

REVIEW OF SUPPORT FOR THE MEN'S SHED MOVEMENT CURRENT STATE REPORT

Draft 16 November 2018

ESA11418

FINAL

Prepared for The Commonwealth Department of Health

URBIS

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Template version 2016.1.0

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Acronyms and Abbreviations

Acronym	Meaning
ABS	Australian Bureau of Statistics
AMSA	Australian Men's Shed Association
ASGC	Australian Standard Geographical Classification
ASGS	Australian Statistical Geography Standard
DOH	Department of Health
DHHS	Victorian Department of Health and Human Services
DSS	Department of Social Services
DVA	Department of Veterans' Affairs
MSWA	Men's Sheds of Western Australia
NDIS	National Disability Insurance Scheme
NSDP	National Shed Development Programme
PHN	Primary Health Network
RA	Remoteness Area
TMSA	Tasmanian Men's Shed Association
VMSA	Victorian Men's Shed Association

Executive Summary

This report

Urbis was engaged by the Department of Health (the Department) to undertake a review of the current state of the Men's Shed movement. This report is primarily a descriptive report of the research findings, to inform development of included options for future support strategies provided by the Department.

Our approach

This report has been informed by a policy scan focused on documentation and literature relevant to the movement, as well as primary research including consultations with a purposefully selected group of key informants and sheds. Engagement with sheds was through an online survey, which attracted a high response rate, and in-depth engagement with a sample of individual sheds through field visits and telephone interviews.

Background and context

There are ~1000 Men's Sheds in Australiaⁱ which provide a space for men to engage with other men and their communities.

It is commonly noted that 'every shed is different'ⁱⁱ with different models of Shed operating across Australia conducting different activities depending on member (known as 'shedder') interests, but typically includes, for example, woodwork, metalwork, leatherwork or gardening.

The Department provides \$1.7 million per annum to support the Men's Shed movement, of which \$900,000 per annum is provided to the Australian Men's Shed Association (AMSA) for operational funding and \$800,000 is offered to Sheds through the National Shed Development Program (NSDP), administered by AMSA.

NSDP funding is targeted at developing shed infrastructure, purchasing tools and equipment or conducting health events or activities.

This review explored the current funding structures, activities, outcomes, enabling factors and barriers and challenges affecting the Men's Shed movement across Australia. It identified the health and wellbeing needs of shedders, activities being taken to address those needs and unmet needs of shedders that persist, in order to develop options and recommendations for the Department to consider in its future funding cycle.

Health and Wellbeing needs in sheds

Shedders identified health and wellbeing needs across five broad areas shown below.

MENTAL HEALTH NEEDS	often related to depression
PHYSICAL HEALTH NEEDS	including healthy eating and exercise programs
CHRONIC DISEASE MANAGEMENT	most commonly related to managing arthritis, dementia and diabetes
HEALTH PROMOTION AND PREVENTION	including screening services and information on local health services
SPECIFIC HEALTH NEEDS	most commonly related to diagnosis and support for hearing loss

In each of these five areas, a greater proportion of Sheds in remote and very remote regions reported high or very high health needs compared to sheds in major cities and regional areas.

Most shedders and stakeholders identified social isolation as a key driver of health and wellbeing needs. Other drivers of need identified were retirement, bereavement and rurality.

Responding to needs: activities undertaken by sheds

Specific health and wellbeing activities offered by sheds identified during the review can be generally grouped into three areas.

Physical activity and specific physical activity programs

Providing health information including guest (health) speakers

Provision of health services and support including screening and coordination or referral to local health professionals

Whilst most sheds and other stakeholders reported that *sheds are not health service providers*, most shedders (76.9 per cent of survey respondents) agreed or strongly agreed that the shed undertook health activities. There were mixed attitudes around whether Sheds were a suitable location to offer health services.

“More and more guys are saying let’s talk about mental health” (Shedder, Qualitative Site Visit)

“The shed isn’t about health. It’s about blokes coming together. Only through that might they talk about things or feel included” (Shed Executive, Qualitative Site Visit)

Shedders typically reported that they did not want to be directed to undertake specific activities and that the shed was operated by the members, for the members. Several shedders reported that they would like access to health information to better understand what opportunities for health programs were available, but others reported feeling overwhelmed by being targeted to deliver health strategies.

Outcomes from shed activities

Men’s health experts typically reported that Men’s Sheds were valuable spaces for men to get together thereby reducing social isolation and improving mental health and wellbeing. This was consistent with the qualitative feedback from many shedders who identified that reducing social isolation was the key outcome from shed attendance. Most shedders reported that health outcomes were a by-product of shed attendance, rather than directly related to specific health programs or services offered by or in the shed.

Many shedders reported increased engagement with and across communities and some recognised the shed as a social amenity available to the whole community thereby increasing social capital within communities.

Unmet needs and challenges

Needs identified by sheds were frequently identified as being at least partially unmet. The most common unmet need reported by sheds remained social isolation and many shedders identified mental health needs as not always being addressed.

Shedders typically reported that they could be doing more within the range of health needs, most commonly on mental health. Many shedders expressed a desire for additional mental health professionals’ information sessions as well as a wish to have ‘in-house’ mental health services.

Sheds provided insights into challenges that were preventing health needs from being met and broader challenges facing sheds over the next five years. Key challenges identified were:

- Engagement and participation: 21.0 per cent of respondents identified Shedders disengaging from the shed as a key challenge.
- Funding: 15.4 per cent of survey respondents reported that funding for shed activities was a key challenge.
- Infrastructure, demand and tenure: 14.0 per cent of survey respondents reported key challenges of having sufficient space for members and equipment, coping with increased demand, developing existing infrastructure and having limited control or tenure of the land on which the shed is based.
- Recruitment: 13.7 per cent of survey respondents reported the key challenge as attracting and retaining new members.
- Information, partnerships and organising health activities: 12.2 per cent of survey respondents reported a key challenge of accessing information and partners to help them undertake health promotion or prevention activities.
- Shed leadership: 4.8 per cent of survey respondents reported key challenges due to the skill and capacity of shed leadership to sustain the ongoing operations of the shed, and succession planning for the future.
- Other: 5.2 per cent of survey respondents reported a range of other challenges, typically associated with culture within sheds or rurality.

- None: 13.7 per cent of survey respondents reported that the shed faced no challenges over the next five years.

Outputs from Department funding

Most shedders and stakeholders reported that shed and community outcomes were typically not the direct result of Department funding. By funding shed infrastructure and activities, shedders reported that the Department supports *enabling spaces* which have the by-product of improving shedder health and wellbeing. Shedders identified the exception to this as Department funding for specific health events and activities, such as the *Spanner In The Works* program, which typically received high levels of support from attendees.

Many reported high levels of satisfaction with the National Shed Development Programme (NSDP) although there were several challenges and opportunities identified:

- A lack of awareness and accessibility to the program: 40.0 per cent of those who did not receive funding indicated that it was because they were not aware of the NSDP.
- Issues around the process: Many shedders reported that accessibility to the NSDP was dependent on the level of expertise within the shed in applying for grants. 17.0 per cent of respondents identified that they had not accessed NSDP grants as the application process was too complicated.
- Concerns around transparency and governance of the NSDP: Some sheds identified a lack of understanding around the NSDP. Several sheds outside of NSW reported concerns about the transparency and their eligibility to the NSDP.
- Types and amounts of funding available: Several sheds reported that they had not received the total amount of funding requested through the NSDP, which left them to raise the balance through other means, which was considered either impossible or time-consuming.
- Knock-on costs / infrastructure operating costs: Many shedders reported that equipment purchased with grants had operating costs that were overlooked at the time of application and were unfunded.
- Issues with funding criteria: Several shedders reported that the NSDP should focus on the needs of the shed itself – rather than the needs of the broader community.

Enabling factors to The Men's Shed movement

During the review, many sheds identified factors enabling the growth and sustainability of Sheds and the broader Men's Shed movement. The most commonly identified were:

- **Funding and in-kind support from governments and peak bodies:** Most sheds interviewed reported that they were well-funded and well-resourced. Governments at three levels reported that they were aware, and supportive, of the Men's Shed movement.
- **Internal shed leadership and culture** was reported to reduce turnover of members, increase shed funding and result in higher levels of community engagement.
- **Community engagement and goodwill:** Most community stakeholders reported high levels of awareness of men's sheds and high levels of support for the local shed. Many shedders identified that this facilitated operations, promotion and funding of the shed.

Options

Following the review, Urbis developed a strategic investment rationale to guide the development of options for support of the movement. Based on feedback received during the review, and in line with the interventions identified in the rationale, Urbis developed five options to build on the enabling factors and address unmet needs:

- Status quo
- Incremental improvements to status quo
- Regional cluster model
- Place-based model for men's health
- Off-the-shelf health programs for Sheds.

Each of these options was assessed for:

- **Alignment:** the extent of consistency with relevant policy/strategy frameworks and the strategic investment rationale
- **Effectiveness:** the likelihood of delivering the outcome sought
- **Feasibility and risks:** the likelihood of successful implementation and risks associated with implementation
- **Cost-efficiency:** the extent to which value is maximised for input budget

As a result of this assessment, the recommended option is to develop a regional cluster model.

This model would see sheds clustered into regions to build on existing benefits of sheds coming together to exchange information, knowledge and support. It would also build on the Department's role as information provider and provide a mechanism through which the Department could more directly influence shed health activities and health outcomes. The model could enable alignment with any or all of the different interventions identified in the strategic investment rationale including enabling access to health information, providing local opportunities for men to connect, supporting a network model and providing targeted funding and resources.

The Department could establish new positions for employed part-time regional coordinators based in each Primary Health Network (PHN) (n=31). The coordinator would be based at a suitable location. Of note, if the coordinator was to be based in a Shed, this would increase legislated responsibilities for work health and safety.

The regional coordinator would be responsible for liaising with sheds, the Department, PHNs and health services to deliver health programs and improve partnerships amongst Sheds and between Sheds and local health professionals. Coordinators could play a role in administering / recommending NSDP grant funding decisions and evaluating health outcomes from regional health activities.

Funding for this model could either be from new funding (standalone) or reallocating budget currently provided to AMSA. The estimated budget required would be ~\$1 million per annum¹.

Limitations of this review

This review has provided qualitative insights into what needs are presenting in Men's Sheds, and what sheds are doing in response. The review did not seek feedback from ex-members or non-members of sheds and therefore did not explore in detail the reasons why men leave sheds.

¹ Based on 31 x 0.5 Full Time Equivalent coordinators employed at APS 2.1 salary of \$49,983 (2017-2018) plus 22% on-costs. Note: indirect costs such as management and infrastructure costs have not been included in this estimate.

1. Introduction

Urbis was commissioned by the Department of Health (the Department) to undertake a review of the current state of the Men's Shed movement. The review explored the current funding structures, activities, outcomes, enabling factors and barriers and challenges affecting the movement across Australia.

1.1. Document purpose

This report describes Urbis' findings from the *Review of Support for the Men's Shed movement* project. The review commenced in June 2018 and concluded in November 2018. This report is the final deliverable for this project and triangulates the results of a policy scan, document review, online survey, stakeholder interviews and site visits. The findings formed the basis for an option development workshop conducted with the Department. Insights from the workshop informed the final review recommendations and have been embedded into this report.

1.2. Review context

It has been widely documented that Australian males have, on average, lower life expectancies, higher rates of avoidable and premature deaths, and a greater likelihood of dying from common conditions including cancer, cardiovascular disease and injuries compared to their female peersⁱⁱⁱ. This issue is not unique to Australia, with similar health disparities existing in comparable international jurisdictions such as Canada, the United States, United Kingdom, Ireland and New Zealand^{iv}. Men's mortality rates in these countries have not declined at the same rate as mortality for women, indicating significant potential population health and wellbeing gains to be made from strategies targeted at men^v.

The Men's Shed movement seeks to create a safe space for men to come together with the aim of increasing their health and wellbeing. Tapping into the historical trope of the backyard shed, Men's Sheds aim to foster a sense of community and belonging, engaging a variety of men (and sometimes women) through participation in a range of communal activities^{vi}. The Men's Shed movement aims to promote self-esteem, engagement in local communities, positive mental and physical health practices, and, in turn, a sense of "old fashioned mateship"^{vii}.

In 2010, the Men's Shed movement secured funding as part of the Department's National Male Health Policy^{viii}. The Department provides \$1.7 million per annum to support the Men's Shed movement through the Australian Men's Shed Association (AMSA). It is in the final year of its funding agreement and the Department commissioned Urbis to undertake a review of how best to support the Men's Shed movement, to inform its 2019 funding cycle.

1.3. Review objectives

The review's aims were to:

- identify the activities and outcomes that the current funding is delivering
- assess factors enabling or hindering the operations and outcomes of Men's Sheds where these align to the Department's objectives and
- provide options and recommendations for how the Department can best support the Men's Shed movement.

This project reviewed the model and mechanism of support provided by the Department, and the extent to which the aims of the Department in providing funding have been met.

1.4. Methodology

The review consisted of the following components:

- policy scan
- consultation with key stakeholders at AMSA and AMSA Patrons
- consultation with stakeholders involved with the Men's Shed movement including:
 - men's health experts
 - Commonwealth Government agencies
 - state government health departments
 - local governments
 - state peak bodies for Men's Sheds
- consultation with Shed members through:
 - online quantitative survey
 - qualitative site visits and telephone interviews with shedders.

The review did not seek feedback from ex-members or non-members of sheds and therefore did not explore in detail why men relinquish shed membership. The methodology undertaken is explained in detail below.

1.4.1. Policy scan

A policy scan and rapid analysis of the materials provided by the Department, as well as other publicly available documents, was undertaken. This involved a search for relevant literature and documents conducted through the following databases and resources: Google, Google Scholar and relevant websites in Australia and overseas, including but not limited to Commonwealth, Australian state and territory health departments, websites of Men's Shed peak bodies and organisations in Australia, including the Australian Men's Shed Association (AMSA), MENGAGE and the Men's Health Information and Resource Centre.

Key search terms used in this review comprised:

- Men's shed funding (NSW, VIC, WA, TAS, QLD, NT)
- Men's shed evaluation
- Men's shed evaluation research
- Men's health policies
- Men's shed research.

1.4.2. Consultation with key stakeholders

Interviews with key stakeholders were conducted during the earlier stages of the project. These interviews were focussed on securing internal perspectives on the strategic purpose of investment in Men's Sheds, as well as perceptions of present challenges and future opportunities. Key stakeholders identified were:

- Chairman of AMSA Board
- AMSA Executive Officer
- AMSA Shed Development Manager
- Professor John Macdonald, Western Sydney University and Patron of AMSA
- Professor Barry Golding, Federation University Australia and Patron of AMSA.

