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Title	An evaluation of the experiences of the participants of a Men's Shed in County Cork
Author(s)	Daly-Bütz, Jacqueline
Publication date	2015-05
Original citation	Daly-Bütz, J. (2015) An evaluation of the experiences of the participants of a Men's Shed in County Cork. Cork: Community-Academic Research Links, University College Cork.
Type of publication	Report
Link to publisher's version	https://www.ucc.ie/en/scishop/r/ Access to the full text of the published version may require a subscription.
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*‘An Evaluation of the Experiences of the Participants of a Men’s Shed in
County Cork’*

Jacqueline Daly-Bütz

CARL Research Project



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Date completed:	May, 2015

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CARL seeks to:

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- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

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*‘An Evaluation of the Experiences of the Participants of a Men’s Shed in
County Cork’*

By

Student Number: 111705795



Degree of the National University of Ireland, Cork

Bachelor of Social Work (BSW)

May 2015

Tutor: Lydia Sapouna

EXECUTIVE SUMMARY

BACKGROUND TO THE STUDY

Men appear to be struggling to adapt to life-changes and they seem more at risk to experiencing social isolation. Men's physical health is not improving, neither is their mental and emotional health. While the recent nationwide survey on Men's Sheds¹ was undertaken with focus on the organization as a forum for men's access to further education, there is a gap in the research in examining Men's Sheds as a forum in the context of men's health.

RESEARCH AIM

In conjunction with UCC's CARL² project and the community-based organization of a Men's Shed, the aim of the study, as determined by the organization, was to examine 'if participation in a Men's Shed has the potential to help men with social exclusion and provide a centre of activity, where men can make a contribution to their local community in a practical and social manner'. The researcher was to gather data pertinent to two areas of insight: (a) why do men participate in a Men's Shed and (b) what are the benefits gained by participating in the organization?

METHOD

In adherence to the requirements of engaging in a CARL project, a participatory research framework was employed by utilizing participant's experiences of the organization of a Men's Shed within their local community. The collection of data using quantitative and qualitative research methods yielded information from a total of 35 participants via semi-structured interviews and the distribution of likert-type scale questionnaires. The data were personally transcribed, coded and analysed using thematic analysis in adherence to Braun & Clarke's '15-Point Checklist of Criteria for Good Thematic Analysis' (Braun & Clarke, 2006, p.36).

KEY FINDINGS

Men's Sheds have the potential to help men with social exclusion as men gravitate towards the organization for the purpose of integration within their community. The organization provides a link to promoting positive mental health and wellbeing. The highest 'categories' of men to participate in this research are retired (51%) or unemployed (25%). The research findings identified (a) why men participate in a Men's Shed and (b) as a result of participating, what are the benefits gained. The following thematic results emerged:

Companionship

- (a) Men joined the Men's Shed for the purpose of meeting with other men, to make new friends and enjoy the 'cuppa' and the chat.
- (b) As a result of participating, men stated they felt happier by having a place like Men's Sheds to go to.

¹ Men's Sheds are a community-based organization which originated in Australia to advance the health and wellbeing of men (www.mensshed.org/home.aspx, 2014). The organization was established in Ireland in 2009 (www.menssheds.ie, 2015).

² Community Academic Link Research (CARL). The author expressed interest in undertaking a participatory project. Following student selection criteria, the author was accepted as a suitable candidate to engage in this research. The participants for the research were identified by the 'CARL' project.

Create Projects, Share Knowledge & Skills

- (a) Men joined the Men's Shed to be involved in creating projects with other men, to share their knowledge and skills, and learn new skills.
- (b) As a result of participating, men stated they felt privileged to have the organization as a place which provided them with the opportunity to learn new skills, share their knowledge and skills, and felt they could mentor other men on projects of interest to them.

Access Health Information

- (a) Men joined the Men's Shed for the purpose of learning about men's health issues through informal discussion with fellow 'shedders'.
- (b) As a result of participating, men felt that they were provided with the opportunities to access health information by informal discussion on health-matters with other men.

Community

- (a) Men joined the Men's Shed to engage in projects in the community and to 'give something back' to the community.
- (b) As a result of participating, men felt more involved in their community and felt they were viewed by others as a person who makes a contribution and makes a difference to their community.

'Sense of Self'

- (a) Men joined the Men's Shed to gain a sense of purpose and meaning in their life.
- (b) As a result of participating, men felt they had a better understanding of who they are. Men stated that they felt the shed provided them with a sense of identity, they felt they were more confident, more 'at ease' with their life and its direction, and more empowered about making decisions which affected their lives.

RECOMMENDATIONS

- Promote a positive image of addressing men's health, including advertising and dialogue around the benefits of participating in a Men's Shed for positive mental health and wellbeing.
- Consideration be given for men to work longer into retirement and establish the provision of flexible employment options.
- As reiterated by the 'shedders', "Men's Sheds need to be properly recognized by the government departments and more funding made available. Perhaps, future research could equate or put a monetary value on what the organization of Men's Sheds saves the State"?
- Going forward, "the organization of the Men's Sheds need to consider the best way to run the Men's Sheds - is it the men via a committee or perhaps an employed facilitator, thus creating a no pressure environment for the men with no administration issues"?

Declaration Form

University College Cork

Title of Dissertation

‘An Evaluation of the Experiences of the Participants of a Men’s Shed in County Cork’

I declare that the content of this dissertation is all my own work. Where the work of others has been used to argument my research, it has been referenced accordingly.

Student Number: 111705795

Signed: _____

Date: _____

Acknowledgments

This research is dedicated to the memory of my parents, whose guiding spirits helped me to cross the finish line.

I acknowledge, firstly, the men who participated in this research. Thank you 'shedders' for your time, efforts and honesty. I hope my research will capture the importance of the Men's Sheds in your lives.

Appreciation goes to all of my UCC lecturers, the BSW team and to Ger Mannix who performs the 'duties of the office' with admirable hospitality. Particular gratitude goes to my lecturers Lydia Sapouna and Simone McCaughren who advised me when 'to stand back' from the work and when to 'let it go'. Both exhibited tremendous support, encouragement and great kindness during my times of distress and self-doubt.

Thanks to my classmates who taught me to further appreciate and value diversity - 'there was great learning in that'. For my friends who shared their knowledge, lit candles and gave me a helping hand 'when I found myself in times of trouble' and more importantly, understood when to just 'let me be'.

While I acknowledge and am grateful for my own 'internal resources' which helped me through the challenges, it was the support and reassurance of my husband, daughter and son who made the load a little lighter along the way.

“There Is Nothing So Powerful as an Idea Whose Time Has Come”

(Victor Hugo)



shed happens

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³ See limitations section 2.7

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CHAPTER ONE INTRODUCTION

1.1 Introduction

This chapter presents the title of the research and provides an introduction to the overall study. Its contents include the rationale, research question, research aim and the theoretical perspectives of which this research is presented from. The chapter concludes with a brief outline of subsequent chapters.

1.2 Title

An evaluation of the experiences of the participants of a Men's Shed in County Cork.

1.3 Introduction to the Study

It must be recognized that Ireland's boom economy "represented something new in Ireland, with a huge expansion of employment and unprecedented levels of economic investment" (Prenderville, 2013, p.1). However, such was short-lived as the demise of the Celtic Tiger⁴ brought with it mass levels of destruction not only to Ireland's economic status, but to the detriment of its citizens. Within the past decade alone, it is evidenced that the increased levels of unemployment, divorce, separation and family diversification have negatively impacted on men's mental health and wellbeing. Men are living more increasingly isolated lives and the rate of death by suicide of young males is amongst the highest within the EU (Richardson et al., 2013). Undeniably, the aftermath of the economic downturn produced a recessionary state which has resulted in the deterioration of men's mental health and wellbeing. With many of Ireland's citizens caught between the affluence of the boom and the detriments of landing with an economic bang, as Corcoran identified in *Uncertain Ireland* "there is a sense in which the country is not quite sure where it is at, never mind where it is headed" (Corcoran, 2006, p.3).

As a result of the unemployment rate to specifically affect men, the shift in the 'traditional' masculine role as primary breadwinner no longer prevails. With an increase in the levels of women partaking in work outside the home environs, men are engaging more in the duties of family life as stay-home husbands, fathers, partners and carers. Disengaging from the traditional role is identified as being particularly difficult for the older populace who have primarily lived their lives based on 'traditional' masculine values as the primary wage-earner. While such a shift presents as progressive for women, it is evidenced that this 'role-exit' has created an identity crisis for men (Macionis, 2011). This distribution of economic, domestic and social responsibilities has impacted negatively on men's mental health and wellbeing and diminished their sense of purpose and meaning (Morgan et al., 2007).

With the increase in Ireland's ageing population, yet retirement set to a fixed age, men are forced to exit the labour market sooner than they need or want to and as a result, men appear to have more time on their hands. Yet, it is evidenced that the loss of work, structure, routine and the reduction in familiar social networks and supports has advanced men's levels of psychological distress and precipitated men living more increasingly isolated lives (Butterworth et al., 2006). One organization to recognize and address such issues is that of the Men's Sheds. Originating in Australia, the Men's Shed movement plunged onto Irish soil in 2009 and the

⁴ Celtic Tiger is the term used for Ireland's boom-time economy which ended in 2008 as a result of the economic crash.

upsurge of its development has spread swiftly across the nation with its purpose set to accommodate men with time on their hands to have a place to go. The organization identified that men appear to be struggling to adapt to the aforementioned life-stressors and that their physical health is not improving, neither is their mental and emotional health, and men appear more at risk to experiencing social isolation (www.menssheds.ie, 2011). Men's Shed is identified as:

Any community-based, non-commercial organisation which is open to all men where the primary activity is the provision of a safe, friendly and inclusive environment where men are able to gather and/or work on meaningful projects at their own pace, in their own time and in the company of other men and where the primary objective is to advance the health and well-being of the participating men (www.menssheds.ie, 2011).

1.4 Rationale for the Study

While a recent nationwide survey on Men's Sheds was undertaken with focus on the organization as a forum for men's access to further education, the rationale for this research, in conjunction with UCC's CARL project and a Men's Shed in County Cork, is to examine Men's Sheds as a forum in the context of advancing men's health and wellbeing.

1.5 Research Question

Does participation in a Men's Shed have the potential to advance the health and wellbeing of its participants, help men with social exclusion and provide a centre of activity and offer a place where men can make a contribution to their local community in a practical and social manner?

1.6 Research Aim

The aim of this small-scale study, based on the research question, is to collect data through participative research and examine (a) why do men participate in Men's Sheds and (b) what are the benefits gained as a result of participation?

1.7 Theoretical Perspectives

1.7.1 From a Social Work Perspective

Living in a rural community, the researcher has personally observed the knock-on effects of the demise of the Celtic Tiger to specifically affect men's mental health and wellbeing. Other life-stressors have augmented the levels of men experiencing distress and further advanced men living more increasingly isolated lives. As a future social work practitioner, the researcher strives to promote the social model of mental health, thus, "look at the world that can see connections between the apparently private problems of the individual and important social issues" (Scott & Marshall, 2009, p.476). Examining the research from a sociological perspective and to reference the work of C. Wright Mills in the writings of the *Sociological Imagination*, the researcher endeavours to adhere to the principles of the profession as one which advocates for human rights, "having as its basic tenet the intrinsic value of every human being, and as one of its main aims the promotion of equitable social structures which can offer all citizens security and an opportunity to contribute and to be valued" (www.iasw.ie, 2014, p.1).

1.7.2 From a Personal Viewpoint

I⁵ lived with and supported a family member experiencing severe panic attacks and bouts of depression which she termed as ‘having the flu’. Blaming herself for ‘catching that flu again’, coupled with the deep-rooted shame and stigma of experiencing mental health problems, further increased the intensity of her distress. Such distress was as a result of changes in her life to include the sudden death of her husband of whom she was married to for over fifty years, the death of her daughter and the agony of coping with many stressful situations which comes with rearing a large family. The very word ‘mental’, in any shape or form, was not alluded to. Such a term denoted nothing but negativity as historically institutionalisation and medication for the ‘mentally ill’ was the common ‘cure’. She lived with the dread of being ‘labelled’, the fear of ‘being sent away somewhere to get cured’ as well as with the worry of our neighbours finding out. Hiding in the shadows of the shame of ‘having the flu’ is what my loving family member did for many years. She now rests in peace.

While I feel that how ‘society’ views and associates with people who experience mental health problems is in the process of transformation, it is with hope that the stigma attached to mental distress will not take generations to subside. I don’t favour labels. I am a human being who lives in a ‘community’ in a ‘society’ seeking to be valued for just being me.

1.8 Overview of Subsequent Chapters

Chapter Two: elucidates the methodology, research design and data analysis employed by the researcher. Ethical considerations and limitations to the research are addressed.

Chapter Three: extensively examines the literature pertinent to factors which impact on men’s mental health and wellbeing. Such factors include the effects of unemployment, retirement and the devastating effects of isolation. The sociological construct of gender, role diversification and the Theory of Masculinity will be discussed. Men’s help-seeking attitude is identified and the policy of *A Vision for Change* and Ireland’s *National Men’s Health Policy* (NMHP) document is summarized. The importance of social supports will be addressed in relation to Ireland’s shift from a ‘gemeinschaft’ to a ‘gesellschaft’ society. The chapter concludes with an in-depth literature review of the organization of Men’s Sheds.

Chapter Four: presents visual findings of the research, thematic analysis and an in-depth discussion of same.

Chapter Five: concludes the overall study with key findings and recommendations. A reflective final discussion concludes this research study.

1.9 Chapter Conclusion

The researcher introduced the study presenting the research title, followed by an introduction to the overall study to include a definition of the organization of Men’s Sheds. The author detailed the rationale for the study, the research question and aim. A theoretical framework was provided which included both a social work perspective and the student’s personal interest in undertaking the research. An overview of subsequent chapters concludes chapter one.

⁵ For this section, the researcher chooses to use the word ‘I’ as this is a personal narrative. However, for the remaining work, the study will be presented with reference to ‘I’ as the researcher, author, student or interviewer.

CHAPTER TWO METHODOLOGY

2.1 Introduction

This chapter elucidates the methodology, research design and data analysis employed by the researcher. The rationale for employing mixed methods (triangulation) is identified. Primary research pertained to semi-structured interviews⁶ and questionnaires⁷. An in-depth literature review accommodated the student's secondary research. Data collection methods and data analysis will be discussed as will the ethical considerations and limitations of the research.

