**Preventing isolation in sheltered housing; challenges in an era of reduced support funding**

**Abstract**

*Purpose*

This paper seeks to inform the policies of sheltered housing providers with regard to preventing isolation amongst residents and generating practical support between them, particularly in the current period of reduced funding for housing support

##### *Design/methodology/approach*

The paper reports a postal survey of 120 residents across eight estates, focus groups on these and eight other estates and survey responses from 326 estate managers.

##### *Findings*

Childless residents are especially vulnerable to lack of support, depending on friends or on paid care. Those estates with a rich array of organised social activities generated more support and friendships amongst neighbours than those with few activities. Managers perform an important service in generating and supporting social activities, but their role is diminishing and restricted by short hours on site. Residents’ groups need capacity-building support to organise more by themselves. Cross-generational contacts are particularly valuable but residents need help to access them outside of their own families.

##### *Practical implications*

Certain forms of group activity which are the most valuable in terms of promoting mental stimulation and exercise are rarely organised by residents’ groups without staff support. The challenge is how to increase the range and frequency of activities which residents can organise for themselves, with or without outside volunteers.

##### *Originality/value*

How to generate mutual aid between residents is an important objective for housing providers in a period of reduced funding for staff time and of severe constraints on social care budgets.

*Keywords:*

Retirement housing, sheltered housing, loneliness, housing support, residents’ groups, housing management

**Introduction**

Recent initiatives by the Campaign to End Loneliness have demonstrated a concern for isolated and lonely elders (Bolton, 2012) and the widely researched effects of loneliness on health (Holt-Lunstad , Smith and Layton, 2010; Iecovich ,Jacobs and Stessman, 2011).

The research presented here suggests that the tiny sheltered housing sector - accommodating a mere 6 to 7% of over 60s - has considerable potential for alleviating isolation amongst older people. For this to be realised, however, requires a wider range of organised social activities and support to residents' groups who share with housing managers the tasks of running them. The fieldwork involved three stages:-

1) focus groups in 16 estates, some leasehold, some extra care, in London and south-east England, eight managed by Hanover Housing and eight by four other providers.

2) a postal survey yielding replies from 120 tenants on the Hanover estates (representing 36% of all households mailed).

3) a web-based survey of 450 Hanover estate managers from Hanover’s all-England property portfolio, yielding 326 responses.

The term ‘sheltered housing’ is used here to refer to housing schemes reserved for people over 60 (or in some cases over 55) which have some on-site support staff, albeit frequently part-time. Many housing providers use the term ‘retirement housing’, a wider category which includes unstaffed estates.

The project examined how established sheltered housing schemes could develop social capital in the form of practical and emotional support between residents. How to enhance supportive relationships between residents has become a key concern of supported housing providers, as funding for social support by managers is being curtailed by public spending cuts. Local councils and the NHS are calling for greater preventive work to help older people avoid the need for paid care, and for mobilisation of informal help from both individuals and volunteering organisations. At the same time reduced local authority budgets are leading to a contraction of grant aid and cheap premises for voluntary organisations, as well as leisure-oriented classes and community centre services which offer stimulation and friendship.

**The importance of social networks for residents in sheltered housing**

Many older people face widowhood and declining health, which accentuate their needs for relatives and friends to provide companionship, practical help and emotional support. Partner loss and poor health are consistently found to be correlates of loneliness amongst older people (De Jong Gierveld and Dykstra 2006; Victor et al. 2005). In an analysis of ELSA data for 2008-9, residents in sheltered housing were found more lonely than others over 60 (Gray 2015), although when controlling for being widowed or in poor health and other background factors, it was these personal characteristics that accounted for the extra loneliness, not the housing setting as such. In our tenant survey, 30% of tenants were widowed, 22% divorced or separated, 31% had never married and only 17% were still living with a partner. One third reported a significant health problem or disability. Although 55% had moved into sheltered housing for housing-related reasons, 45% had moved there because they wanted support or company.