1.4.3. Consultation with sheds

Two key approaches to consulting men's sheds were employed: an online survey and direct consultations with a selection of sheds.

The online survey was focussed on Sheds' health needs and the enablers and barriers to addressing these needs. It was distributed with the assistance of AMSA and state men's shed associations, including the Western Australia Men's Shed Association, Victorian Men's Shed Association and the Tasmanian Men's Shed Association. The survey was distributed to one key contact at each shed registered with the relevant association.

It was anticipated that there would be one response per shed. However, some shed executives forwarded the survey to members of the shed. In total we received 1,272 individual survey responses. This included 935 who completed the survey and 337 partial completes². Partial completes have not been included as part of our analysis.

As we did not collect identifying information from each shed (e.g. shed name), we examined the number of respondents by postcode and the number of sheds located in each postcode to assess whether specific regions or sheds may be over represented in our analysis.

We found that 71 postcodes had three or more respondents, and, of these, 28 postcodes had five or more responses. If all responses were included, there was a risk our analysis could be skewed towards specific shed or regional perspectives.

To enhance the representativeness, we:

- examined the number of the sheds within each postcode (using the AMSA and state association shed locators) to determine how many responses we could anticipate from each postcode
- retained two responses per shed from each postcode (e.g. if a postcode had two sheds we retained four responses from that postcode)
- prioritised responses from executive members.

As the survey was programmed as an open link, it was not possible to prevent the recipients from forwarding the link to respondents outside of the sample frame (i.e. not Shed senior management). As such, respondents outside of the sample frame were excluded at analysis, with only two responses per Shed included from senior management. This simultaneously removes potential bias from the sample (to the extent possible) and ensured that the views of a single Shed are not over-represented.

Once we had applied these criteria, 752 responses remained for analysis.

A breakdown of survey responses is attached at Appendix A.

Site visits

In-person site visits provided the research team an opportunity to develop our understanding of the factors enabling or hindering shed operations and looking at different shed operating models. These site-visits included qualitative interviews and/or focus groups with executive and non-executive shed members. The sessions were designed to explore current needs of local members, activities and initiatives undertaken by the shed, current funding arrangements, as well as examining the role of local, state and federal governments, and how these roles might evolve in the future.

In total, ten site visits were completed across rural, regional and metropolitan locations:

- Airds Bradbury Men's Shed, NSW
- Albion Park Men's Shed, NSW
- Croydon Men's Shed, VIC
- Mornington Men's Shed, VIC
- Strathfield Men's Shed, NSW
- Thurgoona Men's Shed, NSW
- Yackandandah Men's Shed, VIC
- Holbrook Men's Shed, NSW
- Monash Men's Shed, VIC
- Wodonga Men's Shed, VIC.

The discussion guides for interviews are included at Appendix B.

Telephone interviews

In addition to the site visits, telephone interviews allowed the research team to develop an understanding of the diverse issues influencing sheds across Australia, exploring current needs of local members, activities

² Partial completes did not provide responses beyond Question 9 of the survey. The majority of partial completes answered the initial background questions (first five questions) about themselves and their shed but did not complete the rest of the survey.

and initiatives undertaken by the shed, current funding arrangements, as well as examining the role of local, state and federal government, and how this might evolve in the future.

In total, a further eight telephone interviews were conducted with sheds in regional, rural and metropolitan locations. This included:

- Grawin Glengarry Sheep Yards Opal Fields Men's Shed, NSW
- Mount Isa Men's Shed, QLD
- Noosa Men's Shed, QLD
- Wanneroo Men's Shed, WA
- Kalamunda Men's Shed, WA
- The Norseman Men's Shed, WA
- Wadeye Men's Shed, NT
- Albury North Manual Activities Centre, NSW.

Unsolicited feedback

Urbis received unsolicited feedback, generally from shed members who had heard about the review or completed the survey, via email (n=6) and by telephone (n=9). Of note, issues and suggestions raised were generally consistent with findings from the formal qualitative and quantitative feedback sought. For the purposes of this report, these responses have not been included in the analysis.

1.4.4. Consultation with stakeholders

Interviews were undertaken with a variety of other stakeholders to broaden the perspective of feedback including:

- Men's health experts
- Men's health peak bodies
- Men's Shed state committees
- State and territory health departments
- Commonwealth agencies
- Local government representatives
- Community organisations including not-for-profit and private corporations.

These discussions focussed on the present shedding movement, current areas of strength, opportunities for improvement, as well as considering the role of government in supporting sheds, looking at community partnerships and the role of sheds in communities.

1.4.5. GIS analysis

Urbis' Spatial Mapping team mapped levels of social inclusion according to the location of Men's Sheds. Mapping was conducted at the ASGS SA2 (statistical area 2) from the 2016 census.

Five key datasets were identified as proxies for social inclusion and were ranked into twentieth percentiles, so each metric had a measure from one to five, where one was a measure of the least social inclusion and five was a measure of the most social inclusion.

The five metrics used to indicate social inclusion were:

- Deciles on Index of Relative Socio-Economic Advantage and Disadvantage
- Electoral Participation Rate as a percentage of people over 18 in each SA2
- Volunteering Count as a percentage of total SA2 population
- Homeless Count as a percentage of total SA2 population
- Total Number of People receiving Payments as a percentage of total SA2 population

The total 'Urbis' rank of social inclusion was calculated by summing the metrics together: a total of 25 therefore indicated the highest level of social inclusion.

Of note, shed locations were identified using the AMSA database. The map therefore does not identify sheds not registered with AMSA.

Mapping of Men's Shed locations against proxies for social isolation was undertaken and is available online at <https://tinyurl.com/y7ddnnwc>³.

1.5. Development of findings

1.5.1. Qualitative research

A thematic analysis approach was taken with transcripts read iteratively to identify common themes and to develop a structure of perspectives from different stakeholder groups. Qualitative research does not seek to create a representative sample and responses were analysed for depth of insight rather than for breadth of participation. For this reason, a qualitative research approach does not allow for the number of participants holding a particular view on individual issues to be quantified. This approach provides an analysis of themes and perceptions among research participants rather than exact proportions of participants who hold a particular perspective.

In this report, *qualitative research* refers to data collected during the in-depth interviews with stakeholders and from site visits. Direct quotes have been provided throughout the report to support the key results or findings under discussion – with the permission of the stakeholder.

1.5.2. Quantitative research

Due to the number of surveys analysed (n=752), results are reported and charted as proportions.

We carried out analysis by state and territory but due to small sample size we grouped survey results by remoteness. Respondents identified shed postcodes, and these were grouped in accordance with the Australian Standard Geographical Classification System Remoteness Areas (RAs): major cities (RA1); inner and outer regional (RA2 and RA3) and remote or very remote (RA4 and RA5).

1.6. Limitations

The approach to selecting sheds for qualitative participation in this review was purposeful (i.e. non-random) sampling and does not result in a representative sample of Men's Sheds. While this does not undermine the validity of the perspectives offered by sheds included in this review and is to be expected given the relatively small sample size, it does limit the extent to which specific findings or observations can be generalised to the wider shed movement.

We note however the high response rate by Men's Sheds to the survey which enabled us to seek quantified estimates of the extent of different kinds of health need, and to identify the activities to address these needs being conducted by sheds.

³ Map available at <https://tinyurl.com/y7ddnnwc>. Username: UrbisSecure Password: VerySecure99

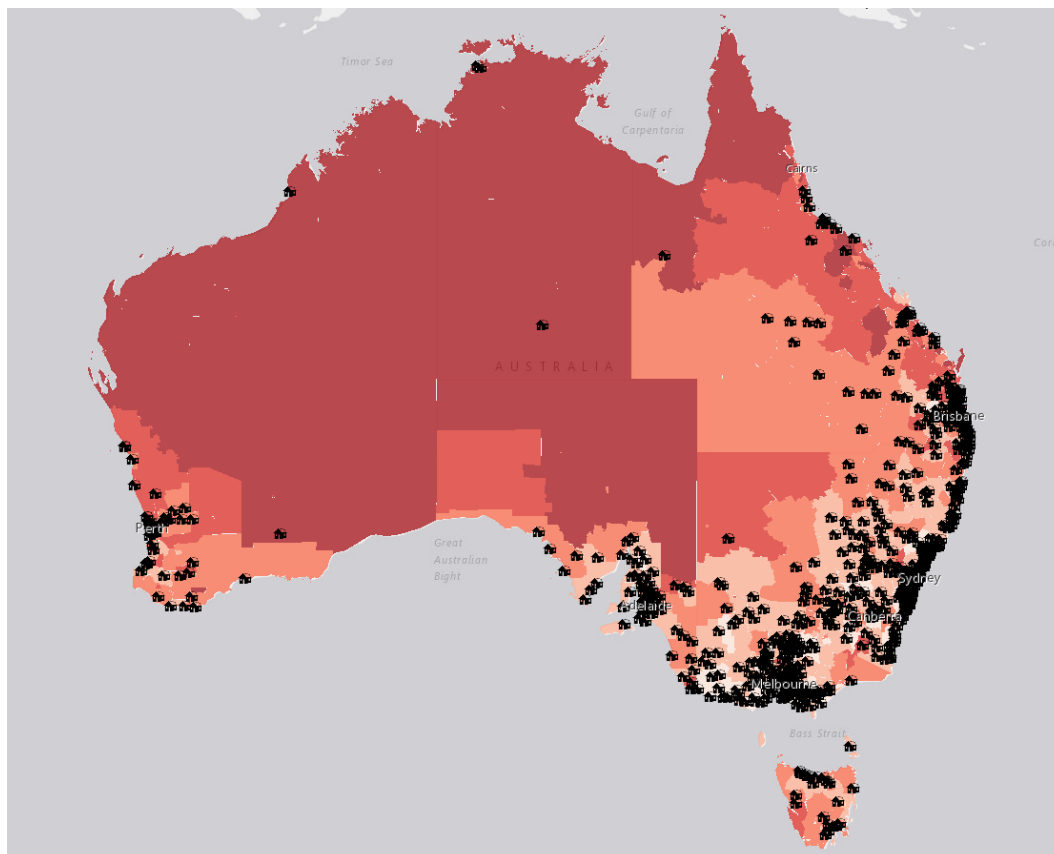
2. Overview of Men's Shed Movement

This chapter provides an overview of the Men's Shed movement including the number and lifecycle of sheds, shed governance and shed funding.

2.1. Shed numbers and Shed membership

There are estimated to be almost 1000 Men's Sheds in Australia^{ix} located in all states and territories and all regions.

Figure 1 – Map of Australia with sheds registered with AMSA identified



There was a mixture of views around the potential for future growth in the number of sheds in Australia. Many shedders in metropolitan areas typically reported that there were too many sheds in close proximity to one another which reduced potential member numbers and available funding, thereby negatively impacting the shed's sustainability. These shedders typically reported that the focus of the movement should be on retrofitting and improving existing sheds rather than building new ones. Conversely, many shedders in inner and outer regional areas, reported that there was a need for more sheds.

Men's Shed members (Shedders) interviewed for this review tended to be older, white males who were retired from the workforce. This was consistent with the 2013 survey report *Men's Sheds in Australia: Effects on Physical Health and Mental Well-Being*^x commissioned by BeyondBlue which summarised the demographics⁴ of Men's Shed members:

- members are mostly older men with an average age of 69 years
- 78 per cent of members were between the ages of 60 and 79 years
- 55 per cent lived in regional Australia
- 80 per cent were retired from paid work
- 38 per cent completed secondary school to year 9 or 10 or below

⁴ Note: represents demographic data of 2,500+ men's shed survey respondents. However, best available proxy for membership demographics

- 6 per cent speak a language other than English at home (Flood 2013:7-9).

2.2. Internal Shed governance

The majority (81.4 per cent) of sheds who completed the survey were incorporated associations and 14.6 per cent of responses were from sheds auspiced by an organisation. This split is consistent with estimates provided by AMSA in which it was stated that around 80 per cent of sheds are incorporated associations^{xi}.

Auspicings organisations identified during this review included churches, neighbourhood houses, community organisations (examples included a Lions Club and a Rotary Club), non-government organisations (examples included a disability services provider), aged care homes and local councils. Stakeholders reported that the largest auspicings bodies are Victorian Neighbourhood Houses (approximately 100 auspicings sheds^{xii}) and Tasmanian Neighbourhood Houses (12 auspicings sheds).^{xiii}

There was variation in the corporate governance observed across sheds. This variation appears primarily driven by shed size, shed leadership and whether the shed was auspicings or not. Many auspicings sheds employed staff members to oversee shed operations, and therefore tended to have capacity and capability to discharge its legal duties.

Most sheds, irrespective of auspicings, tended to have the following minimum governance structures in place:

- sheds tended to have a constitution available to members
- sheds tended to have an active board or committee that met regularly, decided on activities and managed shed finances
- shed members tended to have opportunities to elect a Board or committee to oversee shed operations

There was variation in approaches to work health and safety observed across sheds. This was more evident in incorporated association sheds.

“Shedders are responsible for their own safety and that’s that.” (Shedder, Qualitative Site Visit. Incorporated Association)

“We all look out for each other’s safety” (Shedder, Qualitative Site Visit. Incorporated Association)

Most auspicings sheds, which tended to have paid staff members and therefore additional responsibilities under the Work Health and Safety Act 2011 compared to volunteer organisations⁵, had supervisors for each area of the shed responsible for work health and safety.

Most sheds had orientation processes in place which required new members to be assessed on different tools and equipment before *signing them off* to use that piece of equipment. One shed visited displayed a list of approved users above each piece of equipment.

Many reported that board or committee members had a variety of backgrounds, including lawyers, councillors, electricians and panel beaters.

2.3. Lifecycle of a shed

Many sheds interviewed were well-established sheds (5-10 years old). These sheds tended to report that they were financially self-sustaining, had high numbers of members and low turnover, good equipment, and established relationships with the community. These sheds typically identified few needs other than additional pieces of equipment. Two sheds identified that it would be “nice to have” a 3D printer but neither considered this to be essential to the operations of the shed.

In newer sheds (less than 5 years old), shedders typically reported that the focus of the shed was on developing its infrastructure, growing its membership, obtaining new equipment and tools, building community partnerships and obtaining funding. These sheds typically indicated that grants application processes were daunting and complicated.