2.2. Participatory Approach

As this study pertained to a Community Academic Research Link (CARL) project, the theoretical framework of a participatory approach provided the student with a grassroots understanding of the research aims and objectives. As identified by Strand, et al, community-based research involves the student, the college and the community to cooperate together to resolve a community issue (Strand et al., 2003). The author identified that participatory research differs from that of conventional studies with three particular attributes of distinction: "shared ownership of research projects; community-based analysis of social problems and an orientation towards community action" (Kemmis & McTaggart, 2008, p.273).

2.2.1 A Shift in the Collection of Data⁸

While the 'CARL Shed' was the main source of research, a shift to extend the study to include a broader cohort of participants occurred following discussion with the Shed's facilitator. The distribution of questionnaires was decided as the best approach to gathering data in a limited time period. Such provided opportunities to engage other participants of Men's Sheds in the research. The distribution of questionnaires to two other Cork-based Men's Sheds was via the author's selection. Permission was aptly sought and granted from the IMSA⁹, the CARL coordinator and the student's tutor. The total number of participants in the study was 35: 8 semi-structured interviews and 9 questionnaires yielded information from the CARL Shed, while 18 questionnaires yielded information from the two other Men's Sheds.

2.3 Triangulation

Triangulation "refers to the injunction to check pieces of information against at least one other independent source before regarding them as credible" (May, 2001, p.189). Employing more than one method of data collection, therefore, facilitated the researcher to cross-check the data, identify similarities and disparities, "resulting in greater confidence in the findings" (Bryman, 2001, p.274). Robson (2011) clarified triangulation as "a valuable and widely used strategy involving the use of multiple sources to enhance the rigour of the

⁶ Appendix

⁷ Appendix

⁸ See limitations section 2.7

⁹ Irish Men's Shed Association

research” (Robson, 2011, p.158). Such was reiterated by Denzin & Lincoln, whereby “the use of multiple methods reflects an attempt to secure an in-depth understanding of the phenomenon in question” (Denzin & Lincoln, 2008, p.7). The student was aware, however, of the debates regarding the suitability of such methods, i.e. ‘epistemological version’ identified that “combining quantitative and qualitative research is not possible as both the epistemological and ontological principles are incompatible” (ibid, p. 158). As Carey explained, the theory of knowledge (epistemology) refers to the different types of knowledge that exist in the social world, whereas, the principles of ontology reflect the nature of social reality and what the researcher understands that reality to be (Carey, 2009). Choosing to employ such methods of triangulation, however, confirmed to the researcher that “a ‘technical version’ gives greater prominence to the strengths of the data-collection and data-analysis techniques with which quantitative and qualitative research are each associated and sees these as capable of being fused” (Bryman, 2001, p.446).

2.3.1 Qualitative and Quantitative Research

Qualitative research methods are designed for data collection by way of interviews, identified as “a research strategy that usually emphasizes words rather than quantification in the collection or analysis of data” (Bryman, 2001, p.20). Such methods are inductive, which seeks to discover – not test (deductive). This method is most associated with “the study of things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them” (ibid., p. 20). Tuli (2011) identified employment of this research method as one which is under-pinned by interpretive epistemology and constructionist ontology (Tuli, 2011). Applying this type of research as a student of social work, allowed the author to shift from a ‘one size fits all’ style of research to utilizing research methods with “greater focus on individual accounts” (Corby, 2006, p.89). Qualitative research allowed the researcher the opportunities to form a relationship with the interviewee (sample). However, the author understood that a critique of this method is that “interpretation is profoundly influenced by the subjective leanings of the researcher” (Bryman, 2001, p.405). Qualitative research is less rigid (anti-positivist/interpretive paradigm) than that of quantitative/normative research. Employment of quantitative research (deductive positivist research) is more applicable with sampling on a broad-based macro-level, primarily utilized to present statistical numerical data from questionnaires.

2.3.2 Sampling Strategies

A sample is a small group of research participants, whereby sampling facilitates the study of a relatively small number of units (Carey, 2009). The researcher adopted varying sampling strategies during different stages of the study in order to maximize opportunities for comparative analysis. The student utilized both *stratified purposive sampling* and *purposive sampling* (Patton, 2002). The former focussed the researcher to “just gather enough people to be able to collect sufficient data and, more importantly, begin to interpret, explore and understand the topic under investigation” (Carey, 2009, p.41). The latter identifies that “the sample units have particular features or characteristics which will enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study” (Ritchie et al., 2006, p.78). This hybrid approach permitted the researcher “to select groups that display variation on a particular phenomenon but each of which is fairly homogeneous, so that subgroups can be compared” (ibid, p.79).

2.4 Data Collection Methods

2.4.1 Sample Group for Interviews

The researcher was provided with a profile of eight interviewees (sample), identified by the CARL Shed facilitator to engage in the interviews. Questionnaires were distributed to other members of the CARL Shed who wished to participate in the study. A definitive meeting arrangement was set by the facilitator, the interviewees and the interviewer. The research took place ‘on site’ at the Men’s Shed during regular opening hours which accommodated the participant’s routine and provided a familiar and informal setting. The researcher provided the interviewees with a consent form¹⁰, which sought approval to record the interviews using the researcher’s personal Dictaphone. Prior to engaging in the interviews, the researcher prepared a pilot interview guide which provided a framework to work from. Identifying some repetition, amendments to the guide followed as per the suggestion of the tutor. The researcher presented the participants with the amended guide which included “a small number of open-ended questions, the answers to which were carefully probed by the interviewer for elaboration” (Payne & Payne, 2004). The interviews were conversational in nature, whereby the respondent was participative, thus, engaged in almost all of the talking (Babbie, 2007). The researcher felt confident that the environment was conducive to conducting research which “yielded rich insights into people’s biographies, experiences, opinions, values, aspirations, attitudes and feelings” (May, 2001, p.131).

2.4.2 Semi-structured Interviews

The researcher determined that structured interviews would be far too rigid as they “tend to focus only on the gathering of factual information, allowing little opportunity for respondents to talk more freely” (Corby, 2006, p.58). Throughout the course of the BSW degree, the student was commended for use of good interpersonal skills. As Payne clarified, interviewing relies on the interpersonal skills and knowledge of the researcher as an initiator of topics, as opposed to reliance on a carefully-worded questionnaire (Payne & Payne, 2004). The choice to conduct semi-structured interviews in the context of CARL’s participatory research therefore appealed to the student. Furthermore, employment of this method permitted the researcher to gain a deeper understanding of human behaviour and experiences, allowing some latitude yet still provided structure within an organic and interactive approach, enabling more discussion on the research topic (Casey, 2009).

2.4.3 Questionnaires

A cover letter¹¹ accompanied the questionnaires which identified the researcher and the aim of the study. The format of the questionnaire was influenced by the first ever nationwide study on Men’s Sheds by Dr Carragher’s survey of *Men’s Sheds in Ireland: Learning through Community Contexts* (Carragher, 2013). The researcher formulated a 4-point likert-type scale to produce an ipsative measure where no indifferent option was available (ibid). This resulted in a questionnaire in the form of statements whereby the participants were asked to rate the extent to which they agreed or disagreed with the information presented. Questions pertained to participant profile and more in-depth information related to the objective of the study, i.e. a) purpose of participation and b)

¹⁰ Appendix

¹¹ Appendix

personal benefits gained. The questions asked were presented in a format using direct and straight-forward vocabulary which accommodated the researcher's aim, i.e. "to treat the subjects similarly so that any differences in results are attributed to pre-existing differences between them and not to differences in the way the research has dealt with them" (Gomm, 2008, p.212). One open-ended question at the end of the questionnaire pertained to 'any other comments?' which yielded additional data.

2.4.4 Literature Review

The in-depth literature review advanced the analysis of the themes which emerged throughout the study. With over 126 sources of information accessed, such pertained to studies on Men's Sheds, the sociological construct of gender, the Theory of Masculinity, factors impacting on men's mental health and wellbeing, policy documents to include *A Vision for Change* and Ireland's *National Men's Health Policy* and Health Service Executive (HSE) websites. Information was sourced and examined via journals and publications through UCC's campus library, off-print library and applicable websites/databases to include JSTOR and EBSCO.

2.5 Method of Data Analysis

Data from both questionnaires and interviews were personally transcribed, coded and analysed by means of thematic analysis in adherence to Braun & Clarke's '15-Point Checklist of Criteria for Good Thematic Analysis' (Braun & Clarke, 2006, p.36). Thematic analysis allowed the researcher "to classify and organise data according to key themes, concepts and emergent categories" (Ritchie et al., 2006, p.220). Such enabled the author to "move back and forth between different levels of abstraction without losing sight of the 'raw' data" (ibid, p. 220). However, while transcription of the verbal data was extensive and often frustrating, the researcher identified the process as "a key phase of data analysis within interpretative qualitative methodology" (Bird, 2005, p.27 in Braun & Clarke, 2006, p. 17).

2.6 Ethical Considerations

The researcher identified that the Code of Ethics is "formulated to regulate the relations of researchers to the people and fields they intend to study" (Flick, 2009, p.36). The student, guided by the tutor, consciously adhered to UCC's Code of Research Conduct (www.ucc.ie, 2010) and CORU's Framework Code of Professional Conduct and Ethics (www.coru.ie, 2010) and the IMSA¹² guidelines for research¹³ (www.menssheds.ie, 2015). The student identified with Silverman's code of ethics, which included: consent from the participants to engage in the research; identified the aim, methods and potential use of the study; respectfully reiterated the choice of the participants to retract from the study and avoided any harm to those involved in the research (Silverman, 2011). Such aspects were thoroughly addressed while reiterating that "no one will be able to access these data who is not meant to" (Flick, 2006, p.50). It was also clarified that the participants may abstain from answering questions "for whatever grounds they feel is justified" (Bryman, 2012,

¹² The researcher examined the 'Twelve Tips for Men's Sheds to Deal with Research Proposals' as is displayed on the website (<http://menssheds.ie>, 2015).

¹³ Appendix

p.142). However, the researcher clarified with the participants that confidentiality limitations applied as this research was undertaken in partnership with UCC's CARL project. Thus, the research findings would be accessible on the college's website. It was reiterated that the Dictaphone recordings would be personally stored until deemed appropriate by UCC.

2.7 Limitations to the Research

The researcher acknowledges limitations pertained. While the original research was to be undertaken with a small sample in a Men's Shed, the research sample spiralled to include other Men's Sheds. While this was in part due to the passion of the researcher to expand the research, it must be acknowledged that more time would have been preferred. The development of Men's Sheds is a recently new phenomenon with limited literature to review. The sample population had been previously defined by UCC's CARL project with participants specifically recruited from one particular branch of Men's Sheds. Bryman determines this as 'non-probability sampling whereby certain individuals have a greater chance of participating than others (Bryman, 2001). Self-selection of the two other Men's Sheds pertained to the data collection of questionnaires and the results of the findings represented a specific and limited response to the study. The research was undertaken at the request of the organization to advance what is known about Men's Sheds. However, the organization would benefit from future research on a broader scale as evidenced in *Strategic Priority 4 - Raise Awareness and Understanding of the Men's Shed Model* in the *2013-2016 Strategic Plan*¹⁴.

¹⁴ Appendix

CHAPTER THREE REVIEW OF THE LITERATURE

3.1 Introduction

This chapter presents a review of the literature regarding the life-stressors of unemployment and retirement as contributory factors evidenced to impact on men's mental health and wellbeing. Included in this chapter, the author discusses the sociological construct of gender and role diversification, Ireland's ageing population, the shift from 'gemeinschaft' (community) to 'gesellschaft' (individualism), the detriments of social isolation and the Theory of Masculinity in relation to men's delayed 'help-seeking' attitudes. The policy of men's health is discussed, with particular reference to *A Vision for Change* and *Ireland's National Men's Health Policy* (NMHP). The author identifies gender health dissimilarities and the importance of social networks for advancing positive mental health and wellbeing. A review of the literature on the community-based organization of Men's Sheds will conclude the chapter.

3.2 Factors Impacting on Men's Mental Health and Wellbeing

3.2.1 Unemployment, Retirement and the Loss of Structure

It is evidenced that employment brings structure and a sense of purpose and meaning to men's life. Such is identified in Hearn's research, titled *Troubled masculinities in social policy discourses: young men* which concluded that

Work, particularly paid and employed work, has been established as a central life interest of many men, and especially those who are or have been in employment or expect to be in the future (Hearn, 1998, p.49).

Prenderville's research on *The Rise and Fall of the Celtic Tiger* confirmed that Ireland's boom economy during the Celtic Tiger years "represented something new in Ireland, with a huge expansion of employment and unprecedented levels of economic investment" (Prenderville, 2013, p.1). However, such was short-lived and the rapid return of unemployment "was on a scale that went beyond anything that existed before" (Prenderville, 2013, p.2). As evidenced in the research, retirement and unemployment are considered as a departure from the social and economic life that men once knew (Atchley, 1983). The effects of such life-stressors have been identified as contributory factors impacting on men's mental health and wellbeing (HSE, 2014). Decreased levels of friendships, a diminished sense of purpose, stigma, and an uncertainty of role identity have been identified as some of the factors which have precipitated men living more increasingly isolated lives (HSE, 2014; Hearn, 1998; Williams, 1998; Waddington et al., 1998; Robertson, 2008; Rutherford, 2012; Ferriter, 2010; Knapp et al., 2007; Price et al., 1998). As verified in the studies titled *Job-Loss and Work Transitions in a Time of Global Economic Change in Addressing Community Problems: Psychological Research and Interventions*, the

Bonds of friendship are more difficult to maintain when people are no longer working. Over time, the frequency of contact with friends from previous jobs decreases and the loss of friendship networks can erode mental health (Price et al., 1998, p.200).

The lack of structure and routine, as evidenced by Richardson et al in the studies of *Young Men and Suicide Project: A Report on the All-Ireland Young Men and Suicide Project*, impacts negatively on mental health and wellbeing, concluding that the

Recent spike in suicide rates among young males in both Northern Ireland and the Republic of Ireland coincides with the economic downturn and increasing levels of unemployment plays a significant role in the mental health of many men who lack routine and purpose in life (Richardson et al., 2013, p.9).

The same study further reiterated that poor mental health and increased levels of isolation are particularly prevalent amongst men who live alone (ibid). As echoed in the studies titled *Retirement and mental health: Analysis of the Australian national survey of mental health and well-being*, it was concluded that

A premature exit from the labour force may prove psychologically difficult for those whose circumstances diverge from social criteria, i.e., those who are of an age where paid work is still the norm (Butterworth et al., 2006, p.1189).

As confirmed in *Facing the Challenge: The impact of Recession and Unemployment of Men's Health in Ireland*, there is a “very strong correlation between unemployment and male mental ill health” (www.publichealth.ie, 2011, p.6). Such is echoed in the studies of Price et al in *Job-Loss and Work Transitions in a Time of Global Economic Change* which states that

Organizational downsizing, involuntary job loss and long-term unemployment produce both stress and adverse mental health problems including depression, substance abuse and marital conflict (Price et al., 1998, p.195).

