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Sheds for Life

An initiative by Irish Men's Sheds Association



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Sheds for Life Impact Report Executive summary

The impact of implementation phase one on the health and wellbeing outcomes of participants

Prepared by: Aisling McGrath, Professor Niamh Murphy and Dr Noel Richardson 2021

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Foreword

The Men's Sheds movement in Ireland has been paramount in providing an alternative setting to enhance the wellbeing of men and is fundamentally changing the narrative around how men do health. The sense of enhanced wellbeing that occurs when a man joins a shed is of no mystery if we consider what the shed inherently provides for men. Sheds are a home from home for many men that offers social support, a sense of purpose and belonging. All of these elements have been shown to play a vital role in improving and maintaining wellbeing.

These unique health enhancing qualities of the shed have been recognised and acknowledged in our National Men's Health Policy and Healthy Ireland Men: Action Plan (2017-2021). Sheds for Life is an innovative approach which was developed to respond to the increasing call by such policies for gender-specific health promotion programmes that target lifestyle and health behaviour change in men.

This report signifies the importance of how a tailored community based men's health promotion programme, developed in collaboration with its intended participants, can have a profound impact in engaging and empowering what are often regarded as a 'hard to reach' group (middle-aged and older men) in the care of their own health. The success of Sheds for Life as identified in this report is strongly underpinned by working in partnership and by a range of capacity building measures which have achieved sustainable health and wellbeing outcomes for the men.

As highlighted in the recommendations of this report, the dissemination of these findings highlight the success of a gender-specific community-based men's health programme that will not only benefit men's sheds but also provide an invaluable blueprint to inform and inspire other researchers, practitioners, policy makers and the wider community. During these uncertain and challenging times of COVID-19 we have witnessed how the pandemic disproportionately effects vulnerable males, this report identifies a real necessity for men's health programmes now more than ever.

The Irish Men's Sheds Association is delighted to share the findings from this Impact Report and would like to thank all those who have contributed to the success of Sheds for Life to date. In particular we acknowledge the Shedders, partner organisations, our academic partners and our funders for their invaluable contribution and commitment to the programme.

Enda Egan
Chief Executive Officer
Irish Men's Sheds Association

Sheds for Life Partners



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Executive Summary

Introduction: Responding to the need for gender-specific strategies that promote health

Although an emphasis on the excess burden of ill-health and mortality in men has increased in recent years, men remain disproportionately impacted. This has resulted in increasing calls at national and global level to tackle inequalities in health through gendered responses. Health outcomes among men remain generally worse than females globally with men in Ireland continuing to experience a higher mortality rate from almost all leading causes of death while women are also more likely to experience more healthy life years than men.

There is however increasing recognition that men and women are different in both biology and in the terms of normative gender roles and behaviours that are deemed to be culturally acceptable. This means that in order to tackle gender inequalities in health, there needs to be a gender-specific response that delivers tailored and targeted intervention, catering to the needs of women and men. In fact, an equal role for women in global health leadership is required to ensure that their needs are included in policy alongside the needs of men. Much of the excess burden of ill health experienced by men is avoidable and results from preventable lifestyle and other risk factors that are related to complex biopsychosocial responses such as gendered practices and behaviours relating to masculinity. Disparities in health that exist between genders, also exist within them, widening downwards through the social gradient as well as between different populations of men. Vulnerable populations of men are at an increased risk of the excess ill health burden with hard-to-reach (HTR) men less likely to engage with health and wellbeing. The health needs of men, particularly those who are at an increased risk, cannot be fully met until sex and gender are acknowledged at policy and practitioner level. Responses that focus on the complexities underpinning gendered practices and behaviours which influences male health engagement, and that align to existing public health priorities are necessary to tackle the burden of ill health in men.

The community as a setting for health promotion has demonstrated potential to implement preventative strategies that can ease the burden on health care systems and enhance population wellbeing. Strategies that utilise gender-specific strategies have proven most

effective in engaging vulnerable male populations. The Men's Sheds is a setting that is inherently conducive to promoting wellbeing in a place where men, some of which are HTR, naturally congregate within the safe and familiar environment. Sheds are organic health enhancing settings offering sense of purpose through meaningful work and skill sharing, social support, and camaraderie. Sheds also present a unique opportunity to reach a typically HTR group while learning from and giving a voice to more marginalised male populations in terms of how best to meet their health and wellbeing needs. Drawing on what works in other successful men's health programmes to inform strengths-based approaches, the Men's Shed setting is well positioned to deliver structured and tailored health promotion initiatives.



What is Sheds for Life?

