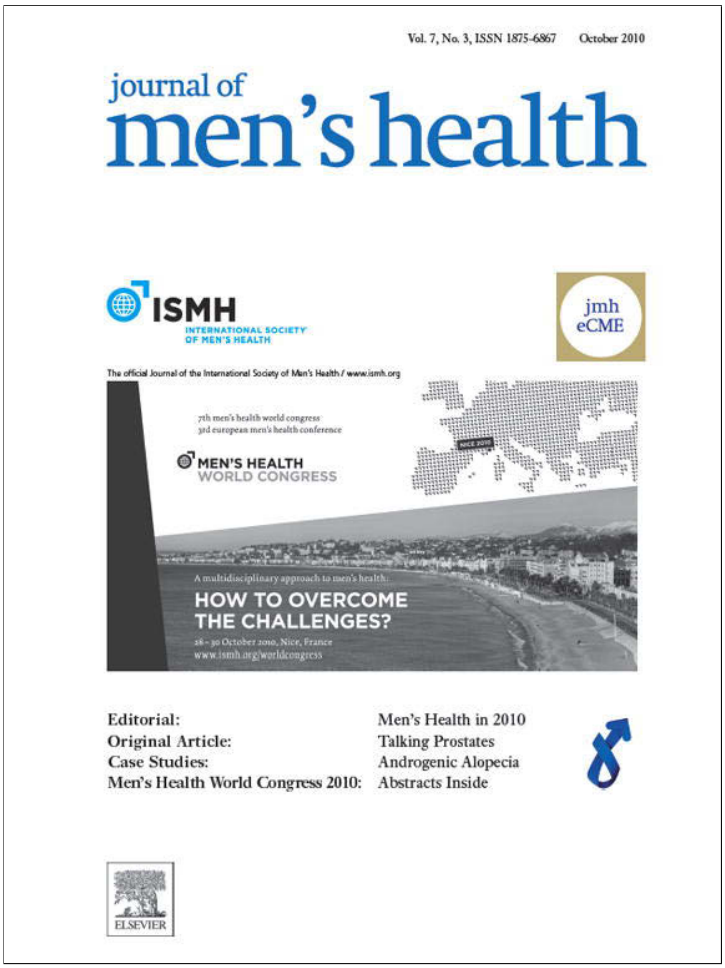

Shedding light on men: the Building Healthy Men Project

Keywords

Mens Health
Health promotion
Mental health

Dave Fildes, Yona Cass, Frank Wallner and Alan Owen

Abstract

Background: Men's Sheds are community-based places where men can enjoy each other's company and where self-worth can be promoted through the development of artistic or manual skills. The Shed helps men to strengthen and maintain social links and continue to feel they are useful members of the community once they have retired from the workforce.

Methods: The Building Healthy Men Project (BHMP) used the Men's Shed model to provide a group of retired and/or unemployed men from culturally and linguistically diverse (CALD) backgrounds with opportunities to develop new skills, reduce their social isolation and increase their self-esteem and sense of purpose in an area of relative social disadvantage.

This paper aims to contribute evidence on the types of outcomes for men's health and well-being that can be achieved and measured through their participation in a Men's Shed.

Evaluation: The evaluation used a Participatory Action Research (PAR) process including a variety of data collection tools to examine the project processes and outcomes.

Results: The evaluation showed that as a result of their involvement in the project the men increased their sense of purpose, self worth and self confidence. They also broadened their social networks and increased their skill levels.

Conclusions: The BHMP evaluation highlighted lessons on the implementation and effects of an all-male social support network and the domains of outcome measurement that would be useful in health promotion programs targeting men from culturally diverse backgrounds in a socially disadvantaged area.