Findings from Hearn's research concurred, as identified in his study titled *Troubled masculinities in social policy discourses: young men* which concluded that the

Loss of a job is likely to involve loss of status, which may be accompanied by frustration, financial problems, domestic difficulties, and sometimes a greater assertion of 'masculinity' through crime and violence (Hearn, 1998, p.50).

Walsh and Walsh in *Suicide in Ireland: The influence of alcohol and unemployment* identified that those “who are unemployed are four times greater to display psychological distress compared to those who are employed” (Walsh & Walsh, 2011, p.27). This was further confirmed in the studies of Knapp et al in *Mental Health Policy and Practice across Europe: an overview*, which concluded that

Because paid work is so central to an individual's economic well-being, as well as to their social status and integration, individuals living in areas of high unemployment are at increased risk of developing mental health problems (Knapp et al., 2007, p.8).

A report from the *Health Service Executive (HSE)* titled *Looking after Your Mental Health during Tough Economic Times* documented the importance of good mental health, particularly given the fact that, “even among people with no record of mental illness, unemployment is still associated with about a 70% greater suicide risk” (www.hse.ie, 2013, p.1). The report further identified that “financial difficulties and job-insecurity are significant factors in loneliness, depression, anxiety, stress and suicidal thoughts” (ibid, p. 1).

3.2.2 Loneliness

While it is acknowledged that loneliness can happen at any stage of one's life, be it at times of success, or at times of loss and failure, the studies of Milligan et al on the ageing population in *Place and wellbeing: shedding light on activity interventions for older men* identified that loneliness and isolation is a growing issue particularly for older men subjected to "increased levels of poor health, increased mortality and mental health, including depression, suicide and dementia" (Milligan et al., 2015, p.124). The importance of recognizing the effects of ageing is identified in the research titled *Mental Health Policy and Practices across Europe: an overview* which states the

The rapid increase in the ageing population brings associated problems such as increased risk of some mental illnesses (e.g. dementia), age-related chronic diseases and decreases in the quality of life. In addition to loss of health and functional and cognitive abilities, elder populations are more likely to experience individual losses both within their social network (e.g. bereavement, diminished social contacts) as well as within their personal positioning in life (e.g. facing retirement, loss of income), placing them at risk of suffering mental health problems (Knapp et al., 2007, p.1).

Research of the *2013-2014 Annual Report of The Samaritans* (a non-judgemental, non-religious emotional support group providing a listening ear to people in despair) identified that "when people feel isolated and lonely, they just need someone to talk to" (www.thesamaritans.org, 2015, p.1). Such has been illustrated by the fact that "over 5.2 million contacts were made to the organization in 2013 via telephone calls (86%), texts, emails, letters and Listener Scheme contacts" (ibid, p.1). As defined,

Loneliness, and the fear of loneliness, can be found at the root of every emotional blockage a person has – either as the cause of the blockage, e.g. 'if I say or do that, people might not like me and I'll be alone' - or as a way to keep the blockage in place (www.thesamaritans.org, 2015, p.1).

Opposing the correlation between ageing and the prevalence of depression was examined in *Retirement and mental health: Analysis of the Australian national survey of mental health and well-being*, whereby the findings concluded that men who have reached the traditional retirement age were significantly less likely to have a common mental disorder relative to those of a younger generation (Butterworth et al., 2006). Furthermore, in Hughes' studies of *Older People and Community Care: Critical Theory and Practice*, it has been identified that

The iconography of old age has changed from victim to survivor, from passive to active, from recipient to instigator, from powerless to empowered, from consumers of services to citizens with rights (Hughes, 1995, p.28).

Such a view has been concurred within the research on *The Future of Social Work with Older People in a Changing World* which identified that the restructuring of the traditions of how society viewed the older populace no longer applies, thus, has "released older people from a negative dependency culture" (Phillips, 1996, p.136). Furthermore, as people retire they are positioned to withdraw from primary roles and activities of economic and social life, which as Hughes identified, such "disengagement is a natural and personally satisfying process for the individual, releasing them from expectations and demands for which they are less equipped" (Hughes, 1995, p.25). Thus, as the same study suggests, retirement, is a "a time to look forward to with confidence as the modern pensioner has a great deal to contribute and a great deal to be envied" (ibid, p.31). Byrnes research on *Age-Friendly Bandon? An Assessment of Bandon's Outdoor Spaces and Buildings Using the*

World Health Organisation Guidelines on Age-Friendly Cities identified that communities which incorporates supports for the older populace accommodates a sense of belonging and allows people within their communities “to be active participants in society and provides greater opportunities for civic participation and employment” (Byrnes, 2010, p.8).

3.2.3 Social Isolation

Findings from the studies in *The Phenomenon of Social Isolation in the Severely Mentally Ill: Perspectives in Psychiatric Care* concluded that “social isolation is closely linked with the experience of having a severe mental illness” (Linz & Sturn, 2013, p.244). Sapouna, in her research of *Having Choices: An Evaluation of the Home Focus Project in West Cork*, identified that it is the experiences of social isolation that creates the greater difficulties of living, rather than that associated with mental health problems (Sapouna, 2008). Her studies identified that “the principal needs of many people suffering from poor mental health are about basic human contact, relationships, meaningful activities, and practical and on-going support” (Sapouna, 2008, p.115). Common mental health disorders, such as depression and anxiety as identified in the studies on the older populace, titled *Retirement and mental health: Analysis of the Australian national survey of mental health and well-being* include experiences of “mild, moderate and severe depressive episodes, panic disorder, agoraphobia, social phobia, generalised anxiety disorder, obsessive–compulsive disorder, and posttraumatic stress disorder” (Butterworth et al., 2006, p.1181). Nicholson’s research studies in *Social Isolation in older adults: An evolutionary concept analysis* verified the definition of social isolation as

A state in which the individual lacks a sense of belonging, lacks engagement with others, has a minimal number of social contacts and are deficient in fulfilling quality relationships (Nicholson, 2009, p.1346).

As the research identifies, isolation results in feelings of

Emptiness, tears, self-pity, separation, insomnia, fear and panic and manipulative behaviours such as loss of intimacy and commitment, despair, feelings of guilt and/or being victimized, not trusting oneself, being enslaved by a fragile ego and withdrawal from living a full and complete existence (www.thesamaritans.org, 2015, p.1).

An explanation for the increased levels social isolation in today’s society is posed in the form of a question in the research of *The Spirit Level: Why Equality is Better for Everyone*, which unnervingly queries “how is that we have created so much mental and emotional suffering despite levels of wealth and comfort unprecedented in human history?” (Wilkinson & Pickett, 2010, p.3). In the same study, however, the answer strikingly exists. It is, as the study suggests, because

At the pinnacle of human material and technical achievement, we find ourselves anxiety-ridden, prone to depression, worried about how others see us, unsure of our friendships, driven to consume – with little or no community life. Often what we feel is missing is little more than time enjoying the company of friends, yet even that can seem beyond us (ibid, p.3).

While Wilkinson & Pickett refer in their study to society advancing technologically, research suggests that it is because of such progression that society itself has produced a diminished sense of societal cohesiveness resulting in its citizens leading more increasingly isolated lives (Prenderville, 2013; Guadagno et al., 2008).

Such is reiterated in the studies *Who Blogs? Personality Predictors of Blogging*, which states the overemphasis on the internet has changed the nature of social support, resulting in less interface with human contact and precipitated an increase in the levels of people living lonelier lives (Guadagno et al., 2008). Such is echoed in the *Progress Report on Men's Health Activities* linked to *Ireland's National Men's Health Policy* (NMHP) which has reported that the lack of human contact that has subjected “many men in Ireland to experience social isolation on a daily basis” (www.health.gov.ie, 2009). As documented in *The Ireland Funds: the global Irish making a difference together*, such is compounded by “high unemployment rates, particularly for men living in rural areas to experience increased levels of isolation” (www.theirelandfunds.org, 2015, p.1). As echoed in the report of the NMHP document on *Working with Men in Ireland to Achieve Optimum Health & Wellbeing*, as a result of isolation, men are prone to unchecked health deterioration, loneliness and depression – and it is “these men that have the worst health profiles of any category of men in our society” (www.mhfi.org, 2008, p.7). Stansfeld's research findings in the chapter in *Social Detriments of Health* summed up that just as social support is conducive to good health, “social isolation increases the potential for ill-health” (Stansfeld, 2006, p.148).

3.2.4 Ireland's Shift from 'Gemeinschaft' to 'Gesellschaft'

The studies of Keohane & Kuhling in *The Happiest Country in the World?*, identified that the portrayal of Ireland was traditionally presented as a land of 'Céad Mile Fáilte' - 'a hundred thousand welcomes' and “a society in which communal values were treasured and upheld” (Keohane & Kuhling, 2006, p.32). Corcoran's research in *An Age of Uncertainty* affirmed that as a result of Ireland's strong community bonds, the

Republic of Ireland featured as the happiest country in the world. The findings were, in part, due to the cosy elements of traditional Ireland, such as the stable family and community life (Corcoran, 2006, p.3).

However, as identified in Prenderville's research on *The Rise and Fall of the Celtic Tiger*, the boom years and the rich state of the nation widened the economic gap and created a shift which moved Ireland from a society of cohesive 'communities' to one of segregation and 'individualism' (Prenderville, 2013). Such a shift, as elucidated in the research of Macionis in *Society: The Basics* is what Tönnies refers to as 'Gemeinschaft', i.e. strong connections to the community as opposed to 'Gesellschaft', a term he projects as a society predominantly geared towards individualism (Macionis, 2011, p.458). The implications of individualism, as identified in the findings of Coser's translation of *Durkheim: The Division of Labour in Society* has determined that the 'cult of the individual' has major flaws which impacts negatively on social cohesion (Coser, 1984). Research studies on *Theorising Social Exclusion* has identified that isolation promotes a diminished sense of belonging, community, self-worth and self-esteem (Taket et al., 2009). As Madanipour et al acknowledged in *Social Exclusion in European Cities: Processes, Experiences and Responses*, isolation precipitates a separation of being included or excluded, integrated or isolated, or living in a fractured or cohesive society. Their research further identified that isolation and exclusion, regardless of how they are termed, creates a crude division of 'insiders' and 'outsiders' and poses uncertainty on one's sense of 'belonging' (Madanipour et al., 2003). As further identified in the studies of Coser in the translation of Durkheim, “such divisions are what Durkheim believed and was convinced of - that without stable social bonds, without social solidarity, individualism would lead to the decay of society” (Coser, 1984, p.14).

3.2.5 Role Diversification, the Crisis of Masculinity and Men's 'Help-Seeking' Attitude

Research findings from Ferriter's *Transformation of Ireland 1900-2000* identified that men and women, traditionally viewed as 'categories', awarded with explicit psychological and biological characteristics, occupied specific positions in society (Ferriter, 2010). Research in *Troubled masculinities in social policy discourses: young men* clarified that "the economic power derived from man's traditional breadwinning capacity gave him responsibilities to provide for and protect his wife and children" (Hearn, 1998, p.64). Such is echoed in the research on the Irish Constitution which promotes the role of a man with power to provide for his family as the main breadwinner, while the woman's role is presented as the chief child-minder (www.irishstatutebook.ie, 2013). As evidenced in the research on *The Rise and Fall of the Celtic Tiger*, the increased levels of male-unemployment as a result of the economic downturn has skewed men's traditional role as primary breadwinner and impacted on men's mental health and wellbeing (Prenderville, 2013). As confirmed in the research of Macionis in *Society: The Basics*, 'role-exits' "carry with them a self-image shaped by an earlier role, which can interfere with building a new sense of self" (Macionis, 2011, p.97). Such 'interference' is evidenced in the studies of Roberston on the *Theory of Masculinity and Men's Health-Seeking Practices* which identified that

Society may expect that one of men's roles is to be a breadwinner and economic provider for his family and, even in the era of the 'new man', the relationship of paid employment to male identity remains strong. If this view becomes internalised by an individual man, who then becomes unemployed, the result will be what Joseph Pleck terms Male Gender Role Strain. Thus, the greater the internalisation of cultural norms of masculinity roles for an individual, the greater the role strain experienced when these 'norms' cannot be lived up to (Robertson, 2008, p.1).

It is acknowledged that the shift in social roles has positioned men to broaden their responsibilities and now partake in duties as stay-home dads and partners. Rutherford in the studies of '*How to be a man*' identified that the traditional ways of being a male, rooted in labour, are becoming obsolete (Rutherford, 2012). The study concluded that

In little more than one generation, the pillars that supported traditional masculine identities have collapsed. Millions of skilled working-class jobs that once gave men status and purpose have gone. The male solidarity that was the backbone of the labour movement has gone. So has the family wage, and increasingly men can no longer follow their fathers and grandfathers in the role of family breadwinner (Rutherford, 2012, p.28).

The restructuring of 'traditional' family types resulting in increased levels of divorce and separation has been evidenced to impact negatively on men's mental health and wellbeing. Such is confirmed in the study titled *Separated Fathers: Fathers, Separation and Co-Parenting* which identified the impact of separation on men lead to "poorer physical health, poorer psychological and emotional wellbeing, poorer social relationships, financial pressure and poorer relationships with their children" (www.manmatters.org, 2015, p.3). The study further identified that divorced men "may experience more social isolation, greater conflict with former spouses and lose emotional support from former friends and peers" (ibid, p.3). Research in *Engaging Young Men Project: A report on the Mapping Exercise Conducted in Ireland During 2014* identified that the dynamics of role diversification has positioned some men to take on a primary role as carer, identifying that it is these 'categories' of men that are particularly prone to living a more isolated life (www.mhfi.org, 2014). Such was

echoed in the research titled *Husband, Partner, Dad, Son, Carer? A survey of the experiences and needs of male carers: Executive Summary*, stating that

56% of male carers aged 18–64 said being a carer had a negative impact on their mental health. Eight out of ten male carers who are unemployed or not currently working due to their caring role feel they miss out on spending time socially with other friends (www.menshealthforum, 2014, p.3).

According to the study *Domestic Abuse of Women and Men in Ireland: Report on the National Study of Domestic Abuse*, role diversification has advanced men's ambiguity of purpose resulting in increased levels of violence and problematic relationships (Watson et al., 2005). This shift in social roles, as echoed in *A multicultural investigation of masculinity ideology and alexithymia*, determined similar findings, reiterating that such diversification has augmented a crisis of masculinity (Levant et al., 2003). Such a detriment is further explained in the findings from William's research titled *Troubled masculinities in social policy discourses: Fatherhood* which concluded that

The social, economic and cultural conditions attached to masculinity, particularly as that of the traditional breadwinner have been subjected to increased challenges and changes over the past decade (Williams, 1998, p.63).

