiment of social isolation. Thus, loneliness reflects the individual's experienced dissatisfaction with the frequency and closeness of their social contacts or the discrepancy between the relationships they have and the relationships they would like to have (Peplau and Perlman, 1982). Loneliness involves a subjective, unpleasant, and distressing experience (Peplau and Perlman, 1982; Victor *et al.*, 2005; Victor *et al.*, 2009; de Jong Gierveld and Van Tilburg, 2010). However loneliness is not necessarily caused by the condition of being alone (Weiss, 1973; Andersson, 1998). Thus, a person can feel lonely despite living with a partner or other family members, or living with many other people in a community or institutional setting (Forbes, 1996).

Loneliness is normally associated with negative experiences:

- Loneliness may diminish a person's resolve and self-discipline over time, making them more likely to indulge in self-destructive behaviours such as drinking or eating to excess.
- People who describe themselves as lonely are also more likely to contribute to their social isolation by neglecting to engage with others or to secure emotional support.
- In contrast to younger people who may or may not be lonely, middle-aged and older adults who say they are lonely also report increased exposure to stressors.
- Loneliness produces objective and measurable effects on the immune and cardiovascular systems.
- Loneliness is associated with a variety of sleeping disorders, including sleep deprivation, which, on a chronic basis, is associated with many of the same metabolic, neural, cellular, and hormonal consequences as those that occur with ageing.

(Cacioppo and Patrick, 2008)

It is not clear whether ageing results in increased loneliness. However, the experience of loneliness tends to fluctuate over the life span. Some studies suggest that loneliness decreases across the life span, with people over 65 years being the least lonely (Revenson

and Johnson, 1984). The link between loneliness and age may be transitional, and not static, with the intensity of loneliness increasing or decreasing over time (Victor *et al*., 2002) in response to life events such as ill health, sensory impairment, or death or loss of a spouse (Walton *et al.*, 1991). In a recent study of the relationship between age and loneliness in 25 European countries, it was found that a small number of people experience loneliness throughout their life. However, loneliness did appear to increase from the age of 70 years onwards (Yang and Victor, 2011). Loneliness is most likely to be reported in specific groups of older people, including the very old, women, the non-married, those living alone, those lacking material resources (for example a home or car), those lacking an educational qualification, and the physically/mentally frail (Victor *et al*., 2002). The evidence as to whether gender is linked to loneliness is also unclear (Revenson and Johnson, 1984). Research among older people in Sweden revealed a clear difference between men and women in the prevalence of loneliness, with loneliness being a problem for 24% of women and 12% of men (Berg *et al*., 1981). The fact that women survive to a greater age and, as a consequence, live without a partner for longer than men, may provide a simple explanation for the reported higher incidence of loneliness amongst women (Holmen and Furukawa, 2002).

Men's experience of ageing

Men's experiences of ageing are influenced by past experiences and historical and cultural conditions (White and Klien, 2007; Mayer, 2009). Attachments and relationships in childhood and early adulthood can influence adaptation to chronic illness, caregiver burden, bereavement and general well-being in later life (Bradley and Cafferty, 2001). It is also useful to understand a man's experience of ageing within the social and cultural environment that they grew up and grew old in. This differs for each generation as societies change (White and Klein, 2007; Mayer, 2009), given the powerful connection between individual lives and the historical and socio-economic context within which these lives unfold.

Understanding the life course of specific generations of men provides insight as to how individuals experience loneliness and transitions throughout their life. Social and economic change has been shown to have a significant impact on men's experience of loneliness and social engagement (Nexus, 2002). Analysis of statistics in Ireland indicates the association of unemployment with a two to three-fold increase in risk of suicide amongst men. In addition, unemployment was a particularly strong risk factor among men aged 35-54 years (Dillon and Butler, 2011). In Northern Ireland, the period between 1960 and 1980 is of particular significance for men who were in their youth and early adulthood during this period and are now ageing. Thus, acknowledging the impact of economic deprivation, sectarianism, armed conflict and political instability in Northern Ireland on the individual health and wellbeing of older men in Belfast was critical to this review.

Defining social isolation

One key question pertinent to this research is whether social isolation and loneliness are two quite separate conditions or whether they are somehow interrelated, acting together to impact negatively on an individual's health and wellbeing. One answer to this question is that loneliness represents the emotional pathway through which social isolation is experienced by men. Loneliness and social isolation in fact share comparable prevalence rates ranging from 7% to 12% of the older population (Warburton and Lui, 2007; Nicholson,

2010). Both loneliness and social isolation can be identified and measured objectively by researchers. The distinction between loneliness and social isolation can be further clarified by definitions of social isolation which include:

- A state in which the individual lacks a sense of belonging socially, lacks engagement with others, and has a minimal number of social contacts which are deficient in fulfilling and quality relationships (Nicholson, 2010)
- The absence of relationships with family or friends on an individual level, and with society on a broader level (Umberson and Montez, 2010)
- The absence or weakness of a social network (Cornwell and Waite, 2009)
- An objective and quantifiable reflection of the paucity of one's social contacts and the reduced size of their social network (Steptoe *et al.*, 2013)

Based on the available research, there are a number of risk factors associated with loneliness and social isolation amongst older people, including men.

Table 1: Factors associated with loneliness and social isolation

Personal circumstances:

- Aged 75 plus (Scharf *et al.*, 2002)
- From an ethnic minority community (Victor *et al.*, 2012)
- Being gay or lesbian (Gausp, 2011)
- Living alone (Cann and Jopin, 2011)
- Marital status - being single, divorced, never married (Scharf *et al.*, 2002)
- Living on a low income (Cann and Joplin, 2011)
- Living in residential care (Cann and Joplin, 2011)

Critical transitions in life

- Bereavement (Cann and Joplin, 2011)
- Death of a partner or relationship breakdown (Victor *et al.*, 2005)
- Becoming a carer or giving up caring (Cann and Joplin, 2011)
- Retirement (Cann and Joplin, 2011)

Health and disability (Victor *et al.*, 2005):

- Poor health
- Immobility and frailty
- Mental health problems
- Cognitive impairment
- Sensory impairment and dual sensory impairment
- Sudden disability

Geographical conditions in an area:

- In which crime is an issue (Scharf, 2011)
- With high levels of material deprivation (Scharf, 2011)
- Areas which lack road and footpath safety (Encel *et al.,* 1996)

Social isolation as a public health issue for older men

Studies show that social isolation can impact negatively on men's wellbeing and quality of life, with demonstrable negative health effects (Windle *et al.*, 2011). Health issues arising from social isolation add pressure to statutory health and social care services and contribute to the cost of services. Therefore, social isolation is a public health issue,

comparable to well-established risks such as smoking and alcohol consumption (Bristol City Council, 2013).

Social isolation has been associated with many detrimental health effects in men, including increased risk for:

- Increased mortality for people aged over 65 years (Bower, 1997; Eng *et al.*, 2002)
- Heightened propensity for dementia (Fratiglioni *et al.*, 2004)
- Increased risk for re-hospitalisation (Mistry *et al.*, 2001)
- Increased number of falls (Faulkner *et al.,* 2003).
- Depression (Gutzmann, 2000)
- Elevated blood pressure (Bower, 1997)
- Increased risk of suicide (Rapagnani*,* 2002)

Social engagement is seen as a means of addressing loneliness and social isolation. Social engagement and participation can be classified and measured using four distinct types:

- Intimate social relationships (visits to or from family and friends)
- Formal organisational involvements outside of work (going to religious services or meetings of voluntary associations)
- Active and relatively social leisure (going to classes, lectures, movies, plays and concerts, playing cards or bingo, eating outside the house, taking part in sports)
- Passive and relatively solitary leisure activities, such as watching television, listening to the radio, or reading.

(House *et al*., 1982)

Older men's experience of social isolation across the Ireland of Ireland

There are very few quantitative research studies on the prevalence of social isolation and loneliness in Northern Ireland although this may be addressed by the Northern Ireland Cohort for the Longitudinal Study of Ageing (NICOLA), which will involve 8,500 people, aged over 50 years, randomly selected from across Northern Ireland. Data from the 2003 Northern Ireland Life and Times Survey indicate that social isolation was considered to be the second biggest issue facing the over 65s, after the fear of crime in Northern Ireland (Evason *et al*., 2005). Other research shows that problems with health and mobility were identified as the biggest factors in restricting and preventing older people getting out and about (Engage with Age, 2010). Cahal (2003) described the social isolation of older men in Belfast as a silent and insidious problem. These qualitative findings, based on sixteen case studies of older men, critiqued the impact of living alone, hobbies and past times, illnesses, older age, retirement, social class, religion and bereavement and lack of service provision for elderly men on social isolation.

Factors which tend to mediate opportunities for social engagement amongst older men and women were highlighted from the findings of The Irish Longitudinal Study on Ageing (TILDA) study (Timonen *et al.*, 2011),and four of these are listed below.

Gender, social relationships and participation: Daily participation in intimate social relationships, such as visiting with family and friends, was greater for older women than men. Involvement in formal organisational activities outside of work did not differ significantly by sex or age. Participation in active and relatively social leisure activities was

greater for men than women, and was lowest in the oldest age group (75 years or over years). No difference in involvement in passive or solitary social activities was observed by age or sex. Within the population aged over 50 years, older people were more likely to go to the pub than younger people. Women were more likely than men to read books and magazines, visit friends or do voluntary work. Those with higher educational qualifications were more likely to attend films, plays, concerts and lectures.

Education: Older people with the highest education were more likely to participate in formal organisations, and in active and social leisure activities compared to the lowest education group, regardless of sex. Higher education was associated with greater income and wealth, and with better opportunities to engage in different social and leisure activities. In the older Irish population, the most integrated group appears to be the most educated, and the most isolated group appears to be those who are least educated (Timonen *et al.*, 2011).

Religion: Participation in religious activities has been associated with better quality of life and health outcomes in older people (Krause and Bastida, 2009). In the TILDA study (Timonen *et al.*, 2011), 95% of older respondents identified themselves as having a religion and 60% attended religious services at least once a week. However, weekly attendance was less common among those aged 50-64 years (48%) and 65-74 years (67%) than among people aged 75 years and over (76%). Religion was more important to the oldest age group than to those aged 50-64 years, and more important to women than to men.

Mobility and Transport: Mobility was a key determinant of an individual's ability to access services, whether social or practical, and to engage in community activities. Mobility decreases with age, which increases the need for assistance from public transportation and from family and community resources. The majority of the Irish population aged 50 years and over, therefore, rely heavily on cars as their main mode of transport (Timonen *et al.*, 2011). However, a reduced dependence upon cars for transport among people aged 50 years and older occurs for many reasons, including health, physical incapacity, mental problems or less willing to drive. In the TILDA study, only a small percentage (1.5%) reported that the inability to drive affects how they socialise with others (for example, visiting family and friends).

A study by the Social Exclusion Unit (Barnes *et al*., 2006) highlighted the vulnerability of men in relation to exclusion from social relationships and emphasises the need for targeted efforts if this dimension is to be tackled. Divorced and never married men are most likely to lack social contact with relatives, friends and neighbours. This smaller social network makes them more vulnerable to social isolation and less likely to receive the practical support that might help them to remain living in the community should they become disabled (Arber *et al.,* 2003).

Masculinities and engagement with services

Within the literature it is widely accepted that there is no universal form of masculinity, hence the widespread use of the term 'masculinities'. This denotes the differences exist between men according to class, race, religious belief, disability and sexual orientation, as well as age — as they do for women. However, dominant notions of masculinity appear to affect men's help-seeking behaviour and their engagement in various social activities (Barker *et al.,* 2007). The traditional male gender role is characterised by attributes such as striving for power and dominance, aggressiveness, courage, independence, efficiency,

rationality, competitiveness, success, activity, control and invulnerability (Möller-Leimkühler, 2003). Most of these attributes are not conducive to help-seeking behaviours making it hard for men to express their fears and needs (Moynihan, 1998; Addis and Mahalik, 2003).

Men in Northern Ireland are often characterised as not seeking support and services when they experience problems in living, such as loneliness or social isolation. In fact, men are more likely than women to adopt beliefs and behaviours that increase their risks, and are less likely to engage in behaviours that are linked with health and longevity (Courtenay, 2000). For example, the results from the 2011 Health Survey in Northern Ireland (Devine, 2014) show that 14% of men had visited a doctor in the last 14 days compared to 19% of women. However, for the 75 and over age group, there was little difference between males (25.3%) and females (25.2%). Addis and Mahalik (2003) argue that men's reluctance to seek support is best understood as a result of their socialisation and the way in which society constructs masculinity. However, existing research has highlighted that men appear to be more open to renegotiating roles and responsibilities and seeking advice at various transition points in their lives, such as retirement and ageing (Ruxton, 2007).

Barriers to engagement

Barriers to men's engagement and participation with services may be explained across different levels of their lived experience (Ghate *et al.,* 2000).

The cultural or social level: Cultural and traditional notions of gender tend to emphasise the importance for men of independence, self-reliance, pride and strength. These attitudes exert a strong influence over men's behaviour at all ages but particularly influence older generations. Services are often perceived as primarily geared for those who need 'support' or for those who are 'vulnerable', 'dependent' or 'incapable', which may challenge men's sense of pride and self-esteem (Ruxton, 2007). As highlighted earlier, there are significant differences in how individual men are positioned in relation to these dominant forms of masculinity according to factors such as their class, race, disability or sexual orientation.

The individual or family level: Beyond barriers at the broad social and cultural level, personal and family circumstances may also hinder men's involvement in services. Women tend to maintain wider kin, friendship and neighbourhood support networks than men, which continue into retirement and following widowhood; men's more work-based networks tend, in contrast, to dwindle or disappear after retirement. For older men, personal barriers include emotional problems following the death of a spouse, depression, differences in outlook – with men over 80 years tending to withdraw from social contact; problems with health and mobility; and the cost of attending groups (Ruxton, 2007). While these barriers hinder involvement, they could potentially be overcome if activities resonated more with older men's identities and appealed to their interests.

The service level: Barriers to men's use of services located at the socio-cultural level or at the individual and family level are difficult to tackle. However, at the service level, there may be barriers that can be more readily addressed. The services or organisations priorities and policies; the nature of the services provided, the nature of referral polices (Ruxton, 2007), and the atmosphere and 'feel' of the service are all important factors. A significant barrier to engaging older men in services is the nature of referral policies. Ruxton found that the lack of male 'frontline' staff within services and inappropriate (that is, 'feminised') activities were equally important.

Major barriers and facilitators in engaging more men in social projects are summarised as follows (Johal *et al.,* 2012):

Table 2: Barriers and facilitators to engagement

Barriers to engagement	Facilitators to engagement
Help seeking behaviour	Importance of physical activities
Fear of stigmatisation	Use of existing social connections and networks
A lack of visibility of men in services	Benefits of working with partners, wives and families
Hard to reach men	Building relationships on an individual basis
Lack of discourse on the topic	Different levels of response to social isolation

Provision of services to address social isolation of older men

Services that address loneliness and social isolation employ a range of strategies aimed at improving social skills, increasing social support and creating opportunities for social interaction. Due to the many factors which can contribute to the social isolation of men, the designing of effective interventions to combat isolation is difficult (Findlay, 2003; Cattan *et al.*, 2005). While a wide range of interventions have been developed there is a lack of strong evidence on exactly what works best. Grenade and Boldy (2008) identified the wide variety of interventions aimed at reducing social isolation and loneliness, including group activity-based (for example, self-help groups), one-to-one interventions (such as home visiting programmes), the provision of services (such as transport), and broader community development focused efforts (for example, where social activities are provided with the aim of developing community networks and peer support).

The effectiveness of different categories of interventions is explored in the following boxed examples.

Box 1: One to one services

Befriending schemes offer lonely and isolated older people vital companionship and emotional support. The type of befriending differs with individual programmes, but it generally involves volunteers or paid befrienders visiting people in their own homes to provide emotional support. Other befriending models include telephone services. Befriending may also involve transport provision and picking up medication or shopping. One-to-one befriending has been shown to reduce loneliness, and has a modest, but significant, effect on depressive symptoms. Regular one-to-one contact is particularly welcomed by people who are frail and housebound (SCIE, 2012). Befriending schemes can help to ease the worst effects of isolation for vulnerable people, and could prevent loneliness from becoming chronic. A study by the Joseph Rowntree Foundation found that befriending schemes were useful in reducing isolation, for example, among people who had spent long periods in mental health institutions and were living independently in the community (Dean and Goodlad, 1998). Befriending initiatives can help to bridge generations and create more cohesive communities, as well as complement existing social networks (Neville and Rees, 2008). Successful befriending services depend upon key attributes of the participants, including reliability, compatibility, intimacy, reciprocity and support.

Box 2: Community Navigators

Community Navigators are usually volunteers who provide people with emotional, practical and social support. They essentially act as an interface between the community and public services, and help individuals to find appropriate means of support. Community Navigators offer home-based visits, enabling often frail older people to discuss concerns and helping them to look into which service or community provision may be beneficial. Community Navigators have been shown to be effective in identifying isolated individuals and then signposting them to appropriate services and support. There is a consensus that befriending and Community Navigators offer a degree of flexibility in terms of delivery and necessary adaption, dependent on the needs of the older people concerned.