Older people risk losing friends’ support as their age cohort becomes less mobile and less energetic, and further losses if they outlive their friends (Wenger and Burholt 2004, Pinquart and Sörensen 2001). Increasingly as they reach their late 80s or 90s, older people depend on relatives for social contacts, they go out less, and may even not want much contact with others (Wenger and Burholt, 2004 on Wales; Litwin and Stoeckel on Israeli and German samples in 2013). In our tenant survey almost half of the respondents in their 90s had fewer friends now than in the two years before entering sheltered housing, compared to 26% of younger respondents. How survivors can make new support networks, to replace the friends they lose, is a key question both for older people’s wellbeing, and because of the mounting unmet demand for formal care.

**The extent of practical help from friends, relatives and neighbours**

Our tenant survey asked about forms of practical support and about making friends; whom they would rely on in times of difficulty; who would help with shopping or laundry if they were ill; and whether they had more or less friends now than in the two years before entering sheltered housing.

In answer to the question ‘would you say the friend whom you most rely on in difficult times is…’ 61% ticked ‘a relative or partner’, 32% ‘someone who’s not family’, and 7% said ‘I don’t really have one’. Less than half of those in their 60s relied on relatives, but by their 90s, almost everyone did – usually their grown-up children or grandchildren, since only 15% had a partner living with them. Of those relying on a non-relative, one third said it was a neighbour.

Those without children nearby are particularly vulnerable to being without help. Only 37% of the childless respondents had a relative to rely on at difficult times, compared to 68% of parents. But 20% of the sample had no children and only one third had children living within ten miles.Amongstthe childless people, half relied on a non-relative and one in eight had nobody to rely on, compared to only one in 20 parents. According to a cross-national study by Wenger (2009) children are particularly important in providing informal personal care, although shopping, launderette tasks, and help with transport are often provided by neighbours. Amongst women, 72% relied on a relative, compared to 40% of men. Men were more likely to rely on a non-relative, and 13% of men said they had nobody against only 4% of women. As their friends die or move away, single or widowed men become more vulnerable than women to lack of emergency support.

Our survey also asked residents who would buy food for them or help with laundry if they were ill. Several ticked more than one category; 69% said relatives, 28% neighbours, 26% friends outside the estate, 13% a care worker and 13% did not know. The most important source of help with shopping was grown-up children or grandchildren. Almost 80% of parents said a relative would help if they were ill, compared to only 40% of childless people. Again the childless lose out; of the 49 whohad no children living within 50 miles, 11 (22%) said they did not know who would help. The issue is more serious for men, since 47% of men relied on a non-relative but only 24% of women**.** One fifth of parents did not expect their children to help, mainly those whose children all lived over 50 miles away.

Where people depended on non-relatives for this sort of help, it was a neighbour for one in 3. The likelihood of getting help from neighbours with shopping or laundry when ill increased with length of residence**.** Of those who had lived on their estate at least 5 years, 38% thought neighbours would do their shopping if they were ill, compared to only 14% of those who moved in more recently.

Turning to the findings about making friends, 53% of the sample said they had as many friends as during the two years before moving into the estate; 19% had more now but 28% had fewer. These three indicators from the postal survey – the change in number of friends, help from neighbours when ill, and having a friend on the estate as the person to rely on times of difficulty – were used to assess the extent of friendliness and neighbourliness on the eight estates where we had both the survey data and a focus group, and how it was related to the frequency and nature of organised group activities.

**Organised group activities – how far do they help residents make new friends and form supportive social networks ?**

Housing providers’ main contribution to helping residents make friends is to facilitate activities such as coffee mornings, games nights, outings or parties. These activities within sheltered housing estates may be considered as a potential source of residents’ social capital - a ‘recruiting ground’ for new friends who have potential roles as companions, helpers, and confidantes . Other ‘recruiting grounds’ include the resident’s previous social circle, groups and organisations outside the estate. Although retirement housing residents may participate in group activities outside their estate, for example in community centres, due to mobility problems or general frailty they may lack energy to go far (Callaghan, Netten, and Darton, 2009; Croucher Hicks and Jackson 2006).