Dave Fildes
Centre for Health Service Development, University of Wollongong, Wollongong, NSW 2522, Australia

Yona Cass
Health Promotion Service, South Eastern Sydney Illawarra Health, Primrose House, 190 Russell Avenue, Dolls Point, NSW 2219, Australia

Frank Wallner
Healthy Cities Illawarra, Cnr Belmore and Victoria Streets, Wollongong NSW 2500, Australia

Alan Owen
Centre for Health Service Development, University of Wollongong, Wollongong, NSW 2522, Australia

E-mail:
dfildes@uow.edu.au

Online 25 September 2010

Introduction

In May 2010 the Australian Government announced the release of the National Male Health Policy – Building on the Strengths of Australian Males. This Policy, along with the appointment of a Minister responsible for male health, and $16.7 million in funding to help address male health issues, included support for men's sheds through the Australian Men's Sheds Association [1].

The nine supporting documents behind the policy [2] bring together information on the social determinants of health as well as mental and physical health issues with the aim of improving the health of all males and achieving more equity in health outcomes for particular population groups at risk of poor health.

The evidence and the policy framework describe a more understandable picture of what the key health issues are. In terms of health status, Australian men have worse indicators when compared to their female counterparts. They have higher rates of mortality and more serious chronic illnesses than women [3] and are up to four times more likely to commit suicide and suffer from a greater level of mental illness than women [4].

Also, the burdens of distress, disease and premature mortality are not distributed evenly across all groups of men. As the information paper leading up to the Policy pointed

out, men from culturally and linguistically diverse backgrounds (CALD), while benefiting in earlier ages from a ''healthy migrant effect'', have their own needs and challenges in understanding and accessing the Australian health care system and their initial health advantage diminishes with their length of residence [5].

Studies of the key determinants of health and well-being demonstrate the influence of social position, which is shaped by education, occupation, income, gender, ethnicity and race [6]. The policy recommendations of the Marmot Review on health inequalities in the UK, included support for ''locally developed and evidence-based community regeneration programmes that ... remove barriers to community participation and action (and) reduce social isolation'' [6]. Social isolation is understood to have an effect on an individual's well-being in terms of their ability to receive emotional or instrumental support, and this is compounded by the way that barriers to social participation not only result from poor health, they are also a major cause of ill health in all its facets. These connections have been well-articulated by the Commission on Social Determinants of Health [7].

Paid employment is an important factor in the development of social networks, support and a sense of worth, and there is evidence that some men are often unable to imagine themselves without the identities they derive from their employment [8]. From this perspective it is important for men to have a life interest outside of their paid employment. In fact, it is reported that having such an interest also improves the chances of a positive adjustment to changes in their circumstances such as being made redundant [9].

As a result of the better articulation of these links between social connectedness and health and well-being and the recognition of the importance of community participation for successful health promotion initiatives [10], the Men's Shed movement in Australia has gathered momentum. One of the earliest pieces of academic writing on this subject, in the mid 1990s by Dr Leone Earle, identified the Men's Shed as an intrinsic part of Australian heritage and identified its potential as an important communal resource [11].

> ''It is clear that sheds are more than a roofed shelter for storing things. They have a major people dimension and house a major social challenge for community and recreation professionals to devise programmes to make sheds more socially inclusive and productive learning centres'' [11:14].

This potential for the Men's Shed to operate as a communal resource has been recognised and the numbers of these venues are growing in Australia. In 2006 there were reported to be 126 community-based Men's Sheds and more recent figures estimate that the numbers have grown to more than 200 [12].

Typically a Men's Shed is a community organisation where men can enjoy each other's company and where self-worth can be promoted. At the same time skills can be shared and developed and this can have benefits to the individual as well as to the wider community [13]. They are often supported by local churches, community organisations, community health centres or local councils and obtain their funding from government grants, private sponsorship and sales of products made in the shed [14].

For older men these sheds offer the opportunity to make new friends and to form a new retirement identity by offering many of the positive things that paid work offered them [15]. In some cases they can address the issue of ''shedlessness'' experienced by men who, due to changed living arrangements, no longer have access to a private domestic shed [16].

As well as at the policy level, Men's Sheds have been recognised within government programs as a positive approach to men's health and social well-being with a number of departments, including the national Departments of Veteran's Affairs and Families and Community Services, Housing and Indigenous Affairs, providing direct grant funding for some shed programs. The New South Wales (NSW) Men's Health Action Plan 2009–2012 identifies Men's Sheds as an important target group for outreach health service delivery [17]. This is consistent with contemporary health promotion approaches that are collaborative and ''community based'' rather than ''community placed'' [18].