Waddington, in the research relating to role identity *All Jumbled Up: Employed Women with Unemployed Husbands* echoed the extinction of men's role "as the principle breadwinner can be regarded as a threat to their male identity" (Waddington et al., 1998, p.234). As Richardson states, "in Ireland, this masculine stereotype has been associated with denial of vulnerability and rejection of help-seeking, and has been attributed to Ireland also having one of the highest rates of suicide, particularly among men" (Richardson et al., 2013, p.8). A report in the findings of the Health Service Executive's (HSE) research titled *Engaging Young Men Project: A report on the Mapping Exercise conducted in Ireland during 2014*, concluded that it was because of 'being masculine' that conveyed men to be the strong and silent type who rarely talk about their problems, don't go to doctors or talk to family members or seek out help (www.hse.ie, 2014). Such was echoed in the study *A narrative review of Men's Sheds literature: reducing social isolation and promoting men's health and well-being* which concluded that "gender and masculinity are often referred to as an important, but under-acknowledged, social determinant of health" (Wilson & Cordier, 2013, p.452).

One of the key findings from the research of Ireland's *National Men's Health Policy (2008-2013)* (NMHP), identified that "how men perceive themselves as 'masculine' impacts on the value they place on their health - and how they manage their health within the health-care system" (www.mhfi.org, 2008, p.15). As evidenced in the research, men often delay seeking advice for health-related matters as this presents as a state of feebleness of their masculinity and labels them as too 'effeminate' (Evans et al., 2011; Harland, 2009; HSE, 2014; Macionis, 2011). Undeniably, sociologists have long since argued that society sees men's emotional expressions as "a sign of weakness" (Macionis, 2011, p.103). This is echoed in the studies of *Barriers to help-seeking by men: a review of sociocultural and clinical literature with particular reference to depression* which has found that

Help-seeking patterns in men are consistently lower than in women, especially in the case of emotional problems and depressive symptoms. It is argued that social norms of traditional masculinity make help-seeking more difficult because of the inhibition of emotional expressiveness influencing symptom perception of depression (Möller-Leimkühler, 2002, p.1).

As Harland's studies on *Acting Tough: Young Men, Masculinity and the Development of Practice in Northern Ireland* confirms "it is men's own internalised understanding of masculinity that makes it difficult for them to admit that they have emotional needs, thus, perpetuates the traditional myth that it is only women who are rightfully permitted to express emotions" (Harland, 2009).

Research findings in *Health, Illness, Men and Masculinities (HIMM): a theoretical framework for understanding men and their health* has identified that in comparison to women, "men experience poorer health outcomes" (Evans et al., 2011, p.7). This is because, traditionally, men's health-related issues were recognized as a duty of 'women's business'. Such is identified in the research findings in the Australian study titled *National men's health policies in Ireland and Australia: What are the challenges associated with transitioning from development to implementation?*, reiterating that "women typically assumed the role of gatekeepers or custodians of men's health" (Richardson & Smith, 2011, p.425). The study further identified that men are not as forthright nor as accustomed to engaging in matters of health as "it is against particular norms of masculine behaviour that men must constantly negotiate their own behaviour in relation to how they manage their health" (Richardson & Smith, 2011, p.425). Such is echoed in the findings of Richardson's studies on *Building Momentum, Gaining Traction: Ireland's Men's Health Policy-5 years on* which identified with another key finding from the NMHP, which, as it states, has

Highlighted a 'knowledge deficit' with regard to Irish men's knowledge of basic health issues, which it attributed, in part, to men delaying to seek help from a medical practitioner because of failing to recognise symptoms of serious ill health(Richardson, 2013, p.98).

With men's delayed 'help-seeking' attitude a detriment to their health, as identified in the studies of Richardson & Smith, "one of the key challenges, from a men's health policy perspective in Ireland, is to challenge men to take increased responsibility for their own health" (Richardson & Smith, 2011, p.425). As reiterated in the publication article on men's health in *What men need to do about their health*, change is occurring and men's health is coming more to the fore, noting that "men's health has forced its way into the public consciousness, driven by suicide prevention groups, road accident campaigns and Irish Cancer Society publicity on male cancers" (www.independent.ie, 2012, p.1).

3.3 The Policy of Mental Health in the Community

3.3.1 Social Work with ‘A Vision for Change’

The research study titled *Lessons from Europe for American Business* alluded to the writings of Charles Darwin, “it is not the strongest of species that survives, nor the most intelligent that survives, but the one that is most adaptable to change” (Megginson, 1963, p.4). As identified in *A Vision for Change* policy document, taking a community development approach to mental health incorporates a new way in how people access mental health services, thus endeavours to provide a more holistic, person-centred and community-based approach to recovery (DoH&C, 2006). As evidenced in the research titled *Social Approaches to Mental Distress*, a social approach to recovery advocates that people who experience mental distress are assisted to reclaim their life, participate in the mainstream social world and take roles that are valued within social, family, employment and other domains (Tew, 2011). The ‘vision’, as embodied in the policy “is to create a mental health system that addresses the needs of the population through a focus on the requirements of the individual” (DoH&C, 2006, p.14). Such is in line with the profession of social work, which, as identified in the research titled *A Brief Introduction to Social Work Theory* determines the profession to respect and adhere to the needs of the individual as they are the experts of their own lives (Howe, 2009). Furthermore, the profession is one which intervenes at the points where people interact with their environments. Thus, social workers are facilitators and are placed in a pivotal position to advocate for change (ibid). As evidenced in Sapouna’s research titled *Having Choices: An Evaluation of the Home Focus Project in West Cork*, by taking the approach advocated for in a *Vision for Change*,

“it is possible to address the broader contextual factors contributing to mental distress, normalize mental distress by providing support within mainstream community services, and develop an educational component which will help the reduction of stigma associated with mental health difficulties” (Sapouna, 2008, p.9).

The prevalence of people experiencing mental distress is denoted in the study titled *Mental Health Ireland* (MHI) which states that “one person in every three attending the family doctor has a mental health aspect to the medical problem. Of those who live to 65, one in nine will spend some time in mental health care” (www.mentalhealthireland, 2015, p.1). While the Mental Health Commission has identified that the “implementation of a *Vision for Change* is slow and inconsistent across the country” (www.mhcirl.ie, 2013, p.1), it is, nonetheless, recognized as a vital blueprint for a new approach to mental health services – and not one which is just a geographical shift.

3.3.2 Ireland’s National Men’s Health Policy (NMHP)

Research has acknowledged the stark dissimilarities between men and women’s health (www.rcgp.org, 2014, p.1). Such is evidenced in how health-related issues present themselves within the genders, how they are addressed and in how they are responded to (HSE, 2014; Knapp et al., 2007; Richardson & Smith, 2011; Richardson et al., 2013). As evidenced in the research on *Understanding how men experience, express and cope*

with mental distress: where next?, “men express their distress and disorders (like stress anxiety, anger, and low mood) in ways that are different from women, e.g. as anger directed at others” (Ridge et al., 2011, p.145).

Gender health-related dissimilarities have been identified in the research of the Royal College of General Practitioners in *The Clinical Example on Men’s Health*, which states that:

- Men’s mental and emotional health problems often emerge in different ways from women’s and are not always textbook cases; boys are four times more likely to be diagnosed as having a behavioural, emotional or social difficulty
- 76% of people who kill themselves are men
- Men are more likely than women to die prematurely – 42% of men die before age 75 compared to 26% of women
- Men are 67% more likely than women to die from those cancers that are not specific to one sex or the other. Men are also 56% more likely to develop those cancers and have poorer survival rates
- 65% of men are overweight or obese compared with 58% of women, but most weight-loss services attract mostly women
- Men tend to have less healthy lifestyles than women; for example, men are more likely to drink alcohol to excess, more likely to smoke, have a poorer diet, more sexually transmitted infections and higher HIV rates; they also take more illegal drugs and have more accidents
- GP services are used 20% less by men than women; pharmacy services are used even less by men (www.rcgp.org, 2014, p.1).

Yet, while such stark differences are known, research in the Mental Health Reform’s *Guiding A Vision for Change – Manifesto*, has stated that *A Vision for Change* is

Gender blind in that it makes no specific recommendations about ensuring that services are appropriate based on gender, yet the differences in risk and presentation of poor mental health are widely known (mentalhealthreform.ie, 2012, p.19).

Recognizing the need to address such dissimilarities, in 2008, the Irish government was one of the first two countries – the other being Australia - to develop a health policy document, specifically for men. The document titled *National Men’s Health Policy (2008-2013)* (NMHP) was established to address men’s health recognizing “the need to broaden and expand the research-base on men’s health in Ireland” (DoH&C, 2008, p.4). Established to comply with the principles of *A Vision for Change* in addressing mental health problems as a community-based approach, the NMHP advocated that a response to men’s health would adopt the same framework which “recognizes the fact that one’s community, defined by geography, culture or social stratification, is a valuable resource for health” (www.mhfi.org, 2008, p.2). Thus, as the findings on the NMHP identified, by

Adopting this approach to men’s health and positioning this policy within the wider social inclusion policy of Government, all communities of men in Ireland may be supported to achieve optimum health and well-being (DoH&C, 2008, p.8).

As identified in the research studies on the ‘*National men's health policies in Ireland and Australia: What are the challenges associated with transitioning from development to implementation?*’ the NMHP document

Marked the first attempts by state governments anywhere in the world to target men as a specific population group for the strategic planning of health. The emergence of men's health at a policy level is underpinned by a growing awareness and concern about what has been described as ‘the burden of ill health’ experienced by men (Richardson & Smith, 2011, p.424).

As reiterated in *Guiding A Vision for Change - Manifesto*, “community-based mental health supports help to reduce social exclusion by helping service users to become participants in their local community” (mentalhealthreform.ie, 2012, p.17). Such was endorsed by the studies of Sapouna in *Having Choices: An evaluation of the Home Focus Project in West Cork* which identified that

A community development approach to mental health is essential in shifting the responsibility for mental health to the community, recognising the contextual factors that contribute to well-being and combating the stigma associated with mental health problems (Sapouna, 2008, p.115).

Richardson’s evaluative and reflective document titled *Building Momentum, Gaining Traction: Ireland's Men's Health Policy-5 years on* identified that difficulties pertained in accomplishing certain aspects of the policy due to the lack of funding and the policy’s overly eager ambition to support community-based organizations (Richardson, 2013). Nonetheless, as research has identified, many positive outcomes pertained as a result of implementing the policy, such as “the copper-fastening of the Men’s Health Forum in Ireland’s position as the leading men’s health advocacy organisation and co-ordinating body for Men’s Health Week” (Richardson, 2013, p.99). Furthermore, the reflective study on the policy established that as a result of implementing a *National Men’s Health Policy*, there has been an “exponential growth in Men’s Sheds in Ireland and the Irish Men’s Sheds Association (IMSA) has, to date, supported the development of 135 Men’s Sheds throughout the country” (ibid, p.98).

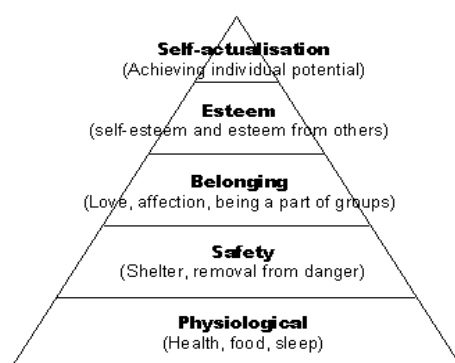
3.3.3 The Importance of Social Networks

As the research has identified, poor mental health leads to increased levels of isolation, stigmatization, loss of identity, and problematic relationships (Sapouna, 2008; Ballinger et al., 2009; DoH&C, 2006; DoH&C, 2008; Carragher, 2013; Knapp et al., 2007; Fildes et al., 2010; Hansji et al., 2014; Milligan et al., 2015; Moylan et al., 2013). As a result, an ability to participate fully in life is decreased and mental health problems are increased. Research has indicated that good mental health and wellbeing is about being able to cope with ‘changes in living’ and manage the effects of life-stressors. It is further acknowledged that people who experience good mental health feel good about themselves, feel comfortable with others, are able to meet the demands of life and also “have the internal resources to handle stressful situations such as grief, loss and change” (mentalhealthreform.ie, 2012, p.37). According to the World Health Organization (WHO), mental health

Is determined by a range of factors including socio-economic, biological and environmental factors. It is negatively defined as ‘the absence of objectively diagnosable disease’ (WHO, 1946) or positively, as a state of wellbeing where an individual can work productively, cope with the normal stresses in life, contribute to his or her community and, ultimately realize his or her abilities (www.who.int, 2002; Coppock & Dunne, 2009, p.8).

While, historically, financial richness equated to emotional contentedness, as evidenced in the research, this no longer applies. Such is documented in the findings titled *The Spirit Level: Why Equality is Better for Everyone*, which identified that “further economic growth in the developed world no longer improves health, happiness or measures of wellbeing” (Wilkinson & Pickett, 2010, p.218). What does improve such traits, as the research confirmed, is that people who have strong social networks and are a part of a group of friends, feel connected and are happier and healthier – and may even live longer (Ballinger et al., 2009). Maslow’s illustration in *Maslow’s Hierarchy of Needs* equates ‘belonging’ to being part of a group or groups of people (www.maslowhierarchyofneeds.net, n.d.).

Maslow’s Hierarchy of Needs



It is identified in the research that being part of a group instils a sense of identity, a sense of ‘belonging’, a sense of ‘community’ and promotes inclusion and lessens the chances of people living isolated lives (Healy, 2012; Howe, 2009). As evidenced, relationships and interaction with others are essential components for advancing positive mental health and wellbeing (Linz & Sturn, 2013; Stansfeld, 2006; Ballinger et al., 2009). As echoed in the studies of *Psychology: The Science of Mind and Behaviour*, with reference to the Dalai Lama, “without the human community, one single human being cannot survive” (Passer, et al., 2009, p. 600). Ife, in the studies of *Community in an Uncertain World*, confirmed that people need human interaction and it is the relationship between others that creates reality and gives meaning to our world (Ife, 2013). In harmony with Ife are the findings from the studies relating to social work practice, as evidenced in *Promoting Partnership and Empowerment through Group-work: The Way Forward for Social Work Education*, which identified that by participating in a group, “the process of personal empowerment is cultivated through collective support and mutual aid” (Wilson & Quirke, 2009, p.128). Howe’s studies titled *A Brief Introduction to Social Work Theory* concurred, stating that groups are essential as “there is a need to be known by others what it feels like to be me” (Howe, 2009, p.158). Thus, as confirmed in *Social Work Methods and Skills: The Essential Foundations of Practice*, engaging in groups

Enhances members’ capacities to provide support to one another in the face of a common challenge. Furthermore, it is recognized that peer knowledge and assistance can enable members to manage and hopefully thrive as they support one another through a shared challenge or issue (Healy, 2012, p.142).