Many studies of older people’s social networks have inquired whether supportive social contacts are really made through ‘formal’ activities - those involving organised groups such as clubs, religious attendance, sport, choirs and hobbies or education – or more through informal contacts (Rowe and Kahn, 1997; Ritchey, Ritchey and Diaz 2001; Litwin and Shiovitz-Ezra 2006, 2010). Adams, Leibbrandt and Moon (2011) argued that informal social contacts influence well-being more than formal group activity. Litwin and Shiovitz-Ezra reached similar conclusions in their survey of Israeli elders (2006). But their later survey work in the USA (Litwin and Shiovitz-Ezra 2010) found a connection between formal and informal activity which has important implications for housing providers about the relative effect of group attendance on friendships. Using the social network typology developed by Wenger et al. (1996) , they found the highest number of *friends* amongst those with ‘friend-based’ networks, the network type showing most frequent participation in formal groups, despite having fewer close relatives than the ‘family’ or ‘diverse’ types. This suggests that group attendance *generates* friendships, rather than vice versa.

An important aim of group activities is that the resulting friendships within the estate may help to build a sense of community, leading to a virtuous circle of more activities, mutual aid and possibly improved liaison with management to preserve and improve services and facilities. How far is this realised in practice, and how could it be better fulfilled?

The impression from the focus groups was that those schemes with a wider range of social activities reported more friendship within the housing scheme, visiting of sick neighbours and help to the more vulnerable. Amongst the eight estates where we held both a focus group and the postal survey, the two estates with the greatest frequency and range of organised social activities scored highest on our measures of friendliness and support between neighbours, and the only one with no organised activities scored least. In the three estates with least social activity only one in five residents thought it was easy to make friends there, compared to two thirds in the three most socially active estates. Gardening clubs, fish suppers, charity fund-raising, outside speakers, coach outings and music, volunteer run libraries and cafes, were all activities that brought people together and developed a sense of community.

However some needs for social contact cannot be fulfilled in this way, or indeed replaced at all easily for those who outlive their closest friends. Group participation represents the lowest step on the social capital development ladder – providing companionship which is just one of the social needs residents have. These formal activities are one starting point to find friends who will meet any unmet need for practical support. Only the closest contacts may develop into *confidantes* who provide emotional support. As people age, the risk of an unmet need for emotional support rises as more are widowed, travelling becomes more difficult and the oldest old risk outliving their peer group.

**The process of making friends within and around the sheltered housing community**

How do people make friends? How can the companionship offered by formal group activities be turned into practical and emotional support? According to Ritchey, Ritchey and Diaz (2001), ‘successful ageing depends on selection of activities that enable the selection of social partners to provide the greatest level of comfort and reliability, supporting the importance of informal, reliable, intimate social contact’. In so far as they have choices, people select those settings that seem to them to be most friendly. Retirement housing residents often have few social choices, due to reduced mobility or other health issues, bereavement, and possible separation from former friends and neighbours by having moved. They may need new opportunities to select suitable companions, and they are more likely to find them if the ‘menu’ of activities is a wide one catering to a variety of tastes.

However, the oldest old may be very selective about making or sustaining social contacts. Litwin and Stoeckel (2013) say ‘the older-old tend to modify their collection of social ties, focussing on the more meaningful of the relations and dissociating themselves from peripheral contacts’. Several housing managers and residents’ groups told us that the over 85s seemed less interested than younger residents in socialising or attending coffee mornings, etc.; the only people they really wanted to see were their children and other visiting relatives. In our tenant survey, nobody over 90 actually wanted more social contact with neighbours, compared to 47% of those under 70 and 31% of those between 70 and 90.

People with declining social energy may be attracted towards some task – oriented activity that they can still manage. For example the role of ‘taste buddies’ who sampled and evaluated food in a care home (Abbott, Fisk and Forward, 2000) – was found accessible and engaging even to the most frail. Likewise Boneham and Sixsmith (2006) report groups of immobile or frail elders whosupported each other through phone conversations about health issues through so-called ‘health talk’. Being consulted about decorating of a care home has also been reported to bring people together and get them talking positively (Knight, Haslam and Haslam, 2010).

Inter-generational contacts seem particularly valuable, addressing the risk that in retirement housing people become ghettoised with others who may not survive long. As Dr. Johnson said in the 18th century, ‘*If a man does not make new acquaintance as he advances through life, he will soon find himself left alone’* (Boswell, 2008). Our focus groups suggested that a mixed-dependency community with a wide age range is best able to sustain neighbourly help and self-organisation of social life, since the younger and more able can do things on behalf of others.