However, the growing policy and practical interest in the Men's Shed strategy has not been matched by research evidence to demonstrate the positive outcomes for men's health and well-being [19]. A recent exception to this was a case study highlighting the experiences

of men participating in a Men's Shed in a small rural town in Victoria. Semi-structured face-to-face interviews with the men revealed that they developed a sense of purpose and positive social relationships and increased their sense of belonging to, and connection with, the community [16].

This paper aims to contribute additional evidence on the types of outcomes for men's health and well-being that can be achieved and measured through their participation in the Building Healthy Men Project and its CALD-orientated Men's Shed.

Background

The Building Healthy Men Project (BHMP) arose from a health needs assessment conducted with the Portuguese community during 2002–2003 by the Illawarra Multicultural Health Service (IMHS) [20]. This needs assessment revealed high levels of depression, idleness and poor self-esteem amongst unemployed Portuguese speaking men. These men linked their sense of worth to the amount and intensity of work they completed. Once they were no longer in paid employment they became idle and lost their sense of purpose and worth. They also had to deal with a series of adjustments in their routines, relationships and life expectations, which many of them found difficult.

The results of the needs assessment prompted Healthy Cities Illawarra (HCI) and the IMHS to submit an application to the Illawarra Area Assistance Scheme to fund a men's project, which in turn led to the development of the BHMP.

Methods

Target Group

The demographic profile of the Wollongong Local Government Area (LGA) is similar to that of NSW as a whole, whereas the project location, adjacent to a large steel industry site, is characterised by relative social disadvantage and a high proportion of people of a non-English speaking background [21]. The project was designed for men aged over 40 years from a CALD background and with trade/labour work histories, who were interested in using and further developing their skills. The men were also unemployed, retired or had been retrenched, and they resided in the Central and Southern Suburbs of the Wollongong LGA.

The Program

The men's shed operated on Fridays for a 2 year period from August 2005. A total of 15 men participated in the project throughout the project's lifespan. The project provided the shed space, tools and materials. In terms of personnel, the project was supported by a community cultural arts worker, a multicultural health worker and casual trainers as required and was also overseen by a project management committee and an evaluation team.

The work undertaken in the BHMP was structured and group-based. Considerable efforts were made to allow discussion and reflection by both the facilitators and the group members. The group-based nature of the program led to the design of activities in which the men worked as a team in creating common pieces of work rather than individual objects. These activities allowed the men to work individually but ultimately the individual components of their work were brought together into one common piece. It was anticipated that the work produced by the men would reflect local perspectives and the varied cultural heritage of the participants.

Recruitment of participants

Referrals of suitable men who might be interested in the BHMP were sought from the IMHS. A relationship was also established with Centrelink and a referral process established that identified men of the target age who were seeking disability pensions.

Each man referred to the BHMP was interviewed by the multicultural health worker to screen prospective participants and provide them with information about the BHMP, as well as to obtain baseline information about their circumstances.

The evaluation

The evaluation methodology was based upon a modified version of Participatory Action Research (PAR) [18], as it encouraged communication between the men participating in the project and provided the most useful mechanism to evaluate the BHMP. To comply with the guidelines of PAR the men should have been involved in the research design. However, in

practice, the BHMP participants were only involved in a limited extent with the research design. The evaluation team made decisions regarding the overall structure of the evaluation and the men and facilitators were involved in making decisions about the acceptability and feasibility of the different types of data collection.

The BHMP used a variety of data collection tools to describe the process of developing and implementing the project and to assess the effect it had on the men's lives. The evaluation tools discussed in this paper include:

- Semi-structured interviews with participants at the start to screen potential participants on a variety of health, social and well-being characteristics, at project mid and end-points and with relatives as well as exit interviews where men left the program before its end. The initial screening interviews were carried out by the multicultural health worker employed by the project. All other interviews were carried out by a member of the evaluation team.
- Weekly BHMP journals completed by the project facilitators.

Measuring community participation and capacity building

Bjara et al. undertook research in the early 1990s in an attempt to investigate the processes that influence participation in a community-wide intervention program. They used five indicators that they believed strongly influenced the community participation process [22].