Box 3: Group services

There are many different group services available, including day centres, lunch clubs, and social group schemes, which aim to help older people widen their social circles. Cattan and White (1998) suggest that group activities (for example, discussion, self-help, social activation and bereavement support groups) are particularly effective. Research evidence is particularly supportive of social group activities with a creative, therapeutic or discussion-based focus (SCIE, 2012). Participants in social groups are reported to experience better subjective health and survival rates.

Box 4: Community development

Internationally, the World Health Organization (WHO, 2007) *Age-friendly Cities Project* is a global initiative that has identified the key indicators of age-friendly cities through a consultation process. There are eight interconnected aspects to developing more age-friendly cities outlined in the WHO framework (WHO, 2007), namely: transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; community support and health services; and outdoor spaces and buildings.

Box 5: Therapeutic intervention

Masi *et al.* (2011) suggest that there are potential benefits in using cognitive behaviour therapy approaches for lonely and socially-isolated individuals. Their quantitative review analysed different strategies and identified four categories: improving social skills; increasing social support; creating opportunities for social interaction; and addressing social cognition. There appears to be a small, but significant, effect in reducing loneliness by using interventions that target social cognition (a person's thoughts about themselves and others). Helping to break the cycle of negative thoughts about self-worth and how they are perceived was most effective, especially when using cognitive behavioural therapy (CBT).

Box 6: Social media and technology

Research is still somewhat limited in terms of the impact of social media and technology on social isolation. It is sometimes offered as a potential solution for older people experiencing isolation. Video conferencing and emails on tablet computers are often suggested as a way for older people to stay in touch with their families. Research by Choi *et al*. (2012) suggest that the use of computer and internet programs can be effective in counteracting loneliness and social isolation in older people.

Box 7: Volunteering

The benefits of volunteering are often cited within the context of the health and wellbeing of older people. Volunteering provides a sense of role and purpose, helps to raise people's confidence and self-esteem, provides an external focus and is associated with feeling in control of life (personal agency). Engagement in socially-productive activities can lower the risk of all-cause mortality (Glass *et al.,* 1999). Warburton (2006) researched the relationship between volunteering and self-reported health in older people in Australia. The study emphasises that volunteering must be freely chosen for individuals to reap these benefits and that it will not be helpful if the volunteer becomes overwhelmed or stressed by their work.

Volunteer Now (2013) undertook a three-year longitudinal study with 344 volunteers aged 50 years or over, of which 40% were male (Volunteer Now, 2013). One half of these men were involved in leadership/management (50%). Women were more likely to be involved in caring/visiting/befriending activities (56%) than men (42%), whilst men (46%) were more likely than women (25.5%) to be involved in practical activities. Women were more likely to be involved in more types of roles than men, although men were more likely to spend more hours volunteering. The report concludes that volunteers' psychological health is on a par with healthy adults in other cultural contexts, and that their attitudes generally reflect strong levels of stoicism and positivity.

The relative effectiveness of these individual services has been the subject of several reviews, although this is hindered by a lack of evidence for many of the interventions. Cattan *et al*. (2005) undertook a review of the effectiveness of 30 health promotion interventions that target social isolation and loneliness among older people. Nine of the ten most effective interventions were group-based, with some support input. In contrast, six out of the eight ineffective interventions focused on one-to-one social support. Thus, Cattan and colleagues suggested that the effectiveness of home visiting and befriending schemes remains unclear. Dean and Goodlad (1998) argue that befriending is not a radical solution to social exclusion, since it does not tackle root causes of disadvantage, and does little to challenge untenable situations. Nevertheless, for many users of these services, befriending is seen positively, and helps ameliorate the worst aspects of social isolation and exclusion (Cattan *et al.*, 2009).

The use of more than one method may address the diverse needs of older men (Cattan and White, 1998). Various studies have highlighted the needs of specific groups of older men, such as older Chinese people, black and minority ethnic groups (Joseph Rowntree Foundation, 2000), and gay men (Dillon and Collins, 2003). Research by Cattan *et al.* (2003) concluded that services should be delivered to care for specific groups, such as carers, ethnic minorities, older men and those who have been isolated for a long time or accommodated in residential care.

Service provision for older isolated men

Older men are active in a variety of civic and community organisations; however the vast majority of services for older people remain female-dominated, and male users are relatively rarely found in such environments. Ruxton's (2007) research on working with older men offered key pointers for the development of effective service provision for older men which has been summarised in the box below.

A basic message from the literature is that older men often react best to service provision that is simple and straightforward, and protects as far as possible their right to organise and control their own lives. Conversely, service provision that was designed 'for men', but without their input, was generally less successful at attracting them. Services are increasingly seeking to ensure older people have access to mainstream provisions and or informal networks, rather than just segregated facilities to promote both sustainability and extended natural networks. The key appears to be finding a reason to bring the older men together and developing attractive activities. The inclusion of gender-specific activities may also encourage male attenders.

Overall, it is hard to draw clear conclusions about the activities that 'work'. Having said this, men who are socially isolated and/or vulnerable (e.g. through bereavement), show a preference for social over skills-based or educational activities and benefit from more individually based services. Men's groups are not, however, a universal panacea to the problem of how to engage men but indirectly may have a 'ripple effect' throughout a service. Whilst the presence of male workers is not essential in order to attract older men to a service, it may help some men to feel more welcome and comfortable in a female-dominated environment. Employing more male workers is a common aspiration among services, however there are significant structural barriers to achieving this aim as relatively low pay levels and the related perception that caring is 'women's work,' discourages men from applying for such positions. If they are taken on, they tend to move away from direct work (and frequently into management) relatively swiftly. Another way of creating a male presence or nucleus within a service is to create more volunteering opportunities. This could encompass, as it already does in many services, male volunteers acting as drivers, handypersons, or gardeners, carving out suitably 'masculine' roles. (Ruxton, 2007)

Guidelines for best practice

Research by the Sidney Myer Foundation and Myer Foundation (2010) suggested that that bringing older people together in group settings controlled by others and providing one-on-one welfare support were relatively ineffective on their own in addressing social isolation. Findlay (2003) suggests methods of building community capacity are effective and sustainable. Understanding the complex causes of social isolation resourcing and supporting older men to address their own issues would appear a practical response. Characteristics of best practice interventions to address social isolation of men include:

- Base interventions soundly in theory and with clear programme logic - what is the programme trying to achieve and how?
- Target critical transition points – responding at critical times of loss.
- Target specific high risk groups.
- Address underlying risk factors while building on protective factors.
- Build place-based community capacity – local, neighbourhood level community development, building networks.
- Use a strength-based approach, building on the significant strengths, capacities and resources of older people, many of which constitute protective factors.
- Build on existing community networks and services – foster collaborations.
- Recognise and address the barriers to participation (for example, transport).
- Provide adequate timeframes and related funding – projects need time to develop.

- Incorporate evaluation from project inception, and provide the training needed for this to effectively occur.
- Programmes should not try and be 'all things'.
- Interventions need to be delivered within a culture of caring - a welcoming and warm, comfortable environment.
- Programmes should be socially and culturally appropriate.
- There should be multiple entry and exit points to the project.
- Activities should have meaning and purpose.

Health professionals in the assessment of social isolation in older men

Social isolation in older men is potentially an under-assessed social condition and the responsibility for social prescription to support services is often overlooked. Older men who live alone, experience depressive illnesses or who have limited contact with friends and families, would benefit from referral to a range of local, non-clinical services often provided by the primary health care and voluntary sector. The literature suggests a lack of evidence to demonstrate that public health professionals are assessing for social isolation in a systematic or interdisciplinary manner (Nicholson, 2010). Lack of mutual understanding and communication between health and social care professionals are well documented barriers to addressing social needs of older adults (Ham *et al.,* 2013). Loneliness and social isolation can easily be screened and measured by health professionals using simple tool such as the Lubben Social Network Scale (Lubben *et al*., 2006) and the de Jong-Gieveld Loneliness Scale (de Jong Gierveld and Van Tilburg, 2006). The Department of Health, Social Services and Public Safety in Northern Ireland commissioned the development of a Single Assessment Tool which will be used to gather all the information necessary to plan home care services for adults with complex needs (RQIA, 2011). This tool incorporates a self-assessment for depression, but not for quality of life, loneliness or social isolation.

Policy, funding and governance for men's services

While men play a prominent role in the decision-making process affecting service policy and provision, men themselves have not argued, lobbied or campaigned in the same way that women have, for improvements to their health and wellbeing at a social, personal or service level (Richardson, 2013). The success of the five-year timeframe of the Republic of Ireland's national men's health policy addressed these concerns through strong governance and accountability measures, men's health research and evaluation reports, the implementation of a comprehensive men's health training programme, the development of a range of men's health information resources, the emergence of some promising workplace-based men's health promotion initiatives, the expansion of community-based men's health initiatives and the establishment of a Men's Health Forum. However, key challenges persist, including the translation of cross-departmental and multi-sectoral commitment to sustainable services, limited funding opportunities of men's research and services, the ambitious scope and breadth of policy recommendations and actions; and maintaining momentum around men's issues.

The literature reinforced the need for a joined-up approach to policymaking, funding and delivery of services to isolated older men (Foresight, 2008; Age Concern, 2010). The role of philanthropic funding offers potential strengths and the flexibility to address issues and concerns that government cannot. Philanthropy can support the ongoing development of a stronger evidence base addressing social isolation by:

- Supporting research to advance improved policy development
- Supporting the development and piloting of new service models
- Fostering and funding projects in partnership with organisations that seek new ways to address specific issues of disadvantage (for example, in isolated rural areas, for culturally and linguistically diverse older people, or for older isolated men)
- Facilitating cross-sectoral forums to promote good practice approaches

Sidney Myer Fund and The Myer Foundation (2010)

This research by the Sidney Myer Fund and The Myer Foundation (2010) offers recommendations for funders (government and philanthropic organisations) of community and voluntary services for older men. Community organisations should be supported to specifically target older men, in order to facilitate higher levels of engagement with services. As part of the grant application process, organisations should be encouraged to develop effective and sustainable strategies to engage with, and reach out to, older men, as well as to share examples of effective engagement strategies. Applicants for funding should be encouraged to record not only the numbers of older men involved, but also the duration and level of engagement. Thus, funders should ask for the numbers of those engaged not only at the beginning of the programme but at the end too and, where projects fail to meet engagement targets, offer to link them to organisations who can share effective practice to help them with retention.

Summary: key messages derived from the literature on combating social isolation in older men

- Social contact is a basic human need, and its absence is a threat to older men's psychological and physical well-being.
- Loneliness and social isolation are separate, but interconnected, concepts that can be measured.
- Social isolation has been shown to be associated with many detrimental health effects in men, including increased mortality.
- Men's experience of ageing and social isolation is closely connected to the historical and socio-economic context in which their lives unfold.
- Loneliness is not a static feeling; rather it is a fluid experience, even for the severely lonely, and there are many pathways through which loneliness may impact negatively on one's life and health. Older men who are disabled or frail, on a low income, from an ethnic or religious minority, or are single or widowed, are deemed to be at the greatest risk of loneliness.
- Men are often characterised as not seeking support and services when they experience problems. Men's reluctance to seek help is best understood through the concepts of socialisation and social construction of masculinity
- Cultural, service provision and individual barriers often prevent older isolated men from accessing existing services.
- Services aimed at reducing loneliness and social isolation can be categorised broadly into one-to-one interventions, group services and wider community engagement.
- Reviews have found that the least effective interventions are one-to-one interventions conducted in people's own homes. Strategies that build on personal empowerment and community capacity are considered effective and sustainable. Developing or building on existing local social networks within individual communities is vital. This includes ensuring that the people affected by social isolation have a major role in developing the solutions, rather than have interventions imposed upon them.
- Priority should be given to ameliorate the negative effects of structural factors such as income, transport problems, and the ability of older people to maintain their existing relationships and participate fully in society.
- Social isolation in older men is a social condition which is under assessed by health professionals. As a result, the benefits of social prescription to support services are often overlooked.
- Evidence suggests that there continues to be a mismatch between what older men want and what policy and practice are delivering.
- A joined-up approach to policymaking, funding and delivery of services to older men is recommended.
- Men need to effectively lobby and campaign in the same way that women have, for improvements to their health and wellbeing

Chapter 4: Mapping current provision (Objective 2)

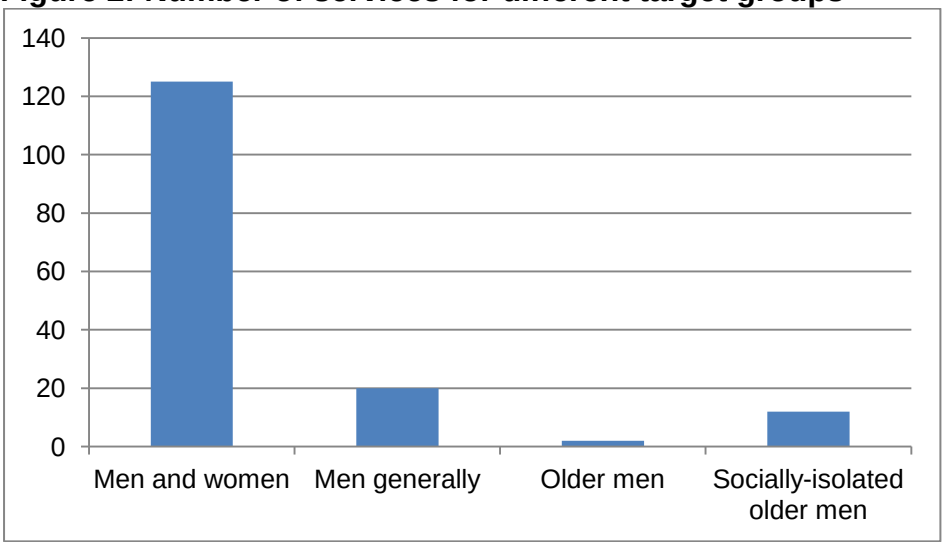
A mapping exercise was undertaken to ascertain the current state of service provision by community, voluntary, statutory and private sector bodies for men aged 50 and over in the Belfast Health and Social Care Trust area. As outlined in Chapter 2, information on key services was obtained and recorded on a spreadsheet. The pro forma information sheet is available in Appendix 2. Four types of services were identified:

- Services for and with men and women, for example, leisure centres
- Services that actively target men, for example, specific men's projects
- Services that focus on men aged 50 years or over
- Services that focus on combating social isolation among men aged 50+

A list of services is provided in Appendix 4. As Figure 2 clearly shows, there is a disproportionate number of services for and with men and women (125 in comparison with 20 services which actively target men of any age, two services which focus on men over 50 and 12 aim to combat isolation in that age group of males). Of the 12 services listed in the final category, four are Men's Sheds.

It is important to acknowledge that, due to the constrained time frame of the project, it was not possible to obtain complete information for all relevant services and organisations.

Figure 2: Number of services for different target groups



Upon initial enquiries, it appeared that there were many small, very local groups with little information available about them. After some enquiries, and when speaking to the organisers, it became apparent that these long-established small groups, do have at their heart, the ideal of getting older people (and especially older men) out of their homes and back into the community. In other words, they were trying to reduce social isolation long before it became 'trendy' to do so. Although these groups have been around for a while, the nature of their membership requires regular 'new blood'. However, without the funds or knowledge about advertising or how to apply for funding, they appear to be lurching from one small grant to another, with an ever-dwindling membership. These groups appear to have an essential role in supporting isolated individuals and integrating them within their own communities.

Capacity

Many of the groups who received funding under the Big Lottery *Reaching Out: Connecting Older People Programme,* seem to be at capacity – either with the number of service users or the number of volunteers they have managed to recruit to make the service available. The one-to-one or 'befriending' service offered by number of organisations, seems to be the one which attracts the greatest number of potential service users, but the actual offering of the service is severely limited by the number of volunteers recruited and trained.

Another service which is well utilised involves technology and the introduction of older people to it – such as iPad classes which include how to search for information online, or how to Skype to keep in touch with friends/family. In all of the services of this nature, demand is well exceeding the ability to supply. Waiting lists are in operation and many organisations are signposting to other providers, such as local libraries which offer similar classes (albeit the users would have to travel to the library and the staff-user ratio is likely to be not as favourable).

Juxtaposing this are the many groups which desperately want new members. One problem is that these groups require members for the longer term and not just for the eight to ten weeks duration of an IT class. These groups tend to be local organisations, generally run somewhat under the radar, and most definitely without the resources to finance any degree of advertising in an effort to recruit new members.

Finally, there also seem to be a small number of organisations (for example, the Carers Trust and Springfield Charitable Association) who have capacity for new service users but are encountering difficulties in identifying those in need of the service.

Gaps

One organisation, Belfast Central Mission (BCM), clearly stated that in relation to their housing support service, there is an obvious gap. This is a 'short-term' service (no longer than two years), whilst many users want/need the service for longer than this. Furthermore, this appears to be a 'stand-alone' service in that BCM were the only organisation identified as offering this service. The fact that it is so popular would suggest that this is a service which should be offered more widely.

Further gaps appear to be in the balance of the demand and supply of 'befrienders'. Several of the organisations that offer this service felt that they have a significant excess of demand that they cannot find the volunteers to meet. One possible solution may be salaried 'befrienders', and this is the approach taken by some service providers. However, this obviously has financial implications, and indeed, could affect the relationship between the service user and the paid befriender.

