

## RESULTS

Findings from both Questionnaire and focus group were collated. The following factors associated with or contributing to shed attendance behaviour included:

- Individual
- Social
- Environmental
- Financial
- Political, and
- Health service factors

### Factors associated with Shed attendance

Factors	Encourages attendance	Discourages attendance
<i>Individual</i>	Boredom Loneliness Desire to be productive Improved confidence and happiness Provides sense of purpose Motivated to engage in other activities - physical and social as a result of shed attendance Helped get life back on track Increased knowledge about health services	Illness/medical appointments  Lack of knowledge about sourcing materials

<b><i>Social</i></b>	<p>Wives encouragement to attend</p> <p>Wives praise for products made</p> <p>Meeting new people</p> <p>Development of new friendships</p> <p>Helps adjust to retirement</p> <p>Sharing of knowledge, skills and ideas</p> <p>Availability of co-ordinator who listens and respects confidentiality. (Counselling)</p> <p>Opportunity to discuss social &amp; emotional problems</p> <p>Shown patience, time and care on first visit</p>	<p>Personality clashes</p> <p>Other commitments/wife</p> <p>Carer responsibilities</p> <p>Not knowing people</p>
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<b>Factors</b>	<b>Encourages attendance</b>	<b>Discourages attendance</b>
<b><i>Environmental</i></b>	Media coverage – Bendigo Advertiser/television	Dust/ noise/hard floor surface
	Brochures - Bendigo Library	Transport difficulties
	Availability of tools & machinery	
	Friends/local promotions	
<b><i>Financial</i></b>		Lack of money for materials, transport and attendance costs.
<b><i>Political</i></b>		Lack of formal orientation
		Lack of system to check machine competency
		Self determination - communication considered more difficult with a committee
		Lacking person in authority to issue rules
		Orientation process sometimes confusing
		Restricted opening times
<b><i>Legislative</i></b>		
<b><i>Health Service</i></b>	Increasing knowledge about and linking men into health services	

***16 reported ‘nothing’ discouraged them from attending the Shed.***

## Factors Associated With Shed Attendance – *PRECEDE Model*

The *PRECEDE* Model provides a theoretical framework to further identify specific negative and positive behaviours relating to the shed behaviour. It also allows optimum program planning. Predisposing, enabling and reinforcing factors are identified. Predisposing factors relate to knowledge, attitudes and beliefs, enabling factors relate to skills and resources whilst reinforcing factors relate to sustainability. The following illustrates the findings of both the focus group and questionnaire in relation to shed attendance behaviour, using the *PRECEDE* Model:

- **Continuing to attend the Shed**

<b>Predisposing Factors (relates to knowledge, attitudes and beliefs)</b>	<b>Enabling Factors (relates to skills resource and</b>	<b>Reinforcing factors (relates to sustainability)</b>
Boredom  Wife's influence  Media coverage and advertising  Desire to be productive	Sense of purpose           Availability of tools and machinery           Meeting new people           Sharing of knowledge, skills and ideas           Availability of a co-ordinator who listens and respects confidentiality           Opportunity to discuss social and emotional problems	Sense of purpose           Feeling Productive           Motivated to engage in other activities, physical and social, outside the Shed (Swimming)           Increased knowledge about health services           Development of new friendships           Helps adjust to retirement           Sharing of knowledge, skills and ideas           Life back on track           Improved confidence and happiness

- **Not continuing to attend the Shed**

<b>Predisposing Factors (relates to knowledge, attitudes and beliefs)</b>	<b>Enabling Factors (relates to skills resource and</b>	<b>Reinforcing factors (relates to sustainability)</b>
Lack of knowledge about sourcing materials, such as timber.	Illness/medical appointments	Personality clashes
Not knowing people	Carer responsibilities	Physical discomfort of dust/noise/hard floor.
Lack of money for materials, transport and attendance costs	Transport difficulties ie. lack of, timetables of public transport.	
	Lack of money for materials, transport and attendance costs	
	Lack of formal orientation procedures	
	Lack of system to check participant's machine competency. Lack of person in authority to issue rules	
	Confusing orientation process	

## **Focus group and questionnaire components of the evaluation also highlighted the following:**

- Access / Recruitment
- Benefits of attending
- Barriers to attendance
- Frustrations,
- Reported priority health needs and,
- Participant suggestions

### **Access/Recruitment**

Participants reported finding out about the shed via:

- Media - television
- Newspapers (in particular photographs and local stories) 10 respondents read it in the local paper.
- Promotions of the shed (Expo's)
- Word of mouth ie. From wives, neighbours, daughters.