There were divergent views on the future of sheds. Some shedders reported that their shed’s future was secure and would be in place for the foreseeable future. Other shedders noted that that shed suited a particular time and had a finite life.

⁵ Section 34 of the Work Health and Safety Act 2011 (as in force in each state and territory) exempts volunteers from duties set out in the Act save for sections 28 and 29 of the Act which require that [volunteers] take reasonable care for his or her own health and safety; and [volunteers] take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other person.

"I will be naive to say, 'here we are the best thing ever and we are going to be here for 100 years'. We are a time and a place for a generation, probably 40 odd years ... it is natural they are going to phase out."
(Qualitative Site Visit)

2.4. Shed funding

Sheds' costs primarily arise from operating expenses and capital expenses. There is considerable variation in sheds' funding sources and many sheds reported having a diverse range of income streams. For example, Port Fairy Men's Shed obtains funding from many different sources^{xiv}.

Case study: Where does a typical shed's funding come from?

Table 1 – Port Fairy Men's Shed Funding summary

Revenue	Amount	% Total Rev.	Expenses	Amount	% Total Exp.
BBQs and Dinners	\$2,152	8%	BBQ & Dinner expenses	\$2,076	10%
Donations	\$1,126	4%	Equipment	\$8,911	42%
Dept. of Veterans Affairs Government Grant	\$6,044	23%	Insurance	\$1,995	9%
Port Fairy Folk Festival Grant	\$3,825	15%	Project Expenses	\$2,599	12%
Membership fees	\$2,055	8%	Shed Operating Expenses	\$3,889	18%
Projects Income	\$9,634	37%	Events	\$848	4%
Other	\$1,058	4%	Other	\$844	4%
Total Revenue	\$25,895	100%	Total Expenses	\$21,162	100%
Net Revenue	\$4,732				

Urbis did not review the financial statements of sheds visited.

Urbis identified \$8,561,939 that had been provided to sheds through government grants, primarily for capital expenses, since 2015-16. This is a conservative estimate based on funding reported to or identified by Urbis. We anticipate that there are significant unquantified grants provided to sheds. For example, many shedders reported that the local federal and/or state Member of Parliament had provided (unquantified) funding to secure new equipment. Those shedders were unclear on the mechanisms by which this funding was provided.

The Department funded NSDP grants (\$2.4M since 2015) constitute ~28 per cent of the identified government grants since 2015. Other major government grant providers include:

- Commonwealth Department of Social Services: \$1,075,279
- Commonwealth Department of Veterans Affairs: \$277,147
- Victorian Department of Health and Human Services: \$3m since 2015-16

A full breakdown of identified government grants is at Appendix A.

Private sector / philanthropic foundations grants programs were also identified by sheds and included:

- IMB Community Foundations Projects program
- Telstra Foundation Community Grants program.

2.4.1. Operating expenses

Most sheds reported that typical operating expenses included:

- lease costs

- utilities' costs
- council rates
- infrastructure operating costs (i.e. maintenance)
- materials (i.e. nails, wood, metal etc).

Operating expenses are generally ineligible for government grant funding. Many shedders reported that the shed was able to fund operating expenses from a range of revenue streams. These streams typically varied from shed to shed but generally included:

- membership fees / visit fees
- donations from the community and / or from corporate organisations
- sponsorship
- fundraising
- provision of services and
- sale of products.

Some reported that they were unable to meet their operating expenses. These sheds tended to be in remote / very remote regions and reported very high operating expenses, particularly lease costs, utilities costs and council rates.

Most sheds had minimal membership fees, typically ranging from zero to \$60 per annum. Many sheds registered with AMSA noted that there was a \$25 charge per member, payable to AMSA, for Public & Products Liability, Voluntary Workers Personal Accident and Industrial Special Risks & Association Liability Insurance. Many sheds reported that this cost was paid by its members.

Sheds visited charged their members \$2 per visit to pay for consumables such as tea and coffee.

"We make sure we refer to that fee as 'supporting shed activities' rather than to pay for tea and coffee, which is what it actually does. Otherwise, we'd have members saying 'I don't drink tea, I'm not paying!'" (Shed Executive, Qualitative Site Visit)

Most shedders reported donations from the community and / or from corporate organisations as a method for raising revenue. Most sheds reported that they received donations of materials such as wood, screws and nails from, for example, the local Bunnings.

Most shedders reported that they had sponsorship arrangements in place with local businesses, not-for-profit and philanthropic organisations to deliver services, programs or to develop infrastructure. Specific organisations mentioned included Bunnings, Rotary / Lions Clubs and storage organisations.

Fundraising was identified by most sheds as a key method to cover operating expenses. Many identified weekend barbecue stalls as being an opportunity to raise a significant amount of money for operating expenses.

"We can easily raise more than \$1000 from a Bunnings barbecue." (Shed Executive, Qualitative Site Visit)

Most sheds reportedly provided services to members of the community at lower than commercial rates. One shed repaired lawn-mowers for members of the public at a cost of \$20 per mower. Another shed repaired and restored furniture upon request.

Many made or repaired products for sale. One shed had an arrangement with a local police station to repair any unclaimed lost or stolen bicycles and sell them to members of the public.

2.4.1. Capital expenses

Many sheds reported that they typically funded large equipment purchases with government (Commonwealth, state or local) or private sector / philanthropic grants. Only one shed interviewed reported that they had sufficient cash reserves to purchase capital expenses without external funding.

Of the ~\$8.56 million provided to sheds by governments, around \$8 million since 2015-16 has been for capital expenses.

Many shedders noted that external grants for shed improvements and tools and equipment were required to ensure that the shed had enough well-maintained space with suitable equipment to retain current members and attract new members.

“We currently only have space for a wood work room, so we applied for a grant for a container space. That means we can have a separate metal works, which means that there’s something else to do. It might even get a few more people in the door” (Shed Executive, Qualitative Site Visit)

“We don’t have running water, so the next rounds of grants will be about getting the plumbing looked after” (Shed Executive, Qualitative Site Visit)

2.5. AMSA Funding

Whilst this review was not an evaluation of AMSA, analysis of AMSA funding supported Urbis’ understanding of the Men’s Shed movement and informed consideration of future funding options. AMSA had total revenue of \$2.998m in 2017-18, of which \$2.9946m was from three funding streams^{xv}:

Table 2 – AMSA funding streams

Source	Amount
Government grants	\$1,697,000 (56.6% of revenue)
Rendering of services	\$739,863 (24.7%)
Donations	\$557,733 (18.6%)

It is not clear what rendering of services includes as this is not defined in the audited financial reports.

AMSA operated at a deficit of \$145,461 in 2017-18 due to the following expenses:

Table 3 – AMSA expenses

Expenses	Amount
Employee benefits expense	\$798,110
Depreciation and amortisation expense	\$48,704
Member development grants & donations	\$1,279,211
Administration expenses	\$55,744
Conference expenses	\$61,541
Advertising and promotions	\$89,122
Professional services expense	\$118,599
Travel & motor vehicle expenses	\$112,825
Insurance expense	\$542,358
Other expenses	\$37,386

AMSA’s reliance on three funding streams present a risk to its future sustainability although its financial statement for 2017-18 states that “Australian Men's Shed Association has a current funding agreement in place with the Department of Health for continuation of funding until 30 September 2019. The Board are confident that Australian Men's Shed Association will obtain funding beyond 20 September 2019”^{xvi}.

2.5.1. International Men’s Sheds peak bodies

By way of comparison, the peak body for Men’s Sheds in New Zealand, MENZSHED New Zealand Incorporated, had income of \$21,225 NZD in 2017-18 over half of which (\$12,680 NZD) was from its bi-annual conference registrations^{xvii}.

The peak body in Ireland, The Irish Men’s Sheds Association Ltd (IMSA) had a gross income of EURO 171,555 (~\$280,000) in 2016 of which EURO 143,000 (\$230,000) was provided by government. IMSA

operated at significant loss of around EURO 70,000 (\$113,000) in 2016. It states in its financial statements for 2016 that it had secured government funding of EURO 261,000 (~\$425,000) for 2017 but that beyond that, the future was uncertain^{xviii}.

The UK Men's Shed Association had revenue of GBP 111,027 (~\$203,000) in 2017-18, the majority of which (GBP 98,000 or \$180,000) was raised through grants from independent charitable trusts. It received no government funding in 2017-18^{xix}.

The Canadian Men's Shed Association appears to be solely funded by Movember Canada and the University of Manitoba^{xx}.

3. Health and wellbeing needs In Sheds

This section focuses on what participating sheds reported to be the health and wellbeing needs of their members and the drivers of those needs. The frame used with sheds to explore the key areas of need was to ask about their perceptions of most common health and wellbeing needs.

Shed responses clustered around five broad areas shown in Figure 2.

Figure 2 – Shed responses to health and wellbeing needs

MENTAL HEALTH NEEDS	often related to depression
PHYSICAL HEALTH NEEDS	including healthy eating and exercise programs
CHRONIC DISEASE MANAGEMENT	most commonly related to managing arthritis, dementia and diabetes
HEALTH PROMOTION AND PREVENTION	including screening services and information on local health services
SPECIFIC HEALTH NEEDS	most commonly related to diagnosis and support for hearing loss

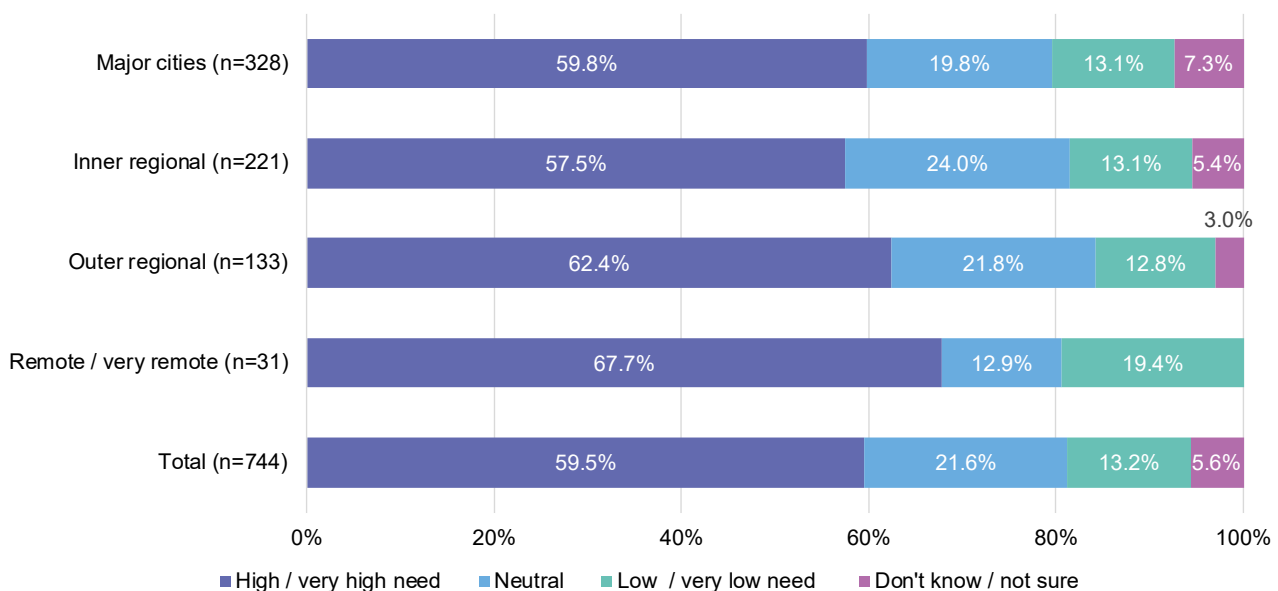
In each of these five areas, a greater proportion of sheds in remote and very remote areas reported high or very high health needs than in other areas.

Most sheds and stakeholders identified social isolation as a key driver of health and wellbeing needs.

3.1. Mental health

59.5 per cent of respondents to the survey rated the need to manage mental health and wellbeing as either high or very high within the shed. Many sheds reported that members' mental health was a key priority for the future.

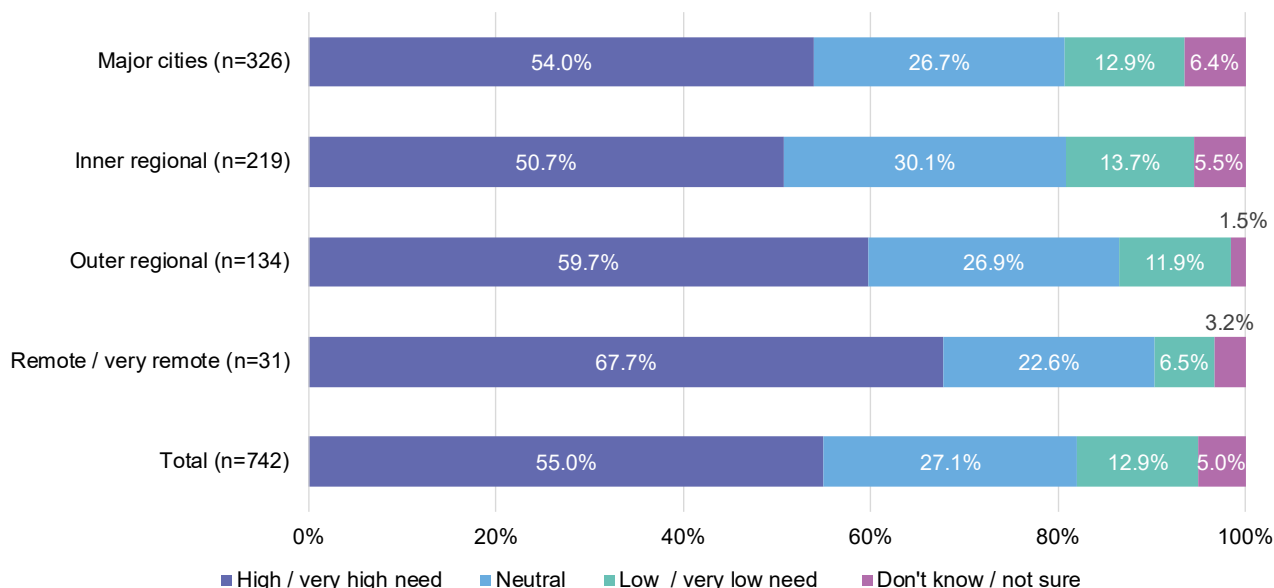
Figure 3 – Perspectives on managing mental health and wellbeing by remoteness



3.2. Physical health and healthy living

55.0 per cent of survey respondents identified managing healthy living as a high or very high need. Responses included healthy eating or exercise as a continuing need of shedders. Many sheds visited were delivering sessions on nutrition, healthy cooking and exercise, and helping members to eat healthily by offering them produce grown in shed gardens. There was an appetite amongst shedders interviewed to have access to more training in managing healthy living, particularly around healthy cooking.