Reflecting the popularity of befriending schemes, Volunteer Now launched the Befriending Network 50+ in 2011 in order to support, strengthen and build the capacity of organisations providing, or wish to establish, volunteer-led one-to-one befriending services for older people aged 50 years or over. Within their directory of befriending service providers (most of whom operate within Belfast), there are 30 organisations offering services. The directory can be accessed at www.volunteernow.co.uk/fs/doc/BefriendingServicesDirectory.pdf.

Nevertheless, as outlined in Chapter 3, one-to-one interventions such as befriending were found to be less effective than others in combating social isolation among older men.

Funding

As discussed previously, many of the larger organisations identified during the mapping exercise received funding under the Big Lottery *Reaching Out: Connecting Older People* Funding Programme. This commenced in mid 2011, with grants still being made available up to mid 2013. It is clear that this funding stream has had a significant impact on the number and range of services which are focused on reducing social isolation among older people.

Organisations received funding for either three, four or five years, and so some of these projects are due to end over the remainder of 2014. Those that have proved very successful (for example, Man Matters) are hopeful that the funding period of this programme will be extended for a number of months or that an alternative funding source will be identified.

The smaller organisations/groups may receive nominal monies from the Health and Social Care Trust, or Public Health Agency (PHA) to cover rent on their premises. The cost of the actual running of the service/project may be met by the members themselves, with any small grants received on an *ad hoc* basis being required to be spent on specific items or excursions.

Sustainability

The sustainability of many of the larger projects, namely those who have received funding under the Big Lottery *Reaching Out: Connecting Older People* Programme, is in jeopardy once the funding period ends. The majority of the projects appear to be running very well with great demand for the service and a significant number of users engaged. Several organisations indicated that they will be looking for alternative funding to continue the projects once the Big Lottery funding ceases. However, the likelihood of success is unknown.

In relation to the smaller projects and services, many of these have been running for a number of years but the limited, sporadic grants and the small amount of members also puts the sustainability of these projects into serious question. The running of the groups and the regular sourcing of funding requires a lot of time and effort from the members. It is very possible that without a regular influx of new, younger 'old' members, these small groups will dwindle away over time.

Potential

The majority of the services identified are operating very successfully – in that the service that they are offering is being enthusiastically welcomed by the target population. For those services that have been provided for three to five years, this is a lengthy enough period of time for the users to become engaged in the project and for it to become an established part of the local community. As such, putting funding issues to one side, there is always the potential for the projects/services to be continued on a longer-term basis for generations of new 'older' people coming behind. As many of the projects have the reduction of isolation

at their heart, as time passes and if the projects are continued, it would be envisaged that social isolation would reduce so that the focus of any projects could shift to the continuance of social engagement.

Diversity

The majority of the services aimed at/operated by 'diverse' sections of the community fall into the first category of the audit, namely, services for, to and with men and women. These include services/projects which are operated by The Chinese Welfare Association,Tthe Northern Ireland Muslim Family Association, the Northern Ireland Council for Ethnic Minorities, Belfast Islamic Centre, An Munia Tober, The Rainbow Project and Bryson Charitable Group Intercultural Service. They offer services to the Roma, Muslim, Travelling and Chinese communities, asylum seekers, and gay and bisexual people. Services provided by The Rainbow Project are for men only, and include a Personal Development Programme, Counselling, Community Testing and a Gay and Bi Dads Course.

From the services identified, there are a significant number of 'religious' organisations which offer services both for, to and with men and women, in addition to services aimed specifically at men aged 50 years or over. It appears that organisations within churches had historically tended to focus on the needs of women, at the expense of male members of their communities. They now appear to be attempting to address this imbalance with the establishment of groups such as the Friendship Meeting for Senior Gentlemen, the Men's Bible Study Fellowship, MOB (Men Of Backbone) and the Ravenhill Presbyterian Men's Fellowship.

Chapter 5: Interviews with older men (Objective 3)

For Objective 3 of the project, in-depth interviews with ten older men aged 50 years or more were undertaken in order to explore their use of, and opinions relating to, relevant services. These interviews were not intended to provide data that represents all men, but instead provide case studies, where the emphasis is on an intensive examination of the setting.

Background details of the participants

One goal of this stage of the project was to engage with as wide a range of men as possible, in order to maximise the diversity of participants across a range of socio-economic and demographic characteristics and to highlight that the characteristics and needs of older men are not homogenous. Participants for this research were members of one of five groups for older men. In order to give a sense of the different backgrounds of participants, a brief description of typical traits of members of each group is outlined below.

Group One

Group one was set up in order to deal with issues for male ex-prisoners who were involved with the conflict in Northern Ireland. The members are all from a Catholic background and are almost exclusively working-class men. Issues for group members include mental health issues, such as depression and anxiety, and addiction issues both with alcohol and drugs. Martial breakdown was typical for this group due to the issues described above. Education levels in this group were usually low and most jobs held in earlier life were usually low-skilled and low-paid.

Group Two

This group was set up in a working class Protestant area, which has seen demographic changes over the past 20 years, particularly due to immigration from other European countries. Education levels were typically low, and jobs held in earlier life were low-skilled and low-paid. In many cases, retirement and redundancy were due to industries becoming less profitable and becoming obsolete, rather than retirement through choice. This has led to some difficulties regarding mental health. Members were usually married or widowed, with only a few instances of martial breakdown.

Group Three

This group was based in a Protestant working class area and, much like Group Two, many members have low levels of education and jobs held in earlier life were typically low-skilled and low-paid. This group did however, have significant focus on cross-community work so group members were from both a Catholic and Protestant working-class background. This group worked with issues around addiction and long term unemployment. The group worked with men who were under the retirement age (usually 50-60 years) and worked to reintegrate them into employment.

Group Four

This was the most diverse group in terms of religious and socio-economic background. While based in North Belfast, members came from all parts of the city and Newtownabbey to join. There was no ‘typical’ member in terms of education background as some members have no basic qualifications, whilst others are highly qualified. There was a subsequent lack of typical job types; some jobs in earlier life were high-skilled, some low. Members had

highly diverse levels of health in this group. Some men had quite serious health conditions and the group attempted to accommodate this as much as was possible.

Group Five
This group was based in a reasonably middle-class Protestant area and as such, most members came from medium to high levels of education and had retired from high-skilled/medium-well paid jobs. This group was unique in that it was set up by the members themselves. Organising a venue and funding indicates the higher levels of capacity and understanding of bureaucratic processes within this group. Members were usually married, with some exception, although this was related to bereavement, rather than martial breakdown.

The demographic characteristics of the individual ten men who took part in the interviews are identified in Table 2 below. In all cases, pseudonyms are used.

Table 3: Demographic characteristics of the ten men interviewed

Participant number and name	Age band	Occupational status	Family status	Religious background
1: Joseph	60-65	Community worker	Married, with 4 children and 6 grandchildren	Protestant
2: John	50-55	Volunteer community worker, retired through ill-health and addiction	Divorced, with 6 children and 12 grandchildren	Catholic
3: Gerard	70-75	Took early retirement	Married	Catholic
4: Vincent	60-65	Involuntary redundancy	Married	Protestant
5: Louis	60-65	Early retirement through Ill-health	Married, with 3 Children	Protestant
6: Eamon	50-55	Early retirement through ill-health	Single, with no family	Protestant
7: Adrian	70-75	Retired	Married, with children and grandchildren	Protestant
8: Martin	65-70	Retired	Married, second marriage, with 1 child	Catholic
9: Michael	65-70	Retired	Married, with1 child	Protestant
10: Mark	65-70	Retired	Married, with children and grandchildren	Protestant

In the following case studies, each man presents their stories and thoughts on successful ageing and social involvement. Their individual journey into the services and their feelings and thought processes about attending services are identified. Every man's experience of working life, retirement, and health were different; nonetheless, key themes around successful social involvement were noted and will be presented.

Whilst a range of socio-economic characteristics were evident (such as religion and class), it was not possible to access participants in the older age group (aged 81 years or more). This has prevented insights into how these older men may differ in the uptake and benefit of these services. Within the timeframe of the project, it was also not possible to complete interviews with men across a range of ethnic backgrounds or sexual orientation. Furthermore, in only interviewing men who are currently attending services, it was not possible to gain insights into the lives and choices of those isolated men who do not attend any groups. Arguably, this latter group are more isolated and vulnerable than the participants in this study. However, our participants have themselves commented on this isolated group and have made suggestions around how they might be motivated to attend.

Case study 1: Joseph

Joseph is a 62 year old man. Born in Belfast, he is actively involved in community work. He is a married father of four, in a blended family of his own children and fostered children, and is also a grandfather. Joseph discussed the crucial role that the older man has in the family, in modern times, particularly that of grandfather. This has changed the space for older people in a family unit, from being somewhat marginalised, to becoming a centre for activity. '*Where the Grandad used to be an old man in a cap…now he becomes the centre of things to do*'.

Joseph left school at 15 to go into the sign-writing trade. In his working life he also trained young people as apprentices and this allowed him to see the potential to open up social involvement with the family and wider community. Beginning as a volunteer, he slowly became increasingly involved in community work.

Joseph focuses on the importance of work for men, especially those who have retired or unemployed. Lack of a job identity can be particularly stressful for men and they can find themselves disillusioned and marginalised. Using and teaching the skills that older men have gained through their working life to younger generations is a way to engage men socially. This is achieved through one of the groups for older men that Joseph is involved with - The Men's Shed - where practical skills, hobbies and stories can be shown and shared.

Joseph acknowledges that the changing dynamics of the community in Northern Ireland have raised new issues and ideas. The introduction of new communities in the area, for example, those from Eastern European or Asia, has brought new issues to community work. Joseph sees his role as finding a common denominator between the needs of many groups and communities to create mutual understanding. This is continued in the cross-community element of his work. He discusses the fact that older men, who lived through the Troubles can find particular issues difficult and the political context can affect their group, most recently during the flags dispute.

Joseph felt that older men experience barriers to becoming socially involved, and can risk marginalisation: *'Some of them have mental issues, some of them have addiction issues , some of them have just been marginalised, their wife has just died or maybe their family doesn't visit, maybe they don't have a family…and that can be very demeaning for men'*.

This feeling of being demeaned and demoralised is a major barrier for men. Overcoming this barrier involves encouraging men to come to the Men's Meet-up Group, where they will be introduced to 'soft' groups of men to encourage them to share their stories. This has proved a successful format: the group has increased in numbers from around eight to around 40 in the three years it has been running.

Joseph estimated that a third of the Men's Group members have not been outside their own area before joining the group, so trips are organised to places in Northern Ireland. These trips are free, and the men are encouraged to lead each other in discovering history and culture together.

The network of ten groups for older men called 'Wise Men of the East' appears to be successful in engaging older men in social activities; however the lack of facilities for these activities to take place in may become an increasing barrier for men's work.

Case study 2: John

John is 53 years old, was married and has six children and twelve grandchildren. He left school at 15 and worked until a recent bout of ill-health took him out of work. Alongside this, the breakdown of his marriage, and his acknowledgement of the impact that alcoholism has had on his life, have led to serious reconsideration of his priorities and has led him to working with older men, in a voluntary capacity.

He was involved in some voluntary work before the breakdown of his marriage. His initial voluntary work began in a small Catholic working-class area, in which there was a realisation that there was little service provision for older men outside of bars and bookies. Along with a committee of community members, activities for older men were organised, including draughts, talks, book exchanges, film showings, and cross-community work. This slowly built up, with the focus shifting to education for older men around health-related issues, cooking and practical means of improving lifestyle. The primary means for the build-up of numbers in this project was through word-of-mouth, which John feels is essential in bringing older men into social involvement.

After moving out of this area following the ending of his relationship, he was asked to become involved with a group set up specifically to work with male political ex-prisoners, dealing with issues around mental health, addiction and dealing with the past. His struggle with, and successful management of, alcoholism made him appear as a positive role model for people struggling with addictions and difficulties. He was also known in the area as being a politically active individual, which was important in gaining the trust of political ex-prisoners. John feels that this is an essential service for ex-prisoners who have not dealt with the traumas and difficulties of political involvement, life in prison and post-release life. The service provided by his organisation involves counselling from trained individuals who usually come from an ex-prisoner background themselves, so as to create a comfortable space for conversation. The service is run entirely by volunteers and office space and running costs are supported by the community.

John identified general traits in older men that can create barriers to seeking help for addiction and mental health problems. These include a sense of pride around asking for help. Men may feel weak if seen to need help with emotional issues:*'[It has] a lot to do with pride, a lot to do with the macho thing, you know…'I'm a man, I don't need help''*.

Due to the sensitive nature of the problems he is dealing with, forcing people to attend is usually unworkable - people need to come willingly. However, the community has a crucial role in encouraging men to come forward. In working-class areas, people do tend to know who needs help and can encourage, or suggest to, older men that there may be help available in a safe environment.

John's life has been drastically improved through this social involvement. His family life has become much more positive as he has become better with communication, and his social circle has been enhanced. His confidence has been greatly improved through his work and the sense of trust that the community has put in him. He describes a sense of pride and continuing usefulness in a post-work environment which have been essential in maintaining his own mental health and controlling his own addiction.

Case study 3: Gerard

Gerard is 70 years old; he worked in catering and took early retirement when presented the opportunity. While he had looked forward to the idea of retiring, in reality, he found that the novelty of having constant free time wore off within a few weeks.

Gerard was also very aware of being in his wife's way at home, feeling that the home was really her space. He discussed this as being a common issue in households post-retirement as men would have been used to being out of the home and then find themselves with little to do, and frustrating their partners. *'[Men are] employed and then all of a sudden that stops, and you're in the wife's way…and she's not used to you being in the house so you, all of a sudden have to find some other things to do to get out of…because that's her space'.* Gerard enjoys leisure activities such as golf and walking, but did not feel he was getting the social interaction that he was used to in his working life through these activities.

He heard about the Men's Shed through a magazine which came through his door and on attending found that the activities offered were of interest to him. These included digital photography, copper etching, art and mosaics. The project also offers courses and talks in issues around Men's Health (such as healthy eating and blood pressure checks), which he has found to be personally beneficial.

However, for Gerard the social involvement with other men at a similar age with a similar lifestyle was the reason that he came back week on week. A further benefit to being involved was that that it keeps his brain active, which he feels is essential to healthy and successful ageing.

Barriers to involvement in the Men's Shed project can come from a lack of confidence in being able to take part in practical and arts and building-based activities for those who have not done this type of work at an earlier stage of life. He relates the story of one member who had joined the group with some trepidation due to considering himself 'useless' at this type of work. A further barrier to involvement comes from family pressures, especially when the man has health problems. Gerard feels that some families may be nervous to let older family members join a group which is involved in practical work and using potentially dangerous machinery.

Gerard appreciates that he is fortunate to be ageing when he is. He reflected on the difference between his life now and the lives of generations before now. Most crucially, he reflects on the importance of healthy aging and the potential opportunities this presents for older people to become involved and improve their lives. '*We're all obviously living longer and we have expectations. We don't feel as old at retirement age as perhaps our parents, or our parents' parents did…the biggest benefit is the health of our senior citizens today. They don't feel that they're old and outcasts*'. Both the physical health and connotations of positive attitude towards ageing are important here.

Case study 4: Vincent

Vincent is 63 years old; he worked in the construction industry, which ultimately led to involuntary redundancy at 62. Vincent missed his working life immediately and would still be working if not made redundant. He unsuccessfully looked for another job, and then decided to source other activities to fill his time.

Vincent is a very active man, and cycles, swims and golfs, but found that the element of working life he missed most was social interaction. He began to attend health-related classes and clinics aimed at older men and through this he heard about the Men's Shed. His first activity here was to renovate a building to create a suitable venue for a workshop. This enabled him to maintain a sense of identity from his working life, and also provided a structure to his day, as this was the first time in his lifetime he had not been in a working situation. *'Most crucially [you] make new friends. Because that is the biggest thing you miss about work – that I miss about it – is the people. The work, yes, the work you can enjoy to an extent, but the work can be a pain as well (laughs) but you do miss the people*'. He acknowledges that while he does appreciate the social interaction which the group has brought to his life, he does miss inter-generational social interaction and would be keen to encourage some crossover work with younger groups to widen the social circles provided by the group.

Vincent stated that barriers to men's involvement in social projects may be related to the way men are brought up; primarily, men can lack confidence to join groups on their own. '*Sometimes…you'd see a man standing outside the door, looking at it, but you'd have to open the door and say 'come in, hello, have a look'*. Related to this issue of men not wanting to join alone is the importance of word-of-mouth to advertise social groups to men.

Men's reluctance to talk about health-related issues was moderated by attendance at social groups. These can encourage proactive care of health needs and can prevent small-term health problems from becoming crises. '*We [men] do not go to the doctors until it is too late. We put up with it…You know men 'I never go to the hospital' and the first time they're in is the last time, cause they are carried out of it'*. The focus on men's health talks and educational sessions available at many men's social groups is of great importance.

Vincent further discusses the pressure which men put onto their mental well-being, in a post-work environment. Without the social interaction and structure provided by work, older men are at risk of 'lying in bed all day' or 'just sitting about watching that television'. The risk to mental health can also be related to family pressures, particularly in the instances of illness of a partner. Social interaction is crucial to maintaining good mental well-being for all aspects of life.