### **Benefits of Attendance**

Benefits of the shed were sought from respondents using the following as prompts (ie. Answer by tick box):

- |   |    |
|---|----|
| • Meeting new people  | 28 |
| • Adjusting to retirement   | 16 |
| • Developing confidence   | 20 |
| • Providing a sense of purpose  | 20 |
| • Finding out health information  | 19 |
| • New friendships   | 23 |
| • Stress relief/reducing anxiety  | 10 |
| • Availability of extensive tools and machinery   | 28 |
| • Having a place for blokes to go   | 23 |
| • Sharing knowledge and skills  | 24 |
| • Having a place to be productive   | 20 |
| • Boredom relief  | 11 |
| • Sharing common interests  | 25 |
| • Learning new skills   | 26 |
| • Taking opportunities to talk<br>with the coordinator about personal and group matters | 15 |
| • Finding out about other services around Bendigo                                       | 16 |
| • Making and repairing things   | 28 |

Factors associated with shed attendance were well documented by respondents. The overriding factors were “to do something” and decrease social isolation and feelings associated with poor self-esteem. 12 reported they attend the shed to “mingle and meet blokes”. 8 reported they attend the shed to learn more about woodworking, whilst 9 reported that they attend the shed to socialise.

Comments further highlight the magic from the shed and reasons for attendance:

*“Going to the shed makes me feel like I’m back working and that feels good - it’s helping me adjust to retirement. I feel productive again and that makes me happy”.*

*“I was totally alone before I came to the shed. I like making things, but the shed provides me with a place to go, talk and meet people – it has given me confidence to go out again”.*

*“I like to teach others about what I know and learn new things from others”.*

*“My wife likes me to go, she likes what I make and likes me to meet other blokes”.*

## **Barriers to Attendance**

Barriers identified include:

- Illness
- Other commitments
- Transport (public system inconvenient)
- Not knowing people
- Personality clashes
- Difficulty in sourcing affordable, appropriate material, and
- Wives

16 respondents reported “nothing” stops them from attending the shed.

## **Comments included:**

*“Too crowded to be able to work on your project”*

*“Haven’t got time suitable to go to shed”*

*“I attended with an elderly male client as his carer. We attended one day a week for about four weeks. We only stopped attending because of safety concerns (my client had Alzheimer’s – machines a problem)”*

*“I have not been well, but intend to continue as I think the shed is innovative”*

*“Lacking interest in woodworking”*

*“Part-time job for 8 weeks”.*

## Frustrations with the Shed

Practical (environmental) frustrations were reported – these being noise and a hard-floor surface, storage for material and machines. Structural factors (matters relating to systems and organisation) associated with non-attendance included:

- Lack of formal orientation system and opening times.
- Lack of systems to check machine competencies.
- Day-to-day supervision – sometimes ad hoc.
- Restricted opening times.
- Tension associated with the committee, growth of the shed and directions of self-determination, and
- Communication and personality clashes.

These frustrations were recorded and fed back to the committee. Some of these frustrations have been attended to and some, it appears, are ongoing.

## Participant Suggestions

Participants were asked to provide suggestions for improving the shed. The following outlines suggestions.