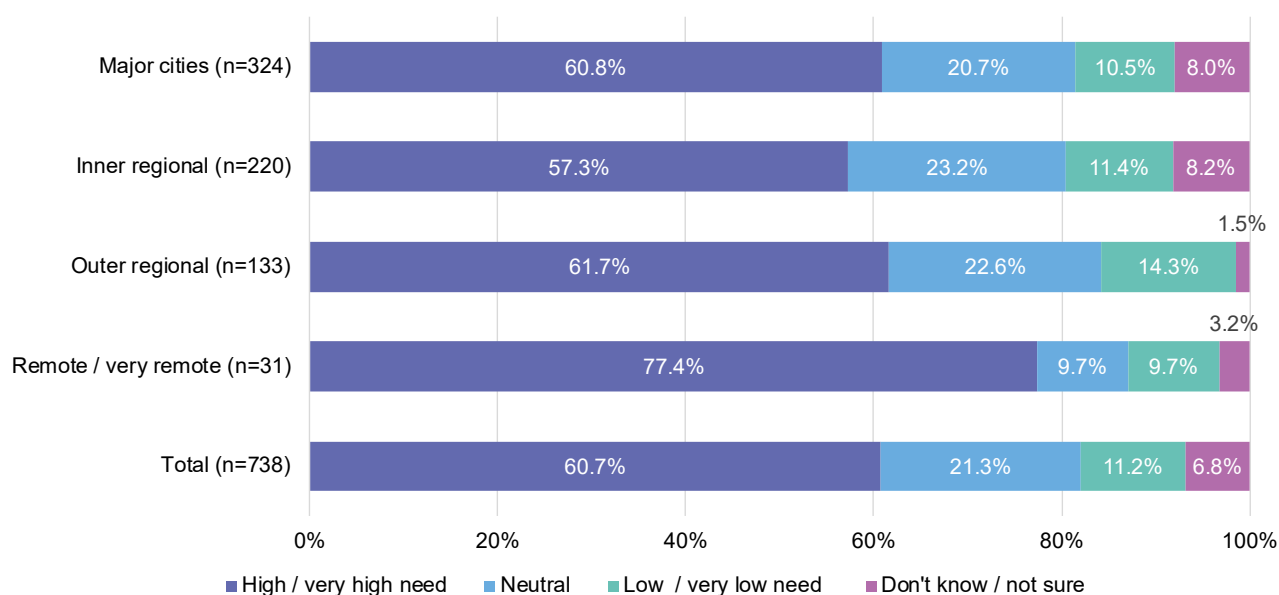
Figure 4 –Perspectives on managing healthy living needs by remoteness



3.3. Managing chronic disease

Managing chronic disease was noted as either a high or very high need by 60.7 per cent of survey respondents. This need was highest in remote or very remote areas (77.4 per cent identified as high or very high need). This is consistent with health needs of rural and remote areas^{xxi}.

Figure 5 –Perspectives on chronic disease management needs by remoteness

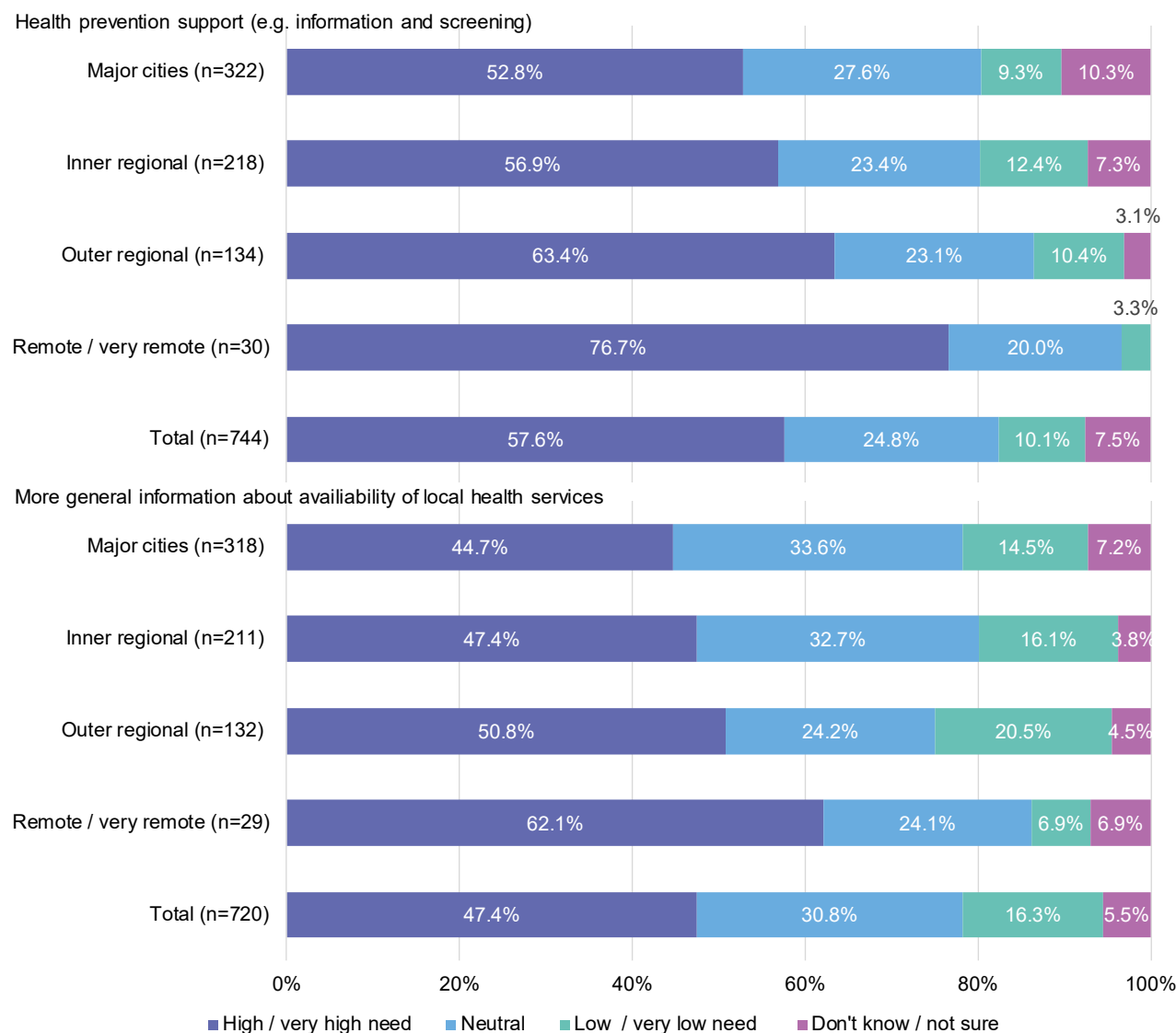


3.4. Health promotion and prevention

57.6 per cent of respondents specifically identified prevention information and / or screening as a high or very high need. This included the need for cancer screening services to be provided to members, most commonly skin cancer, testicular cancer and prostate cancer screening. Over three-quarters of respondents (76.7 per cent) in remote / very remote areas identified this as a high or very high need.

Around half (47.4 per cent) of survey respondents reported a high or very high need for more general information about availability of local health services. This was consistent with qualitative feedback. Many shedders reported that whilst the shed offered some form of health promotion activities, most commonly information sessions, there was a desire for more health promotion information and enhanced links with local health professionals.

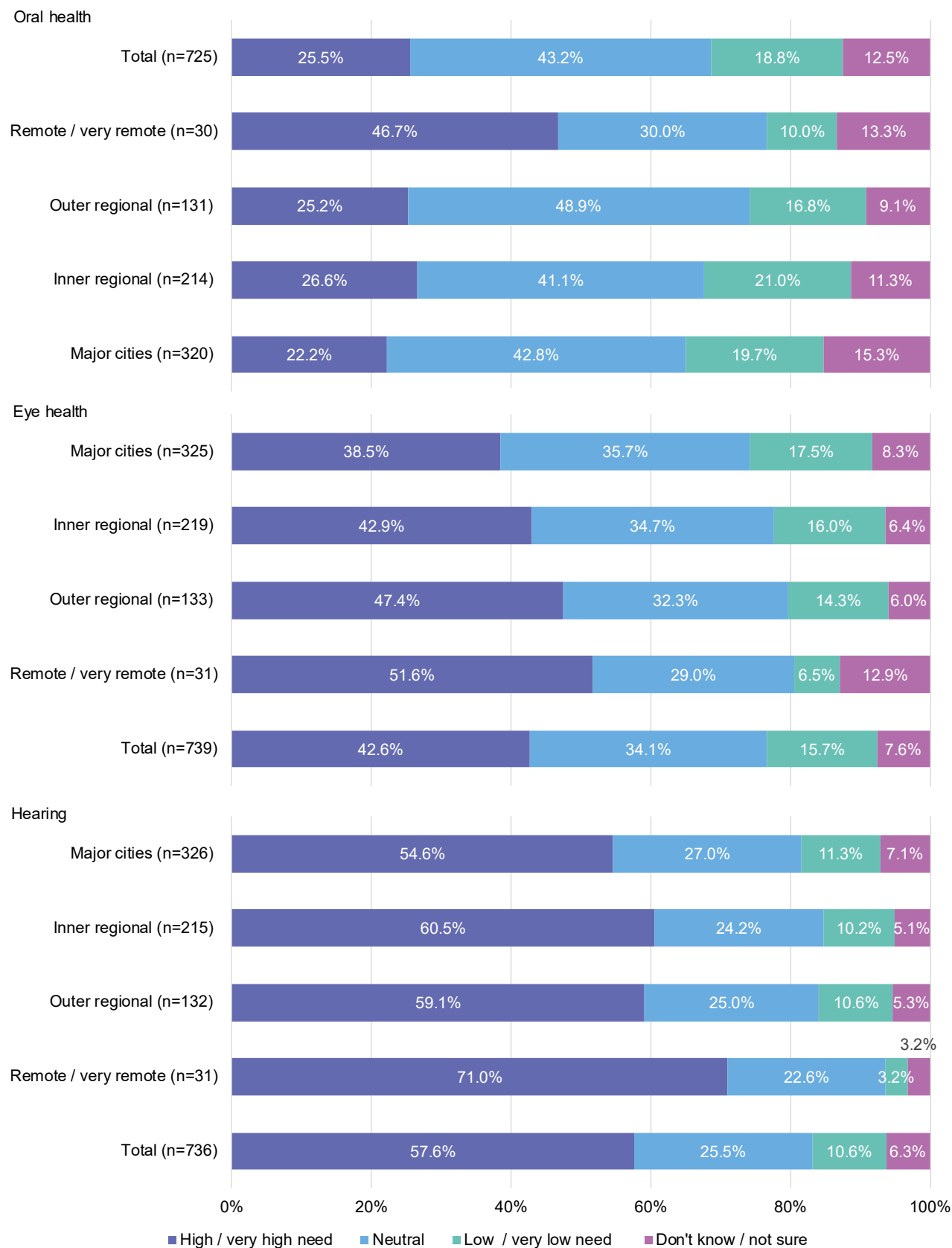
Figure 6 – Health promotion and prevention needs by remoteness



3.5. Specific health issues (oral, eye and hearing health)

Specific health needs across sheds varied. Oral health was identified as a high or very high need for members by 25.5 per cent of respondents, eye health was a high or very high need for 42.6 per cent of respondents, and hearing was a high or very high need for 57.6 per cent of respondents. Many sheds interviewed identified hearing health as a high health need of members. This is consistent with evidence that indicates that 49 per cent of people aged 75 and over have long-term hearing disorders^{xxii}.

Figure 7 –Perspectives on specific health needs by remoteness



3.6. Factors driving health and wellbeing needs

3.6.1. Social isolation

There is a significant body of evidence that indicates that higher levels of social isolation lead to poorer mental health and wellbeing outcomes^{xxiii}^{xxiv} and higher mortality rates from almost every cause of death^{xxv}^{xxvi}^{xxvii}. Social isolation can cause psychological damage and harm health through long-term stress and anxiety^{xxviii}.

Urbis mapping found that sheds are generally located in areas of higher social isolation⁶. Most sheds reported that social isolation was an issue for members, and older males in the broader community, and that the shed played an important role in reducing members' social isolation.

When the drivers of social isolation were explored, a commonly held view was that retirement and bereavement were major factors.

3.6.2. Retirement

There is mixed evidence on the impact of retirement on mental health and wellbeing. There is evidence to suggest that people who transition to retirement report significantly increased depressive symptoms compared to those who keep working^{xxix}. Other studies provide evidence that retirement and mental health are positively associated^{xxx}^{xxxi}^{xxxii}.

Many shedders reported that transition to retirement was a factor driving their health and wellbeing needs.

"The main health benefit for me and I believe, most of the members, is social contact in retirement". (Shed member, Survey respondent)

3.6.3. Bereavement

Some shedders reported that bereavement, as well as a driver of social isolation, increased mental health and wellbeing and physical health needs.

"Obviously for guys that have been recently widowed, they may be struggling to process it all." (Shedder, Qualitative Site Visit)

"For guys that have just been widowed, they might not have ever cooked before. They don't know how to cook and they don't know anywhere to learn" (Shedder, Qualitative Site Visit)

3.6.1. Rurality

Rurality is frequently identified as a key driver of health and wellbeing needs across Australia^{xxxiii}. Australians living in rural and remote areas tend to have shorter lives, higher levels of disease and injury and poorer access to and use of health services compared to people living in metropolitan areas^{xxxiv}.

These poorer health outcomes may be due to a range of factors, including access to health services, health workforce shortages and higher population health risk factors, such as increased levels of smoking and reduced exercise.

⁶ Map available at <https://tinyurl.com/y7ddnnwc>. Username: UrbisSecure Password: VerySecure99

4. Responding to needs: activities undertaken by Sheds

This chapter describes how sheds in our sample respond to the identified health and wellbeing needs, if at all, and the extent to which they could enhance or expand health activities.

Most sheds and other stakeholders reported that *sheds are not health service providers*. Sheddors typically reported that they did not want to be directed to do certain activities and that the shed was run for the members, by the members.