Furthermore, research has recognized that groups are a vital source of support

Particularly when group members share the same kind of need or problem. When people are brought together, a creative force is unleashed. Knowing you are not alone offers both comfort and incentive (Howe, 2009, p.106).

Research has identified that close relationships have a huge impact on how we feel on a daily basis. Ferrante's sociological studies in *Sociology: A Global Perspective* identified that "human contact is vital for the creation and maintenance of a sense of self" (Ferrante, 2008, p.87). Such is identified in the research of Magee's on *More Than a Meal: A Qualitative Study of the Needs of Diners in Cork Penny Dinners* which confirmed that "the level of social interaction between individuals is a key determinant to their overall well-being" (Magee, 2012, p.22). A sense of belonging is attributed to forming an identity which is linked between an individual and a category of people – based on a perceived sameness and separateness from others. As explained in the research of Woodward, in *Questioning Identity*,

identity involves a link between the personal and the social, being the same as some people and different from others, and a tension in how much control I have in constructing my identities and how much control or constraints is exercised over me (Woodward, 2004, p.8).

3.4 A Review of the Literature on Men's Sheds

3.4.1 Definition of Men's Sheds

Any community-based, non-commercial organisation which is open to all men where the primary activity is the provision of a safe, friendly and inclusive environment where the men are able to gather and/or work on meaningful projects at their own pace, in their own time and in the company of other men and where the primary objective is to advance the health and well-being of the participating men (www.menssheds.ie, 2011).

3.4.2 What's in a name - Health by Stealth?

Research on the Irish Men's Sheds Association (IMSA) and the Australian Men's Shed Association (AMSA) has identified that the organization concerns itself for

The inclusion of men within their community, with an objective to advance the health and wellbeing of its participants, and one which recognizes the importance of understanding that 'men don't talk face to face - men talk shoulder to shoulder' (menssheds.eu, 2014; www.menssheds.ie, 2015; www.mensshed.org/home/.aspx, 2014).

While Richardson's study in *Building Momentum, Gaining Traction: Ireland's Men's Health Policy-5 years on* may have alluded to the organization as a "community-based men's health programme" (Richardson, 2013, p.99), research has identified the organization's reluctance in association by 'professionals' who target the

Men's Shed as a 'service' per se. Such was reiterated at the *Conference and AGM of Social Workers in Adult Mental Health (SWAMH)* in 2013, by John Evoy, CEO of the IMSA who stated that a Men's Shed is not:

A formal training programme but you may gain new knowledge and skills. It is not a service for men but activities organised by men. It is not a sports club but you could play sports. It is not a health programme but your health and wellbeing might improve. It is not an information service but you can ask for info you need. It is not a place of patronizing and does not see men as having 'a deficit' or being the problem. Shedders are active and equal participants: not students, patients, clients or customers (www.iasw.ie, 2013).

Evoy further reiterated that:

*If we called it a men's health centre, men wouldn't come. If we called it a men's education programme, men wouldn't come. If we called it a men's suicide prevention initiative, men wouldn't come near it. But all of that happens here. It's never forced, it simply happens when the men understand that the group is there for them, and that we are available for them. The idea is to get men into a safe space, where they can support each other and talk and break down barriers—we call it **health by stealth** (ibid).*

Interestingly, in an Australian newswire feed titled *Men's sheds emerge as biggest men's wellbeing group*, David Helmers, CEO of the Australian Men's Shed Association (AMSA), explained that the organization

Does not focus on the aspect of health. Men are here to gather and work on things, and all these health wellbeing strategies and health checks are introduced in the background. The Men's Sheds are primarily a men's health preventative measure – just don't tell the men (Carter, 2009, p.1).

As reported in *The Irish Times*, during Hourihane's interview with John Evoy, CEO of the IMSA, Evoy stated that

While the organization receives two or three inquiries about opening a shed every day, only 20 per cent of the daily inquiries come from men and about 50 per cent come from community workers, and up to another third come from women: Mothers, sisters, daughters. Women who are worried about their men becoming isolated and demoralised as a result of unemployment, retirement, perhaps bereavement or just as a result of daily life (Hourihane, 2012, p.1)

In the same publication, Hourihane concluded that "in an Ireland that is flat-lining economically, the sheds have a more universal appeal. We have the foot-soldiers of what we thought was a thriving economy, and the army has been demobilised" (ibid, p.1). It was further reiterated in *The Irish Times* that Ireland's President Michael D. Higgins, during his visit to the *International Men's Sheds Festival at the Helix in Dublin* emphasized that

We all want to see an Ireland where men feel comfortable to share their experiences and emotional difficulties with those close to them and be able to ask for help if they need it. For far too long, too many men are continuing to suffer in silence because of an inability to discuss their problems and this results in alarming rates of suicide among men (Healy, 2014, p.1).

3.4.3 Who are the 'Shedders'?

Local and national publications have promoted Men's Sheds. Hickey's report in *The Irish Examiner*, identified the IMSA as a positive phenomenon which "improves the overall health of males" (Hickey, 2015, p.1). In the same report, Men's Sheds were recognized as a place to accommodate

Men who had high-powered jobs, or men who lost their jobs, and men with little or no skills. There is something for everyone here. We need new people with new ideas. It's not a closed shop (Hickey, 2015, p.2).

Similar sentiments were echoed in the publication of *The Muskerry News*, which identified the organization as one for

Retired men, who not only find they are at a loose end but may have downsized their homes. They may find they no longer have space for the workshop where they once undertook many tasks using their lifetime of accumulated skills. Unemployed men may also find themselves at a loose end and may want to use the shed to up-skill themselves for future employment. The Shed is an environment where skills can be shared or passed on to younger members (www.muskerrynews.ie, 2015, p.1).

Specifically notable from the findings in the first ever Irish survey conducted on Men's Sheds, Carragher's research on *Men's Sheds in Ireland: Learning through community contexts* concluded that Men's Sheds cater for various 'categories' of men (Carragher, 2013). Her research identified that the older populace, the unemployed and men with mental health problems found the shed to be a place of immense importance to them (ibid). This is evidenced in her survey findings which identified that, within the past five years of conducting the research, "23% of shed participants experienced depression; 26% were affected by a major health crisis; 14% had developed a new impairment/disability; 10% had gone through separation from their partner; 24% experienced a significant loss in their lives; 41% of men experienced unemployment and 33% had experienced retirement" (Carragher, 2013, p.63). Her research further concluded that, of the participants surveyed, 97% felt better about themselves and 91% of participants indicated that their wellbeing had improved as a result of participating in the Men's Shed (ibid, p. 62-63).

An Australian study titled *Men's Sheds: enabling environments for Australian men living with and without long-term disabilities* solidified that the organization offers "an environment of equality, facilitating a collegial and egalitarian culture" (Hansji et al., 2014, p.272). This study further identified that men who have been socially isolated for years, as a result of long-term disabilities, have "perhaps for the first time, found a masculine environment that is *enabling* and does not cause them to feel a sense of *disablement*" (ibid. p. 272).

As evidenced in the studies of Ballinger et al in *More Than Just a Place to do Woodwork: a case study of a community-based Men's Shed* much positivity comes from people engaging with people, reiterating that "the social environment of Men's Sheds leads to the development of positive social relationships with other men and a sense of belonging" (Ballinger et al., 2009, p.20). The UK pilot study *Place and wellbeing: shedding light on activity interventions for older men* identified in its findings that the organization of Men's Sheds is a place which accommodates the older populace and one "which illustrates how everyday spaces within local communities might be designed to both promote and maintain the health and wellbeing of older men" (Milligan et al., 2015, p.124). Research on *Men's Sheds in Ireland: Learning through community contexts* has verified that community participation is particularly important to older men's mental health and wellbeing as "older men have less experiences of socializing outside the home except in pubs (hotels) and clubs, leaving them with less well-developed social networks in later life" (Carragher, 2013, p.156). Research findings of Reynolds et al in

The experiences of older male adults throughout their involvement in a community programme for men concurred as evidenced in their findings which indicated that participation in community-based programs such as a Men's Shed "promotes social engagement and healthy, active ageing among older men" (Reynolds et al., 2015, p.531). Further research by Ormsby et al in *Older men's participation in community-based men's sheds programmes* found that participation in a community-based program such as a Men's Shed

Allowed older men to gain a sense of achievement and satisfaction through their ability to contribute and be part of something that benefits the community. Such contribution was significant because it meant that health barriers could be overcome, skills could be demonstrated and knowledge and experiences shared (Ormsby et al., 2010, p.611).

It is identified in the research on the IMSA that the organization has developed quite swiftly across Ireland in a relatively short period of time (www.menssheds.ie, 2015). Such is intriguing, considering perhaps that, as the studies by Kirwan et al in *An Investigation into the Partnership Process of Community Based Health Promotion for Men* Irish men reluctantly engage in community development projects or mobilise themselves collectively for their health (Kirwin et al., In Press). As identified at Belfast's SCUTREA Conference, titled *Shedding some new light on gender: Evidence about informal learning preferences from Australian men's sheds in community contexts*, Professor Barry Golding, patron of the AMSA acknowledged that 'the remarkable growth with which the organization has taken off so swiftly in Ireland is as a result of strong community links, a long history of community development and community 'agency' at grassroots level' (Golding et al., 2007). Research on *Amen*, an organization which supports men experiencing domestic violence, has promoted Men's Sheds as a place which is a dedicated, friendly and welcoming meeting place, open specifically for men, regardless of age, background or ability (www.amen.ie, 2012, p.1).

In a report on the *Men's Shed Strategic Plan 2013-2016*, the Men's Sheds Model were referred to in a government policy document on suicide prevention, *Actions Speak Louder than Words: A Structural Approach to a Societal Issue*, to have a key role in Irish society. The document stated that

Many men simply cannot cope with the strain they are under and act on their suicidal thoughts. The concept of the Men's Sheds ran by the IMSA is taking the right direction in terms of it being impractical and unrealistic to expect men to gain benefit from the traditional model. As such, it aims to include men into community projects, reducing isolation, building camaraderie, a closer sense of community, and inadvertently encouraging the men to talk to one another (www.IMSA.ie, 2013).

Findings from an evaluation study, utilizing a *Participatory Action Research* process (PAR) in *Shedding light on men: the Building Healthy Men Project* concluded that participation in a Men's Shed not only provided men with a place to up-skill or indeed develop new skills, but a place which has reduced levels of social isolation, increased men's self-esteem and confidence and improved their sense of purpose (Fildes et al., 2010). In a report to the Irish Examiner, Evoy, identified that the organization recognized from the onset that

The important thing is how men, with time on their hands, spend their day and that they have a reason to get out of bed in the morning (Hickey, 2015, p.2).

This was further echoed in the studies of Moylan et al in *The Men's Shed: Providing Biopsychosocial and Spiritual Support* who examined the role of Men's Sheds in promoting a sense of spirituality. Their studies

confirmed that participation in community-based Men's Sheds not only provides biopsychosocial support to men, but "encourages intra-personal and inter-personal reflection and interaction that subsequently results in men meaningfully, purposefully and significantly connecting with the moment, to self, to others and to their environment" (Moylan et al., 2013, p.221). Such, as the study reiterated, the development of positive social relationships with other men provides a strong sense of belonging, noting that the importance of these psychosocial aspects are paramount to men's mental health and well-being (ibid).

3.5 Conclusion of the Chapter

The chapter presented a review of the literature regarding the life-stressors which have been evidenced to impact negatively upon men's mental health and wellbeing. The researcher presented the chapter through a sociological lens with discussion pertaining to gender and the Theory of Masculinity. Included in the chapter, the author addressed factors such as unemployment, retirement, separation, divorce, role diversification, the shift from 'gemeinschaft' (community) to 'gesellschaft' (individualism), the detriments of social isolation and men's delayed 'help-seeking' attitude. The policy of *A Vision for Change* and Ireland's *National Men's Health Policy* (NMHP) document was summarized. The chapter further identified the importance of social networks for men's positive mental health and wellbeing. To conclude the chapter, the researcher presented an in-depth review of the literature on the community-based organization of Men's Sheds.

CHAPTER FOUR

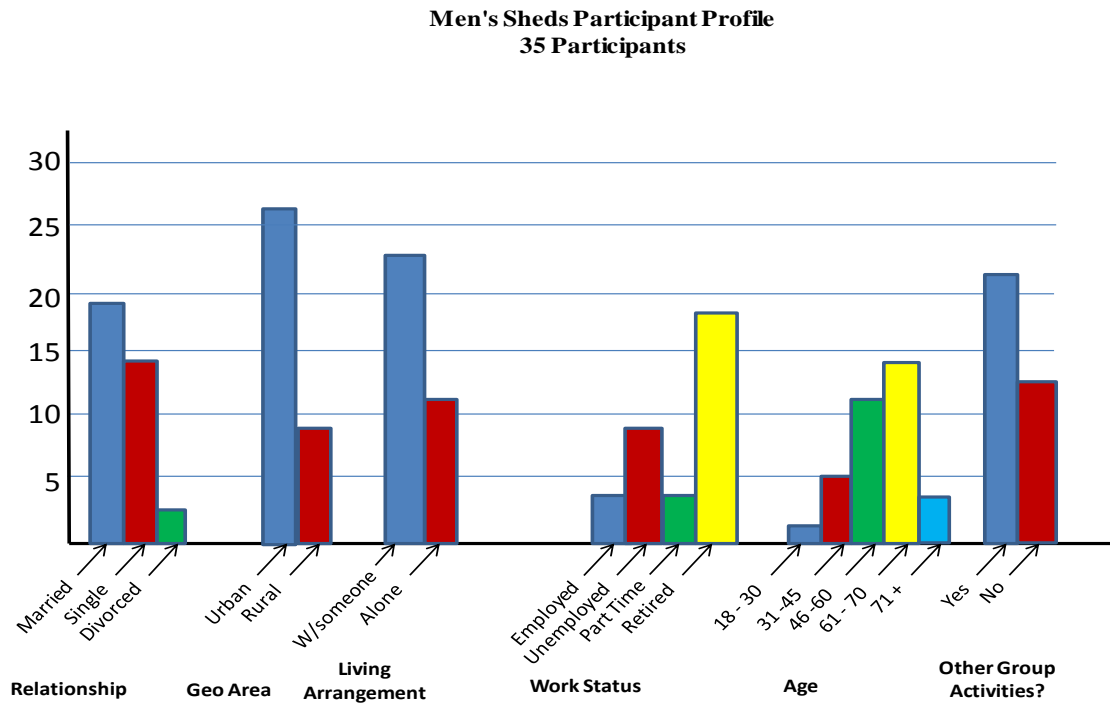
PRESENTATION OF THE FINDINGS

4.1 Introduction

This chapter incorporates the presentation of the findings. It demonstrates the profile of the participants¹⁵, then visually captures the aim of the study, i.e. (a) why do men participate and (b) as a result of participating, what are the benefits gained. Analysis of the combined data findings have been fused together and represented thematically¹⁶. Recommendations are included before the researcher’s final reflective discussion.