Since then, more research into community empowerment has been carried out by Labonte & Laverack in which an attempt has been made to measure community capacity outcomes. That work identified nine operational domains that represented the areas of influence which maximised the utilisation and effectiveness of the process of community empowerment [23].

The evaluation group adapted these earlier works and used eight indicators to measure community participation and capacity. A six point Likert scale was then developed to measure outcomes in each of the eight indicators. The indicators, together with the recommended ''scoring'' strategy, are outlined in Table 1.

The evaluation was granted ethical approval from the Human Research Ethics Committee of the University of Wollongong/South East Sydney Illawarra Area Health Service.

Data analysis

Qualitative data from interviews with the men and their relatives, together with the project facilitators' diaries, were analysed by the project's evaluation group guided by the work of Miles & Huberman [24] and from the unpublished workshop notes of Rosalind Hurworth [25]. Quantitative data on the eight domains of community participation and capacity building were entered into a Microsoft Excel spread sheet and analysed using SPSS.

Results

Study participants

Initially, 9 men were recruited and each of these starters participated in the evaluation process for the 2 year period that the project was funded. A further 6 men were referred during the life of the project but did not participate in the evaluation activities.

Five of the original 9 men that participated in the evaluation activities came from a Portuguese background; one man identified as Greek, one as Macedonian, one as Serbian and one as Anglo-Saxon. The average age of the men was 54 years with a range from 41 to 62 years. Two of the men were unemployed and seven were on one or more pension schemes e.g. disability, invalid and/or WorkCover. Seven of the nine men lived with a wife. Four of them had children that lived with them. Two men lived alone.

Baseline interviews

The baseline interviews with all nine of the men revealed an array of health conditions and social issues. All of the men were on some kind of medication and all saw a doctor or specialist on a regular basis. Seven indicated that their futures had nothing to offer and six of them reported feeling socially isolated with no one to confide in. All of the men indicated that their daily activities were limited due to financial pressures. These results were consistent with the needs assessment of the Portu-

Table 1 Measuring community participation and capacity

Domain	Narrow (score 1 or 2)	Medium (score 3 or 4)	Wide (score 5 or 6)
Transfer of skills and knowledge	Men cautious in trying new activities, lacking confidence in personal skills, not sharing skills	Men more willing to engage in new tasks, men recognising their abilities and sharing them	Men keen to be involved in new tasks, men share skills and are confident in the abilities they have
Self direction	Individual men's projects are facilitated by the project facilitators	Men able to monitor their progress on their project and identify areas of personal interest	Men are setting their own goals and identify future projects for themselves
Group cohesion	Men work individually	Men willing to volunteer and work on joint projects	Men are working effectively in groups
Communication and connectedness	Men do not communicate with each other	Small group discussions and conversations during tea/coffee breaks	Men see each other socially outside the group meetings
Link with outside groups/organisations	Men not accessing similar initiatives in community organisations/ outside groups	Men willing to get involved in similar initiatives facilitated by community organisations/outside groups	Men regularly access similar initiatives in community organisations and are actively involved with outside groups
Leadership	Facilitators provide direction for the group	Facilitators and group members decide on direction for the group	Direction of group is determined by members interests
Organisation	Programs/activities arranged and run by the facilitators	Facilitators and group members collectively arrange and run programs/activities	Group members arrange and run programs/activities
Problem solving	Group members are unable to solve practical problems and require the guidance of project facilitators	Group members can solve problems in consultation with the facilitators	Group members are able to focus on a problem and reach a satisfactory conclusion

Adapted from Bjaras et al (1991) [22] and Labonte & Laverack (2001) [23].

guese community conducted during 2002–2003 by the IMHS [20].

Changes reported by the men

The mid and end-point interviews revealed that all participants had learned new skills, as summed up by one of the men who commented:

> ''I believe I have learned new skills and like doing so. The whole thing has been fun. It has been a good way to pass time. Men need to feel good about themselves and this is a good way to feel good. When I left work I felt 'closed up', since coming to the shed things have improved. I feel more comfortable and relaxed''.