“The shed isn’t about health. It’s about blokes coming together. Only through that might they talk about things or feel included” (Shed Executive, Qualitative Site Visit)

Shed activities identified by sheds can be grouped into five areas as shown in Figure 8.

Figure 8 – Shed activities



Specific health and wellbeing activities can be grouped into three broad clusters as shown Figure 9 below.

Figure 9 – Specific health and wellbeing activities offered by sheds



4.1. Health activities undertaken by sheds

The majority (76.9 per cent) of survey respondents (n=578) agreed or strongly agreed that the shed undertook men’s health activities. 9.3 per cent of survey respondents (n=70) disagreed or strongly disagreed with this statement. This is consistent with qualitative feedback with most shedders indicating that health activities were offered in sheds. One stakeholder noted that the amount of health activities had increased in sheds since the involvement of the Department.

4.1.1. Physical activity

Most shedders reported that the main physical activity at the shed was from everyday shedding pursuits such as gardening, woodwork or metal work and not from specific physical health activities. Many shedders recognised that everyday shed activities constituted more physical activity than they would normally complete, and just by attending the shed, they were gaining physical health benefits.

“Just being out and about – walking around, picking up materials, doing a bit of gardening – that’s important” (Shedder, Qualitative Site Visit)

“The shed means I’m up and about – not sitting at home” (Shedder, Qualitative Site Visit)

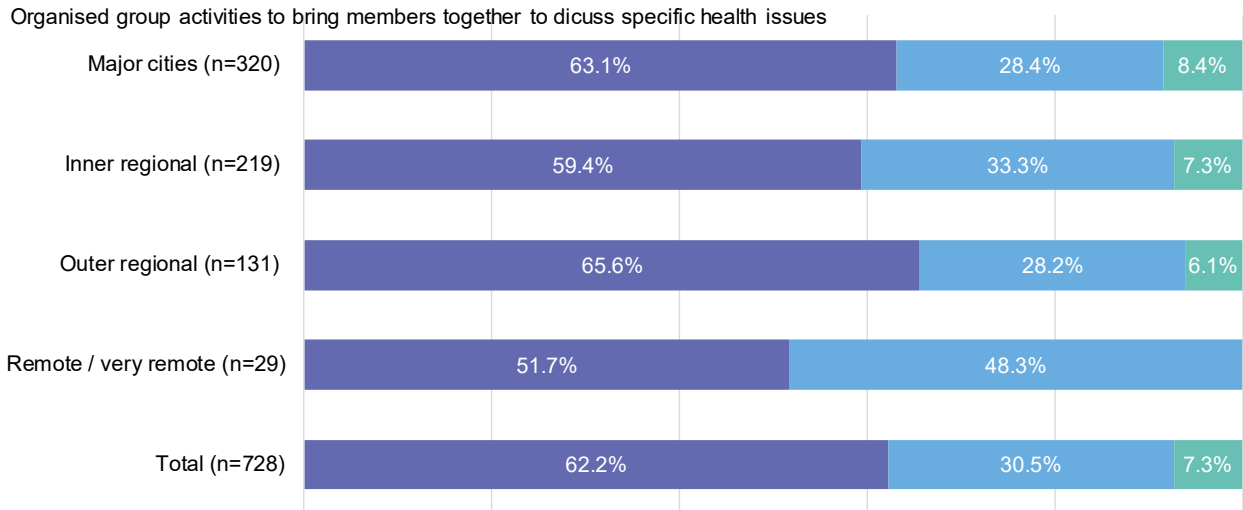
A limited number of sheds had scheduled physical activities such as exercise programs or classes and organised sporting events.

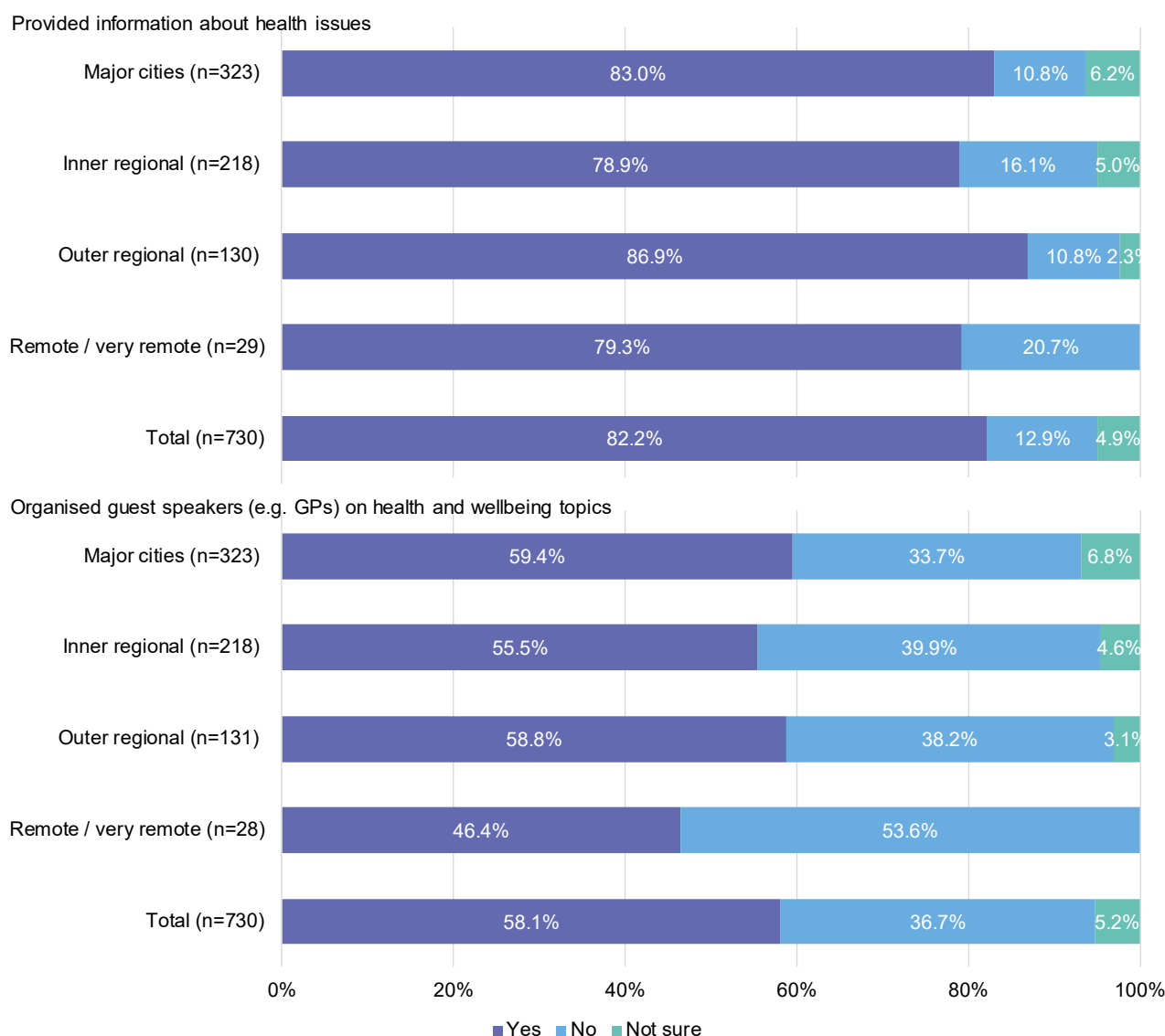
4.1.2. Provision of health information

Over three-quarters (82.2 per cent) of survey respondents reported that the shed had provided information about health issues to shedders.

The majority (58.1 per cent) of survey respondents reported that the shed had organised guest speakers, including General Practitioners and other local health professionals, to provide health information to shedders in the previous 12 months. Information sessions were delivered on topics including heart disease, diabetes, healthy eating and exercise. Of note, fewer sheds (46.4 per cent) in remote / very remote areas reported that the shed had organised guest speakers. This is likely due to the availability of health professionals in these areas.

Figure 10 – Sheds providing health-related information in previous 12 months





Many shedders reported that the shed specifically offered mental health related information to raise awareness, de-stigmatise and identify support available for mental health issues. Activities included:

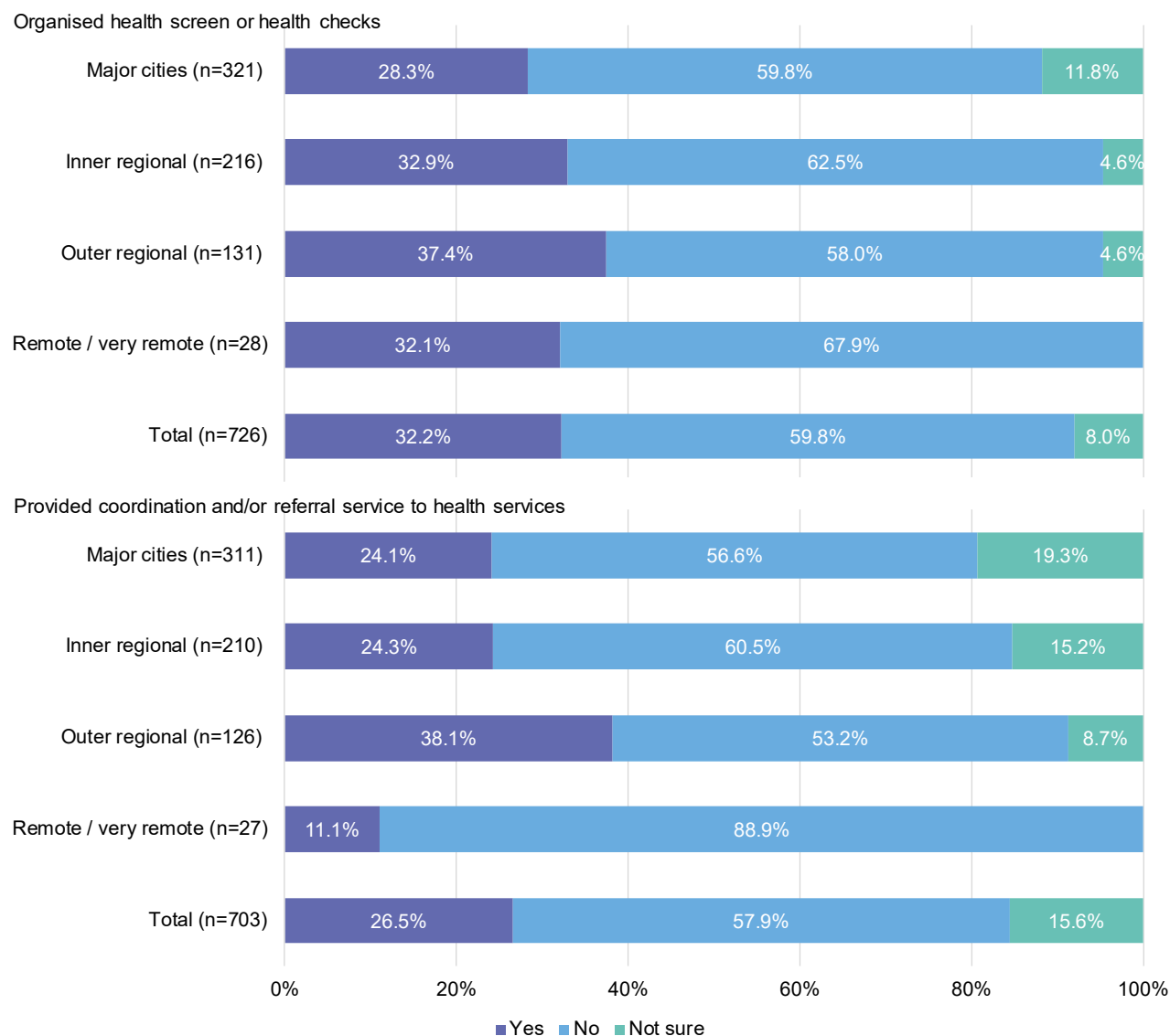
- Information sessions around mental health covering topics such as resilience, anxiety and stress. Beyondblue had attended a shed to deliver an information session on depression
- Training in signs and symptoms of mental health distress, for example through providing Mental Health First Aid training
- Referral to / information about local health professionals who can support mental health and wellbeing.

A small number of sheds (n=2) offered in-house counselling services with either a counsellor or psychologist. Shedders at those sheds identified this as an invaluable service and noted that the service was well utilised.

4.1.3. Provision of health services including screening and coordination

Fewer sheds had organised in-reach health screening or referrals than had provided health information. Less than a third (32.2 per cent) of respondents had organised health screening or health checks for members and 26.5 per cent had coordinated or organised referrals to relevant health services in the last 12 months. Some sheds reported offering 'check-ups' for members at the shed on a regular or ad hoc basis, including participation in AMSA's *Spanner In The Works* program. Of note, many attendees to *Spanner In the Works* reported high-levels of satisfaction with the program, would recommend it to other shedders and felt that it should be rolled out more broadly.

Figure 11 – Sheds enabling health checks or referrals at the Shed in previous 12 months



4.2. Community activities undertaken by sheds

The majority (84.1 per cent) of survey respondents identified that the shed had participated in community events and 82.8 per cent of respondents had participated in community projects in the last 12 months. 10.2 per cent of respondent sheds had not participated in either community activity.

Most shedders interviewed identified community projects and / or events that they had been involved with in the last 12 months including:

- building sets for a local amateur dramatics society
- helping with disaster relief
- making signs for local community events
- completing one-off projects for members of the community on request
- mentoring / training school or vocational education students
- providing volunteers for community events.

Some shedders reported that the purpose of the shed was for 'mateship' rather than community benefit and they were focused on completing personal or shed projects.

Case study

The Treasured Babies' Program began with the aim of supporting bereaved parents while they are still in hospital with their baby. One of the programs ways of supporting parents is by supplying Angel boxes for burial, Memory boxes in which to keep precious items and Remembrance boxes for early losses.

The Croydon Men's Shed not only makes these boxes for the Treasured Babies Program to give to Hospitals and Funeral Parlours Australia-wide but also has helped renovate the organisation's facilities at nil cost.

5. Outcomes from Shed activities

This section considers the extent to which the activities undertaken by sheds satisfy the health and wellbeing needs identified in section 3.

There was no systematic program of outcome measurement guided by formal program evaluation principles within sheds and most shedders had no appetite to report more formally on outcomes, primarily due to the additional burden it could create.