### Summary

Communication Organisation Maintenance Supervision	Expansion	Funding	Coordinator Project Worker	Committee
List current phone numbers of committee mentors and/or members  Sharpening of tools  Roster system for use  Closer monitoring as to material and machinery used *Improve method of training men to use machinery  Increase number of supervisors  More communication with other groups using the shed to ensure 'clean-up' and machinery is maintained	Computer  Demonstrations on wood turning/staining and finishing  Increase hours for access  Include engineering activities, sheet metal, metal spinning, turning & fitting, spindle moulder, spray booth area  More 'sheds'  More tables for working in the shed (if you're late you miss out)	Help with accessing funding	Maintain a coordinator to listen and proactively help with health information and knowledge to services  OTHER – including health	Decrease tensions and improve communication

Second-hand timber to be approved by supervisor (to ensure machines remain intact)	New router-table New tools Smoking room Smaller table saw Update equipment Wood turning tools Encourage participants to make toys for Salvos to hand out			
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### Reported Health Needs

The shed is an ideal vehicle for health promotion. To best provide health information/support/direction, questions were asked to determine priority health problems. Respondents were asked via the focus group and questionnaire “to list the five top health problems”. The following outlines the physical, social and emotional health problems:

Physical	Emotional	Social
<ul style="list-style-type: none"> <li>• Sexual Issues (impotence)</li> </ul>	<ul style="list-style-type: none"> <li>• Loneliness x 6</li> </ul>	<ul style="list-style-type: none"> <li>• Transport x 3</li> </ul>
<ul style="list-style-type: none"> <li>• Arthritis</li> </ul>	<ul style="list-style-type: none"> <li>• Depression x 5</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of money x 14</li> </ul>
<ul style="list-style-type: none"> <li>• Diverticulitis</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety/panic</li> </ul>	
<ul style="list-style-type: none"> <li>• Back injury</li> </ul>	<ul style="list-style-type: none"> <li>• Feelings of worthlessness</li> </ul>	
<ul style="list-style-type: none"> <li>• Heart</li> </ul>	<ul style="list-style-type: none"> <li>• Frustration</li> </ul>	
<ul style="list-style-type: none"> <li>• Skin cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Memory</li> </ul>	
<ul style="list-style-type: none"> <li>• Hip replacement</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship x 3</li> </ul>	
<ul style="list-style-type: none"> <li>• Bad back/neck</li> </ul>	<ul style="list-style-type: none"> <li>• Family problems x 2</li> </ul>	
<ul style="list-style-type: none"> <li>• Hearing</li> </ul>	<ul style="list-style-type: none"> <li>• Drinking problems</li> </ul>	
<ul style="list-style-type: none"> <li>• Feet problems (balance)</li> </ul>		
<ul style="list-style-type: none"> <li>• Tinnitus</li> </ul>		
<ul style="list-style-type: none"> <li>• Poor eyesight</li> </ul>		

### CHEW ‘N CHAT SESSIONS

The Chew ‘n Chat sessions previously described were evaluated for impact and process.

**Impact/Process Evaluation (Appendix G).** Questionnaires were distributed at the end of seminars – 2 – 5.

**Question 1.** The content of the last session was interesting.

**Response:**

Very interested 6		••	••		••••
5	•	••			•
4	•	••	••	•	•
3				••••	
2					
Not at all interested 1					
<i>Session</i>	Carer	Medication	Heart Health	Dietician	Keeping fit in retirement

**Question 2.** What was the best thing about last week’s session?

**Response:**

*Carer:* Awareness of the problem.  
General information provided

*Pharmacist:* New information.  
Everything interesting.  
Specific information on dosage and storage.  
Information on drug usage.  
The social aspect of the session.

*Dietician:* Lunch

*Keeping fit in retirement:* Information highlighting the need to exercise more.  
General information on health and fitness.  
The presentation (succinct) x 2.  
All topics covered.  
Explained in detail.

**Question 3.** What was the worst thing, if any, about last weeks session?

**Response:**

*Carer:* Nil

*Pharmacist:* Ran out of wholemeal rolls.

*Heart Health:* Becoming aware of all the wrong things I have done. ie. eating habits.

**Question 4.** Have you done anything differently as a result of last week's session?

**Response:**

If yes, what?

*Carer:* Yes – 1      No – 1  
Distributed available pamphlets.

*Pharmacist:* Yes – 4      No – 3  
Given more thought to personal health.  
Informed personal pharmacist of becoming allergic to a medication.  
Changed the use of anti-inflammatories.  
Checked with pharmacist on medicine compatibility.  
Learnt to look at tables.