Interviews with the men's partners confirmed that the skills learned and developed in the BHMP had given their men a sense of satisfaction and encouragement to develop new interests.

The data provided by the project facilitators relating to ''transfer of skills and knowledge'' within the eight domains of community capacity building show that, overall, the men were keen to be involved in new tasks and, as time developed, became confident enough to share their skills with others (see Fig. 1).

The interviews with relatives revealed that the men showed a sense of pride and satisfaction with their work and were generally keen to show off the products of their labours to friends and family, as described by one of the men's partners:

> ''The first time he brought [the] mosaic table home he put it in the middle of the room and was smiling. . .the same with the majolica pictures he made for me''.

Five of the partners indicated that they felt that their men were happier and as a result had witnessed improvements in their relationships:

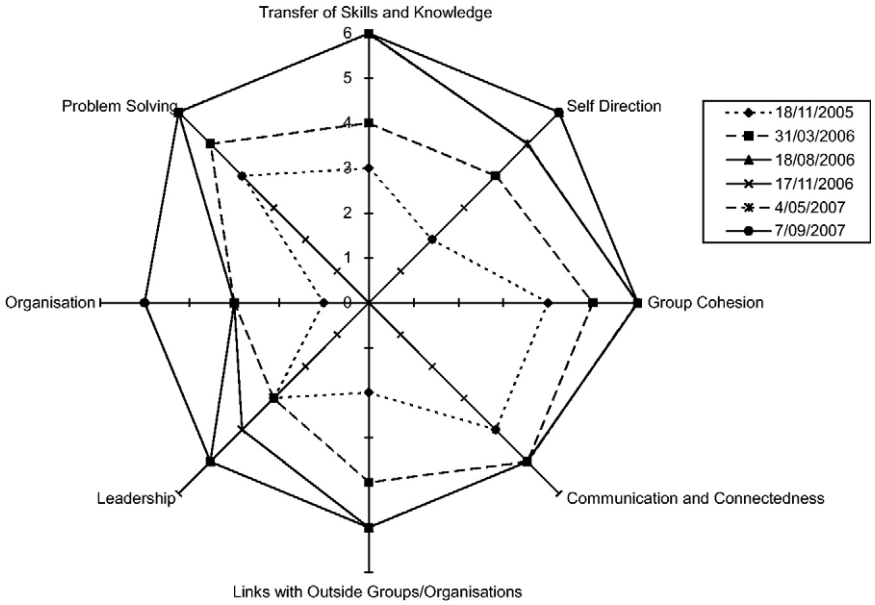

Fig. 1 The eight domains of community capacity.

"It has made our relationship better. Before he was helping, but now he is helping more with jobs around the house".

The weekly facilitators' diaries revealed that by the second year of the BHMP the men started to initiate new activities. Two of the men requested information on referral to TAFE courses in English and one in welding and two of the men managed to find paid employment whilst participating in the BHMP. One of the men was asked to take on facilitator duties following the retirement of one of the original group facilitators.

Interviews with the men revealed that all of the men got on well with other members of the group and they all enjoyed working in a group situation, however one man indicated that on occasions the cultural differences between the men created some barriers. There was evidence that participating in the BHMP changed patterns of recreational/social activities:

"I was more at home before. . .closed in at home. . .now starting to come out and feeling more open. I have the spirit to socialise."

The relatives' interviews confirmed that four of the men socialised with other members of the group outside the shed environment.

The weekly facilitators' journals revealed that the men tended to cluster in groups according to cultural background, but this did not affect the men's willingness to help each other with practical skills. The facilitators also noted that over time individual friendships were developing and group cohesion, as recorded in the assessment of community capacity, was also strong. By the second year it was apparent that strong friendships were emerging between the men and they began to initiate socialising together outside of the organised group meetings.

Unexpected Outcomes

The interviews revealed that six of the men reported an improvement in their overall health status since joining the group. Three who had an identified mental health issue observed a continued improvement in their mental health status and reported seeing their specialist or doctor less frequently and each said that the BHMP had given them a new focus in their lives and that they had a more positive outlook for the future.