The lack of measurement approaches across sheds coupled with the collection of minimal direct outcomes data for this project makes it difficult to quantify the extent to which the sheds are contributing to positive health outcomes for men. There is also a lack of population level research and robust outcome studies examining the impact of Men's Sheds on health and wellbeing.

Most shedders reported that health outcomes were a by-product of shed attendance, rather than directly related to specific health programs or services offered by the shed.

Shedders typically reported that the main outcome from attending the shed was reducing their social isolation, which subsequently improved their physical and mental health.

These views are supported by the *Men's Sheds in Australia: Effects on Physical Health and Mental Well-Being*^{xxxv} report which compared outcomes for shed members with a similarly profiled non-Shed sample who were less socially active. It reported significantly higher scores for shed members in:

- physical functioning
- general health and vitality
- mental health and mental well-being, which was also found to increase with length of Shed membership
- increased likelihood to seek help if they were experiencing depression or anxiety compared to the non-Shed group.

Other studies have reported:

- increased socialisation, and decreased isolation as well as a sense of belonging at their shed^{xxxvi} particularly for retired men^{xxxvii}
- reduced depression for men in retirement^{xxxviii}
- capacity and impact as enabling spaces for disabled members^{xxxix}.

5.1. Reduction in social isolation

Most shedders reported that attending the shed reduced their social isolation. Shedders reported improved physical and mental health as a result.

"I come to this shed and it reminds me that I'm not totally useless" (Shedder, Qualitative Site Visit)

"Some blokes will come and sit and just have a talk. That's what the shed is for" (Shed Executive, Qualitative Site Visit)

"It's healthy for people just to come – they are part of our tribe" (Shed Executive, Qualitative Site Visit)

Many shedders identified that the shed's communal atmosphere and camaraderie created a 'safe space', which made shedders feel comfortable enough to discuss personal issues. One shed executive noted that a shedder, who had attended a shed for over a year without interacting beyond casual conversations, eventually 'opened up' about pressing personal and health issues. In this instance, the shed executive held the belief that the trusting atmosphere of the shed created an environment that allowed sharing of deeper issues.

"They'll come, and maybe won't say anything for a while. Then they'll realise it's a place that they can talk about things they wouldn't normally" (Shed Executive, Qualitative Site Visit)

5.2. Mental health and wellbeing outcomes

Many shedders reported improved mental health outcomes due to shed attendance. Outcomes specifically referred to included:

- increased self-esteem through participation and learning new skills
- de-stigmatisation of experiencing mental health through the sharing induced by the 'safe space' of the shed
- de-stigmatisation of prevalent social issues related to mental health, such as divorce, again through the 'safe space' of the shed.

"I know of at least three members who said if it wasn't for the shed, they wouldn't still be here." (Shedder, Qualitative site visit)

Many shedders referred to the (former) partnership between AMSA and Beyondblue as having been of benefit to members.

"I am a Vietnam veteran. I was able to attend a week of support for veterans. I feel two of the most important parts of that week were having a general practitioner discussing general health and a psychologist explaining why we react to events that we have experienced. To be able to have extended times with doctors explaining a vast area of concerns was an eye opener." (Shedder, Survey Respondent)

5.3. Physical health outcomes

Most shedders reported that physical activity was a by-product of shed attendance rather than from specific physical health programs. Outcomes specifically referred to were typically due to healthier eating through having access to fresh fruit and vegetables grown by the shed, having access to nutritional information and healthy cooking classes provided by the shed. These activities have little empirical evidence to underpin their approach and it is unclear whether, for example, the cooking classes offered were likely to contribute to a reduction in chronic disease.

In contrast, robust evaluations of other health prevention programs, such as smoking cessation programs, have consistently shown positive results for men, suggesting that engagement in such programs is likely to lead to reduction or cessation of smoking^{xl}.

5.4. Other outcomes for the community

As detailed in section 4.2, most sheds participated in community events or projects. This involvement resulted in a range of identified, but unquantified outcomes across the community.

Some sheds had expanded their activities with the aim of increasing community involvement or diversifying funding streams. A small number of sheds (n=2) identified that it, or its auspicing organisation, was a registered service provider under the National Disability Insurance Scheme (NDIS). Such service provision received mixed levels of support from shedders at the shed as it was noted that carers tended to 'drop off' participants at the shed, and shedders reported that they were ill-equipped and unwilling to support the NDIS participant in their time at the shed.

5.4.1. Engagement

There is evidence to suggest that sheds, by participating in the community, increase engagement within that community.

Case study

Melton & Taylors Hill Men's Sheds offers a community engagement project aimed at working with primary school boys at risk of disengaging from schooling. Shedders mentor students to design and make different products, usually through woodworking.

The program received seed funding from the local employment network to support teacher release required in accompanying the boys to the program each week. The Shed provides the materials and expertise to work with the boys in making their toolbox at no cost. Outcomes have been that students tended to engage more with school.

5.4.2. Social amenities

Sheds tended to operate at fixed times (usually mornings to early afternoons) and weren't open every day of the week. Accordingly, some shedders reported that the shed space was shared with other community groups and became convergence spots for the local and surrounding communities.

Conversely, some sheds were protective about their space and tools and were reluctant to provide access to other groups.

6. Unmet needs and challenges

This chapter summarises the observations of sheds in relation to unmet needs and the challenges they face in endeavouring to address them.

6.1. Unmet health and wellbeing needs

There was a high level of alignment between the needs identified as prevalent by sheds (outlined in section 3), and those which were also identified as being at least partially unmet. The most common unmet need reported by sheds was around social isolation. Many sheds also identified mental health needs of members as not always being addressed.

In general, sheds reported that they could be doing more within the range of health needs, most commonly around mental health. Many sheds expressed a desire for additional mental health professionals' information sessions as well as a wish to have 'in-house' mental health services.

"Beyondblue were up here maybe a year ago. It was good, but they gave out numbers and I wonder if our blokes will actually call. I'm not sure they will. I think for us, we need to think if we can get a councillor down here or a physio, otherwise the fellas won't go" (Shedder, Qualitative Site Visit)

"We don't want Beyondblue to talk – we want someone here. Sometimes blokes might know about mental health, but they might not go and seek out a professional" (Shedder, Qualitative Site Visit)

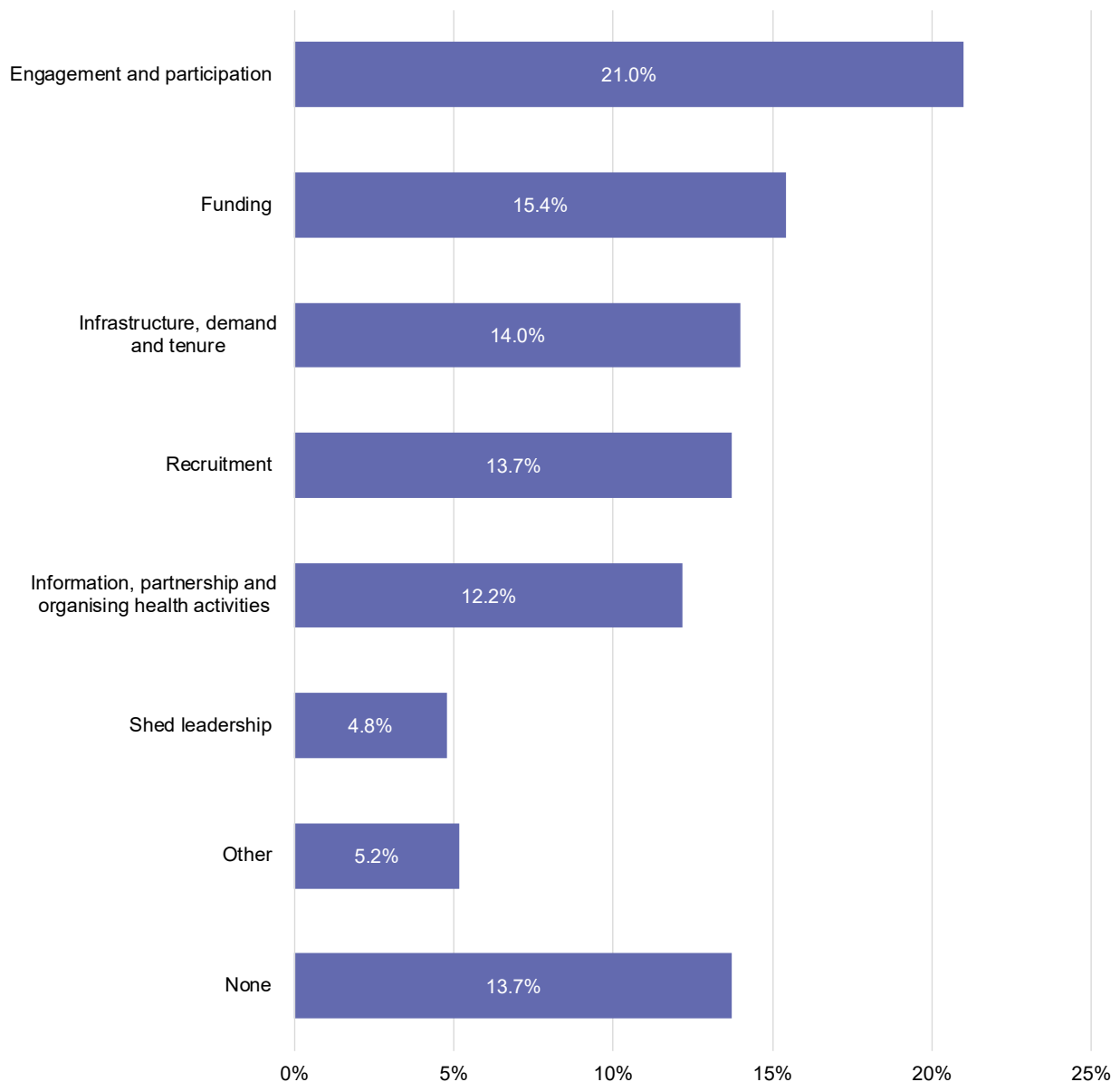
"More and more guys are saying let's talk about mental health" (Shedder, Qualitative Site Visit)

6.2. Challenges to addressing needs

Sheds provided insights into challenges that were preventing health needs from being met and broader challenges facing the shed over the next five years. Key challenges identified were:

- Engagement and participation: 21.0 per cent of respondents reported that a key challenge was shed members disengaging from the administration of the shed and not participating in shed activities, usually because of either inability (poor health) or unwillingness to be involved.
- Funding: 15.4 per cent of survey respondents reported that a key challenge was attracting funding.
- Infrastructure, demand and tenure: 14.0 per cent of survey respondents reported key challenges of having enough space for members and equipment, coping with increased demand, developing existing infrastructure and having limited control / tenure of the land.
- Recruitment: 13.7 per cent of survey respondents reported challenges around attracting and retaining new members.
- Information, partnerships and organising health activities: 12.2 per cent of survey respondents reported a key challenge of access to information and partners to help them undertake health activities or organise health promotion/prevention activities.
- Shed leadership: 4.8 per cent of survey respondents reported key challenges due to the skill and capacity of shed leadership to sustain the ongoing operations of the shed, and succession planning for the future.
- Other: 5.2 per cent of survey respondents reported a range of other challenges, typically associated with culture within sheds or challenges due to rurality.
- None: 13.7 per cent of survey respondents reported no challenges were faced by shed over the next five years.

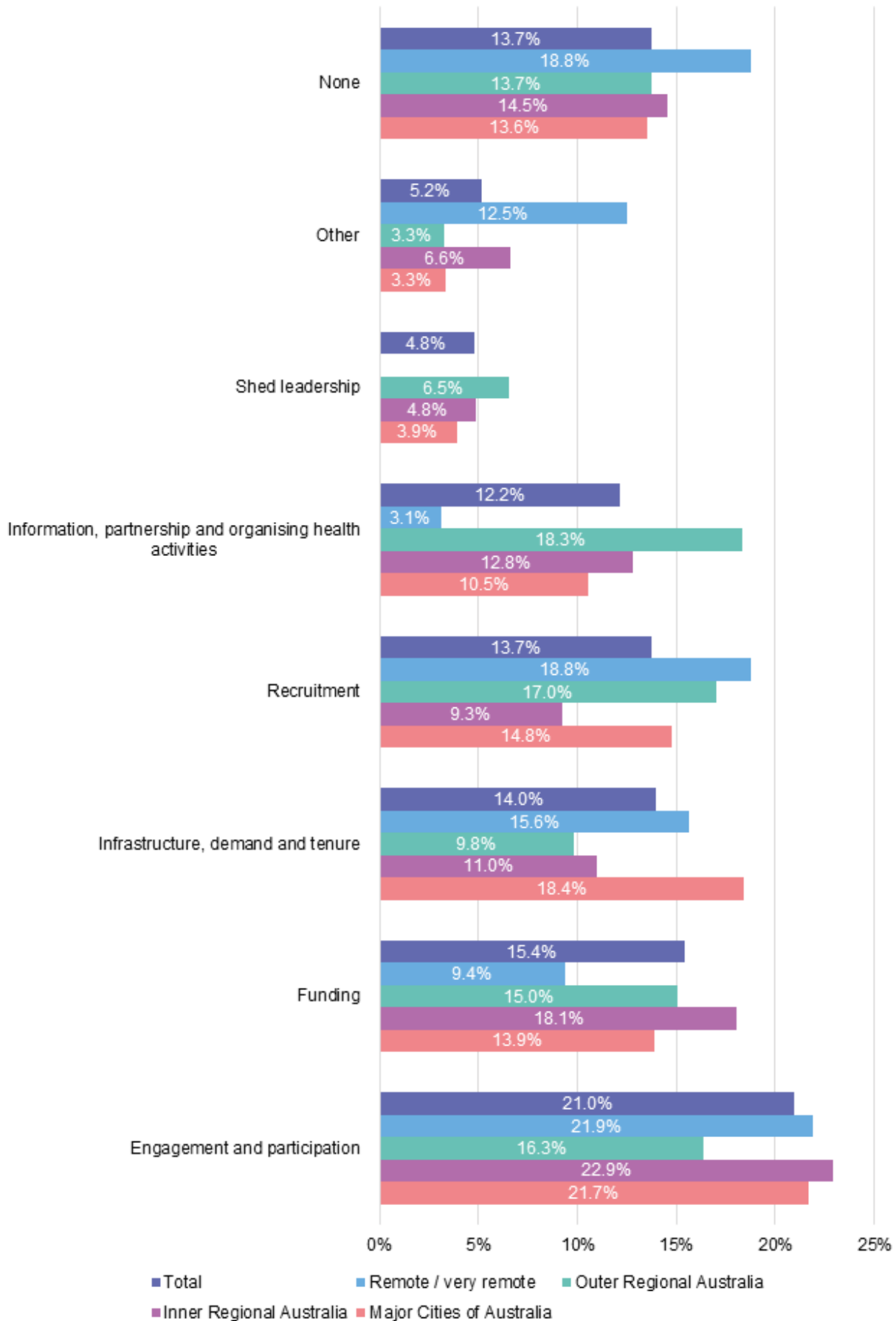
Figure 12 – Challenges faced by sheds over next five years⁷



Challenges varied depending on shed location. For example, 18.4 per cent of survey respondents in major cities reported infrastructure, demand and tenure as a key challenge compared to 9.8 per cent of sheds in outer regional areas. Further, 9.3 per cent of survey respondents in Inner Regional areas reported recruitment as a challenge compared to 18.8 per cent of respondents in remote / very remote areas.