“Sheds for Life” (SFL) was first developed by the Irish Men's Shed Association (IMSA) in 2016 in a bid to respond to the increasing calls for gender specific strategies that engage men with health and also in response to the openness of Men's Shed Members to participate in more structured health and wellbeing initiatives. The potential of Sheds to access a group of HTR men and engage them with health promotion initiatives is well established. Nevertheless, the IMSA wanted to oversee the implementation of health initiatives in Sheds in order to ensure that the environment of the Sheds and their members were protected and respected, with those working with the Sheds understanding and valuing the ethos of the Sheds environment. SFL uses a partnership approach, whereby allied provider organisations deliver various components of the programme in response to needs identified by Men's Shed members. After initial pilot testing of various SFL components, SFL was structured into a formally evaluated ten-week programme that delivers targeted and tailored health promotion directly to the Sheds. The programme comprises of a health check, three core pillars (physical activity, healthy eating and mental health) and a range of other health and wellbeing components into which Shed members self-select.

Results



The SFL evaluation uses an implementation science hybrid approach which dually tests effectiveness and implementation outcomes. This approach enables a simultaneous focus on demonstrating the impact of SFL on participants as well as assessing the effectiveness of its roll-out across the Sheds.

Below is a summary of the main findings from the assessment of health and wellbeing outcomes of SFL participants:

- SFL was delivered across 22 Shed settings with n=421 Shed members participating in the programme across four counties; Waterford, Kildare, Limerick and Louth.
- The mean age of participants was 69.1 ± 9.136 years, ranging from 27-90 years.

Health and Wellbeing outcomes

- There was a significant increase in **self-rated health** from baseline (immediately prior to SFL) post SFL ($p < 0.001$) sustained up to 12 months.
- Those who reported **liking to find out about their health** significantly increased post SFL ($p < 0.001$) and remained sustained.
- Days **physically active** for 30 minutes or more significantly increased post SFL ($p < 0.001$) and remained significantly higher than baseline up to 12 months, with a significant increase in **days spent walking** and in those **meeting the physical activity guidelines** as well as **physical activity self-efficacy scores**.
- In terms of subjective wellbeing, **life satisfaction and life worth** scores increased significantly from baseline with sustained change up to 12 months ($p < 0.001$).
- **Mental Wellbeing scores** significantly increased and remained significantly higher than baseline. There was also a significant and sustained improvement in; **understanding about mental health, having a conversation about mental health and feeling equipped with supports to maintain mental health** post SFL ($p < 0.001$).
- Outcomes relating to **social capital** improved significantly and were sustained beyond baseline with enhancements in; **sense of belonging** ($p < 0.001$), **close support** ($p < 0.001$) and **trust** ($p < 0.001$).
- Analysis of the **SF-6D** for measuring cost-effectiveness highlighted a significant improvement in **physical functioning** ($p < 0.001$), **role limitation** ($p < 0.005$), **mental**

health ($p < 0.001$) and **vitality** ($p < 0.001$ with no change in constructs assessing **pain** or **social functioning**).

- A minority (8.4%) were reported to **smoke** at baseline, with a significant decrease in amount smoked post SFL ($p < 0.05$). In relation to **alcohol**, 68.3% were reported to drink alcohol at baseline with a significant decrease in days drinking post SFL but this was not sustained.
- In relation to **dietary habits and cooking skills** there was a significant and sustained improvement in **cooking preparation techniques** ($p < 0.005$), as well as **cooking frequency** ($p < 0.005$), and **willingness to cook** ($p < 0.05$). There was also a significant increase in all confidence constructs related to cooking and healthy eating; **cooking using raw ingredients** ($p < 0.001$), **following a simple recipe** ($p < 0.001$), **shopping for healthier food to eat** ($p < 0.001$), **cooking new foods** ($p < 0.001$), **cooking healthier foods** ($p < 0.001$), **storing food safely** ($p < 0.001$), **using leftovers to cook other meals** ($p < 0.001$), **cooking whole raw chicken from scratch** ($p < 0.001$), **reading food labels** ($p < 0.001$) and **food hygiene** ($p < 0.001$).