"[I] feel better now in relation to suicidal thoughts. . .[I] feel as though I am moving away from the black hole".
"My health has improved. . .I used to stay at home and not go out much. . .now I go out more and more...I am more sociable and my health has improved".
"Before I expected to work until my 60s now have back problem and finish up

early...feel quite comfortable...children grown up...my future now is to work with the group and become more sociable''

Conclusion/Discussion

The growing policy and interest in the Men's Shed strategy has so far not been matched by research evidence to demonstrate the positive outcomes for men's health and well-being [26]. This paper provides evidence on the type of positive outcomes that can be achieved by this strategy. The BHMP project outcomes are consistent with the results achieved in the Victorian study [17]. In addition, this paper demonstrates that men's sheds can be adapted for the specific needs of disadvantaged CALD men from a variety of backgrounds.

By design, the number of men involved in the BHMP was small, and it took place in a relatively isolated setting. However, the evaluation demonstrated improvements in a variety of social determinants that have been positively linked to men's health and well being [6,7], as well as a perceived improvement in the men's overall health status. The men have learned new skills, they socialised with each other outside the organised group meetings and some reported an improvement in their health status. The positive improvement in the measurement of the men's community participation and capacity is also encouraging (see Figure 1). These outcomes are consistent with the results achieved in a small rural town in Victoria [16].

The feedback on the PAR evaluation process was positive. Transcripts from the interviews showed that the men felt that they had a say in what the group did and that they all regarded the atmosphere within the shed as encouraging and supportive.

The relaxed environment of the group, the skills of the facilitators and the rapport built with the men played an important role in the success of the project. The cultural competence of one of the facilitators was important during the early stages of the project, and speaking a common language helped build trust. However, over time as the project progressed and relationships developed, this attribute became less important.

Being explicit about mutual support was a major factor contributing to the success of the project, as was the way in which the men provided each other with emotional support and help to feel more connected and less isolated. The community focus of the projects they undertook provided the men with opportunities for developing new skills and seeing the results of their labour made the men proud of their work and built their self-esteem.

The BHMP evaluation provided lessons on implementing an all-male social support network and the potential of these networks in the development of health promotion programs targeting men from a culturally diverse background. Certainly the BHMP has had some very important outcomes for the men involved, not least in their mental health.

The lessons for similar projects are that measures of health status, self-esteem and social connectedness are useful, and these measures could use standardised tools as well as interviews. However, the evaluation methods need to be participatory. The participants need to be recognised as people from disadvantaged backgrounds who are gaining more control over their own circumstances [27].

We believe this paper represents the first published research that attempts to measure health and well-being outcomes for CALD men involved in a men's shed. Given our findings on the results of the BHMP, the benefits to this group are measurable and these types of gains could be reproduced elsewhere.

Acknowledgements

The authors would like to thank Karen Tavener-Smith, Alexandre Goncalves, Kim Williams and Caitlin Marshall.

References

[1] Snowdon W., MP. Wake up call on men's health. 2010. Available at: http://www.warrensnowdon.com/media/wake-up-call-on-men-s-health/. [Accessed August 21, 2010].

[2] Australian Government. National Male Health Policy. Updated May 6, 2010. Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/national+mens+health-1. [Accessed August 21, 2010].

[3] Australian Institute of Health and Welfare. Australia's Health 2006. Available at: Available from: http://www.aihw.gov.au/publications/index.cfm/title/10321. [Accessed January 15, 2007].