⁷ Challenges have been coded from open text response. Some respondents identified more than one challenge. Proportions relate to 'instances' mentioned not proportions of respondents.

Figure 13 – Challenges faced by sheds over next five years (grouped by remoteness)



6.2.1. Engagement and participation

21.0 per cent of all survey respondents stated that the key challenge for the shed over the next five years was members' disengaging with the shed and not participating in activities. Many sheds reported that reduced engagement and participation could affect the sustainability of the shed as it could reduce sheds' ability to raise funds and work with the community.

Sheds typically reported that engagement and participation was impacted positively or negatively by:

- focus of shed activity
- shed culture
- auspiced sheds rather than member-led
- lifecycle of the shed
- health and age of members.

Focus of shed activity

Many sheds reported that the focus of shed activity influenced shedders' engagement and participation. One shedder reported that shedders' engagement and participation was lower than other sheds they had visited due to the shed's focus on personal projects. Another shed reported that members tended to leave when they had completed their personal projects, which reduced engagement and participation.

"Because of the equipment we've got, we get members from all over. You'd think that's a good thing, but they don't want to be involved with the running of the shed. They just want to work on their project and then go home. I've been to other sheds where the blokes all know each other from growing up – they did a lot of stuff together at the shed" (Shedder, Qualitative Site Visit)

Shed culture

Many shedders reported shed culture (including internal disputes) to be a key challenge to the shed. Two sheds that facilitated regular member feedback and input into the running of the shed, reported no cultural issues and high levels of ownership amongst shedders.

Most shedders reported that there had been internal disputes, but most had been resolved internally without the need for more formal dispute resolution.

"We had a dispute with the previous committee. We weren't happy with the direction the shed was going in and it was a bad atmosphere. We voted the whole committee out and now we're working through setting the direction again" (Shedder, Qualitative Site Visit)

Auspicing

Some members at auspiced sheds reported that they had low levels of engagement and participation as the strategic direction was set by an 'external' individual or organisation.

Shed lifecycle and future direction

Many shedders identified that shed leadership comprised of those who had founded the shed and therefore had a strong sense of ownership of the shed. Some of those sheds reported that this sense of ownership deterred new members from getting involved.

Some shedders from sheds that had been established for 5-10 years reported internal division around the future of the shed, which tended to reduce participation and engagement. Shedders identified a potential role for the Department in supporting sheds to set their future strategic direction. One shedder identified the *Spanner In The Works* program as having been a successful means of offering direction to sheds but without being directive or prescriptive.

Health and age of members

Many shedders reported concerns that, within the next five years, members would not be healthy enough to continue to participate in shed activities. Several shedders linked this to challenges around recruitment and succession planning.

6.2.2. Funding

15.4 per cent of survey respondents identified funding as a key challenge for the shed in the next five years. Rents and council rates were typically identified as the drivers behind that challenge.

Several stakeholders reported that sheds could work collaboratively to maximise the impact of funding and identify different fund raising / sponsorship opportunities.

6.2.3. Infrastructure including demand and tenure

Most sheds interviewed identified security to land and tenure as a key challenge. Conversely, only 14 per cent of survey respondents identified infrastructure security and tenure as a key challenge in the next five years.

This challenge manifested in different ways but was generally either a challenge due to tenure to land or finding and adapting the shed's infrastructure to meet demands of shedders.

Security and tenure to land

Shedders who identified land security as a challenge expressed varying levels of concern. One shed was on a month-to-month licence to occupy the land and therefore shedders identified this as a critical issue concerning the ongoing viability of the shed. Shedders at another shed that had been on the site for over five years and were leasing space from a church, expressed minor concerns that the church may want to expand the nearby cemetery and repurpose shed-occupied land.

One shed had purchased the freehold on a block of land due to unsatisfactory lease arrangements – and had been able to do so through a combination of government and community grants.

Auspiced sheds typically reported high levels of security to land – as the auspicing organisation commonly either owned the land or had a long-term lease in place. Some shedders in auspiced sheds reported concerns that the auspicing organisation may reduce support for the shed or want to repurpose land.

Finding / growing / adapting suitable land and space

Several shedders reported finding or adapting premises to support shed activities as a challenge due to increased numbers of members.

"There's 5 of us in here now and not too many more could fit. Our shed's small, but even if we have a few new members [taking the total to 17], it'd be a squeeze" (Shedder, Qualitative Site Visit)

Many shedders reported issues with getting relevant approvals from local governments.

"Our shed has in fact had a journey of 10 years trying to get land allocated to actually build our own Shed. We have had many temporary addresses, and the biggest contributor to the emotional and mental downfall and retention of our members, has been the continuous "run around" by local government. Though AMSA states that Government bodies are well aware of the health benefits of Men's Sheds, we are yet to be convinced of this, as we know other groups of "would be shedders" who's (sic) journey has been just as difficult as ours." (Shed Executive, Survey Response)

"After five years working with Crown Lands and our local Council, we think we are getting close" (Shed Executive, Survey Response)

6.2.4. Recruitment

13.7 per cent of survey respondents identified recruitment as a challenge, with consistent proportions across all regions.

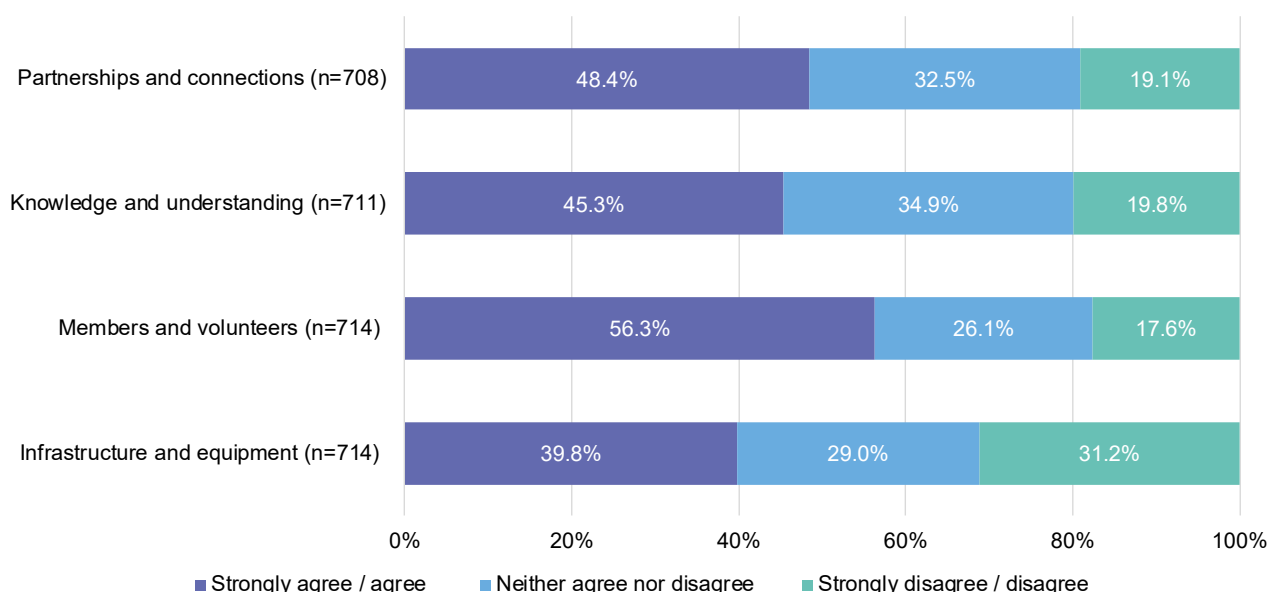
Many sheds interviewed were concerned around the ongoing viability of the shed due to high member turnover and the shed's ability to attract new members. Many sheds in metropolitan areas reported that due to high numbers of sheds in close proximity, there was competition for members and sheds needed to differentiate themselves from other local sheds. Sheds in remote and very remote sheds commonly identified the end of the mining boom, high numbers of fly-in fly-out workers and distance for shedders to travel as being challenges to recruitment.

6.2.5. Information, partnerships and organising health activities

12.2 per cent of survey respondents stated that information, partnerships and organising health related activities such as talks / presentations by experts was a key challenge. Most shedders interviewed reported a need for more access to information and best practice from other sheds in the delivery of health activities.

31.2 per cent of survey respondents disagreed or strongly disagreed that the shed had the relevant infrastructure and equipment to deliver health focussed activities. 19.1 per cent of respondents either disagreed or strongly disagreed that they had the relevant knowledge, understanding, partnerships and connections to deliver health focussed activities.

Figure 14 – Resources to deliver health focused activities



Several shedders reported that the Department could take a lead role in providing information regarding health strategies, health activities and health professionals, coordinating relationships between sheds and different health service providers or facilitating information exchange between sheds to support them in the delivery of health activities.

6.2.6. Shed Leadership and succession planning

4.8 per cent of survey respondents identified shed leadership and succession planning as a key challenge for the shed over the next five years. Many shedders reported that local leadership had been appointed due to their shed knowledge or experience rather than skills. Some shedders reported that local leadership had the enthusiasm and commitment to develop the shed but didn't have the expertise to understand, for example, mental health needs of members, financial planning or council planning requirements.

Some executive committee members at well-established (5 - 10 years old) sheds expressed a desire to have less involvement in the running of the shed. One shed committee member had been unable to find a successor to administer and manage the shed for over 12 months.

Sheds with a focus on personal projects rather than shed or community projects tended to identify succession planning as a key issue.

Many shedders who reported low levels of satisfaction in their leadership team noted that the shed was not financially sustainable and more reliant on government grants to be viable in the future.

6.2.7. Other hindering factors and challenges

5.2 per cent of survey respondents reported a range of other challenges, typically associated with culture within sheds or challenges due to rurality.

National disputes

Most peak bodies, governments and other stakeholders reported that disputes between AMSA and state committees reflected poorly on the Men's Shed movement and needed to be resolved. Some stakeholders noted the efforts of the Department but felt that that it (the Department) should take more of a lead role to find a solution to the myriad disagreements between the bodies.

Some stakeholders reported that the average shedder was not aware of these disputes. This was reflected in qualitative feedback. Many shedders reported that they were only concerned with what was happening in their shed rather than anything happening at a national / state level.

Movement leadership

Many shedders reported that the Department and AMSA could increase their leadership role for the movement. Many shedders, typically from outside NSW, reported dissatisfaction with the role of AMSA.

Many stakeholders from state committees who were in dispute with AMSA typically reported low levels of satisfaction with AMSA's role and leadership.

"There are many pieces of information available about specific health issues but I have seen nothing that helps to put an entire program together that can be tailored to local need and not a one-size-fits-all model"
(Shed Executive, Survey Respondent)

Remote / very remote challenges

Some sheds in remote and very remote areas identified challenges specific to their location. Challenges commonly referred to were:

- very low population spread over an extensive area
- very high operating expenses, typically around utilities and rents
- access to utilities
- very high member turnover due to fly-in, fly out population.

Some sheds developed different models to cater for the needs of remote populations.

Case study

Wadeye Men's Shed (NT) under the auspice of the Thamarrurr Development Corporation (TDC) has been established to enable men to come together and work on art and crafts. A gallery space has been developed to display and sell art created by local men. The shed also provides a space for local health professionals to conduct health checks.

Work Health and Safety

Many shedders reported that work health and safety was a challenge facing the shed. In one shed that had supervisors in different work areas, some shedders reported that work health and safety was still a challenge.

"If one of the supervisors isn't here, due to the size of the shed, I don't have any way of ensuring people's health and safety the whole time". (Shed Executive, Qualitative Site Visit, Auspiced Shed)

Siloes

Several sheds reported that they were operating within a silo, with little visibility beyond that of the shed.

In addition, Urbis identified the existence of many siloes of funding, policy direction and activity to support sheds. Many Commonwealth, state and local governments provide support to sheds through funding or in-kind support, albeit with different requirements and priorities attached. Several shedders reported that it was difficult to keep track of these requirements and be aware of different government grant programs.

6.2.8. No challenges

13.7 per cent of survey respondents reported there were no challenges foreseen in the next five years. Many sheds interviewed reported they were generally operating well and had few, if any, foreseeable issues. These sheds did not typically apply for government grants as they reported they had no need.

7. Outputs from Departmental Funding

This chapter focuses on the outputs from funding provided by the Department.

Most shedders and stakeholders reported that shed and community outcomes were typically not the direct result of Departmental funding. By funding shed infrastructure and activities, shedders reported that the Department supports *enabling spaces* which have the by-product of improving shedder health and wellbeing. Shedders identified the exception to this as Department funding for specific health events and activities, which typically received high levels of support from attendees.

7.1. Outputs from NSDP Grants

NSDP grants fund a range of items and activities including:

- Equipment including upgrading tools or machinery.
- Infrastructure, including ongoing maintenance or a new part of a shed
- Health activities, which included delivering health conferences, holding local seminars on health issues, providing first aid training to members.

7 per cent of survey respondents reported that NSDP funding had not yet been spent. This was likely due to challenges around amounts of funding provided (see section 7.2.3).