Regarding this, Vincent does acknowledge that men often find it difficult to discuss emotional matters and feels that this is a particular problem which women do not face to the same extent. He sees a solution to this in this sort of Men's Group however. As this group involves taking part in practical building activities, he argues that this provides a fertile ground for men to create a space to discuss thoughts and feelings, as it can be easier to do so when concentrating on other work. '*You talk to people easier when you're doing something, especially men. It's okay when you're whacking away and can chat to people. Women can sit like this and talk about all sorts of things, but men…would maybe talk about football (laughs) and that's it*'.

Case study 5: Louis

Louis is 63 years old and comes from a troubled working-class Protestant area in North Belfast. He lives with his wife, who still works, and has a grown family and a number of grandchildren. He became involved in the Men's Shed following a bout of extreme ill-health, and subsequent disability. This ill-health forced him out of work and had him confined to the home for around 18 months. While he is physically in the process of recovering from his illnesses, he became aware of the mental strain that confinement was putting onto himself and his family. He received a bulletin through the post which discussed the Men's Shed and decided to visit and see if the services offered there would be of interest to him. Four months on, and Louis is pleased to say that his life has been entirely transformed.

Louis has found that the activities offered, in the practical creation of items such as pens, wood carvings and stools, have been therapeutic for him '*You're at a lathe, you're at a machine, you're concentrating…very, very therapeutic. Really, everything else is out of your mind, you know all the problems you have, be it health, your family, your life, all the problems you have…and you're just concentrating on your pen and doing it right and watching what you're doing, really very therapeutic an d you feel great after it'*. Added to this, Louis feels a sense of pride after completing the projects he has worked on. His family have been supportive of his involvement in socialising, and they are also proud of the completed projects.

However, the practical completion of projects has become only a small part of the reasons that Louis continues his involvement. He initially came to the Shed alone to consider joining. He describes this as a departure for himself, as he would usually go to a new activity with a friend; however, on doing so, he found that the members were friendly, open and helpful, regardless of community or class background. The openness to different backgrounds was important to Louis. Although he comes from a traditionally loyalist community, he has always avoided any sectarian or paramilitary involvement, for himself and his family. He finds the Men's Shed to be a space for mutual understanding and interaction. He has close friends from traditionally Catholic/republican areas and, while there will be good-humoured joking about background, there is a mutual respect expected, and received, from every member.

The Shed gives men opportunities to help each other practically and emotionally. He discusses the benefits received both in feeling cared for when another person helps you, and the sense of pride and respect gained in helping another person. This has led him to recently stepping up to increase his role in the organisation, by becoming a volunteer Board Member, for which he feels honoured.

Louis agrees that word-of-mouth, and bringing a friend is a crucial means for bringing older men to social groups. Coming from an area marred by political and paramilitary involvement, and on a significant interface zone, Louis does see the legacy of the conflict as being a continuing barrier for many people in becoming socially involved. He sees this as becoming increasingly problematic recently, as the flags protests have brought a separatist sentiment back to people in his area. He has found this to be a barrier for some friends from his own area, when he suggests that they attending. The idea that there will be members from the 'other side' has been found to be off-putting to some men with entrenched beliefs.

Case study 6: Eamon

Eamon is 53 years old. He has suffered major health problems over the last year, and describes himself as being entirely traumatised and humbled by the experience, causing him to reflect on his lifestyle choices, both physical and emotional. Until he was faced with long-term illness, Eamon describes himself as being someone who only worked for himself, without sympathy for other people's problems. Having a life that focused around the bookies and the pubs meant that he had a small social circle and, compounded with mental health issues, such as depression, he could not see a way to make his life better without significant change.

His involvement in volunteering with older men came on the back of his health problems. He had seen an opportunity to take part in the Men's Health Day and went with a group of friends to get a general check-up. For Eamon, having the support of other people was extremely important in taking the step to find out about his health. He sees that there is a general issue for men that they do not want to talk about health, and are particularly unwilling to find out if they have any cancer-related issues. The recurring notion of the importance of word-of-mouth in spreading the news about services for older men was evident here. He found out about the Health Day when a friend told him, he told someone else and eventually eight friends took up the service together.

After discovering that he was unwell and receiving treatment and support from a community centre in his local area, he decided that he should give something back. He offered his services to help other older men in the area and now drives a Meals-on-Wheels service delivering food to older socially-isolated men in his area.

There are many benefits to this. He talks about the difference that receiving meals makes to older men, in terms of the physical transformation of the recipients and the social contact. For many people, seeing the meals drivers come into their house every day may be the only social contact that they have. The second benefit of this work is to himself. He has an increased sense of pride and confidence by realising that he is helping people in need, reflecting on the fact that people helped him when he was unwell.

Coming from an area of low socio-economic status, Eamon realises that there are many needs in the community which are not being met, but that small services such as the one he provides are a start. He has been able to seek out further help through the community centre when he realises that a person is in particular need.

Through his own experience with mental health issues, Eamon does worry about the state of mental health service uptake in older men. The idea that 'men don't cry' and that there is a stigma around asking for help about emotional issues can be a major barrier in men requesting the help that they need. He underlines the serious nature of this problem and its links to suicide in men. '*It comes back to the same thing…men don't cry. Men don't show their emotions, that's why you find them hanging or popping pills, because they don't talk about it'*. Encouraging socially-insular men to talk and share emotions is a crucial step in men's development as they age, but Eamon acknowledges that this is a difficult undertaking.

Case study 7: Adrian

Adrian is a 70 year old man who is married and has children and eleven grandchildren. He worked in the media for his entire career. On retiring he was motivated to get involved in other projects and to keep busy. He had already been involved in social groups before retirement and was informed about a local group for men aged 60 years or over through his involvement in the British Legion. Again, word-of-mouth was important in accessing older men for social involvement.

He is both a member and voluntary leader of this group. Activities include games and sports such as bowling and ten-pin bowling. In addition to an annual trip, there are numerous day trips taken during their once-weekly meetings, such as to museums, the Maze Prison, the Ulster Folk Park and The Barge at the River Lagan. The group has also given him opportunities to take part in some educational programmes, including cookery courses, photography and computer classes.

Adrian realises the importance for older men to continue to be active post-retirement, both in terms of physical health, and in ensuring that a healthy social life is maintained, which is of benefit to mental well-being. He reflects on the change in lifestyle for older people, commenting that his father did nothing after his working life was over except 'sit in the corner'. He appreciates the space that society has made for older people to continue to have an active and fulfilling life after stopping work.

As grandparents, Adrian and his wife have active hands-on roles in helping with supporting their children with their grandchildren. Adrian feels that this has always been the role of his wife more so than himself, and that he is in danger of invading her space by spending too much time in the house. The groups and activities that he is involved in give her the space to look after the grandchildren, while ensuring that he is not made to feel redundant in the home.

Adrian's involvement with social groups as an older man is not surprising, as he has always maintained a healthy social life, and sought to maintain social involvement. He acknowledges that there may be some older men who are missing out on the benefits of social involvement, but feels that anyone who comes to join a social group will find it of significant benefit to their lives. The main means of getting the message about their group out is through word-of-mouth. They do have poster campaigns on occasion; however, the notion of bringing a friend is still the most common means of gaining and maintaining new membership. While word-of-mouth is an important, recurring means of involving older men in social activity, this is also problematic as it may by-pass those who are already socially excluded and isolated.

Case study 8: Martin

Martin is 67 years old and retired from a management job in the engineering industry, in which he travelled widely. Although he has lived in many different parts of the world, he eventually resettled at home in Northern Ireland, where he has retired and entered a second marriage late in life. His first marriage ended when he was much younger. He had always considered retirement to be a time when one could relax and 'take things easy', but as he aged, entered retirement and a new relationship, he has reconsidered this perspective realising that retirement could be a time to take up new opportunities and try new activities.

Martin has been involved in working with a group of men aged 60 years and over, initially as a volunteer, and later as a Board member. While he discusses the range of activities undertaken – games such as bowls, darts and dominos, and educational opportunities, such as short courses in photography and computers – the primary reason to attend older men's groups is for the social aspect. He feels that it is essential to maintain a wide social network as you age, especially after retirement. When in work, a person has a natural group of social contacts, but after work has finished, men (and women) need to work to ensure that they maintain a good social network and that this is essential for successful ageing.

He sees a crucial role for men-specific projects in successful ageing, as men do not traditionally talk about problems in the same way that women do. He feels that there is a stigma for men in admitting that they are going through difficult times, and that a mixed gender setting may increase this. He finds that when men get together, this creates a more comfortable space for those conversations to come up and for men to share stories and seek solutions together.

He worries that there are older men who are not accessing services due to a related lack of confidence and due to the stigma of admitting to loneliness. He has found that most men who join a social group do so because they know another attendee. Having a friend bring you along and introduce you to the group may make taking the initial step of joining a group easier for men. This is a positive way of growing membership; however, it does create an issue for the most socially-isolated men, who may not have someone to let them know about projects which are happening in their local area.

Martin acknowledges that having good health has allowed him to fully appreciate retirement and does worry about what may happen should his health deteriorate. He also appreciates the space that there is for older people today, something he sees as being relatively recent in society. He and his wife are both socially active, together as a couple, and through their own social groups and activities. He discusses the fact that they had been reflecting on this recently in their own home and thought, '*aren't we lucky to be alive now*?'

Case study 9: Michael

Michael is 67 and lives in Belfast with his wife. He has lived in the same area throughout his life and worked in a variety of jobs, primarily retail. He found the process of retirement to be difficult, and felt that ending work was a much more isolating experience than he had expected. Along with the company, he felt that leaving work had left a gap in his life in terms of feeling he had a purpose, and suggested that most men will feel similarly. '*I've found there was a gap in my life because I've found when you work, I think one of the main reasons is that I've discovered that lots of men need a reason to get out of bed in the morning'*. He sees the lack of purpose or feeling of usefulness as being crucial in successful ageing for men, particularly when they have lost their working identity. *'I think men are looking for some kind of identity. It used to be that they had responsible jobs, and then they are just put on the slagheap'.* Michael feels that losing the sense of identity and structure in life is detrimental to physical health, and is an explanatory factor in early death for many otherwise healthy men.

The feeling of isolation and lack of structure led Michael to consider alternate activities. He attended a Men's Health Day in a local library and from there joined a local Men's Club. He has since joined three other groups and now takes on more leadership responsibilities in leading men's groups. He has had some health issues in the past, and acknowledges that, for many men, visiting the doctor is an extremely daunting experience. He feels that men avoid thinking about their health because they are worried about receiving the worst news, and would rather be ignorant to health problems, than face up to them.

Michael sees benefit in social involvement on a personal level for men, particularly those who are married. Giving spouses space from each other in retirement may be extremely important for the relationship. He worries about older men in his area, as it is one he describes as being highly socially deprived. The primary source of social interaction for many men is the local pub, which may be the only place for men to have any social interaction. '*There's something wrong with society if that is all we have'*. Michael gave an example of the circumstances of a very isolated older man who died alone.

Michael comes from a Protestant working class background. However, through cross-community work in Dublin and Sligo, he found that many men seem to be facing the same social problems and issues. One scheme of particular interest is run through the Gaelic Athletic Association, where teams open their grounds up to older men for tours and to meet the players, while advising them on health-related issues. Michael hopes to be able to spark an interest in a similar type of scheme through the Northern Irish football clubs.

He acknowledges the stigma that men feel in realising that they need support and asking for it. A building which houses a range of facilities, such as health work, Citizens' Advice Centres, older men's groups, or a café, allows men to seek out help without anyone necessarily knowing why they entered the building in the first place. Challenges to ongoing development and maintenance of men's groups include funding and duplication of services, with similar groups offering activities without an overarching structure. He sees the role of modern communication technologies in this, and through his own uptake of computer classes hopes to create an online calendar resource to coordinate Older Men's groups across the city.

Case study 10: Mark
Mark is 68 years old. He is married and a retired sales representative. He is Vice-Chair of an East Belfast based organisation and has found happiness in retirement which he did not think possible.

Mark has always led an active life and has been socially involved with various groups. Therefore, he would not be happy with a quiet and isolated existence in post-working life. '*I'd feel lost if I was just sitting around in the house, [in that case] retirement wouldn't appeal to me'*.

The group of which Mark is a member was formed around ten years previously by a small group of friends who, after retiring realised that they wanted some structure to their days and enjoyed each other's company. '*Just a group of gents…blokes, decided they would pass their time…rather than talking to each other on the road, they should meet and socialise and have conversations'*. The organic means by which this group was formed has led to it having a democratic nature in how it is run, day-to-day. It is an entirely voluntary-run organisation. Mark joined around four or five years ago, and has found it to be an enriching experience in his life. He was invited to the group by two friends who were already members, and has since brought along friends of his own. The group meets in a community centre on alternate Thursday afternoons for 'home days' where they play games, have competitions and talks from invited speakers. The other Thursday afternoons are used for trips out, for example, to the museum, for walks and historical tours. Although the group officially only meets on Thursday afternoons, a number of the men extend this by meeting for breakfast on Thursday mornings, to '*make a day of it*'.

For Mark, the greatest benefit gained from this social group is the interaction and friendships he has made – an important component in ageing well. The role of social interaction for older men was discussed at length. Mark noted that men have not traditionally been encouraged to talk about their feelings and that this can be damaging to mental well-being. Having a group of men of a similar age and background can be used to put men at ease to discuss personal problems, about ageing, retirement or health. He sees this change as being a positive step, since older men in previous generations would never discussed personal problems with other men.

One of the barriers to social involvement that Mark reflects on is a lack of social skills. He describes how there are men who have never really socialised outside of work or their immediate family, and that this can create a risk of men becoming totally socially isolated after the death of a spouse. Mark points out that there are around five men who joined the group after becoming widowed, and gave an example of how it is now an essential part of one widowed man's life. The group has had some focus on needs for widowed men, and men who have ill partners, being aware that for many older men, basic household skills are entirely lacking. The group offers short courses in essential skills such as basic cooking, providing greater independence for widowed members. A greater awareness of the role of social involvement and friendship on physical and mental well-being needs to be brought to general attention. The word-of-mouth model potentially misses out the most socially-isolated men, which will increase health problems in general. Therefore, one suggestion is that GPs should offer information about groups to older isolated patients as a means of getting the word out, and to increase general health of older men.

Pathways, barriers and facilitators: What do the men say?
In undertaking ten in-depth interviews with older men, their opinions relating to relevant services were explored, with a particular focus on discovering the pathways into services for isolated older men, and the barriers and facilitators to an uptake of these services. These ten case studies represent a small sample of the breadth of experiences of older men involved in social groups. Each man has described the specific pathways to their participation, as well as barriers which made attendance difficult, and facilitators which enabled them to overcome those barriers. Outlined below are key messages which are common to these men.

Pathways
Each man has made his own personal journey to social activity with other men; some through isolation, some ill-health, some through a lifetime of social involvement. However, there are two common themes emerging in the pathways of these men.

Feeling demoralised following retirement or unemployment:
The majority of the informants focused on the importance of work for men, and the identity and self-esteem that come with a job. Thus, whether through voluntary or involuntary means, one of the most difficult aspects of being without work was the lack of job identity; without structured day-to-day activity men felt disillusioned and marginalised. Related to this was a consistent message that the home is the domain of the women, and many men essentially felt themselves to be in the way. They needed to get out for the sake of their own emotional wellbeing and for the maintenance of their relationships.

Impact of ill-health:
Many informants described a health-related impetus to seeking structured and communal activities following retirement or unemployment. A range of health issues were identified including mental ill-health, addictions, physical ill-health and in particular, cancer. For several men, attending men's health classes was a stepping stone to eventually joining a men's club. Additionally, a number of men described an 'epiphany' following a difficult diagnosis or health scare, which became a motivating factor to give something back to their community through volunteering. Many participants also found that social involvement with Men's Groups was an important factor in maintaining a healthy lifestyle, and becoming more proactive around their own health care needs.

Barriers
As well as identifying some common routes to participation in an organisation or group, the men interviewed in this study identified very similar reasons why making the initial steps towards attendance were difficult.

Masculinity and 'pride':
The role of masculinity and 'pride' were noted as being potential barriers to social involvement. Many of these participants felt that there was a stigma for men in admitting that they are lonely or are going through difficult times. It was suggested that a mixed gender setting may increase this. Additionally, several men identified a fear of attending a group and being unable to carry out the activities on offer. When men were able to overcome this pride and fear, they suggested that meeting with other men created a more

comfortable space for personal conversations and for men to share stories and seek solutions together.

Limited engagement with 'very isolated men':
One of the facilitators to attendance, identified in the following section, was the support and company of other men in making initial contacts with these groups. However, many of the participants expressed concern for those 'very' isolated men who were without friends to make this introduction. The word-of-mouth model potentially misses out the most socially-isolated men. One suggestion was that GPs should offer information about groups to older isolated patients as a means of getting the word out, and to increase general health of older men.

Facilitators
Core themes were also identified around those things which made attendance at the groups more likely, and overcome some of these identified barriers.

Central importance of attending with a friend:
It appears that one of the strongest facilitators to attendance at a men's club, perhaps the strongest facilitator, was being brought along by a friend. In fact, many of the informants highlighted how difficult it would be to make that initial step on their own. Various reasons were given for this, including a lack of confidence and lack of social skills for engaging others outside the normal social circle. Related to this issue, the importance of word-of-mouth as a key means of spreading the word about groups suitable for older men was a recurring theme of these case studies.