But care is needed to make sure that people are not ‘lonely in the crowd’. Here managers can work to overcome the various reasons for exclusion which emerged from our focus groups and which are also highlighted in evaluations of extra care housing (Callaghan, Netten and Darton, 2009). Identification of threat factors or obstacles to social contact offer useful pointers about how activities should be run and about the physical design of sheltered housing. They also suggest how managers or volunteers can look for vulnerabilities and help residents to overcome them. Individuals may experience several types of obstacle in joining in a group even within their estate; mobility problems, sensory impairment or even racism. Some building designs favour social interactions, others less so. Focus group comments illustrated the importance of having the common room close to the block entrance, of gardens as social spaces, and of spaces to encourage chance meeting and chatting like cafes or tea points, seating in corridors and launderettes.

Carers of disabled partners in sheltered housing may feel isolated and unable to obtain enough care ‘cover’ or help with their partner’s wheelchair to attend social gatherings. We met manual wheelchair users who often lacked a ‘pusher’ to access the common room or go out. Callaghan, Netten and Darton (2009) mention the vulnerability to isolation of those with mobility problems or sensory impairment, and the tendency of fitter residents in sheltered housing to exclude or resent frailer ones, especially wheelchair users and those suffering memory loss. Our fieldwork echoed this tendency in one large mixed-tenure, mixed-dependency scheme, where some leaseholders who had bought in for the sake of good company resented the presence of an increasing number of wheelchair users, nominated to tenancies by the local authority. In another estate, residents gave considerable help to dementia sufferers and a bedridden cancer patient, but feared that supporting them could become an excessive burden for fit residents. In a third scheme (extra-care, all rented) a lively residents’ group took great care to include everyone, however frail. They even lobbied the local council for funds to provide raised garden beds so that wheelchair users could join in growing flowers.

Not only current social contacts, but the social skills and contacts gained throughout life, seem to affect people’s chances of making effective friendships. The 81 people in our survey who had taken part in some group leisure or voluntary work activity during the two years before entering sheltered housing (even if they had given it up) were twice as likely to expect help from friends if they were ill, and also much more likely to have a non-relative to rely on in difficulty. Those who had engaged in voluntary work before entering sheltered housing were more likely to receive help from neighbours now. The success of programmes to improve ‘friendship skills’ to help people who need new friends, especially after bereavement, is reported by Stevens (2001) and by the Campaign to End Loneliness (2016).

**The social activities menu; actual, potential and ideal**

Our survey asked residents about their current and past leisure and community activities (Table 1). Only three types of activity were mentioned more frequently as things people did now than as things people did in the decade before entering sheltered housing; social club attendance, charity fund-raising and music. All other categories were mentioned by fewer people as ongoing activities than as past pursuits. Over 20% of the sample mentioned exercise/sport and religious attendance as past activities, but only 10% still did either. The fall in religious attendance may be due to declining mobility or because someone’s former place of worship is too far from their new home. Evidence from the British Household Panel Study has found both religion and sport to be associated with a relatively strong sense of having socially support as people age (Gray 2009). Health problems prevent many older people from keeping up sport and other physical activities. However, physical exercise such as walking, table tennis or golf was the most common category of responses when our survey asked people to list ‘any activities which you would like to do again if you could’. Sadly, therefore, only 11.4% of managers reported any form of group physical exercise such as keep-fit sessions, dancing or yoga on their main estate. Gardening had declined less than several other activity types since the survey respondents had entered sheltered housing. Half of the 16 focus group estates had some opportunity for residents to grow flowers. In the five where this was a collective task, it appeared to contribute to a relatively strong community spirit expressed in social interaction and help between neighbours.

Table 2 shows the numbers of managers reporting various types of social activities. Although some activities took place on over 80% of estates – and in 42% at least once a week – these were frequently limited to coffee mornings, teas or suppers, occasional parties or coach trips, and bingo. Perhaps sadly, in view of the frequently heard advice that mental activity provides some protection against memory loss (James et al., 2001), activities such as arts and crafts, talks, discussions, or problem-solving games were the exception rather than the rule.