4.2 Findings

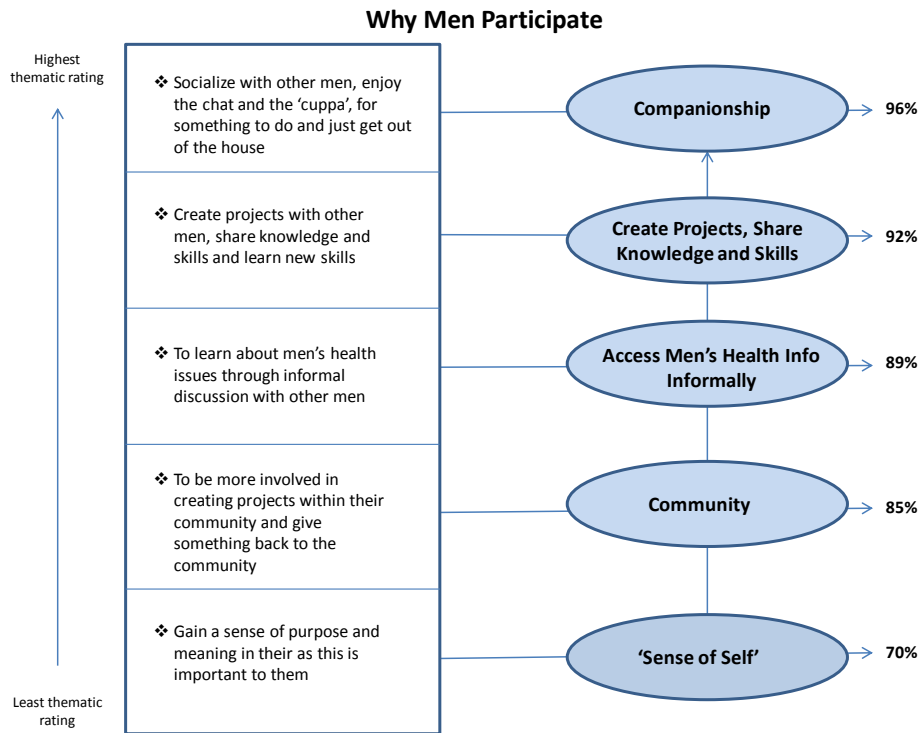
4.2.1 Profile of the Participants



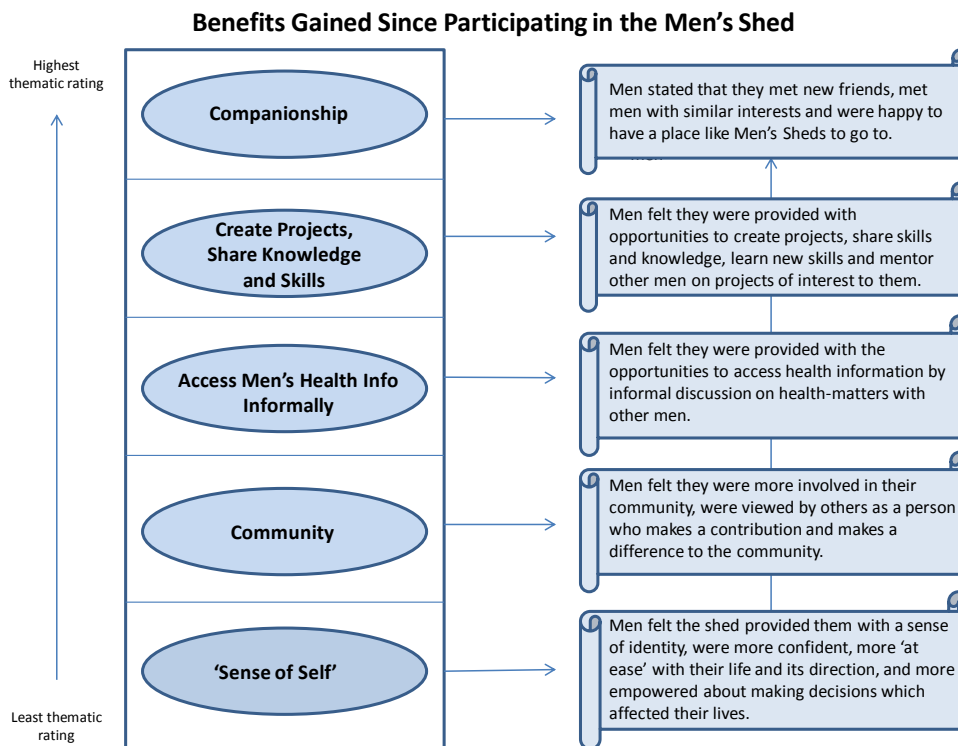
¹⁵ Diagram 1 represents the total profile of participants included in the research.

¹⁶ The data findings in its entirety is attached in appendix.

4.2.2 Why Men Participate



4.2.3 Benefits Gained



4.3 Presentation of the Experiences of the Participants

4.3.1 Companionship

As identified in the research, human contact is vitally important - without it “many men in Ireland experience social isolation on a daily basis” (www.health.gov.ie, 2009). The highest thematic rating (96% of the questionnaire participants) identifies that men engage in the Men’s Shed for companionship, meet with friends for the chat in a place where all men are valued as equal human beings.

It’s not all about the ‘doing’ y’know’

As one participant stated,

“Coming here is not all about for something to do y’know. I have enough to be doing. I’m busy in a lot of ways with land and that sort of thing. But I’m a bit introverted. So I come here. This place is good for me really. Tis’ good in a lot of ways I suppose. But, ya, no, I don’t really come here on the days of the projects to be honest. I come over here just for the chat, to see the men and that sort of thing”.

Another interviewee commented,

“Well I don’t come here to be busy anyway. That’s one thing for sure. I’ve a thousand and one things to be doing at home and around the place. I’m involved a lot in the community. I have been all my life. But I suppose I come here to meet the men. Sher I brought a lot of them here with me at the start. Men I know all my life really. So that’s handy. Tis’ good. We all meet here. I mean I know they’ll be here. And sher that’s grand”.

Such comments augment Sapouna’s research which solidified that “the principal needs of many people suffering from poor mental health are about basic human contact, relationships, meaningful activities, and practical and on-going support” (Sapouna, 2008, p.115).

Men are treated as equals in the shed, and as one participant identified,

‘There’s no hierarchy here, we’re all equal’

“There’s no boss. There’s no need for a boss. I had bosses all my life. No, no hierarchy here. That’s the best about it. We’re all even. You could say that’s why the place works. We respect each other. That’s a huge thing really. Now I won’t take away from [the shed’s facilitator]. The place needs someone like him. He’s great really. But this place works for him too. He comes here for the activities. It suits him. It suits us all”.

Further comments on the Facilitator identified,

“Well, had it not been for [the shed’s facilitator], I wouldn’t have come – and I certainly wouldn’t have stayed. He keeps the whole thing ticking over.

4.3.2 Create Projects with Other Men, Share Knowledge & Skills

‘Under the one roof, there is a wealth of knowledge here’

The second highest thematic rating (92% of questionnaire participants) pertains to having a place to go to create projects with other men and share knowledge and skills. Rutherford’s research on ‘how to be a man’, noted that the ‘traditional’ ways of being a male, rooted in labour, are becoming obsolete (Rutherford, 2012). While this is true, the findings demonstrate that men have an innate connection with the ‘doing of labour’, which continues long into retirement years.

Such was augmented by one participant, stating

“Well I came here first to restore chairs, to do that sort of stuff with the men, that was the main reason and I’m still here and doing more things”.

Another participant clarified,

“I have a few tools at home but I couldn’t do what we do here. The machinery is all different now. Tis’ great to have this place to do the work. I got to learn a thing or two and we did a few big projects around the place. Stuff I never thought I could do. That’s the good thing about here”.

Other interviewees identified the importance of exchanging information and sharing knowledge about everyday, common issues, with comments such as,

“There’s a lot of life experience here. People have a lot to contribute and you can tap into that. You have all the trades and occupations of the men here. People know a lot and have a lot to contribute. One man got information about a boiler. That just happened while we were having the tea. So he didn’t need to go anywhere else. Like you could say that under the one roof there’s a wealth of knowledge here”.

“I know a few things about a few things. I had that kind of a job. I might get asked about filling out forms like the property tax and now the water charge forms. They can be hard to figure out. But I’m good with that kind of stuff. It’s good to pass on the things I know. It helps them out anyway. I think they need me for that kind of stuff”.

“I suppose you could say that I do a bit of that too, transfer knowledge. Sher as the man says, that’s what I’m doing all my life, transferring knowledge”.

Another participant confirmed,

“Well I think we all need to be needed. Once in a while anyway. We all have something to give. That’s the best thing about here. People have a lot to offer”.

When asked about mentoring, one participant eagerly replied,

“Well I could tell them what I learned alright. I suppose I could show them how to work some of the tools”.

The importance of men having a place ‘just for men’ was recognized by one participant, stating,

“This place here is just for men. Men are men, women are not men. Men are facilitators; men ‘do’ things. Men are like the sun, they have a job to do, the sun comes up and goes down, comes up and goes down. But women, women are like Mother Nature, she can do anything she wants in between the sun. Men are men, women are women. We’re different”

4.3.3 Informally Access Health Information

‘They asked me about it. I told them. It made for good chat’

The third highest thematic rating evidenced in the findings was that men participated in the shed for the purpose of informally discussing and finding out about men’s health issues (89% of questionnaire participants). The importance of good health, as reiterated in the research is about recognizing that health “is created and lived by people within the settings of their everyday life where they learn, work, play and love” (Tilford, 2006, p.36). As the research also identified, men’s delayed help-seeking attitude is an associated factor which impacts negatively on their mental health and wellbeing. One participant reiterated how informal chat with other men can lead to knowledge of health-related issues, identifying that,

“You learn all kinds of things here. I had a bit of surgery done, and sher the men got a lot of information about that. They asked me about it. I told them. It made for good chat. It made good chat alright. And for a long time too”.

Another participant identified that while he was a busy man, he attended the Men’s Shed,

“To keep the mind ticking and the body moving. That’s the way I like it. Keep healthy, tis not good to stop, I’d be afraid to stop”.

As summed up by one participant,

“There’s talk in the tea, plenty stories anyway, and we all have one”.

Recognizing the correlation between Men’s Sheds and ‘keeping healthy’ was reiterated by one participant who stated that,

“Some people think they come here and have nothing to do. They can’t do the hard work I mean, fixing the potholes and that. But tis great to see them here. Tis for everyone really. They do the tea and the fire and things like that. They get the place ready for the break. Sher that’s really important. They’re important. That’s when we sit and chat. We talk about all kinds of things. And that’s very important”.

4.3.4 Community

‘Something for everyone to do in the community’

The fourth highest thematic rating was evidenced by men’s reason for participating in the Shed to be more involved and ‘belong’ in the community¹⁷ and give something back (85% of questionnaire participants). As the research has confirmed, a diminished sense of belonging and sense of ‘community’ negatively impacts on men’s mental health and wellbeing and further precipitates isolation (Taket et al., 2009). The importance of feeling a sense of belonging was reiterated by one participant, who stated that,

“I am new to the Men’s Shed and I find it very welcoming. It gets me out of the house and it’s nice to meet people also, of all ages and I feel I’m fitting well in with the community”.

Another participant demonstrated that the projects are so plentiful and that,

“There is a lot of variety between the different projects, something there for everyone to do for the community. For some people the projects awakens a special area of expertise that we didn’t know of which is great”.

Followed by,

“We constructed an old time Dray cart which would have been pulled by horses on farms in the last century throughout Ireland. This is the type of project that you wouldn’t attempt at home so the Men’s Shed is an ideal environment for this in a group where there are plenty of ideas and knowledge and where everyone can get involved”.

As presented by another interviewee,

“Well I couldn’t make it one day and I was told they cancelled the work til I came back. They said ‘the man with the plan’ can’t make it. They were probably just havin’ the laugh. I dunno. They do a bit of slaggin. But I suppose I felt a little bit important alright. Ya. I was kinda happy about that alright”.

One participant stated,

“Well I got up and thought about going for a swim, but I came here instead. I just preferred to come here really. So I did”.

When asked about the geographical location of Shed, one participant reiterated that,

“It’s in the right place alright, the heart of the community. It’s the best place for it”.

Another interviewee commented on the importance of reciprocity, noting that

“This place has been very good to me. I grew up here. I’ve been here all my life. Tis a lovely place really. Tis good I can give something back. We made a lot of projects here and you’d see them up around the place. Like the flower boxes around the village, and the Church door and we’re doing a wormery now too. And tis all for the community. And that’s us really”.

¹⁷ List of projects are attached in the Appendix.

4.3.5 'Sense of Self'

'You kind of need to know what you're about really'

The fifth highest thematic rating resulted from men attending the Men's Shed to gain a sense of purpose and meaning in their life (70%). Purpose, meaning and identity, as the research has demonstrated, becomes skewed following any 'role-exit' as people "carry with them a self-image shaped by an earlier role, which can interfere with building a new sense of self" (Macionis, 2011, p.97). As the literature has identified, "human contact is vital for the creation and maintenance of a sense of self" (Ferrante, 2008, p.87). Having an identity, 'knowing who you are', having a sense of purpose and meaning, is imperative for positive mental health and wellbeing, associated with the ability to "have the internal resources to handle stressful situations such as grief, loss and change" (mentalhealthreform.ie, 2012, p.37).

As one participant stated,

"Coming here puts some structure to the day, you'd feel all the better for it, and it puts a bit of structure in there too (points to his head). You kind of need to know what you're about really. That's a must".

Another participant identified that

"Well, I got a bit of confidence back since coming here, I had a bit of doubt for a while, so ya, no, coming here, it set me right again. Well, that's what I think anyway".

4.4 Discussion on the Findings

The Shed provides something for all men, and it accommodates men from 'all walks of life', with their own reasons as to why they attend. They join and are treated as equal and valued human beings within their 'community'. They are the community. Men that are working, full or part-time, unemployed men, retired men – they are drawn to the shed. Men respect each other in the organization, they are all equals with no labels attached, no stigma, no hierarchy and the participants are involved in what goes on and their opinion matters.