Supplementary Components

- In the **Diabetes Workshop** there was a significant improvement in 6 out of 7 constructs measuring changes in diabetes knowledge. All participants “Strongly Agreed” (85.5%) or “Agreed” (14.5%) that the workshop improved their understanding of diabetes prevention and management.
- Of those who participated in **safeTALK suicide prevention** training, there was a significant increase in **confidence to deal with the needs of someone who might be suicidal** ($p < 0.001$) and **identifying appropriate services** for someone in distress ($p < 0.001$). There was no significant change in **willingness to talk openly about suicide** but there was a significant increase in confidence in terms of feeling prepared to do so ($p < 0.005$).
- In relation to **Digital Literacy** there was a significant increase in levels of confidence; **accessing a website** ($p < 0.001$), **sending and receiving an email** ($p < 0.001$), **staying connected with family and friends online** ($p < 0.001$), **renewing motor tax, shopping and banking online** ($p < 0.001$) and **getting online with apps on a smartphone** ($p < 0.001$).
- Following on from the **Oral Health Workshop** there was significant enhancement in the perceived **importance of going for annual oral checks** ($p < 0.05$). All respondents

also “Strongly Agreed” (77.8%) or “Agreed” (22.2%) that the workshops helped them to improve their understanding of how to manage and maintain their oral health.

- Of those who participated in **CPR training**, there was a significant increase in confidence; **recognising cardiac arrest and calling the emergency services** ($p<0.001$), **performing chest compression** ($p<0.001$) and **operating an AED** ($p<0.001$).
- Sheds who participated in the **Cancer Awareness Workshop** reported increased understanding of; **the cancer related early detection signs** ($p<0.001$), **the cancers most prevalent in men** ($p<0.001$) and **cancer screening services in Ireland** ($p<0.001$).

Sheds for Life Reach and Attendance

- An estimated **reach rate** calculated on the proportion of Shed members eligible to attend across targeted Sheds ($n=565$) against numbers who enrolled into SFL ($n=421$) was calculated at 73%.
- **Attendance rates** estimated on numbers who signed up to each component along with attendance records and self-reported attendance was estimated overall at 72.46%.

Conclusion



Phase one of SFL has demonstrated that the programme has been successful in effectively engaging a HTR group of men and enhancing their health and wellbeing outcomes. It has highlighted the rich potential of the Shed environment for men to engage with health and wellbeing in a meaningful and effective way. Building upon the inherent health promoting qualities found in the Shed, SFL has successfully implemented a structured and targeted prevention strategy that responds to the needs of Men's Shed members made possible by the strength of its partnership approach. The programme has demonstrated its feasibility by maintaining impact as it is translated across Shed settings. As well as highlighting the potential that tailored and targeted men's health interventions can have for addressing gender inequalities in health, SFL can inform health promotion strategies not just in Sheds, but in other community-based men's health programmes more broadly.

Recommendations



Below is a summary of the recommendations emerging from the research:

R1: Respond to the evolving needs of Shed members:

SFL should aim to continually adapt its programme content over time to respond to the evolving needs of Shed members.

R2: Make provision for follow-on supports post SFL

A follow-on or step down programme should be made available for past participants of the ten-week programme to encourage maintenance of positive behaviour change.

R3: Ensure that engagement is based on informed choices

Shed members should be fully informed of the evidence and importance of elements of SFL so that they can make informed and autonomous decisions to freely choose which elements of the programme to engage in.

R4: Maintain and strengthen partnerships

It is an important success factor of SFL that strategic and allied partnerships are maintained and respected while new partners who can respond effectively to the needs of Shed members are sought.

R5: Maintain a collaborative approach with Shed members

Collaboration with Shed members informs key insights into barriers and facilitators within the intervention setting and also enhances feelings of reciprocity and trust. The collaborative approach also facilitates identification of health champions and leaders who are instrumental to the success of SFL at ground level.

R6: Assess for Cost-effectiveness

Preliminary evidence suggests that SFL offers good value for money, particularly through the enhanced health and wellbeing outcomes and its engagement of an at risk group. It is important to apply the findings to a cost-effect analysis as it is an important determinant of the scalability of SFL.

R7: Inform implementation outcomes for scale-up

Assessing the implementation outcomes of SFL will provide clear differentiation from clinical effectiveness outcomes and assist in forming a blueprint for the wider roll-out of SFL ensuring that effect is maintained at scale.

R8: Disseminate SFL findings to key stakeholders

Dissemination of SFL research findings in appropriate format for key stakeholder is recommended. SFL will provide a blueprint for practical application and will be a valuable addition to other researchers, practitioners, policy makers, the wider community and men's shed members.



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Irish Men's Sheds Association, Irish Farm Centre, Naas Rd, Drimnagh, Dublin 12, D12 YXW5. **Telephone:** 01 891 6150 **Email:** wellbeing@menssheds.ie

Website: www.menssheds.ie | www.malehealth.ie  @IrishSheds

 www.facebook.com/Irishmensshedassociation