Organisation of activities depended on three factors; the availability of a suitable space, the efforts of managers, and the efforts of residents themselves. Only 56% of estates had a common room, although managers of smaller estates without one often tried hard to accommodate social gatherings in gardens, empty flats, foyers, or even office space. On 30% of estates managers helped to organise at least one activity a week, often working beyond their job descriptions to do so, especially on small estates without a common room. Where there was a residents’ committee, activities were more frequent and managers helped more. Although only 34% of estates had activities as often as once a week which were organised *without* input from the managers, residents’ social committees often worked in partnership with managers, who helped them publicise events, buy party food, make internet bookings for theatre outings, or access external funding for common room equipment like a DVD player. But residents’ groups acting independently tended to organise a rather narrow activities menu, generally limited to coffee mornings, tea clubs, bingo, and occasional parties. Where group outings (e.g. seaside trips), talks, classes, or collaboration with schools or outside volunteer organisations were involved, it was usually the manager who set things up.

As managers’ hours are reduced due to funding constraints, so residents’ groups become more important to keep activities going. Support like computer and internet access, help to establish a bank account, photocopying, encouragement and information to make outside contacts with sources of volunteers or trainers, may be needed. Our research also found that committees often collapse because leading members die or become too frail to continue their role. They are mainly led by those under 75, which presents an argument for mixed-dependency resident intake with a wide age range.

London experience offers some valuable models to bring in younger people for continued, meaningful, contacts. For example Magic Me runs inter-generational arts projects (painting, crafts, theatre etc.) in care homes, as described on <https://magicme.co.uk/artists-residencies/> . North London Cares brings together older and younger generations on an equal footing with no ‘older client, younger helper’ assumption for parties, music, book clubs, cookery classes, films and many other activities; see <https://northlondoncares.org.uk/activities>.

**Policy conclusions**

Many housing associations are now switching to ‘floating support’ where instead of an on-site manager being charged with keeping an eye on residents, finding out their needs, giving advice and often organising social activities for them, residents receive visits from an off-site support worker, for which ‘self-funders’ may have to pay. The reduction or withdrawal of on-site managers was perceived as a serious decline in service in focus groups held by Age UK (King, Pannell and Copeman, 2009). Floating support, whilst potentially extendable to people who need it *outside* sheltered housing, is conceptualised as an *individual* service, which risks neglecting the community’s *collective* needs to develop a social scene and a culture of active neighbourly support.

One approach to this problem is community development work with residents’ groups to ensure they have the confidence and resources to run more varied social activities independently of managers’ help. Accessing volunteers to provide exercise sessions, entertainment and inter-generational contacts is especially important. Another possibility would be to open the often relatively well endowed facilities of sheltered housing common rooms to outside groups, enabling them to become community centres for the entire over 50s age range in their locality – including clients of ‘floating support’ living outside sheltered housing. The 55-65 age group may be attracted into supporting or developing activities which older ones can join in. There are however issues to be resolved about security concerning access for non-residents, and outsiders ‘free riding’over those who pay for the common room in their management charge. Some areas (for example Camden) have seniors’ clubs with a lower age limit of 60 or even 50 for the younger old to meet and support the older old in community centres that function as lunch clubs and day centres, including some located in or adjacent to sheltered housing schemes.

Both ELSA and the tenant survey reported here suggest that many retirement housing schemes may be ‘hotspots’ for people who are at risk of isolation because of bereavement or disability. At the same time, they offer a potential focus for activities which could reach out to isolated elders living outside retirement housing. This would be consistent with the approach to identifying isolated and lonely people and supporting them through individual contact followed by introductions to group activities, as recommended and tested by the Campaign to End Loneliness (2016).

Currently the whole supported housing sector is challenged by the housing benefit caps and uncertainty about future funding of support services. There seems to be a case for integration of housing support with other funding streams for health and social care within the Sustainability and Transformation Plans which bring together NHS and local authority budgets at local level. Given the importance to older people’s health of avoiding loneliness, and the need to maximise informal support from friends and neighbours in view of the acute rationing of paid care services, activities to combat isolation should surely be considered a worthwhile social investment.

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