*Heart Health:* Yes – 2      No – 2  
Taking more note of chest pains and exhaustion.  
Reduced fat intake.

*Dietician:* Yes – 1      No – 3  
Reduced fat intake.

*Keeping fit in retirement:* Yes – 4      No – 3  
Walking more briskly.  
Will make an effort to attend weight classes.  
Thought more about my health and exercise.  
Walking, using weights, stretching.

**Question 5.** Did you learn anything? If so, what?

**Response:**

*Carer:* There is assistance available for people who are in a carer's situation.  
There is help for people who have an invalid dependant on them.

*Pharmacist:* Inform your pharmacist about any change or allergy from your medication.  
Learnt about cholesterol and fats.  
Proposing to ask pharmacist about side effects.  
To self-examine, checking for changes due to medication (rashes etc.).  
Take care not to double up on medication by mistake.

*Heart Health:* Not to dispel signs such as pain.  
Be very aware of chest pain. Seek ambulance first.

*Dietician:* Dietary experts change advice frequently.

*Keeping fit in retirement:* Exercise needs to be repeated on a daily basis.  
I have to try harder.  
Exercise is good for you.  
Muscle strength can be restored in aged people.  
You're never too old to start exercise.

**Question 6.** Any other comments?**Response:**

- Carer:* Informative speakers are appreciated.
- Pharmacist:* This education session should be taken to the schools. These sessions fill in a lot of gaps in regard to men's health. Maybe hold another session on drugs - prescription and illegal?  
I like the idea of allowing us to ask questions about our health.
- Heart Health:* Very informative.
- Dietician:* Need a more informed session trainer.
- Keeping fit in retirement:* I try to do more exercise.  
Why have no exercise programmes been introduced in nursing homes?  
A great course – well conducted.

**Observable outcomes for Chew 'N Chat sessions include:**

- A willingness by the men to ask questions (40 – 50 most sessions).
- Considerations of how to inform themselves and others were made. For example, brochure racks at the community house were examined and proposed for siting at the shed to hold health educational material for men in the Shed.
- Further discussion related to the health issue ensued between attendees and later with people not at the session.
- Exploration through discussion of other relevant health topics that could be pursued took place after the event(s).
- It can be noted some knowledge gain and behaviour change was reported.
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The Chew 'N Chat sessions were conducted over 10 weeks. The evaluation results indicate both an eagerness for knowledge and the continuation of these sessions. Further outcomes re referrals to other agencies were not recorded. However, staff from Community Health Bendigo have been invited back to the Men in Sheds to talk about physical activity, falls prevention and men's health. A request has been made for a talk about problem gambling.

## Process Evaluation

A process evaluation questionnaire was administered after session 4 to determine participant satisfaction. Process evaluation of the Chew 'n Chat groups was measured by questionnaire. (Appendix H). 5 questionnaires were returned.

**Question 1.** How useful are the Chew 'n Chat sessions?

**Response:** On a scale of 1 – 6,  
1 = not useful at all,  
6 = very useful

Two participants scored 4 and three participants scored 6

**Question 2.** Did they provide much new information?

**Response:**

- Not too late to exercise
- Learnt about how the heart works, medications and correct dosages
- Diabetes
- General well-being
- How to find health information

**Question 3.** Were the speakers interesting?

**Response:** Yes = 5  
Did they present information well?  
Yes = 5

**Question 4.** Did you feel comfortable in the group?

**Response:** Yes = 5  
Did anything prevent you from attending the sessions?  
No = 5

## **DISCUSSION OF EVALUATION**

The methods of data collection allowed for comparisons, anonymity, in depth interviewing, verbal and written responses.

The response rate from the questionnaire was positive. Earle (1992) reports that “sheds are more than a roofed shelter for storing things, they have a proper people dimension and house a major social challenge for community and recreation professionals to programs to make Sheds more socially inclusive and productive learning centres.”