The role of the facilitator is vitally important – he can draw men into the Shed and be the difference for someone staying. As identified in the study titled *Engaging 'hard to reach' men in community-based health promotions*, "the approach of the facilitator is key to creating a positive group dynamic and ensuring that individual men's needs are met; positive group dynamics both motivates men to engage and is hugely beneficial" (Carroll et al., 2014, p.120).

The themed findings demonstrate what can be accomplished by participating in the organization. The findings clearly identify that regardless of which 'category' the participant was in, the organization is one which is open to all men and has a vital role to play in the lives of its participants. What is interesting is that data identifies the highest work-status 'categories' of participants as retired (51%) and unemployed (25%). As evidenced in the research, the effects of unemployment and retirement augment a diminished sense of purpose and meaning to

men's lives and the devastation of such results negatively on men's mental health and wellbeing. This category also included men who are: married, living with someone, living in an urban area, active in other group activities, aged between 46-70. The least categories of men who attended included those that are working full/part-time, divorced, living alone, living in a rural area, not involved in any other group activities, aged between 18-45 or 71+. The researcher probes, is it for these 'categories' of men that the Shed is most valuable for? Perhaps, as a result of the restructuring of 'traditional' family types resulting in increased levels of divorce and separation, that it is these 'categories' of men who need the Men's Shed more as they experience "poorer physical health, poorer psychological and emotional wellbeing, poorer social relationships, financial pressure and poorer relationships with their children" (www.manmatters.org, 2015, p.3). Furthermore, divorced men "experience more social isolation, greater conflict with former spouses and lose emotional support from former friends and peers" (ibid, p.3). As a future social work practitioner, such are the valid questions.

4.5 Conclusion

This chapter relayed the presentation of the findings. It demonstrated the profile of the participants¹⁸, and then visually captured the aim of the study which addressed (a) why do men participate and (b) as a result of participating, what are the benefits gained. Analysis of the combined data findings were 'fused' together and represented thematically¹⁹. Discussion on the findings concluded the chapter.

¹⁸ Diagram 1 represents the total profile of participants included in the research.

¹⁹ The data findings in its entirety are attached in the Appendix.

CHAPTER FIVE

KEY FINDINGS, RECOMMENDATIONS AND REFLECTIVE DISCUSSION

5.1 Introduction

This chapter presents a brief summary of the overall study to include key findings and future recommendations and concludes with the researcher's final reflective discussion.

5.2 Key Findings

The question asked of the researcher was to examine 'if participation in a Men's Shed has the potential to help men with social exclusion and provide a centre of activity, where men can make a contribution to their local community in a practical and social manner'? The 'shedders' answered a resounding yes. There is something for everyone to do there. Regardless of *why* men joined, they joined.

Men gravitate towards the Men's Shed for the purpose of integration within their community. The organization provides a link to promoting positive mental health and wellbeing. The highest 'categories' of men to participate in this research are retired (51%) or unemployed (25%). The researcher gathered data pertinent to two areas of insight: (a) why do men participate in a Men's Shed and (b) what are the benefits gained by participating in the organization. The key findings are thematically presented.

Companionship

- (a) Men joined the Men's Shed for the purpose of meeting with other men, to make new friends and enjoy the 'cuppa' and the chat.
- (b) As a result of participating, men stated they felt happier by having a place like Men's Sheds to go to.

Create Projects, Share Knowledge & Skills

- (a) Men joined the Men's Shed to be involved in creating projects with other men, to share their knowledge and skills, and learn new skills.
- (b) As a result of participating, men stated they felt privileged to have the organization as a place which provided them with the opportunity to learn new skills, share their knowledge and skills, and felt they could mentor other men on projects of interest to them.

Access Health Information

- (a) Men joined the Men's Shed for the purpose of learning about men's health issues through informal discussion with fellow 'shedders'.
- (b) As a result of participating, men felt that they were provided with the opportunities to access health information by informal discussion on health-matters with other men.

Community

- (a) Men joined the Men's Shed to engage in projects in the community and to 'give something back' to the community.
- (b) As a result of participating, men felt more involved in their community and felt they were viewed by others as a person who makes a contribution and makes a difference to their community.

'Sense of Self'

- (a) Men joined the Men's Shed to gain a sense of purpose and meaning in their life.
- (b) As a result of participating, men felt they had a better understanding of who they are. Men stated that they felt the shed provided them with a sense of identity, they felt they were more confident, more 'at ease' with their life and its direction, and more empowered about making decisions which affected their lives.

5.3 Recommendations

The researcher recommends the promotion of a positive image of addressing men's mental health and wellbeing, including advertising and dialogue around the benefits of participating in a Men's Shed. Furthermore, government policy must consider the issue of men working longer into retirement and establish the provision of flexible employment options. As reiterated by the 'shedders', 'Men's Sheds need to be properly recognized by government departments and more funding made available'. Perhaps, future research could equate or put a monetary value on what the organization of Men's Sheds saves the State?

5.4 Final Reflective Discussion

The researcher recognizes that any change to the way in which Ireland 'traditionally' operated as a nation is sluggish. However, with reference to the *Pedagogy of the Oppressed*, while change may take time, in order to transform our world we must be curious, we must honour our questioning of why and what is imposed upon us (Freire, 1990). Exposing societal problems is the key to critical dialogue which allows one the ability to question answers, rather than merely answer questions (ibid). Such is the reason why the researcher engaged in the degree of social work.

The basic need of human contact promotes a sense of connection to others and is identified as crucially important for the enhancement of positive mental health and wellbeing. The upsurge in the development of Men's Sheds across the nation speaks for itself. By the end of 2016, "the IMSA will have supported 400 Men's Sheds in Ireland to be inclusive, safe and positive spaces for over 20,000 men taking part" (www.menssheds.ie, 2015, p.1). This is a phenomenon, it is clear; there is strength in numbers and this organization works. The men are provided with companionship, yet, so much more.

While the motto of the Men's Sheds states that '*men don't talk face to face, they talk shoulder to shoulder*', the important thing as one 'shedder' stated is that 'men *do* talk - but the environment must be conducive'. The Men's Sheds creates such an environment where no labels apply. Labelling of any kind stigmatizes, particularly for "mental health survivors who testify to the harmful effects of stigmatization due to various forms of

treatment, notably through incarceration in mental hospitals” (Adams, 2002, p.162). It is apt then, that the organization chose ‘the perfect name’. The only label it associates with is the name in which the participants give themselves - ‘the shedders’.

This study examined the experiences of the participants in a Men’s Shed in County Cork and identified in the findings the importance of the role of the organization in the lives of men. As stated, key data findings of this research illustrated the highest ‘categories’ of men to attend the organization are retired and unemployed. The devastation of such life-stressors, amongst many others, is evidenced throughout the study as having a devastating impact on men’s mental health and wellbeing. Increased levels of isolation and the stigma attached to mental distress have further compounded men to feel excluded from their ‘community’ and from ‘society’. What happens at a societal level affects the individual and such are not separate entities. It must be probed, who are such entities? They are not separate from the individual. As the ‘shedders’ summed up, ‘we are the community’ and within the community, the Men’s Sheds ‘are a valuable resource in today’s society’.

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APPENDICES

Appendix 1 Consent form

Before starting the interviews

Firstly, I acknowledged appreciation of the men's time and effort to participate in the study. I provided time to allow them read the consent form and ask me questions on the study. I explained that I would record the interview and asked them if they agreed to this. I explained how I thought the interview schedule would go with regards to open-ended questions and my reason for engaging in the research this way. I acknowledged that while opportunity to elaborate in certain areas was appreciated, I referred to the time element of the interview which might limit the process. I was clear in reiterating my respect to them if they wanted the recording to end or the interview to stop. I referenced the confidentiality aspect of the interview and that it was my intention to be as ethical as possible with no information identifying individual participants.

As a research participant in the Men's Shed in [name of Men's Shed],

I [name of interviewee] understand that the research of Men's Sheds is for the student's final year dissertation project. I understand that the information given will form part of [student's name] research and is not intended to identify me personally. I give permission to use what I say at this interview for the benefit of the student's study. I understand that I may choose to terminate the interview session at any time.

I [name of participant],

YES NO

1. Have been informed of who the interviewer is, why this research is being undertaken, who will benefit from availing of the results of the research, and where the research findings will be published
2. Am informed of the research title and I understand what the student wishes to pursue in the collection of data as a result of my participation in this research
3. Willingly consent to partaking in the research by engaging in a recorded semi-structured interview, knowing that, of the information I divulge, it will be protected by the student on the Dictaphone device and treated respectfully and in accordance with UCC ethical guidelines and that of the guidelines of the IMSA regarding participation in research
4. Understand that the information will not identify me personally, i.e. my name will not be released, however, I also understand that the information collected may perhaps solidify the existing research on the organization and what I say may be used as contributing to the body of knowledge which pertains
5. Am aware I may end the interview at any time I choose to, without reason
6. Understand that I may request my recording not to be used if I change my mind

Appendix 2 Interview Guide

Interviewer: Research on Men's Sheds has stated that the organization's aim is to advance the health and well-being of its participants.

- Can you tell me what 'well-being' actually means for you? (probe)
- Can you tell me if you think that by coming here *your* personal sense of well-being has improved? Please explain
- Since attending the shed, can you rate your sense of well-being, in relation to: (probe)
 - a. Emotional (happier, contented, more engaged, purposeful, belonging, community, more positive outlook than before?)
 - b. Physical (fitter, healthier, structured day?)
 - c. Educational (up-skilling, mentoring, sharing knowledge?)
 - d. All of the above/Other?
- What was the main reason that you were interested in participating in something like this? (probe)
 - a. For something to do
 - b. For the company
 - c. For the fun/camaraderie
 - d. To learn new skills
 - e. To be part of a group/project/community
 - f. To meet new people
 - g. To learn about Men's Health
 - h. To have the informal chat, fun, the 'cuppa'
 - i. Other
- Is the reason you *first* attended here different from your participation now? (probe)
- Would you attend more often if there are projects to do here? (probe)

Appendix 3 Questionnaire Consent Form

February 23rd, 2015.

Hello,

My name is [student name]. I am a mature student in my final year on the Bachelor of Social Work (BSW) course at UCC. As a component of my degree, I am required to undertake research in a topic of interest to me. In association with UCC's Community Academic Research Link (CARL) project, I have chosen to research Men's Sheds as I have a personal interest in community-based organizations and what they have to offer men. I aim to find out (a) why men participate in a Men's Shed and (b) what are the benefits gained by participating. There are 3 pages to the questionnaire.

As per my phone conversation with your Shed Facilitator, I understand that you have agreed to participate in my research which is titled: *An evaluation of the experiences of the participants of a Men's Shed in Co. Cork*. I am distributing questionnaires to the organization via your facilitator [name of facilitator]. I would greatly appreciate if the 'shedders' would take the time to complete this questionnaire within the next few weeks as I hope start analysing the data collected beginning on **March 12th, 2015**. The information gathered will form part of my research regarding men's experiences as participants in a Men's Shed and the findings will be presented on UCC' CARL website. The information will be respectfully treated with confidentiality and will not identify you.

Thank you in advance for your time and your help on this. I welcome the feedback and I will be in touch shortly regarding the collection of the questionnaires. I can be contacted at [number] or at [email]. If further information is required regarding the project, my UCC tutor [name of tutor] can be contacted at [tutor's e-mail].

With kind regards and much appreciation to all of the 'shedders'

Sincerely,

[name of student].

Appendix 4 Questionnaire

Men's Shed Questionnaire (3 pages total)

Please tick all that apply:

Marital Status - are you:

Married Single Divorced Other

Living Arrangements:

Urban Rural
Living with someone Alone Other

Work status - are you:

Employed Unemployed Working part-time Retired

Age criteria – are you:

18-30 31-45 46-60 61-70 71+

Activities – do you:

Belong to other clubs/organizations Yes No If yes, please list:

For each of the following statements, in **Part A** and **Part B**, please tick **one** box in each row that best characterizes what you feel about the statement:

Part A:	Agree	Strongly Agree	Disagree	Strongly Disagree
Why do I participate in this Shed?				
Meet with other men for companionship and comradeship				
Make new friends and socialize with people of the same gender				
To just get out of the house				
To learn new skills				
Share my knowledge and skills with other men				
Engage in projects within my local community and 'give back something'				
Learn about Men's health and get some information on Men's health issues				
A stepping stone for future employment				
For something to do in my day and occupy my spare time				
Be involved in making and creating projects with other men				
Chat and enjoy the cuppa with other men of similar interests				
I have to as part of my social welfare/work scheme obligations				
To gain a sense of purpose and meaning in my life and this is important to me				
Other information?				

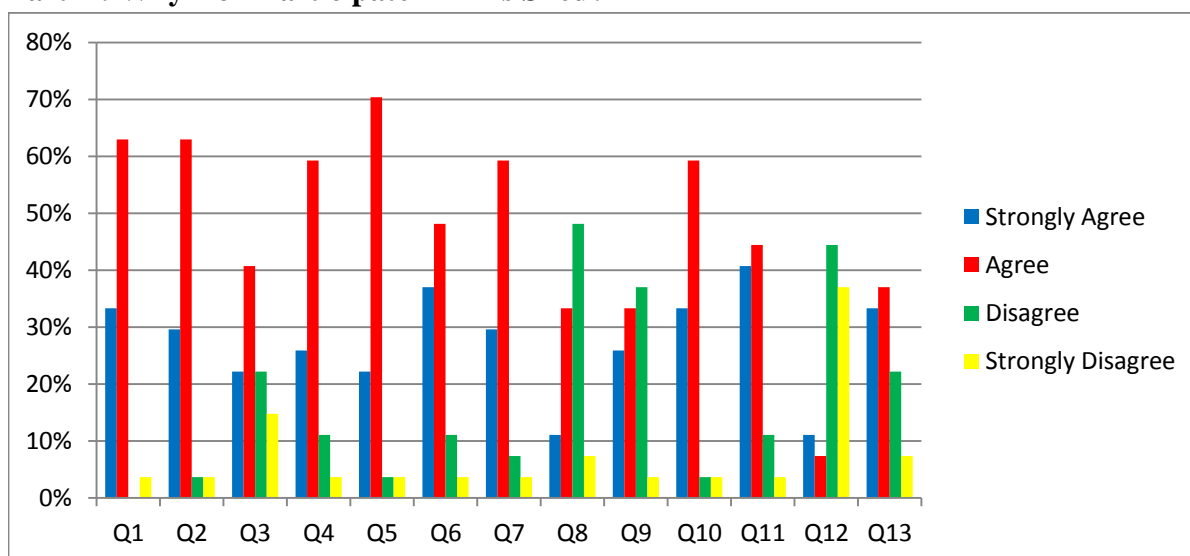
Please continue to Part B

Part B:	Agree	Strongly Agree	Disagree	Strongly Disagree
Since Attending this Shed				
I feel I am more confident in myself				
I am happier to be involved in working on projects with other Men				
I feel privileged to learn new skills				
I believe I am accepted for who I am right now				
I am provided with opportunities to share my own skillset				
I feel I could mentor younger men on projects of interest to them				
I am provided with opportunities/skills for future employment				
I am more involved in my community				
I feel I I'm viewed by others as a person who makes a contribution makes a difference in the community				
I have opportunities to access health information by informal discussion with other				
I feel I have a better understanding of who I am				
I feel the Shed provides me with a sense of identity				
I feel empowered about making decisions which affect my life				
I feel comfortable to ask for help from fellow 'shedders' on a variety of topics, inc. men's health				
I am more 'at ease' with my life and its direction				
Others have commented that I appear happier and more contented since attending the Shed				
Other information?				