Benefit of social contacts:
Many of the men interviewed in this study described their clubs as providing a range of interesting, fun and useful activities. These included playing games such as bowls, darts and dominos; having competitions and talks from invited speakers; trying out digital photography, copper etching, art and mosaics; and developing short courses in essential skills such as basic cooking and health talks. However, consistently, the greatest benefits which these men describe are found in the social contacts, friendships and an enduring sense of purpose in a post-work context. It was the promise of these social relationships which encouraged some men to come along and sustained the membership and interest of many others. Many of the participants described their lives as being radically improved as a result of this social involvement.

Legacy of the conflict
Many of the experiences and themes highlighted through these interviews are as applicable in any city in the United Kingdom or Ireland as they are in Belfast. This was a point made by one of the interviewees (Michael), who found that many men in Dublin and Sligo seem to be facing the same social problems and issues as men from his Protestant working-class neighbourhood in Belfast. These issues include male health-seeking behaviour and demoralisation after retirement, and masculinity was a theme that echoed throughout many of the interviews. This has been defined as '*ways of being and becoming a man in a given* culture' (Haywood and Mac an Ghaill, 2003, p. 154) or '*what it means to be a man'* (Kimmel, 2000, p.3). However, one key theme emerging from gender and masculinity literature is that masculinity is not a single concept, and that instead, we should think about

'masculinities' (Devine, 2009). In particular, these can be conceptualised in relation to social class, sexuality and ethnicity (Haywood and Mac an Ghaill, 1996, p. 51), as well as to location and time.

Such variation is extremely important when thinking about Belfast, and in particular, the legacy of the conflict. The impact of the conflict was not felt evenly across the population, and the varying experiences of men and women have tended to be ignored (Bairner, 1999, p. 285). For example, The Cost of the Troubles survey (Fay *et al.*, 1999) indicated that 3,279 males and 322 females were killed during the conflict. Results from The Legacy of the Troubles Project (Muldoon *et al*., 2004) reinforced these findings, and that men were more likely than women to report direct experience of the Troubles, for example, by being trapped in a riot or shooting situation, experiencing intimidation or perpetrating violent acts. Furthermore, Tomlinson (2012) discusses how the cohort of children and young people who grew up in the worst years of violence, during the 1970s, have the highest and most rapidly-increasing suicide rates, and account for the steep upward trend in suicide following the 1998 Agreement.

Within the interviews, the impact of the conflict was explored, and for many men, it was an important theme. For example, Joseph felt that older men who lived through the Troubles can find political issues problematic for their group, and this was most recently felt during the flags dispute. In contrast, however, Louis found that his Men's Shed provided a space for mutual understanding, interaction and respect among people from different community backgrounds. Thus, these services can both serve as a place of tension as well as a place of understanding and respect.

The specific needs of ex-prisoners, such as mental health, addiction and dealing with the past (which includes life in prison and post-release life), were cited by John. A particular benefit within his organisation was the provision of counselling from people from ex-prisoner backgrounds, which created a comfortable space for conversation. Thus, it is likely that any service for older men in Belfast will need to recognise the conflict in some way, whether it is in relation to past experiences (such as trauma or prison life), or more recent events (for example, the flags dispute).

Concluding thoughts

We are grateful for the willingness of these ten men to be interviewed and for the insights which they have given. Whilst they found out about their groups through different means and attended their first meeting for different reasons, the benefits which they have all gained are remarkably similar – social contacts, friendship and an enduring sense of purpose in a post-work context. The essential message from these participants is that feelings of usefulness are crucial in successful ageing for men. For many men, this has been provided through involvement in these services

The role of masculinity and 'pride' were noted as being potential barriers to male involvement in social involvement and seeking help for difficulties in life. The importance of word-of-mouth as a key means of spreading the word about groups suitable for older men was a recurring theme of these case studies. The public space of pubs and 'bookies' as being the main source of socialising for older men and the negative connotations of these being seen as the primary space for men was discussed. For some of the men, the legacy of the conflict in Northern Ireland remained a key background theme to their ageing life.

Some of the men were struggling with addiction issues, and found that social involvement with Men's Groups was an important role to maintaining a healthy lifestyle.

Chapter 6: Consultation with stakeholders (Objective 4)

This stage of the project involved consulting with a range of stakeholders, to explore issues surrounding the funding or provision of services for older men within Belfast.

Six interviews were carried out, either face-to-face, or by telephone:

- Two charitable foundations/funders: Big Lottery, Lloyds Bank Foundation for Northern Ireland.
- Three statutory sector: Belfast Trust, Public Health Agency, and Senior Commissioning Officer within the Local Commissioning Group
- One local council: Belfast City Council

These organisations were selected as they were current or potential funders of relevant services. In particular, the mapping exercise had identified these organisations as key players in the funding or provision of services for older men in Belfast.

The aim of the interviews was to explore how much of a priority was the provision of services for socially-isolated older men for each organisation. Within the interviews, the current provision/funding of services was explored, followed by a discussion of the following themes:

- Provision/funding and prioritisation of services for older people
- Provision/funding and prioritisation of services addressing social isolation
- The concept and relevance of gender-specific services
- Gaps, collaboration and future work

Background to each organisation

The role of the **Public Health Agency** (PHA) is to proactively address the causes and associated inequalities of preventable ill health and lack of wellbeing. It has four key functions: health and social wellbeing improvement; health protection; public health support to the commissioning of care, and to policy development; and HSC research and development. In all areas of the PHA's Health and Social Wellbeing Improvement Division (within the Public Health Director), more than half of the programme budget is devoted to enabling the community and voluntary sectors to provide a range of services where there is greatest need and often in places that are hardest to reach. Thus, the PHA regards the community and voluntary sectors as strategic partners in the alleviation of health inequalities at community level.

The **Local Commissioning Group** (LCG) is responsible for the strategic commissioning of health and social care by addressing the care needs of their local population. The LCG is made up of a range of different partners, including PHA, Belfast Health and Social Care Trust, the Health and Social Care Board, Belfast City Council, and organisations from the community and voluntary sectors. The geographic boundary of each LCG matches that of the Health and Social Care Trust.

The **Belfast Health and Social Care Trust** (or Belfast Trust) allocates money for both major and minor grant aid, and also negotiates contracts with a range of organisations in the voluntary and charitable sector, for example, by funding places within day care facilities within the non-statutory sector.

Within **Belfast City Council**, there are several operational areas relevant to this project. For example, community development involves a range of services including community centres, as well as the allocation of grants to various other projects. The city-wide grant aid is in excess of £3 million. The Council is also involved in initiatives such as the Age-Friendly Belfast plan (see www.belfastcity.gov.uk/community/Seniors/age-friendly-belfast.aspx), published by Belfast Strategic Partnership with the Belfast Health and Development Unit. The PHA is also involved with these partnerships.

Lottery funding bodies have provided funding for over 15 years, and the **Big Lottery Fund** has been within its current format for ten years. Their budget is not annualised, and their most recent funding allocation for 2009-2014/5 committed £20-30m per year. Whilst some programmes are UK wide, the Northern Ireland programmes are devised to specifically meet the needs of people most in need locally. Big Lottery Fund undertakes scoping exercises and research in order to identify trends and upcoming needs to be addressed by specific programmes. These programmes are outcome focused, and funding is either demand led or with a strategic focus.

The ethos of the **Lloyds Bank Foundation for Northern Ireland** is to support charitable organisations who support people who are disadvantaged or with additional needs to participate actively in their communities. There is no predefined description of what 'disadvantage' is; rather, it is up to applicants to outline what disadvantage means to them. Thus, the organisation has funded a wide range of groups and activities, from socially-isolated older people to rural play groups. The organisation is involved with seven grant programmes, of which three are relevant to this research. In addition to funding projects, this funder takes a 'funder plus' approach, which means that they also help funded projects build their capacity in relevant areas, such as governance and training. The *Creating Change* programme provides a good example of this approach (see Box 9).

Current position

All of these organisations were involved to some degree in the provision or funding of services for socially-isolated older men. Both the Belfast Trust and Belfast City Council directly provide some services, and these include community centres, day care, acute sector, residential and palliative care services. However, both these organisations are involved in funding other agencies to provide services. The Council can allocate resources to support work of older people through its grant aid programme, and grantees must show how work meets the needs of older people. Two main types of grants were highlighted:

- Advice and information, for example, Advice NI
- Capacity infrastructure, for example, Engage with Age, Belfast Older People's Partnership

The other stakeholders solely fund or commission services which are provided by other organisations. For example, the PHA fund city-wide initiatives, such as Healthy Living Centres, and Volunteer Now's *Get out Get Active* programme, as well as more localised projects such as Engage with Age, and the Mount Vernon project (creating caring communities - supporting older people in local context).

For the two charitable funding organisations, several funding programmes are relevant to this project. For Big Lottery, the *Reaching out: connecting older people* (see Box 8) has had a huge impact in service provision, whilst for the Lloyds Bank Foundation, relevant

services have been funded under the *Community Grant* and *Creating Change* (see Box 9) or *Collaboration* programmes.

Box 8: Big Lottery *Reaching Out: connecting older people* programme

This programme was developed as it was recognised that other funding sources (for example, European grants) had not identified older people as a specific group requiring support. Previous grants from the Big Lottery Fund had supported generic older people's services or services that had some link to older people (for example, health and wellbeing or community safety). This programme opened in 2011, and the last grant was awarded in 2013.

The aim of this programme was to help older people at risk to lead fuller, connected lives as valued members of their community. In particular, projects were to promote the inclusion of older people by targeting those individuals at greatest risk of exclusion or isolation. Isolation was recognised as being either geographical (for example, in rural areas) or because of other factors related to life transitions. The latter had already been identified as significant among other groups (such as younger people) or related to specific issues (for example, alcohol and bereavement). In particular, multiple transitions have the potential to have significant impact on people's lives and sense of isolation.

£22 million was invested, grants were awarded for up to five years, and two sizes of grants were available (up to £200,000 or up to £500,000). The larger grants had to involve a partnership approach with other organisations, and were often cross-sectoral. The funder funds those services/projects that are additional to government services/projects, and many of these focus on early intervention, preventative or testing of services. The Connecting Older People programme is supporting a range of projects that are transforming the lives of older people in communities who are at risk of isolation, depression, mental and physical illness and low self-esteem.

In addition, NICVA won a development and support contract, which offers grant recipients additional support through for example training needs analysis and outcomes measurement. All funded projects are encouraged to think explicitly about sustainability and an exit strategy. For some projects, the specific service or organisation will cease, whilst for others, the service/project may continue with different funding arrangements. Thus, some may continue to be run by volunteers, whilst other projects may develop as a social enterprise.

The specific focus was on older people aged 60 years or over. However, the funder recognises that some services engaged with younger people were appropriate, for example, those with early-onset Alzheimer's Disease, or Down's Syndrome.

Box 9: Lloyds Bank Foundation *Creating Change* programme

This programme is an example of the 'funder plus' ethos at work. This programme ran from 2008 to 2014, and granted £100,000 to each of 18 projects across the six years. This was a pilot programme to assess the benefits and impact of longer term funding on a voluntary organisation. Each of these projects received two sets of training per year, for example, on Monitoring and Self-Evaluation, Income Generation, Developing a Communication Strategy, The Tendering Process and Social Return on Investment.

Older people

One issue that arose during the interviews is the differing approaches to deciding upon funding priorities. As a consequence, there is often some tension within organisations about whether funding should target particular topics spread across the life course (for example, mental health) or specific populations (such as older people), leading to internal competition for resources. Box 10 highlights the prioritisation process within the Public Health Agency.

Box 10: Prioritisation within the Public Health Agency

The Health and Social Wellbeing Improvement Division sits within the Public Health Directorate of the Public Health Agency. This Division works to four key themes, which are based on evidence and best practice:

- Give every child and young person the best start in life
- Ensure a decent standard of living for all
- Build sustainable communities
- Make healthy choices easier

Within each of those themes, the PHA has developed a range of priority action plans that are based on specific topics, populations or settings. For example, the Older People's Action Plan has been developed in line with the Service Framework for Older People established by the Department of Health, Social Services and Public Safety (DHSSPS), and the joint commissioning plans and priorities of the PHA and Health and Social Care Board (HSCB).

Some of the issues facing older people are tackled in some of their other topic-based action plans (for example, mental health, suicide prevention, obesity prevention). Thus, the focus of their Older People's Action Plan is to address outstanding priority areas that reflect the current evidence of best practice, current approaches across Northern Ireland in relation to service provision, and gaps that need to be addressed in the short term. Within this action plan, one of the seven strategic priorities for the PHA in 2014/15 is to focus on developing a shared approach with HSCB, local commissioning groups, Trusts and other partner organisations that will seek to address the wider social needs of older people and in particular those experiencing social isolation and loneliness.

In general, the Local Commissioning Group takes a whole population approach towards those who are most at need. Nevertheless, there is some focus on ageing within their reablement programme, which is specifically related to the *Transforming Your Care* review of health and social care in Northern Ireland (DHSSPS, 2011). Work with older people is also a key priority within the Belfast Trust.

Belfast City Council, however, use a mixed module, in that they target services to specific sections of society, whilst also providing holistic services. There are a number of key strategic priorities including children and young people, disadvantaged communities and older people, and this is highlighted in the council's corporate plan. Staff within the Council are allocated a thematic responsibility, although the work will involve collaboration. The strategic planning for the Older People's Plan will involve political groups, such as cross-party reference groups, who will inform the design and progress of the plan. At the implementation level, there will be partnership between the Council and PHA (for example, in the Belfast Health Development Unit).

The two charitable foundations both fund open programmes, that is, not limited to a topic or population (for example, the Lloyds Bank Foundation's *Community Grant* programme). One notable exception is the Big Lottery's *Reaching Out: connecting older people* programme was to help older people at risk to lead fuller, connected lives as valued

members of their community (see Box 4). The Lloyds Bank Foundation highlighted that, whilst older people's projects are eligible to apply, they are not a specific priority for funding: priority is always to support those who are disadvantaged or with additional needs. However, in recent years, the Foundation has identified that applications from age-sector organisations often were not successful due to their lower quality compared to other applications. Thus, the *First Steps to Funding* programme was set up to help address this (see Box 11).

Box 11: *First Steps to Funding* programme

This programme was set up to seek to increase knowledge and capacity within the age sector in relation to funding opportunities. A range of training workshops focusing on funding are provided for age sector organisations across Northern Ireland. These events cover preparation and planning for small grant funding, sources of funding, and understanding funding applications. Master classes, procurement and capacity-building workshops are also held. For further activities, see www.ageni.org/firststeps.

Nearly 600 participants have taken part in around 60 workshops, representing over 400 organisations. To date, over £110,000 has been raised by the organisations who participated in this programme and accredited their success to their increased confidence and awareness of the funding environment.

The Lloyds Bank Foundation funded *First Steps to Funding* for two years, and Comic Relief has now taken this on. However, Lloyds Bank Foundation is still involved in this work, for example, by participating in 'Meet the Funder' events.

Social isolation

The focus on social isolation among these stakeholder organisations is variable. For some, social isolation is high on their agenda. For example, five out of seven older people's services funded by the PHA in the Belfast area explicitly address social isolation: a small grants programme within the Belfast Health Development Unit focusing on social isolation; Good Morning Belfast's befriending visits to isolated older people; the Mount Vernon project supporting socially-isolated older people; Engage with Age's work to find and engage socially-isolated older people; and this review of services for socially-isolated older men. This follows on from the high priority given to this topic by the Local Commissioning Group.

However, the variability of the level of priority given to targeting social isolation within the Belfast Trust was highlighted. On a positive note, Volunteer Now has developed awareness-raising courses around issues like social isolation which Belfast Trust staff attend. One interviewee suggested that the resources of Health and Social Care Trusts may not be best utilised in seeking to engage socially-isolated individuals, rather, the Trusts should engage and fund the charitable and voluntary sectors in this role. There are several examples where this partnership approach was currently happening, such as the funding of Engage with Age by the Belfast Trust, PHA, Big Lottery, Belfast City Council and Castlereagh Borough Council. Another example is the Mount Vernon social enterprise community development model, wherein the PHA funded a community interest project by seconding a social worker, which empowered wider community involvement. Thus, in order to facilitate communities to develop their own responses, the Local Commissioning Group may fund community and voluntary projects directly (rather than via the Trust).

In a sense, all of Belfast City Council's community activities are focused on the reduction of isolation, although in some areas this agenda is more explicit than in others. In clubs where there are small numbers attending, staff may work with Belfast Trust community workers to proactively engage other members, for example, by doing a leaflet drop around homes, or knocking doors and personally inviting people to join. One example of this work relates to a community centre in Knocknagoney where only eight people attended a club set up for older people. However, a community outreach campaign which, amongst others, targeted many older men, and resulted in an increase in numbers.

Within the Lloyds Bank Foundation, the Community Grant programme is open to any registered charity in Northern Ireland, and has no set priorities. Thus, whilst older people's projects are eligible to apply, they are not a specific priority for funding. Given the responsive nature of the funding, the pattern of groups that are funded reflects the type of organisations that have applied. Equally, social isolation fits well within the organisation's aim of addressing disadvantage, but it is not a priority. However, given that social isolation is often used as an exemplar by the organisation when discussing funded projects, the interviewee felt that this publicity could influence potential applicants to think about the topic when applying for funding.