[4] Australian Bureau of Statistics. Suicides, Australia, 1994 to 2004. Updated March 14, 2008. Available at: http://www.abs.gov.au/AUSSTATS/abs@.nsf/Productsby Catalogue/7A5013A2773B6167CA2570A6008230C8?OpenDocument. [Accessed January 15, 2007].
[5] Australian Government. Development of a National Men's Health Policy: An Information Paper, Section 7 e iii. Culturally and Linguistically Diverse Men. Updated April 21, 2009. Available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/mhip-09~mhip-09-ch7~mhip-09-ch7-5~mhip-09-ch7-5-3. [Accessed August 21, 2010].
[6] Global Health Equity Group. Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England post-2010 (The Marmot Review). Available at: http://www.ucl.ac.uk/gheg/marmotreview. [Accessed August 21, 2010].
[7] Commission on Social Determinants of Heath. Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health – Final Report. Available at: http://www.who.int/social_determinants/thecommission/finalreport/en/index. html. [Accessed August 21, 2010].
[8] Probert B. The social shaping of work: struggles over new boundaries. Pp. 5-27 in Saunders P, Eardley T, editors. States, Markets, Communities: Remapping the Boundaries. No. 136. Sydney: SPRC Reports & Proceedings; 1997.
[9] Hamilton-Smith E. Health and meaning: mates, mania, motion and mood. In: Men's Health: The Forgotten Issue?: A Book for All Health Care Workers Involved in the Promotion of Men's Health Across the Lifespan. Melbourne: Ausmed; 1993.
[10] Lindstrom M. Ethnic differences in social participation and social capital in Malmo, Sweden: a population-based study. Soc Sci Med 2005;60:1527–46.
[11] Earle l. Earle T, von Mering O. Sheds and male retirement: the place to go. . .and come back from. Aust 'Leisure for Pleasure' J 1996;1(1):5–19.
[12] Golding B, Brown M, Harvey J, Gleeson L. Men's Sheds in Australia: Learning Through Community Contexts. Adelaide: National Centre for Vocational Education Research; 2007.
[13] Mensheds. What is a Men's Shed? Available at: http://ironbarkcountry.breezecentral.com/p39869527/. [Accessed Sep 23, 2005].
[14] Morgan M, Hayes R, Williamson M, Ford C. Men's Sheds: a community approach to promoting mental health and well-being. Int J Health Prom 2007;9(3):48–52.
[15] Brown AJ. Men, Mates and Sheds. First Men's Sheds Conference; Nov 10-11, 2005. Lakes Entrance. Proceedings available at: http://www.mensshed.org/Slides%20Presentation.htm .
[16] Ballinger ML, Talbot LA, Verrinder GK. More than a place to do woodwork: a case study of a community-based Men's Shed. jmh 2009;6(1):20–7.
[17] NSW Health. Men's Health Plan 2009-2012. December 2008. Available at: http://www.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_077.pdf. [Accessed Feb 11, 2009].
[18] Minkler M, Wallerstein N. Introduction to community based participatory research. In: Minkler M, Wallerstein N, editors. Community-based Participatory Research for Health. San Francisco: Jossey-Bass; 2003.
[19] Laverack G. Improving health outcomes through community empowerment: a review of the literature. Int J Health Popul Nutr 2006;24(1):113–20.
[20] Goncalves A. Men Ageing Well: Portuguese men and the transition from a work centred sense of the self, to a life interest and relationship centred, sense of the self. Sydney: Illawarra Health Multicultural Services; 2003.
[21] South East Sydney Illawarra Area Health Service. About Us: Demographics. Available at: http://www.sesiahs.health.nsw.gov.au/about_us/demographics.asp. [Accessed Aug 21, 2010].
[22] Bjaras G, Haglund B, Rifkin S. A new approach to community participation assessment. Health Promot Int 1991;6(3):199–206.
[23] Labonte R, Laverack G. Capacity building in health promotion. Part 2: Whose use? And with what measure? Crit Public Health 2001;11(2):129–38.
[24] Miles MB, Huberman AM. Qualitative Data Analysis: An Expanded Source Book. Thousand Oaks: Sage Publications; 1994.
[25] Hurworth R. Course Notes for the 18th Australian Consortium for Social and Political Research Summer Program in Social Research Methods and Research Technology. Canberra: The Australian National University; 4th–15th Feb 2002.
[26] Misan G, Haren M, Ledo V. Men's Sheds – A Strategy to Improve Men's Health. Available at: http://sgrhs.unisa.edu.au/resources/DocCentre/Dnld_Pubs/R%26E/Mensheds_Report_Misan.pdf. [Accessed Dec 21, 2009].
[27] Mays N, Pope C. Qualitative research in health care. Assessing quality in qualitative research. Br Med J 2000;320:50–2.