Thank you so much [student name and contact details].

Appendix 5 Results of Questionnaires

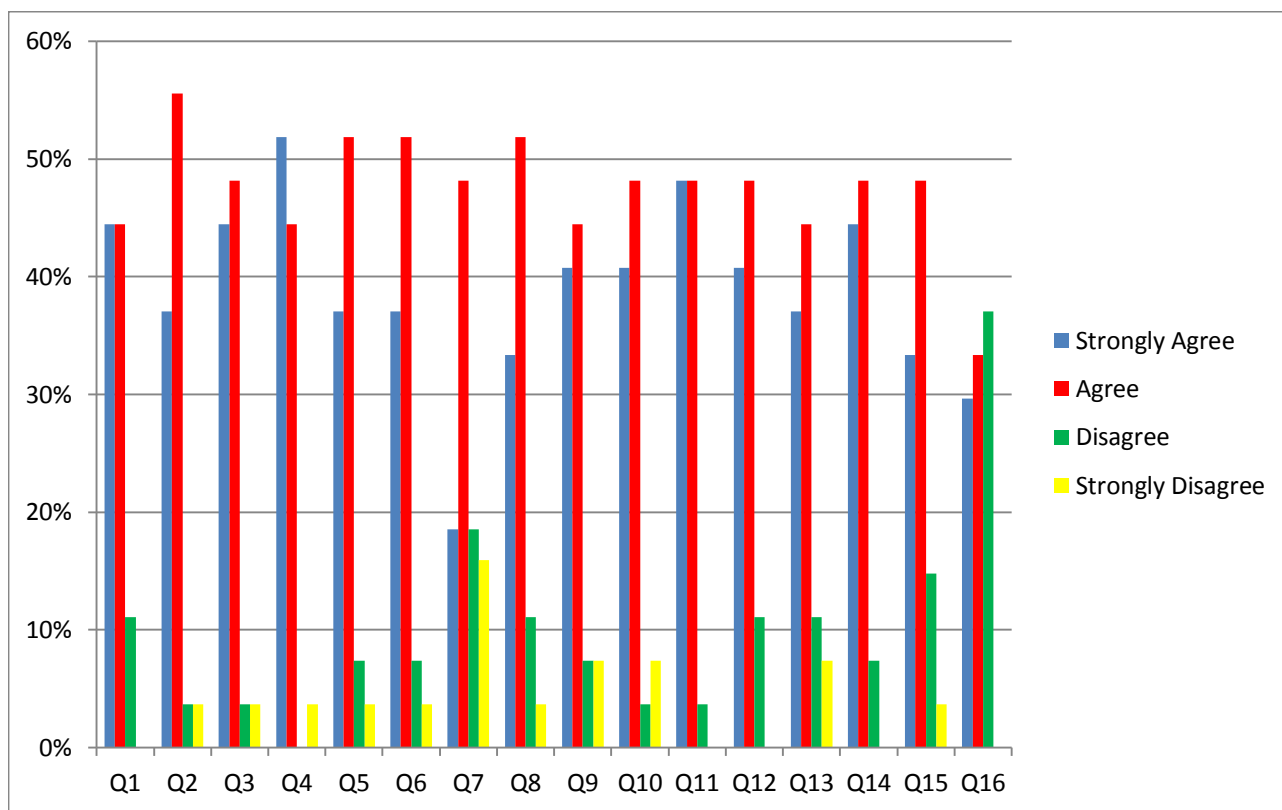
Part A: Why Do I Participate in This Shed?



Combined % results of strongly agree and agree

- Q1. Meet with other men for companionship and comradeship (96%)
- Q2. Make new friends and socialize with people of the same gender (93%)
- Q3. To just get out of the house (63%)
- Q4. To learn new skills (85%)
- Q5. Share my own knowledge and skills with other men (92%)
- Q6. Engage in projects within my local community and 'give back something' (85%)
- Q7. Learn about Men's health and get some information on Men's health issues (89%)
- Q8. A stepping stone for future employment (44%)
- Q9. Something to do in my day and occupy my spare time (59%)
- Q10. Be involved in making and creating projects with other men (92%)
- Q11. Chat and enjoy the cuppa with other men of similar interests (85%)
- Q12. I have to as part of my social welfare/work scheme obligations (18%)
- Q13. To gain a sense of purpose and meaning in my life and this is important to me (70%)

Part B: Since attending this Shed



Combined % results of strongly agree and agree

- Q1. I feel I am more confident in myself (88%)
- Q2. I am happier to be involved in working on projects with other Men (93%)
- Q3. I feel privileged to learn new skills (92%)
- Q4. I believe I am accepted for who I am right now (96%)
- Q5. I am provided with opportunities to share my own skillset (89%)
- Q6. I feel I could mentor other men on projects of interest to them (89%)
- Q7. I am provided with opportunities/skills for future employment (67%)
- Q8. I am more involved in my community (85%)
- Q9. I feel I'm viewed by others as a person who makes a contribution and makes a difference in the community (85%)
- Q10. I have opportunities to access health info. by informal discussion w/other men (89%)
- Q11. I feel I have a better understanding of who I am (96%)
- Q12. I feel the Shed provides me with a sense of identity (89%)
- Q13. I feel empowered about making decisions which affect my life (81%)
- Q14. I feel comfortable to ask for help from fellow 'shedders' on a variety of topics, including men's health (92%)
- Q15. I am more 'at ease' with my life and its direction (81%)
- Q16. Others have commented that I appear happier and more contented since attending the Shed (63%)

Appendix 6 Themed (by %) Results

Companionship (1st highest thematic rating)

Men gravitated to Men's Sheds for the purpose of meeting with other men (96%), to make new friends (93%) and enjoy the 'cuppa' and the chat (85%). As a result of participating, men stated they felt happier by having a place like Men's Sheds to go to (93%).

Create Projects, Share Knowledge & Skills (2nd highest thematic rating)

Men joined the organization to be involved in creating projects with other men (92%), to share their knowledge and skills (92%) and learn new skills (85%). As a result of participating, men felt privileged to have the organization as a place which provided them with the opportunity to learn new skills (92%) and share their knowledge and skills (89%) and felt they could mentor other men on projects of interest to them (89%).

Access Health Information (3rd highest thematic rating)

Men joined the Men's Sheds for the purpose of learning about men's health issues through informal discussion with fellow 'shedders' (89%). Since attending the shed, men felt that they were provided with the opportunities to access health information by informal discussion on health-matters with other men (89%).

Community (4th highest thematic rating)

Men participated in the Men's Sheds to engage in projects in the community and to 'give something back' (85%). Since joining the Men's Sheds, men felt more involved in their community (85%) and felt they were viewed by others as a person who makes a contribution and makes a difference to their community (85%).

'Sense of Self' (5th highest thematic rating)

Men joined the Men's Sheds to gain a sense of purpose and meaning in their life (70%). As a result of joining the Shed, men felt they had a better understanding of who they are (96%). Men felt the shed provided them with a sense of identity (89%), they felt they were more confident (88%), more 'at ease' with their life and its direction (81%), and more empowered about making decisions which affected their lives (81%).

Appendix 7 'Working Together' Community Projects

Dray Cart

We constructed an old time Dray cart which would have been pulled by horses on farms in the last century throughout Ireland.

Flower Boxes

We constructed 10 flower boxes in 2014 which were placed around the place in partnership with the tidy towns.

Building Renewal

We renewed the front of [name] as it had some woodrot. This is run by the Chamber on a voluntary basis so we were happy to help out.

Sanded and Painted the Church Doors

It was a pleasant days work on a nice sunny day where we removed the doors and sanded and painted them ready for the winter again.

Anniversary Birthday cake

The [area] is celebrating a big event this year so we constructed a giant 3 tier Birthday cake which St Patrick himself popped out of at the grand stand to a big happy Birthday. [name] also added a piece to the which we teamed up with local art studio.

High Nelly Restoration

We were donated some old High Nelly's in very bad repair and are proceeding to take them apart and restore them to their former glory. We hope to have a fun cycle around the place when we are finished.

Wormery

The Mens Shed are currently making a wormery for [name] which will cater for their food waste from their restaurant. With advice from an expert in all Composting Types a wormery was decided on as the best composting solution for their restaurant food waste. It is of timber construction (Supplied By the Tidy Towns) 4'x2'x2' which by using worm's will turn their restaurant waste into compost and have the means to capture the liquid worm juice which is also a super plant feed. So this is a win win win win project.

Bat Boxes

There is a group of students from the secondary school currently doing a Unesco project on Bats and how beneficial they are to our environment. The Mens Shed are making some Bat boxes for this project, we will also make up some bird boxes which will be placed the many lovely walks in the area.

Stanley 9 range

We have been just donated a Stanley 9 range which we will restore for our workshop area. For a lot of the projects we teamed up with other groups and organizations in the area. This works great socially and is something we will continue.

Composting area in the Secondary School

We gave a composting demonstration to the public after doing this project. This is now used by the school in their pursuit of a Green Flag award.

Appendix 8 Men's Shed Research Guidelines

Twelve Tips for Men's Sheds to Deal with Research Proposals

By Barry Golding & reviewed by Ted Fleming, John Evoy, Ted Donnelly and David Helmers.

The twelve tips

When shed organisations and shedders are approached by anyone to do research, there are some important basics, and some questions we suggest you ask, and have answered to your satisfaction. These 'ten tips' are summarised below.

1. You always have a right to ask questions, and once fully informed, say 'Yes' or 'No'.
2. Ask yourselves, either personally or as a group, whether it is the Men, the Shed, the Movement or just the researcher that will benefit from this work being done. You have every right to decline the opportunity to participate in any research with which you are not comfortable. Good research is more likely to be of benefit to Men or Shed.
3. All formal studies conducted by university-based researchers should have **University Research Ethics Approval**. In this case you will get a form to read and consider in advance which fully and in plain language informs you about the research, who is doing it, what they are trying to find out, how they are doing the study, what they are seeking from you or your shed, their contact details and an address of the University Research Ethics Committee, in case things go 'pear shaped'. It also gives you a chance to ask questions before you agree to cooperate (or not) and any other the conditions of your participation, e.g confidentiality.
4. Any student undertaking research as part of a degree will have an assigned supervisor. It is good to ask who this person is and feel free to contact them if necessary.
5. If you complete a survey, you usually don't have to complete any other form (filling it out implies consent), but you should not fill it out until and unless you are clear about all the important basics, above.
6. If you complete an interview you also will be given a *Statement of Informed Consent* that must clearly outline exactly what you are agreeing to do, with the conditions of interview made very clear. If the interview is recorded in any way, ask about privacy and confidentiality of the tapes and transcripts, and whether they plan to use names of people and sheds (or not). You are entitled to be treated anonymously and with no identifying information included in any document. If you are still not clear, ask more questions until you are sure whether you want to participate (or not). You have a right during (or soon after) the interview to withdraw your previous written and signed permission for any reason. You should be given copies of all transcripts of your interviews and at least see the draft final report, thesis or other publications before they are finally submitted or published.
7. If there are other forms of health or medical testing involved, the ethical bar will be raised even higher. Read and check everything.
8. All other research without formal university ethics approval studies (e.g. done by private individuals, consultancy firms, community and shed-based organisations or government agencies) should provide the at least same basic, ethical information as in points 2-5 above.
9. You have a right with all research to ask where, when and in what form the research will be published, and how you will be able to get a copy.
10. If you do participate in a study, you are free to use all published research to your best advantage (e.g. in newsletters, funding submissions, reports, media releases), as long as you accurately quote it and acknowledge those that did it.
11. If the results of research are not eventually published, if the results are interesting and useful, try and find people who can get them rewritten and published. This is in the best interests of everyone, including those shedders who took time to participate. The more respected the publication or publisher is, the more it will get 'cited' by other researchers internationally and the more it will be respected in the wider community as good evidence of what men's sheds do, their benefits for all concerned and how what we all do might be improved.
12. If you think the research that *is* being done is not meeting your shed's needs, try contacting universities, governments or researchers and encourage them to work together to gather the evidence you do need. Typically, no one asks them – and they will sometimes be delighted!

Appendix 9 Going Forward Men's Shed Strategic Plan

Irish Men's Sheds Association

Strategic Priorities

2013 - 2016

Strategic Priority 1 - Support the Growth of New Men's Sheds

IMSA will work together with individuals, communities and appropriate organisations, in supporting the start-up of new Men's Sheds in Ireland, throughout all areas of the country, specifically through the availability of services, supports and resources from our organisation.

Strategic Priority 2 - Provide Effective Services to Men's Sheds

IMSA will continue to develop and provide effective supports and services to Men's Sheds in Ireland which meet their needs, effectively assist Men's Sheds in Ireland to gain the maximum benefit of these supports and services, and facilitate Men's Sheds to actively contribute to the organisation on an on-going basis.

Strategic Priority 3 - Continue to develop a healthy, transparent, effective and efficient Organisation

IMSA will continue to facilitate the growth of an effective and efficient organisational structure to support the growth of Men's Sheds in Ireland including a work environment, policies and systems which will enable IMSA to effectively deliver on its key objectives and achieve the strategic priorities during 2013 – 2016.

Strategic Priority 4 - Raise Awareness and Understanding of the Men's Shed Model

IMSA will continue to strive for significant positive impact at society level. Through engaging in consistent positive PR opportunities, IMSA will generate widespread understanding that the different approach which the Men's Shed model takes to men's health and wellbeing is one that works, one which is needed in Irish society, and one which can be effectively and efficiently implemented for long-term positive outcomes for Irish society.