The Big Lottery *Reaching Out* programme was to help older people at risk to lead fuller, connected lives as valued members of their community. In particular, projects were to promote the inclusion of older people by targeting those individuals at greatest risk of exclusion or isolation. As highlighted in Box 8, within the programme, isolation was recognised as being either geographical or because of other factors related to life transitions. In particular, multiple transitions were seen to have the potential to have significant impact on people's lives and sense of isolation.

Men's Sheds were cited by several interviewees as a very practical approach to tackling social isolation, and Big Lottery have funded several of these within Belfast.

Gender-specific services

The interviews explored whether gender-specific, especially men-specific, services were seen as necessary or appropriate. Overall, the responses were equivocal. One interviewee noted that within their organisation, the explicit focus on one sex over another was seen as an equality issue, and so their focus is on older people in general. Within the Belfast Trust, there was a feeling that the amount of consideration that was given to gender depends on the context. In general, however, it is more likely that older individuals, and the development of services for them, are categorised by age, as this is seen as a more definitive category than gender. Having said that, in some situations, gender is relevant, for example, when discussing specific men's cancers. There is some anecdotal evidence within the Belfast Trust that women are more inclined to go to day centres, where traditionally, the activities have been more suited to women. However, this seems to be changing, and some generic day care settings are beginning to think of gendered activities.

Within the Council, issues of gender are considered at the locality and at strategic level. For example, issues of gender are discussed in the Older People's Plan. There is a feeling that practitioners on the ground try to meet the different needs of men and women, and find a point of interest. Indeed, when they engage older men, these men can be very actively

involved. Of note, is that for the past three years, 'Volunteer of the Year' has been an older man.

The demand-led nature of most of the programmes within the two large charitable foundations that were interviewed is relevant here. Neither Big Lottery nor Lloyds Bank Foundation has initiated specific women-only or men-only programmes. Nevertheless, grants for men-only or women-only services have been supported within programmes where this need has been identified by the grantee. However, as highlighted by the interviewee in the Belfast Trust, it is recognised by both Lloyds Bank Foundation and Big Lottery that there is a deficit in the number of services that men can engage in. One problem is that the activities within general services can be more focused on women, leading to the concept of feminisation of services.

Men-specific work has been funded across a range of Big Lottery programmes, for example:

- Man Matters was funded under the *Live and Learn* programme, and is a partnership between the Workers' Educational Association (WEA), Home-Start NI, the Men's Health Forum in Ireland and Parenting NI. It aims to work with a total of 800 men aged between 18 and 45 years, and provides education, training, mentoring and support in relation to health, parenting and community issues.
- Action Mental Health were funded under *Connecting Older People* to run Men's Sheds in Antrim, Downpatrick and Enniskillen. These will target hard to reach and at risk men who are socially isolated due to bereavement, retirement, or who live alone or in institutional care. The project is managed by the men themselves and tackles low self-esteem and decreased motivation.
- North and West Taxi Proprietors Ltd were involved with a fitness and diet programme targeted at taxi drivers which was developed by Totally Trim. The project is funded under the *Reaching Communities* programme for five years between 2008 and 2014.

One point raised by the interviewee from Big Lottery is that for many projects focusing on men, the mechanism to engage men has focused on an activity (for example, Men's Sheds, IT projects and environmental projects). However, the outcome has been increased health and wellbeing, and combating social isolation. For some projects, short term activities were more likely to engage men, as were projects that gave users/members the flexibility to commit time as they wished.

The interviewee from the Lloyds Bank Foundation acknowledged the underrepresentation of men's groups among their grantees, and indeed, they have not funded any projects that focus specifically on men aged 50 or over during the past year (although other related projects, such as IT for older men) have been funded. There was a strong sense that the deficit in applications from the men's sector may be due to lack of information or a lack of a culture or experience in applying for funding. Indeed, whilst men were 'in attendance' of particular projects, they did not have the skills or confidence to organise these. Alternatively, the longer history of women's groups means that women have had more experience of attending, organising and funding groups. Thus, the lack of capacity of men's organisations in preparing funding applications is a key problem. Related to this is the issue of governance, which can be a worry and concern for many small organisations. In particular, the establishment of the Charity Commission may frighten such small organisations, especially in relation to the amount of work that they perceive is involved in

registration and monitoring. Therefore, two of the key issues to be addressed by men's groups are lack of capacity in relation to grant writing, and lack of capacity in relation to governance issues. The *First Steps to Funding* programme (see Box 11) could be instrumental in this context.

Gaps in service provision and future work

Some funders identified particular gaps in service provision, and how the strategic direction of their future funding/provision may address these (or not). As highlighted earlier, the PHA has a range of priorities and associated action plans across many public health issues which themselves reflect the needs of older people. For example, relevant strategic priorities for 2014/15 include embedding the *Transforming Your Care* agenda, falls prevention, dementia-friendly communities, active living opportunities, social isolation, poverty and community development.

Big Lottery are coming to the end of their current strategic timeframe, and are starting to identify the priorities for the Big Lottery Funds strategic framework for 2015-2021. To this end, a consultation process called Your Voice: Our Vision runs from February to July 2014 (see www.yourvoiceourvision.org.uk). There is no mechanism for projects or services to have continuous funding across timeframes, as the priorities of each programme/funding block are specific. However, currently/previously funded organisations can, and do, apply again for funding for those parts of their work that match the stated priorities and outcomes of new programmes.

The identification of future priorities was also highlighted by the Local Commissioning Group, who consistently looks for evidence to identify their future targets. Within that context, their aim is to develop services in a more systematic way, although sustainability remains a challenge. The need for evidence was shared with the Public Health Agency. Their changing culture towards a procurement model of funding means that their funding processes will necessitate competition and evaluation.

Collaboration

Some of the organisations interviewed for this project are clearly working in partnership with others. For example, the PHA, the Belfast Trust and Belfast City Council and a range of statutory and non-statutory partners work collaboratively through the Belfast Strategic Partnership (BSP) to identify and reduce health inequalities in the Belfast area (see Table 4). The PHA, Belfast Trust, Health and Social Care Board, Belfast City Council and the community and voluntary sectors are all represented on the Local Commissioning Group (LCG). LCGs are responsible for the strategic commissioning of health and social care by addressing the care needs of their local population. The Community Navigator Scheme involves the Belfast Trust, Big Lottery and AgeNI.

Table 4: Examples of collaborative partnerships

	Belfast Strategic Partnership	Belfast Health and Development Unit	Local Commissioning Group	Community Navigator scheme
Public Health Agency	✓	✓	✓	
Belfast Trust	✓	✓	✓	✓
Belfast City Council	✓	✓	✓	
Health and Social Care Board			✓	
Big Lottery				✓
Community and voluntary sectors	✓		✓	✓ (AgeNI)

Related to these types of collaborations, the interviewee from the Belfast Trust highlighted the challenge in ensuring that service users are aware of the services that are on offer. They commented that it is very difficult to access up-to-date and reliable information on these. The process of reablement should build upon community services, but often this is thwarted by a lack of knowledge of the broad range of relevant services. Thus, collaboration with appropriate agencies across sectors is key.

The concept of social prescribing is also relevant here. This is a way of linking people with non-medical sources of support within the community, including physical activity, social groups, education, self-help, or counselling. Social prescribing is seen as a way of addressing social, emotional or practical needs, including offering support to people or groups who are isolated, marginalised, vulnerable or experiencing mild to moderate mental health problems. Thus, this link between the community and voluntary sectors and primary care necessitates the need to be aware of locally-available services. For example, the services included in the Social Prescribing leaflet produced by the Greater Shankill Health and Wellbeing Forum includes Men Utd and the Greater Shankill Senior Citizens' Forum (see greatershankillpartnership.org/attachments/article/243/Greater%20Shankill%20Health%20&%20Wellbeing%20Forum%20-%20Social%20Prescribing%20June%202012.pdf).

Developing partnership working was a point reiterated by Belfast City Council. This interviewee discussed how one challenge to the Council's work is the need for collaboration, given that an isolated person requires joined-up services. However, in many occasions, while some statutory services may interact with isolated older men (for example, GPs), other services will not be in contact with these men.

Collaboration between funded organisations was a theme discussed by the two charitable foundations. For example, larger grants funded by the Big Lottery *Connecting Older People* programme involved some level of formal or informal partnership or collaboration. For example, informal collaboration happens across funded and non-funded projects and organisations can refer users to the service providers in order to participate in a specific activity or get specific advice. For example, on issues relating to sensory loss, organisations cross refer and tackle issues relating to the concepts of transition and social isolation discussed earlier.

Discussion

The six interviews with the funders and providers of relevant services provide a useful insight into how the individual organisations work at present, how their funding reflects their priorities, and how individual services can fit into these. This discussion section highlights some of the key messages and issues emerging from these interviews.

Context

As the mapping exercise highlighted (Chapter 3), some services for socially-isolated older men do take place across Belfast. However, the context within which they take place can vary. No funder or provider identified a strategic focus on services for men in general, or older men in particular. However, that is not to say that funders will not fund these services if the need is identified. Some organisations focus their priorities on particular issues, rather than sub-population groups, which may result in an additional challenge for relevant services for socially-isolated older men.

Focus on services for older men

Overall, the responses of all interviewees in relation to the provision of services specifically for older men were equivocal. For some, there was an equality issue about providing services just for men. For others, there was a policy of issue-led working, rather than on specific sub-population groups. Therefore, whilst the issues of these groups were acknowledged, and indeed funded, this was because they fitted into another agenda. The lack of activities that might appeal to men was highlighted within the interviews with the Belfast Trust and Big Lottery.

Capacity of services/organisations

Given the context, and indeed, the increasing focus on procurement, competition and need for evaluation by funders, one key concern is the level to which services themselves have been prepared and skilled up in terms of making funding applications, and complying with governance obligations. Both the Lloyds Bank Foundation and Big Lottery acknowledge the strong underrepresentation of men's groups among the projects funded by them, which reflects the smaller number of applications. Furthermore, Lloyds Bank Foundation have put in place the *First Steps to Funding* programme in order to enhance capacity in relation to governance and funding applications.

Collaboration between statutory and philanthropic sector

In general, there appears to be limited collaboration between the statutory (for example, Local Commissioning Group, Public Health Agency and the Belfast Trust) and the philanthropic sector (for example, Big Lottery and Atlantic Philanthropies). However, such collaboration is crucial. One interviewee discussed the philosophy of whether a statutory organisation is best placed to reach socially-isolated individuals, and suggested that perhaps the role of the statutory agency is to engage and fund the charitable and voluntary sectors. The Mount Vernon model provides an example of best practice.

Many organisations are working collaboratively, for example, within the Local Commissioning Group. However, these structures can be complicated, and the overlap of membership makes them confusing to professionals and the general public. There is also a potential for overlap of service provision.

Knowledge of services

However, perhaps collaboration between sectors is hindered by, or causes, the lack of knowledge of services, both within sectors and across them. Despite the focus of reablement within the Belfast Trust, and the ensuing need to build on community services, difficulties were highlighted in mapping the range of services available and informing service users and staff about these.

Sustainability

Perhaps unsurprisingly, sustainability of services was mentioned throughout all the interviews, and is also a theme emerging from the mapping exercise in Chapter Three. In particular, the winding down of Atlantic Philanthropies during the next few years, as well as the ending of the Big Lottery *Reaching Out* programme will provide major gaps in funding. In addition, the move to a procurement model of funding within the PHA is likely to have implications for the sustainability of services.

Evidence

Several of the organisations are in the process of reviewing their strategic plans, or aim to develop services in a more systematic way. However, the knowledge base or evidence driving these reviews is unclear. Thus, one pertinent question is where is the evidence coming from? In particular, what is the relationship between academia, commissioners and providers?

Chapter 7: Discussion and recommendations

This Review of Services for Older Men in Belfast explores the extent and impact of current community, voluntary, statutory or private sector services which are aimed at combating social isolation among men aged 50+ in the Belfast area. In addition, it aims to identify how these services are meeting current levels of need and ways in which they may be developed to meet future requirements. This chapter will provide an overview of the individual objectives, including key findings and emerging themes. Following this is a discussion of the issues arising, along with suggestions on how services for older men in Belfast can be developed or enhanced.

Overview

As outlined in Chapter 1, there were four key objectives or stages of work: literature review, mapping exercise, narrative interviews with older men, and interviews with stakeholders. Each of these had a specific methodology, although the findings from each objective fed into the others.

Literature review (Objective 1)

This annotated bibliography provides the background for this project, summarising relevant sources and reports on social isolation, ageing and men and explaining their significance to the study. The need for social or human contact is discussed and the personal experience of social isolation for older men is defined as a significant health and social issue. Definitions of loneliness and social isolation are explored. Whilst these are different concepts, the complex relationship between them is highlighted. The review outlines different interventions used to address social isolation, highlighting that group schemes and Community Navigators appeared to be effective, whilst befriending is less so. However, more structural issues, such as transport and poverty are also significant factors associated with social isolation of older men.

Mapping exercise (Objective 2)

Data obtained during the mapping exercise (Objective 2) indicated that there is a disproportionate number of services for and with men and women (125) in comparison with 20 services which actively target men of any age. In addition, two services focus on men

over 50 and 12 are directed to combat isolation in that age group of males. Two key themes emerging from the mapping exercise are funding and sustainability, and these are pivotal to the provision of services. In particular, it is clear that the Big Lottery *Reaching Out: Connecting Older People* Funding Programme, which commenced mid-2011, has had a significant impact on the number and range of services which are focused on reducing social isolation among older people. As a consequence of the ending of this funding programme, many services will be severely curtailed. Other issues highlighted within Chapter 2 include capacity (both in terms of members and volunteers), gaps, potential, and diversity.

Interviews with men (Objective 3)

The ten interviews with older men provided 'expert' knowledge about how these services can affect men's lives in different ways. The pathways to, and reasons for, accessing these services varied. Nevertheless, the benefits of doing so are similar, including social contacts, friendship and an enduring sense of purpose in a post-work context. Related to these are the improvements to mental and physical health. The essential message from these participants is that feelings of usefulness are crucial in successful ageing for men.

Potential barriers to participation include masculinity and 'pride', especially in 'seeking help'. In relation to recruitment to services, word-of-mouth is central. However, it is acknowledged that by definition, this excludes the most socially-isolated individuals. For some of the men, the legacy of the conflict in Northern Ireland remained central in their life. The involvement in services and activities can provide both a place of tension and a place of potential reconciliation.

Interviews with stakeholders (Objective 4)

The interviews with six stakeholders provided information on the strategic context within which appropriate services are funded or provided within Belfast. Of concern to this review is that no funder or provider identified a strategic focus on services for men in general, or older men in particular, although funders will finance these services if particular need is identified. For some organisations, this approach is due to their prioritisation of specific issues, rather than sub-population groups. Indeed, for some, there is an equality issue of providing services just for men.

Other issues emerging include the underrepresentation of men's groups among the applicants to, and consequently the grantees of, funding programmes. The lack of experience and capacity in relation to funding applications and governance was acknowledged as a problem. This has obvious implications for the sustainability of services, and again, the winding down of specific funding programmes was highlighted. In addition, the development of procurement models relies upon the capacity of organisations in terms of writing grant applications and governance. Lack of knowledge of services remains an issue across sectors, and inhibits collaboration between service providers, and service uptake by users.

Key issues and concerns
The following key issues and concerns were identified at different stages of the project.

Sustainability
Sustainability was a topic that appeared consistently within all stages of this review. Ongoing pressures on voluntary and community sector to obtain funding, and the difficulties within the current economic climate, are exacerbated by the winding down of large funders (for example, Atlantic Philanthropies), and the change in funding priorities (for example, Big Lottery).

Models of procurement
Changes to a procurement model of funding, as highlighted in stakeholder interviews, has governance and financial implications for voluntary and community organisations. This was highlighted by the NICVA Public Sector Forum in a recent briefing paper (NICVA, 2014). That paper focuses on the 'Payment by results' model, which is the practice of paying providers for delivering services after agreed results have been achieved. However, PHA does not operate in this manner. Services procured by the PHA will continue to be paid quarterly in advance. In so doing the PHA seek to provide stability to the community and voluntary sector. In addition, services will be procured on a 3-5 year term contract which will also provide more stability than the current situation in which services are funded on an annual basis.

A major problem for voluntary and community organisations is how to access to capital funding (which is paid in arrears) to run services. NICVA also highlighted how this approach often results in the 'cherry-picking' of individuals with whom it is easiest to obtain the result. They argue that those least likely to achieve the desired 'result', or whose needs are too costly and complex to address – and therefore those most needing interventions – are ignored by providers seeking to win the financial result. Subsequently, work is prioritised on a basis of what is most financially valuable to the provider, rather than most socially valuable to the individual. Socially-isolated older men with complex needs are one group that could suffer in such a model. Indeed, the NICVA briefing paper contends that many services don't have easily definable nor final results. Their impact may be trying to prevent the further worsening of negative conditions, social isolation, or social injustice. However, whilst these do not necessarily constitute 'results', they nevertheless provide important preventative and welfare support to individuals and communities.