It appears from this project, men are motivated to go to the Shed for many reasons. The Shed is not seen as merely a place to make things but a place to share information/knowledge (teach and learn), find out about health and related services, meet blokes, make new friends and importantly create a sense of purpose.

Reported frustrations included communication between the members, typical difficulties organisations have when working towards moving from establishment to autonomy. Processes, such as orientation within the Shed, were reported to be developing and somewhat difficult at times to formalize. Concerns in relation to maintenance of the machines and supervision of the Shed activities were reported. It was felt the potential for injury using the types of machinery available was both recognized and needed to be monitored. Participants reinforced the need for systems and process to be formalized to ensure standards are kept and machinery well maintained.

### **Committee**

Discussions arose in relation to the committee. Whilst the majority of the respondents recognised the invaluable and hard work the committee and others have done, it was highlighted that the observed and expressed tensions relating to self-determination were seen as a frustration and deterrent to growth and harmony. It was also noted that the project worker should act as a resource and not a committee member. ie, in an ex-officio capacity at this stage of the Men in Sheds development. Maintenance of the machines was reported to be a problem, particularly in light of the OH&S issues and inexperienced participants. Further streamlining around shed supervision, orientation and safety procedures was suggested.

### **Access/Activities**

Access to the Shed, including hours of operation and types of activities were outlined as areas for improvement. Participants also suggested the shed activities could be diversified to include activities other than wood working activities.

### **Barriers**

Personal and social barriers to attendance were reported. Amongst them were illness, inability to source materials, personality clashes not knowing people. Financial and political barriers identified related to lack of money for materials and transport. Environmental barriers to attending the Shed were reported is being noise, dust and the hard floor surface.

## **Motivating Factors To Attendance**

Earle states “that the Shed, like jobs, creates a legitimate constant – it is always there, it offers something to do – job satisfaction and a sense of purpose! He goes on to say that our society values work above other models of community involvement. The participants in this project report the Shed providing them with a sense of purpose and regained identity in their retirement. Individual factors relating to why men go to the Shed related to ‘a desire to be productive’, ‘to meet new people’, ‘to be with blokes’, ‘to gain confidence’. These psychosocial factors – reasons for attendance serve as motivators for the participants to attend. The minimal cost of participating in Shed activities also served as a motivator.

## **Teaching and Learning**

The Shed was seen as a place to learn new skills and share knowledge. This occurred both in informal and formal ways. Men reported talking to each other, passing on and receiving knowledge. It appears this ‘functional’ approach to communication formed the platform for igniting friendships.

## **Social Isolation**

Feelings of reduced isolation were reported. Earle reports that, in general, retired men were:

- less likely to leave their residence than women
- socially less confident
- socially less competent
- less language skilled and,
- less willing to try new things.

These findings were reflected in this project. The Shed provides a functional setting for activity and communication. The Shed, it appears provides, windows of opportunity to reduce isolation using the functional approach of the common interest in Shed activities.

## **The Project Worker**

The value of the Project Worker was highlighted in the findings. The worker was viewed as a confidant, a catalyst, teacher, a source of information and a media for the potential for this position to enhance the ‘health’ and knowledge of health related services cannot be underestimated.

## **Frustrations**

Frustrations that emerged from this project highlights the evolving process of change and growth the participants and committee are going through. The increasing demand for Shed participation and the ongoing strain of securing funding added to the frustrations.

## CONCLUSION

The Shed provides a functional meeting place for retired men. The benefits are numerous and have a far reaching effect beyond the Shed. Amongst the benefits reported in attending the Shed were:

- To meet people and develop confidence
- Adjust to retirement
- Provide a sense of purpose
- Find out new information and share knowledge and learn new things
- Access to extensive and expensive range of tools and machinery and,
- To make and repair things

This report does not highlight specifically the ripple effects the Shed has on the participants families and friends but these emerged throughout the report. Participation in the Shed has increased so much so that the Shed is operating at full capacity. This attendance alone serves as an indicator of success.