Knowledge of services
Related to these types of collaborations, the interviewee from the Belfast Trust highlighted the challenge in ensuring that the service users are aware of the services that are on offer. They commented that it is very difficult to capture these and remain up to date. Processes of reablement should build on community services, but these may be unknown to individuals.

Reablement represents a core service which responds to a range of health and social care needs in the catchment area of this study. It aims to help people accommodate illness or disability by learning or re-learning the skills necessary for daily living. The focus is on promoting and optimising independent functioning rather than resolving health issues. For reablement to be effective there needs to be a focus on meeting people's social needs,

which are often central to their perception of independence. Reablement services have an important role to play in signposting people to other suitable services or activities in the local community. They can help enormously by accumulating and sharing good local knowledge about activities, clubs, groups and transport services (SCIE, 2013).

To support the reablement model there is a need for an up-to-date directory of available services which can be accessed by professional staff and community members. Collaboration with key agencies is central in this process; the role of information technology in this process should also be considered.

Impact of services

This project sought to explore the impact of services for socially-isolated older men in Belfast. Whilst a service evaluation was not completed, the ten interviews with older men provide a subjective account of the impact of these services on their lives. Although these men are not representative of all socially-isolated older men in Belfast, they did come from diverse geographical areas and represented a variety of socioeconomic and religious groups. Despite this diversity, there was a strong and central message coming from these men that accessing these services played a pivotal role in their mental and physical well-being. Men referred to their lives as being 'transformed', some suggested that attendance gave them 'a reason to get out of bed in their morning', relationships with their family were maintained and strengthened because they felt good in themselves and because their families were proud of their achievements and their contribution to their communities. Many of the men highlighted a significant positive impact on their health; for example, men supporting other men to look after their health and to seek early medical diagnosis and interventions. Some men suggested that membership of these clubs sustained them in behaviours which helped to control their addictions. A similar picture emerges from the mapping exercise where the subjective accounts of the positive impact of these services were identified.

Extent of services

This project sought also to explore the extent of services. *A* major goal of this mapping exercise was to assess whether older men in Belfast have access to a broad, comprehensive, and integrated system of services essential to prevent and address social isolation and loneliness. Of the 159 services reviewed in this project, 125 were offered for and with men and women, in comparison with 20 services which actively target men of any age, two services focus on men over 50 and 12 are directed to combat isolation in that age group of males.

The term 'services' was defined broadly. Thus, many different types of 'services' were identified, including day care provision, support groups, advocacy groups, befriending schemes, leisure and library facilities. Some services were offered on generic terms, other services were offered for specific categories of users, such as those with dementia, learning disability and ethnic minority or religious groups. Arguably a very broad range of services are being delivered across the city.

The role of churches was highlighted among the peer researchers, who felt that in many parts of the city, churches were keeping services going. For many church groups, however, when members leave (perhaps because they die or become ill), they are often not replaced.

This was seen as a specific problem for women's groups. However, within men's church groups, there was a sense that younger men were joining, and so these groups were more sustainable.

The informant interviews were conducted with men who attended specific men's clubs, and it was their subjective view that these services provided a comprehensive and diverse range of activities which clearly met the self-reported needs of men in attendance. These included: playing games such as bowls, darts and dominos; having competitions and talks from invited speakers; learning new skills such as digital photography, copper etching, art and mosaics; and developing short courses in essential skills such as basic cooking and health. These were seen to be particularly useful skills for men who had been widowed.

An analysis of the mapping exercise output, in addition to the views of informants, was that there were gaps and duplication in these services. Of specific note is that informant interviews suggested that there were similar groups offering activities without an overarching structure. This was a point reiterated by the peer researchers.

Suggestions

Based on these findings, we suggest the following activities and steps which may be helpful in enhancing the provision of services for socially-isolated older men in Belfast. Not all of these are relevant to every organisation or service, and indeed, many of these activities may already be in place. In Chapter 4, the mapping exercise identified a wide diversity of services and providers, which ranged in size from small, local lunch clubs to large statutory bodies. Therefore, the size of an organisation will limit its capacity to engage in many of these suggestions.

Suggestion 1: Increase the capacity of voluntary and community organisations in relation to funding and governance issues

Funding, sustainability and governance issues are of concern to all the organisations participating in this project, regardless of whether they are service funders or service providers. Two useful sources of assistance are Northern Ireland Council for Voluntary Action (NICVA) and *First Steps to Funding*.

Firstly, NICVA (www.nicva.org) is particularly concerned with the consequences of Public Sector Reform, and organised a conference 'Public Service Delivery and the Voluntary and Community Sector' on 17 April 2014. This event explored the implications and role of the voluntary and community sector in public service delivery. The conference also considered ethical issues for organisations, solidarity across the sector and independence as well as practical issues such as ability to compete and deliver. Thus, membership of umbrella organisations, such as NICVA, and involvement in pertinent fora, will provide a way to help guide an organisation's strategic plans for funding and service provision.

However, organisations need to have the time and money to register as a NICVA member. There is a sliding scale of rates, starting at £10 for organisations with an annual income of less than £1,000, and organisations do not need to be a registered charity. One useful service provided is their GrantTracker website, which is dedicated to finding grants for charities, clubs, community groups and other not-for-profits (www.grant-tracker.org/.) However, whilst registration to GrantTracker is free, there is a charge to access the

database of funders. Thus, smaller, community-based organisations may be disadvantaged by not having the money or resources to access these services.

Secondly, the *First Steps to Funding* (www.ageni.org/firststeps) programme is extremely relevant here, not least because it was specifically set up to help build capacity within the age sector in terms of project funding and governance. Thus, those individuals and organisations seeking funding involved in providing services for socially-isolated older men could avail of these workshops, in order to maximise their chances of obtaining funding.

Within the past year, the obligation to register charities in Northern Ireland has been seen as a barrier by some smaller organisations. This was highlighted in Chapter 6, with our discussion with the Lloyds Bank Foundation. Nevertheless, these changes in governance need to be addressed by small charities if they wish to apply for grants from foundations such as the Lloyds Bank Foundation. Guidance and assistance is available on the Charity Commission website (www.charitycommissionni.org.uk/) and assistance is available from NICVA. Again, smaller organisations (for example those providing local community-based luncheon clubs) may be disadvantaged due to their not having the staff or capacity to complete this process of registration. As a consequence of this, they are not eligible to apply for specific funding schemes.

Whilst it is recognised that the winding down of the Big Lottery *Reaching Out: Connecting Older People* programme will have a significant detrimental impact on the provision of appropriate services across Belfast, there is still the opportunity to take part in the consultation about the future priorities of Big Lottery from 2015-2021 (see http://yourvoiceourvision.org.uk/).

Suggestion 2: Take part in government consultations

The social isolation of older men is an issue that is relevant to several government strategies, such as the *Active Ageing* consultation document (OFMDFM, 2014), as well as discussions about the *Gender Equality Strategy* 2006-2016 (OFMDFM, 2006a) and *Transforming Your Care* (DHSSPS, 2011).

One of the key points emerging from the literature review in Chapter 3 was the negative effects of structural factors such as income, transport problems, and the ability of older people to maintain their existing relationships and participate fully in society. These macro-level issues cannot necessarily be resolved at a local level, and in many cases, need government intervention.

Thus, it is important that those concerned with the social isolation of older men in Belfast participate in consultation exercises in order to help shape government policies and strategies. However, the ability of smaller organisations to participate in such consultations is limited if they do not have the policy or research staff, or the skills, to draft a response. The ability to influence a strategy or policy will therefore be skewed towards those larger organisations or sectors with more resources and capacity.

Suggestion 3: Join relevant networks

Responding to government and other consultations can be undertaken as an individual, organisation or part of a network. Many smaller organisations do not have the capacity to draft a response, and so involvement with relevant networks may help them voice their concerns to government. One such structure is the Men's Health Forum of Ireland (www.mhfi.org), although other local and national fora are relevant too.

A particular issue of concern to the Men's Health Forum in Ireland is the lack of a Men's Health Strategy in Northern Ireland. Such a document would provide a practice and evaluative framework for those who commission services for men, as well as legitimacy and a policy imperative. One useful comparator is the Committee on the Elimination of Discrimination against Women (CEDAW), which along with the Beijing Declaration, provides a useful policy framework for work within the women's sector.

Richardson and Smith (2011) discuss the development and implementation of national men's health strategies in Ireland and Australia. In particular, they highlight an increasing concern about sex differences in health status between men and women; a growing awareness of the need for a more gender-specific approach to health policy; and an expanding men's health field at a research, advocacy and community/voluntary level. However, given the benefits to mental and physical health of services for socially-isolated older men, such a strategy could be of benefit in Northern Ireland.

Networks relevant to older people more generally include Age Sector Platform (www.agesectorplatform.org), and in particular, the Pensioners' Parliament (www.agesectorplatform.org/index.php/ni-pensioners-parliament/) which may be a useful way to engage with politicians. Such fora also provide a critical mass to highlight structural issues with a range of stakeholders, such as transport providers, housing policy makers, and planning authorities.

Suggestion 4: Develop a clear and up to date directory of services for statutory and third sector

The difficulty in finding out clear and current information about relevant services was another theme that was evident throughout the different stages of this project. In particular, this is an issue for professionals and individuals involved in the process of reablement. Thus, the creation, and maintenance, of an accessible directory of services, that is constantly maintained is key. One of the interviewees (Michael) highlighted the role of communication technology, and indeed, hopes to create an online calendar resource to coordinate Older Men's groups across the city.

Thus, the availability of this directory in different formats and in a range of locations is important. An online directory with links from Belfast Trust, Library, City Council and community websites could help address this problem. Leaflets outlining key services are also important means of dissemination this information, although these can often go out of date.

Our experience of undertaking the mapping exercise of this project (Objective 2) showed how extensive, and often difficult, a task that this would be. Nevertheless, as well as providing an important signposting function, such a directory may help identify the overlap and duplication in services, which was highlighted during the interviews.

Suggestion 5: Involve and train health and social care professionals

The interviews with older men highlighted the importance of word-of-mouth as a mechanism for recruiting/involving older men. However, this precludes the involvement of those men who are more socially isolated. Thus, health and social care professionals can be useful gatekeepers or information providers. These include GPs, social workers, and Community Mental Health practitioners. Advising these professionals of the need to be aware of the mental and physical health needs of socially-isolated older men is crucial, as well as providing them with information about sources of information about services. Whilst GPs play a significant role because they often know about the different aspect to a patient's life, one major restraint is the short amount of time that they have for face-to-face contact with patients. In addition, we acknowledge that the reluctance of many men to visit their GP has been identified (Devine, 2014).

Suggestion 6: Think about how to engage with men

Socially-isolated older men are a hidden population, and are often overlooked. The literature review in Chapter 3 highlighted some key themes for engaging with men, for example, Johal (2013). More locally, *The Engagement Jigsaw - a 12 Point Plan for Effectively Engaging with Men* (Fowler, 2012) is a very useful resource for any organisations and individuals engaging with men. This Plan includes issues related to organisations and facilitators, as well as to the content of activities.

One key message from the peer researchers was the need to have the time to undertake outreach work, and to build up one-to-one relationships with men, especially those who are more socially-isolated. By definition, however, to develop this kind of specialist work requires significant funding. The peer researchers also reinforced the need for each group to have a motivational leader, who has the skills to keep the group going.

Identifying men who are socially-isolated is a major challenge, as is addressing their complex needs. One often forgotten group is carers. Data from the 2011 Census of Population indicate that 18% of men aged 50-64 years, and 14% of those aged 65 years or over are providing unpaid care. Nearly one half of male carers (47%) aged 65 years or over provide such care for at least 50 hours per week (Devine, 2014).

Suggestion 7: Consider inter-generational work

Most of the services that have been highlighted in this report are specifically targeted at older people. However, a more inter-generational approach may also be appropriate. Indeed, this was highlighted by Vincent, one of our interviewees, who said that he would be keen to encourage some crossover work with younger groups to widen the social circles provided by his group.

One local organisation, Linking Generations (www.centreforip.org.uk/northern-ireland) provides structured opportunities to bring different generations together, to improve understanding and increase mutual support. One relevant example is a partnership between Fermanagh District Council's Community Services Department and Killyfoyle and District Community Association. An intergenerational project was developed as a tool to bring people together for the purpose of tackling social isolation across the generations. A similar project within Belfast linked Good Morning Colin and Saints Youth Club (Linking Generations, nd).

Suggestion 8: Recognise the legacy of the conflict

The legacy of the conflict was acknowledged within several of the interviews. For some, these issues caused some tension within their organisations, whilst one interviewee felt that the service provided a comfortable place to address them. Thus, service providers should consider whether they want their environment to be 'neutral' (where discussion and symbolism are discouraged), or 'shared' (where all opinions can be openly discussed and respected). There is no correct approach, and obviously will depend on the aims, ethos, and skills of individual organisations, facilitators and members.

Suggestion 9: Acknowledge diversity

Fowler (2012) emphasised that one of the key issues for engaging with men is to recognise that men are different from women, but equally importantly, not all men are the same. The potential members of any service are likely to differ in terms of sex, age, socio-economic group, ethnicity, religious background, sexual orientation, mobility, where they live, and a range of other characteristics. In particular, services targeted at men over 50 years could potentially include men who are nearly twice as old as others. Thus, services should offer an environment and resources that acknowledges such diversity. This could be in terms of making literature available in different languages and formats, or thinking about the physical environment of where services are provided. In particular, there is a need to be responsive to the needs of men who are living on their own, whether due to widowhood, or other reasons.

Suggestion 10: Think about the range and type of activities that are offered

Fowler (2012) suggests that for many men, services need to have a focus on an activity and a reason to be there. Furthermore, many men (at least in the early stages of engagement) seem to respond better to programmes which are task-orientated and which meet an immediate and tangible need. Thus, service providers should think about the range of activities that they are offering, and whether they are likely to appeal to their target audience.

In Chapter 3 of this report, the literature is reviewed regarding interventions to redress social isolation. A number of common themes emerge from this literature which helps us to think about the type and range of activities which should be on offer for socially-isolated men in Belfast.

Firstly, interventions need to be delivered within a culture of caring - a welcoming and warm, comfortable environment. In the informant interviews in this study, the atmosphere of the men's clubs was a key factor in attracting and maintaining men. In many ways this was as important as the type and range of activities.

Secondly, programmes should be socially and culturally appropriate. This point is highlighted in *The Engagement Jigsaw* (Fowler, 2012). One idea in the '12 point plan for engagement' highlights the need to create activities which are 'normal', mainstream and important. The informant interviews supported these views: men described the need for a range of action-based activities; activities which were viewed as 'masculine', which built on prior hobbies and helped develop new skills. Engaging in active tasks enabled many men to discuss thoughts and feelings '*You talk to people easier when you're doing something, especially men'.* This may explain the success of initiatives such as Men's Sheds.

Thirdly, activities should have meaning and purpose. Johal *et al*. (2012) identified that men avoid help-seeking behaviours; instead, activities which contribute to the needs of others in the community are important. The men in our interviews took pleasure in sharing their own practical skills and hobbies with others. Volunteering to help others and using activities to keep an active mind were also highly regarded. Activities such as cooking and practical means of improving lifestyle were valued, and can also be a significant help for men who find themselves living alone (perhaps due to the death or divorce of a partner). Indeed, Davidson (2014) refers to the development of a widowhood strategy, that is, a specific set of strategies and policies to help older people adjust to the loss of a partner.

However, it should be noted that some men lack confidence in taking part in activities which are unfamiliar. A non-threatening environment is crucial; men don't want to feel 'useless'. Finally, these suggestions are offered in the knowledge that men are not all the same and different activities will suit different men and at different stages of ageing.

Suggestion 11: Consider if men-only services are the most appropriate

This review of services has tended to focus on activities that are for men only. One of the older men that we interviewed (Michael) felt that having a group of men of a similar age and background can put men at ease to discuss personal problems, about ageing, retirement or health. However, this is not to say that this is the only approach. For some men, the interaction with both men and women is important, or at least, it does not cause them a significant problem, provided the activity is enjoyable and provides social contact.

One of the stakeholder organisations argued that providing men-only services was an equality issue, and so their focus was on older people in general. However, this approach in itself can be criticised on equality grounds.

Suggestion 12: Evaluate what works

It is important from the outset that systems are in place to evaluate the effectiveness of the service provided. Whilst formal systems of evaluation, such as those required by funders or regulation authorities, may be required, it is important that these are more than tick box exercises. Thought should be given to hearing the views of the men who attend the service, and the views of staff within the organisations. It is important to move 'beyond the happy sheet'; it is important to consult with men in the design of the programme, check regularly with men if the programme is meeting their needs, as well as remaining cognisant of the changing needs of the group and of the community.

Conclusion

With an ageing population, acute loneliness and social isolation are major challenges facing our society, and these can impact gravely on wellbeing and quality of life, with demonstrable negative health effects (Windle *et al*., 2011). At a macro level, such health issues add pressure on statutory health and social care services and the cost of services. Other studies have highlighted the influence of social relationships on the risk of death as comparable to well-established risks such as smoking and alcohol consumption (Ollonqvist *et al*., 2008). At an individual level, by intervening in respect to social isolation, we can improve older men's quality of life. However, there is no single 'quick fix', and thus, there needs to be a sustained, flexible and creative multi-sectoral approach, with input from older men themselves. We hope this report goes some way towards this.

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Appendix 1: Examples of older people's networks in Belfast

Age Partnership Belfast

Age Partnership Belfast is a collaborative partnership which will run between 2013 and 2016. The aims of the partnership are to:

- Build a sustainable partnership which will support and reflect the voice of older people
- Empower and enable older people to play a more active role in their city
- Connect the views of older people to influence decision makers and service providers

The partnership comprises three organisations: Volunteer Now, Engage with Age, and North Belfast Senior Citizens Forum.

Volunteer Now (www.volunteernow.org.uk) works to promote, enhance and support volunteering across Northern Ireland. As part of its remit to support and build the capacity of volunteer-involving organisations, its capacity-building project has involved this network of volunteer led older persons groups and fora in Belfast. This has helped sustain and strengthen a network of groups which combat growing social isolation among older people and encourage older people to take an active role in their communities. One example is the Men Utd network, which was founded in late 2008. This network organises a regular programme of activities for older men to keep them active and reduce social isolation.

Engage with Age (www.engagewithage.org.uk) is a community development partnership of organisations which came together in 2000 to work in South and East Belfast, as well as Castlereagh, to combat social isolation and loneliness among older people and to promote health and wellbeing. One key area of work is the Hubs for Older People's Engagement (HOPE) project, which reaches out to less active older people over 55 who may be at risk of social isolation. This project helps people to get out and about more and make new friends in their community; and works with a range of partners including the local Trinity, Fold and Clanmil Housing Associations (see http://engagewithage.org.uk/hope/). In addition, Engage with Age facilitates a range of older people's fora across Belfast, including the Greater Belfast Seniors Forum (G6), which brings together representatives from the six senior citizens forums in Belfast and Castlereagh.

North Belfast Senior Citizens Forum (www.northbelfastseniors.org/) was founded in 1993 as an umbrella organisation representing the interests of over 30 member groups and individual older people throughout North Belfast. The mission of the Forum is to provide a voice for senior citizens of North Belfast to lobby for changes in provision for senior citizens in health, transport and housing, as well as to provide networking opportunities for older people. Its activities include a benefits advice service targeting isolated older people, as well as lobbying and advocacy.

- Supporting city-wide development of programmes to engage older men and combat social isolation;
- Progressing and implementing the HOPE Project (led by Engage with Age);

- Supporting the on-going development of the Greater Belfast Seniors Forum (G6) which brings together representatives from the six senior citizens forums in Belfast and Castlereagh;
- Enabling older people to influence policy-making and decision-making; and
- Supporting and enabling older people to participate fully in initiatives across the city of Belfast such as, for example, the Age Friendly City Initiative.

Men's Working Group

The Men's Working Group was established by Age Partnership Belfast to support city-wide development of programmes to engage older men and combat social isolation. This working group, which is chaired by Volunteer Now, brings together seven organisations currently supporting or running programmes for men including older men:

- *Men's Health Forum in Ireland*, which works on an all Ireland basis to enhance the health and wellbeing of men and boys (www.mhfi.org)
- *East Belfast Community Development Agency*, which is an umbrella organisation supporting community development in East Belfast (www.ebcda.org). In particular, EBCDA has supported the Wise Men of the East Network, which works to overcome isolation of older men, early identification and prevention of illness, and link older men to support networks (www.wise-men.org.uk)
- *Workers' Educational Association* (WEA), which delivers the Man Matters project benefiting men of all ages with support around their health and wellbeing (http://www.manmatters.org).
- *Volunteer Now*, which helped to set up and supports Men Utd (established 2008). Men Utd provides a range of social and health and wellbeing opportunities for 300 registered older men aged 55+ across Belfast.
- *Engage with Age,* which is helping to establish a number of older men's groups; older men are one of the beneficiaries of its HOPE project reducing social isolation among older people.
- *North Belfast Senior Citizens Forum*, which has delivered a range of social and health and wellbeing programmes engaging older men in North Belfast. (www.northbelfastseniors.org/)
- *Rejuvenate Men's Sheds Project (North Belfast Partnership Board)*, which creates a range of social opportunities to engage isolated older men (www.northbelfastpartnership.com/)

The Men's Working Group also shares good practice and information between projects that engage and support older men as well as promoting collaborative work in this area. The Group stresses the importance of setting its work against the wider strategic framework of collaborative working and developing programmes through these partnerships to engage and support older men. This is useful in the wider context of maximising the resources that are available to engage older men and deal with a range of issues and challenges facing the older men.

Appendix 2: Pro forma for mapping exercise

Table A2: Information collected for the mapping exercise

Field	Type of information requested
Name of organisation, project, programme, or initiative	
Address and contact details	
Geographic location/catchment area	
Purpose of the service	Identify the purpose of the organisation, project, programme, or initiative. Nature of service (what is the activity?).
Service delivery (Funder sources)	Relevant history, length of time in operation, funder and funding period.
Capacity to deliver	Waiting lists.
Target population	Identify population served, and for the most recent period available, provide information on the number of older men served.
Age	
Referral sources and processes	Referral pathway (self, social workers, health professional, etc.), referral criteria and process.
Assessment of need	
Description of interventions, activities or services provided	
Types of diversity among members	
Partnering Agencies	Identify other organisations with which this organisation, project, programme, or initiative currently partners. If possible, state the purpose of the partnership.
Expected outcomes	Indicate what this organisation, project, programme, or initiative hopes to achieve; identify its strengths in meeting the needs of isolated older men.
Evaluation Details/Reports	In order to measure effectiveness and impact, we will ask if the service/organisation has recently been evaluated, and if so, how to access a copy of the evaluation. However, the number of these services who have undergone evaluation is likely to be small.
Other	Identify other relevant information about each organisation, project, programme, or initiative (e.g., funding sources, planning cycles, names of decision-makers, etc.).

Appendix 3: Relevant reports on ageing, loneliness and social isolation

Table A3: Reports on ageing, loneliness and social isolation

Report title		Year	Country	Focus
An Investigation into Social Factors that cause social isolation in Elder Men in Belfast	Cahal, M Science Shop *programme,* Queen's University Belfast	2003	Northern Ireland	A qualitative study of 15 men's experiences of loneliness and social isolation in Belfast.
Neighbourhood approaches to loneliness Campaign to End Loneliness	Joseph Rowntree Foundation	2004	United Kingdom	The three-year action research programme looked at how community activities could play a central role, and how involvement in these could enhance community well-being.
Loneliness and Social Isolation among Older Irish People	National Centre for the Protection of Older People	2004	Republic of Ireland	Results of qualitative and quantitative research on level of loneliness and social isolation.
Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions	Cattan, M, White, J, Bond and Learmouth, A.	2005	International	This study looked at the effectiveness of a range of interventions aiming to target social isolation and loneliness in older people.
Social Isolation Development of an Assessment Tool	Macquarie University, Australia	2009	Australia	The aim of the review was to promote evidence-based practice and assist in the development of indicators of social isolation for Home and Community Care services to use in identifying and addressing social isolation.
One Voice: Shaping our ageing society	Mitchel, M, Help the Aged UK	2009	United Kingdom	The focus of this report is on Government-led action.

Loneliness and Isolation Evidence Review	Age UK	2010		This evidence review is part of a series produced by Age UK, in order to provide evidence to underpin decision-making for people involved in commissioning, service development, fundraising and influencing.
Social Isolation of Older People in Regional Australia: the research agenda	Bartlett, H, Monash University, Gippsland	2010	Australia and International References	
Gazing at the Four Walls: Older people experiencing social isolation	Engage with Age Northern Ireland	2010	Northern Ireland	The report records the voices of older people experiencing social isolation and living alone. The project was aimed at measuring the extent of older people's isolation, the causes and effects and the barriers to social inclusion.
The Lonely Society	Mental Health Foundation	2010	United Kingdom	This report examines how modern society has changed the way people connect. It aims to raise awareness of loneliness and its effect on our mental health, detailing steps we can take to reduce isolation.
Facing the Challenge: The Impact of Recession and Unemployment on Men's Health in Ireland	Dillon, B and Butler, P, for Institute of Public Health in Ireland	2011	Republic of Ireland and Northern Ireland	The research aimed to increase understanding of health related issues and challenges experienced by men in relation to unemployment, and worsening economic circumstances with particular focus on mental health.
Neighbourhood approaches to loneliness Part of the Campaign to End Loneliness	Joseph Rowntree Foundation	2011	United Kingdom (inclusion of international studies)	The three-year action research programme looked at how community activities could play a central role, and how involvement in these could enhance community well-being.

Preventing loneliness and social isolation among older people	SCIE Windle, K, Francis, J and Coomber, C.	2011	United Kingdom and international references	This briefing paper focuses on services aimed at reducing the effects of both loneliness and social isolation.
Social Engagement Of Older People	Timonen *et al.*	2011	Republic of Ireland	Older adults in the context of their families and as members of friendship and neighbourhood networks.
Lesbian, gay and bisexual people in later life	The Stonewell Organisation	2011	United Kingdom	This report provides a compelling evidence base for the first time about older lesbian, gay and bisexual people in the UK.
Fact Sheet: Risk Factors	Campaign to End Loneliness	2012		A toolkit for health and wellbeing boards.
INVISIBLE MEN: engaging more men in social projects	Johal, A Shelupanov, A, Norman, W, Big Lottery Fund	2012	Northern Ireland, England, Scotland and Wales	The study explores what motivates men from a variety of backgrounds to get involved. It focused primarily on projects funded by the Big Lottery Fund.
Social Isolation and Older People in Canterbury	Wylie, S, Age Concern Canterbury	2012	United Kingdom	This report provides information about specific services available in the city to redress older adults' sense of social isolation.
Social Isolation in Bristol	Bristol City Council	2013	Bristol	Report on the state of loneliness for older people in Bristol.
Loneliness and Social Isolation Among Older People in North Yorkshire	Bernard, S and the North Yorkshire Older People's Partnership Board	2013	Yorkshire and International references	The report aims to provide a review of current literature that brings together knowledge about the extent and nature of loneliness among older people. This will help to clarify current thinking about what a 'good practice' or service looks like and start to identify likely models of good practice in North Yorkshire.
Focus on innovative community projects for older people	Centre for Ageing Research and Development in Ireland	2014	Republic of Ireland and Northern Ireland	Activities and projects in local communities are an essential element in maximising the participation, capacity and inclusion of older people in society.

Preventing loneliness and social isolation in older people	Institute for Research and Innovation in Social Services (IRISS)	2014	Scotland, United Kingdom	A briefing paper with key points and messages for the prevention of social isolation in older people.

Appendix 4: List of services

Table A4a: Services for and with men and women

	Service name	Organisation
1.	In Touch	Action on Hearing Loss
2.	Age No Barrier	Disability Action
3.	In Your Prime	Crossroads
4.	Beyond Words	Cruse Bereavement Care & Stroke Association
5.	Memories Cafes	Alzheimer's Society
6.	Connections NI	Deafblind
7.	Acting Up	Kaleidoscope
8.	Community Bridge Building for Older People	Mind Wise
9.	Supporting Active Engagement	Rights for Seniors
10.	Senior Moments	South City Resource & Development Centre
11.	Tri-Age	Springfield Charitable Association
12.	UTOPIA (Using Technology Older People In Action)	Upper Andersonstown Community Forum
13.	Digital Age	Workers Educational Association
14.	Well Aware	Cancer Focus (in partnership with Oaklee Housing Association)
15.	Live Life to the Full	Abbeyfield
16.	Mind the Gap	Carers Trust
17.	Carer Support Groups	Belfast Carers Centre
18.	Active Lives After Cancer	Cancer Lifeline
19.		Chest, Heart & Stroke
20.	Pacemaker/ICD Support Group	Belfast Livewires
21.	NI Resource Centre	MS Society
22.		Cause
23.		Aware Defeat Depression
24.	Befriending	Praxis
25.		Parkinsons
26.	Winter Wanderers	
27.		University of the Third Age
28.	Young at Hearts	Self-sufficient but supported by Blackie River Community Group
29.	Spring Chickens	Big Telly Theatre Company
30.	Advocacy Service	Bryson Charitable Group (Care)
31.	Home from Hospital	Bryson Charitable Group (Care)

32.	Dementia Service	Bryson Charitable Group (Care)
33.	Domiciliary Care	Bryson Charitable Group (Care)
34.	Neighbourly Support Service	Bryson Charitable Group (Care)
35.	Laundry Service	Bryson Charitable Group (Care)
36.	Reception Service	Bryson Charitable Group (Intercultural Service formerly the Multi-Cultural Resource Centre)
37.	Advice & Advocacy	Bryson Charitable Group (Intercultural Service formerly the Multi-Cultural Resource Centre)
38.	Roma Service	Bryson Charitable Group (Intercultural Service formerly the Multi-Cultural Resource Centre)
39.	One Stop Service (for asylum seekers)	Bryson Charitable Group (Intercultural Service formerly the Multi-Cultural Resource Centre)
40.	50+ Employment Programme	Bryson Charitable Group (Future Skills)
41.	50+ group	Tar Annall
42.	Tuesday Luncheon Club	Joanmount Methodist Church
43.	Lunch Club	Rosemary Presbyterian Church
44.	Painting Group	Rosemary Presbyterian Church
45.	Choir	Rosemary Presbyterian Church
46.	French Class	Rosemary Presbyterian Church
47.	Drama Group	Rosemary Presbyterian Church
48.	Advocacy Service	The Rainbow Project
49.	Family Ties	The Rainbow Project & Cara-Friend
50.	Gay Ethnic Group	The Rainbow Project
51.	Luncheon Club	Sacred Heart Parish
52.	Coffee morning	Sacred Heart Parish
53.		EPIC (Ex Prisioners Interpretative Centre)
54.		Northern Ireland Inter-Faith Forum
55.		L +
56.		Positive Life
57.	various	An Munia Tober
58.	various	Belfast Islamic Centre
59.	The Palm Tree	Belfast Islamic Centre
60.	Men's Team Challenge	Chinese Welfare Association
61.	Older People's Project & Hoi Sum Elderly Group (sub group of Older People's Project)	Chinese Welfare Association
62.	Community Safety	Chinese Welfare Association
63.	Bilingual Advocacy Project	Chinese Welfare Association
64.	Support for Migrants	NICEM in conjunction with Belfast Migrant Centre

65.	Support for Victims	NICEM
66.	various	HomePlus
67.	various	Welcome Centre
68.	various	WAVE Trauma Centre
69.	Senior's Fitness	Belfast City Council Leisure Centres
70.	Boost Membership - Leisure Centres	Belfast City Council Leisure Centres
71.	Community Gardens	Belfast City Council
72.	Allotments	Belfast City Council
73.	Senior's Fitness Class	Belfast City Council Leisure Centres
74.	Adult Art	Belfast City Council Leisure Centres
75.	Cardiac Referral	Belfast City Council Leisure Centres
76.	Adult Swimming	Belfast City Council Leisure Centres
77.	Housing Support	Belfast Central Mission
78.	Befriending Scheme	Belfast Central Mission
79.	Tea Dances	Belfast Central Mission
80.	Lunch Club	Belfast Central Mission
81.	Short Breaks for Older People	Belfast Central Mission
82.	Beginner's Reading Group for Adults	NiLibraries
83.	Adult Reading Group	NiLibraries
84.	Laughter Yoga and Positive Thinking	NiLibraries
85.	Silver Surfers Day	NiLibraries
86.	Relax and Read	NiLibraries
87.	Creative Writers	NiLibraries
88.	Game On	NiLibraries
89.	Go On - Introduction to Ipad	NiLibraries
90.	Music Club	NiLibraries
91.	VIP (Visually Impaired Person) Reading Group	NiLibraries
92.	Spring Online Week - Multi-Media	NiLibraries
93.	Spring Online Week - Employability & Careers	NiLibraries
94.	Spring Online Week - Online Services	NiLibraries
95.	Tea & Newspapers	NiLibraries
96.	Co On - Your Health Online	NiLibraries
97.	Stress Management	NiLibraries
98.	Spring Online - Social	NiLibraries

	Networking	
99.	Got It? Basic Introduction to Computers, Internet & Email	NiLibraries
100.	Whodunnit Reading Group	NiLibraries
101.	Community Skill & Development Workshops	NiLibraries
102.	Go ON - Editing Digital Photographs	NiLibraries
103.		Ulster Ticker Club
104.		Belfast Garden Club
105.	various	Northern Ireland Muslim Family Association
106.	Treasure House	Clanmill Housing Association
107.	Support Groups	Down's Syndrome Association
108.	Creating Connections	Black Box Trust
109.	Staying Connected	Arthritis Care (in partnership with APEX Housing Association, Extra Care and Carers Northern Ireland)
110.		Newington Day Centre
111.	My Life My Way	Age NI
112.	Day Centres	Age NI
113.	First Connect	Age NI
114.	Befriending Programme	Depaul Ireland
115.	Good morning North Belfast	Good morning North Belfast
116.	Good morning West Belfast	Good morning West Belfast
117.	Befriending	Leonard Cheshire Disability
118.	Befriending	Lighthouse Beacon of Hope
119.	Befriending	Marie Curie Cancer Care
120.	Befriending	Orchardville Society
121.	Good neighbour support service	RECALL Project, Oasis Caring in Action
122.	Support at home	Red Cross
123.	Befriending	Stroke Association
124.	Action on disability	Upper Springfield Development Trust
125.	Befriending scheme	Volunteer Now