The Shed is also an ideal vehicle for health promotion. The Chew N' Chat lunches evaluation indicate a huge degree of satisfaction, with some retention of knowledge and behaviour changes. The trust developed in the establishment phase was integral to the establishment of the health promoting and evaluation component of this project. This form of health promotion in the Shed is an ideal way of providing learning opportunities. Analysis of the findings using the PRECEDE model provides information on what motivates, enables and reinforces Shed behaviour. These factors provide a sound theoretical basis for the continuation of the Bendigo Men In Sheds project and the establishment of a best practice model for other communities.

In conclusion a quote from a participant reinforces the importance of the Shed in the lives of retired men –

*“Long may the Shed continue, I live alone, I meet blokes, I make things, the Shed makes it for me”.*

## **THE WAY FORWARD (The Model) (Appendix I)**

Based on the findings and using the theoretical frameworks mentioned earlier the suggested model is as follows:

### **Management**

The model has two distinct stages of development. Management that is intrinsic to both, and fundamental to success.

A collaborative project to be conducted between a government body eg Department of Human Services, local council, local health agency, an MIS Inc. body or advisory group, and other significant contributors ie. the lessors of the Shed, the local Senior Citizens. This collaboration would provide a broad base for establishment of the Shed, give strength to sustainability and enhance health promoting opportunities for the participants. This relationship could be secured with a memorandum of understanding and/or one organisation taking the auspice role. This collaboration could occur due to agency investigation of local men's need or develop in response to an identified community request.

## **Establishment – Phase 1**

The first 6 months to 12 months:

- Identify and document need in local community
- Establish a steering committee.
- Secure funding and in kind contributions
- Seek an auspice body
- Facilitate the process with a community development worker who can recruit, develop trust and aid in the establishment of an incorporated committee, help develop processes and protocols.
- Determine what “function” will happen in the Shed eg woodwork, metal work, small engines etc.
- Obtain a venue (Shed), machinery
- Develop orientation processes for new participants.
- Develop day-to-day supervision processes/protocols
- Ensure occupational health and safety procedures appropriate to the participants abilities and types of machinery
- Recruit participants using the local media, organise brochures and a launch
- Work towards association and incorporation.
- Ensure some structure is in place to take responsibility for the operations of such a project eg an incorporated body/advisory group.

## **Phase 2**

- Function as an incorporated body/advisory body linked to an incorporated body eg health centre/local council.
- Restructure the community development workers role to one of health promoter, counsellor, confidante (to act in an ex-officio role and not as manager of day-to-day operations).
- Gather information on health needs, if necessary to collaborate with public/community health experts.
- Develop a health promotion response to identify needs ie provide lunches and information sessions, reinforced with access to written information relating to identified needs and information via the community development worker.

- Ensure the shed becomes an ongoing source of information on health welfare and educational services available
- Use the Shed to establish additional interest groups eg. an art group, a writing group etc.
- Ongoing evaluation for process and impact to ensure participants needs are met and health enhanced.
- Ensure day to day activities meet OH&S standards, and protocols and processes are met eg orientation , opening and closing of the Shed, safe participant numbers per day.

## **Critical Considerations**

*The key components for phase one include:*

- Collaboration with other agencies.
- Ensuring a bottom up approach (community development).
- Ensuring management of the Shed is structured through a committee/advisory group.
- Provision of a paid community development worker to the project with the ability to develop the project with future participants (feasibility study) and, with a specific project brief and,
- To agenda health outcomes that can occur with the project.

It appears from the Bendigo experience if these components are embedded in the project outcome of phase two will be enhanced.

*Critical components of phase two include:*

- Redevelopment of a reference group to guide and support the health promotion activities and ensure evaluation both impact and process occurs.

## **RECOMMENDATIONS**

### **Recommendation – Bendigo Men In Sheds**

That the project worker position is funded in order to sustain phase 2 of the recommended model and maintain the health promoting component.

### **Recommendation – Global Application**

That the model be considered for replication via:

- The development of a ‘starters kit’ (manual detailing the model of establishment, and sustainability of the project).
- A State-wide workshop to promote the model and establish a Men in Sheds network.
- The consideration of funding options, for example: the HACC Volunteer Coordination funding to sustain the project worker position, and Local Government funding/grant to contribute to operational costs.