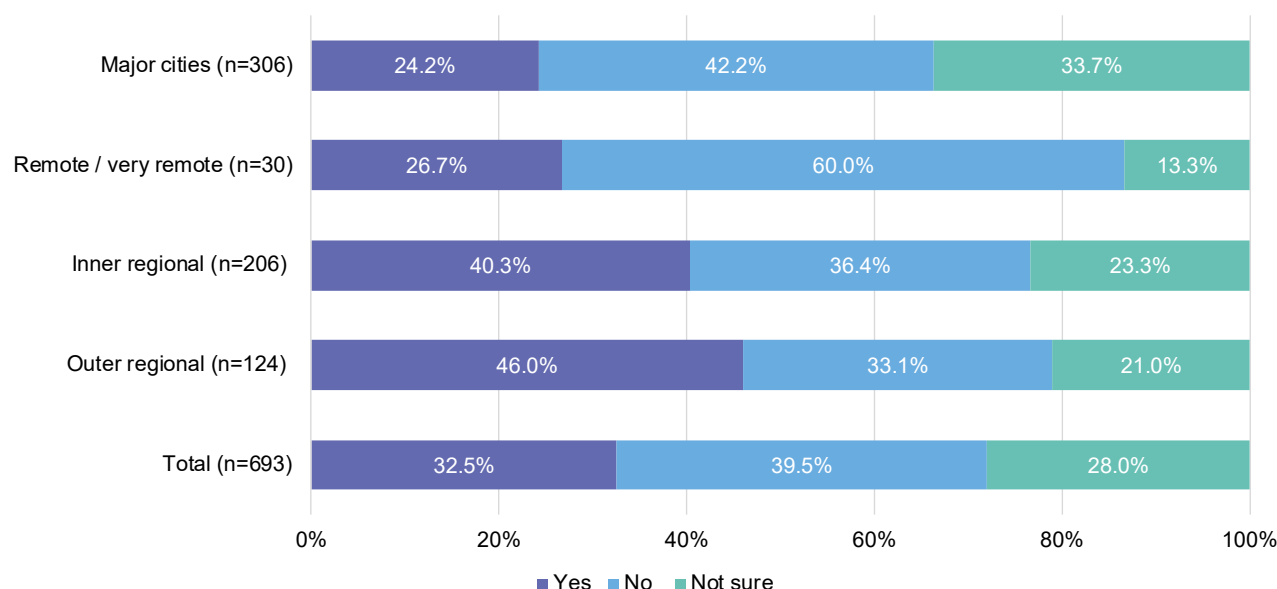
In Round 17 of the NSDP (2018), AMSA reported^{xli} that:

- \$120,527 (34.2 per cent of funding applied for) was provided for Health and Wellbeing and Events
- \$182,491 (26 per cent of funding applied for) was provided for Shed improvements
- \$96,982 (18 per cent of funding applied for) was provided for shed tools and equipment.

Less than a third (32.5 per cent (n=225)) of survey respondents reported that they had received an NSDP grant in the last three years. This proportion increased in sheds in Inner Regional (40.3 per cent) and Outer Regional (46.0 per cent) areas.

39.5 per cent (n=274) of survey respondents reported that they had *not* received an NSDP grant in the last three years with the remaining 28.0 per cent unsure.

Figure 15 – Proportion of survey respondents who received NSDP funding in last three years by remoteness



Many sheds who had received NSDP grants reported that the NSDP was working well and supported the streamlining of the application process.

"I think the NSDP has worked very well and we should be grateful to the government for allocating tax payer money to support this program. As the men's shed movement transitions from establishment of sheds [to] a firm footing, then perhaps the program could extend the focus on the community and health activities through providing grants focussed on running/establishing health programs - a guideline of the type of programs the DOH and AMSA think we should participate in would probably help as well." (Shed Member, Survey Respondent)

Conversely, according to the 2016 evaluation of AMSA, "a decreasing proportion of Sheds are applying for NSDP grant funding (<20 per cent)"^{xlii}.

7.2. Challenges with NSDP Grants

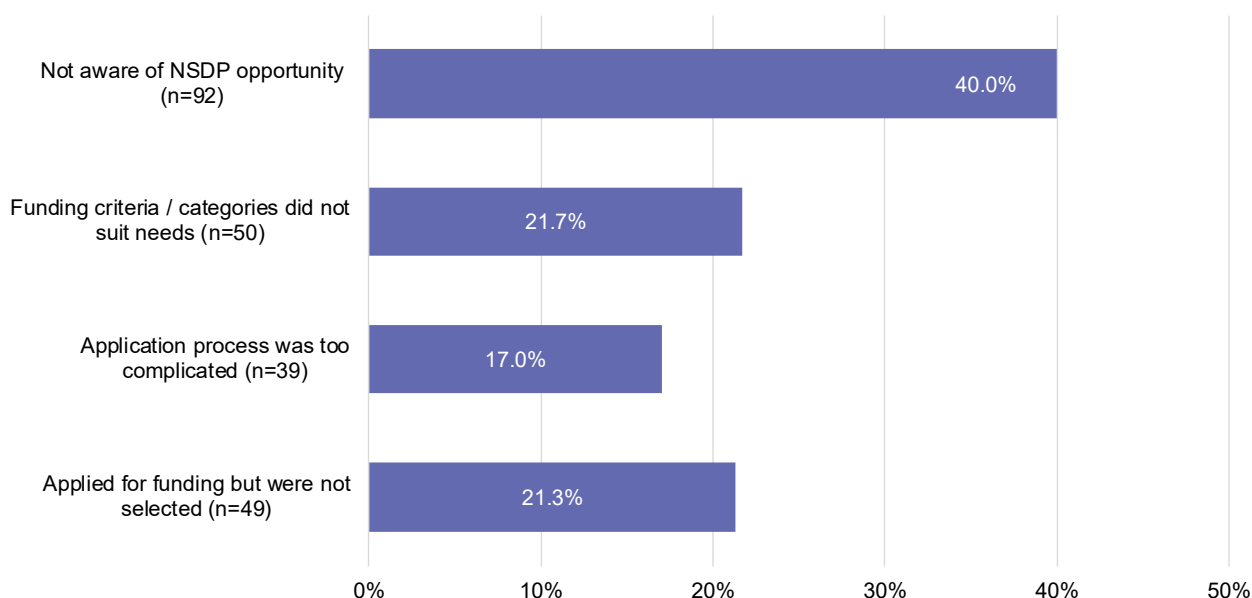
7.2.1. Lack of awareness and accessibility

40.0 per cent of respondents (n=92) who had not received a NSDP grant in the previous three years, reported that they were not aware of the NSDP grant opportunity.

Several sheds with low member numbers tended to have limited awareness of the funding process. Several shedders from such sheds reported that they were aware of AMSA as a potential funding source but had little knowledge or understanding of the process.

Many shedders interviewed did not identify that the Department funded the NSDP.

Figure 16 – Survey respondents who have not accessed NSDP funding



One shedder stated that the NSDP should not be available to auspiced sheds.

"I believe a number of auspicing bodies are using the NSDP to improve the sheds within their communities rather than (sic) using their own funds" (Shed Member, Survey Respondent)

7.2.2. Process issues

Many shedders reported that accessibility to the NSDP was dependent on the level of expertise within the shed in applying for grants. 17.0 per cent of respondents (n=39) identified that they had not accessed NSDP grants as the application process was too complicated.

"Men's sheds are aimed at improving health and wellbeing outcomes. But then they are being asked to navigate a lot of bureaucracy to obtain grant funding which results in high levels of stress. It's inconsistent!" (Shed Member, Qualitative Site Visit)

"We need to spend less effort in fund raising and more on activities and group participation" (Shed Member, Survey Respondent)

7.2.3. Transparency and governance

Several sheds identified a lack of understanding around the NSDP. Many shedders reported that they were unclear what is eligible for NSDP grants. Several shedders reported that NSDP grants should be available

for First Aid equipment and training and one shedder reported that NSDP grants should be available to install solar panels. Both first aid equipment and solar panels are eligible for funding from through the NSDP. Several sheds, generally outside of NSW, reported concerns about the transparency and their eligibility to the NSDP.

“The current model distributes grants through AMSA, there is a strong perception that grants are biased toward AMSA members and particularly towards those States that are within the AMSA fold.” (Shed Member, Survey Respondent)

7.2.4. Types and amounts of funding available

One shed noted that it would be more helpful if sheds could purchase materials (nails, screws etc) with NSDP funds. However, most sheds reported that they had been able to purchase or obtain these materials for free through local partnerships, particularly through their local Bunnings.

Other sheds noted that they had not received the total amount of funding requested through the NSDP, which left them to raise the balance through other means, which was identified as either impossible or time-consuming.

Several shedders disagreed with the focus in Category 3 (Tools and Equipment) on supporting new sheds less than two years old and reported that the focus of the NSDP should be on improving or expanding existing sheds.

Several shedders reported that more funding should be made available directly to sheds through the NSDP and diverted away from resourcing AMSA.

7.2.5. Infrastructure operating costs

Many shedders noted that equipment purchased with grants had operating costs that were overlooked at the time of application and were unfunded. Examples included ongoing maintenance of equipment, having the right specifications to house a specific tool, and requiring a specific type of work health and safety certification to operate the equipment.

“The drill cost us a couple of grand from the funding. But we didn’t realise none of our benches could house it! Thankfully we got together and raised a bit of cash – for a moment the drill was just in the box and we were wondering if we’d ever use it” (Shed Executive, Qualitative Site Visit)

“We’ve realised that every time we go for a grant, we need to ask ourselves ‘will there be a knock-on [cost]?’” (Shed Executive, Qualitative Site Visit)

7.2.6. Funding criteria

Several shedders reported that the NSDP should focus on the needs of the shed – rather than the needs of the broader community. No preferred criteria were articulated.

“[NSDP Grants process can be improved...] By eliminating the distinction between socio economic postcodes that presently determine where funds go. Sheds need to be viable, vibrant and versatile, have good committees, be financially sound and have good membership growth. Small sheds in poorer areas will never provide an outcome for men with few areas of interest available and only be open for a few hours per week. These are the sheds that appear to be receiving the majority of funding and to me that funding is very largely wasted.” (Shed Executive, Survey Respondent)

7.3. Outputs from AMSA Funding

AMSA's funding revenue is detailed at section 2.5. The Department provides \$900,000 pa to AMSA for:

- health related activities including distributing resources, engaging men through shed activities and providing free information
- partnerships and Men's Shed gatherings
- administering the National Shed Development Programme
- evaluation of its operations.

The extent to which AMSA is meeting its funding objectives has been considered in the *AMSA Evaluation Report* conducted by Siggins Miller^{xliii}.

8. Enabling factors to Men's Shed movement

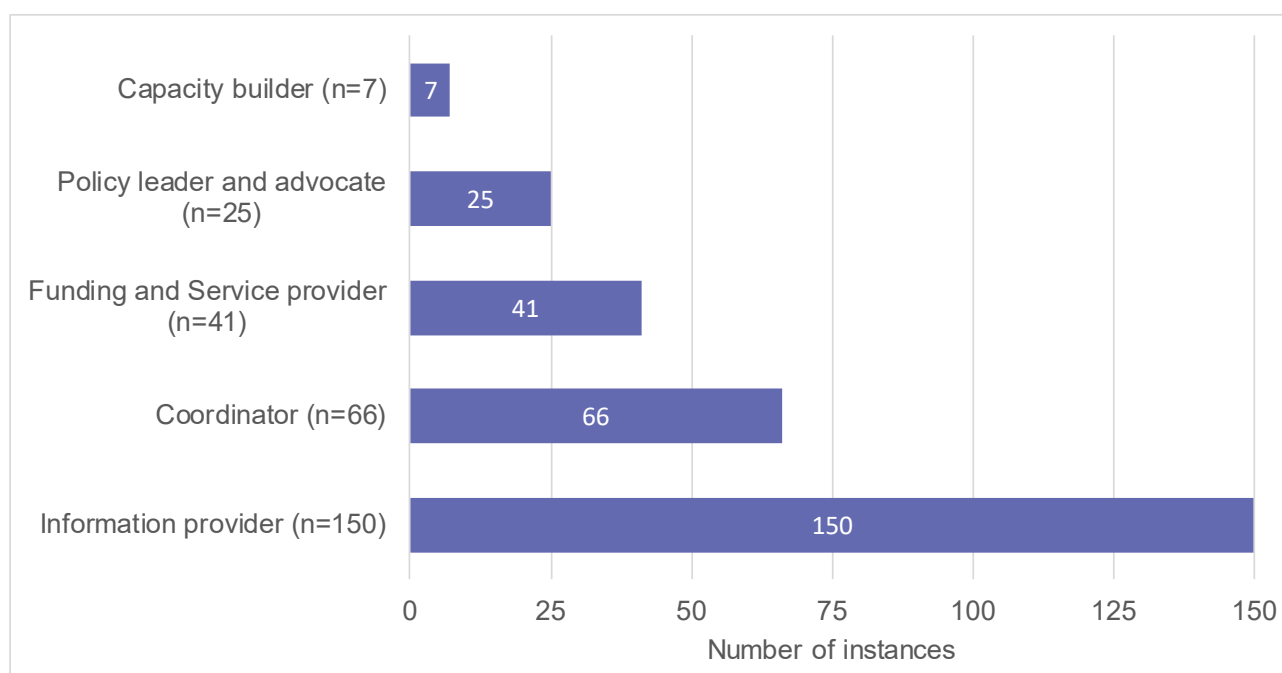
This section summarises the observations of sheds in relation to enabling factors to support their operations and the movement more broadly. The presence of these enabling factors typically resulted in the shed being financially sustainable, having engaged members with a low turnover of membership, having high levels of engagement with the community and few reported internal disputes.

8.1. Funding and in-kind support from governments and peak bodies

Governments at national, state and local levels provide many sheds with funding or in-kind support (see sections 2.4 and 2.5). Many sheds reported that this had been important in supporting sheds to get established but most shedders did not consider government involvement to be critical to the future of the shed.

Over a third (38.4 per cent (n=289)) of survey respondents identified that the Department of Health had a role in supporting shed activities. Over half (51.9 per cent) of those respondents stated that the role of the Department in supporting sheds was to provide information.

Figure 17 – Perspectives on role of Department of Health in supporting Shed activities



Many shedders identified opportunities for additional support from the Department. Shedders identified that the Department could increase the visibility of the Men's Shed movement and promote the movement. Specific methods suggested for doing so included clearer messages of support through inclusion in the draft National Male Health Policy 2020-2030 and working with different governments at state and local level to help them understand and value the contribution of sheds and resolve planning issues.

AMSA has a significant amount of resources available to AMSA registered sheds. There was a divergence of views among sheds regarding resources available from AMSA on its website. Several shedders from AMSA registered sheds reported that they were not aware of the resources and several others reported frequently accessing those same resources. Shedders from non-registered sheds are not able to access those resources.

Many sheds identified the key role of AMSA as providing insurance.

"We wouldn't have got insurance without getting it through AMSA" (Shed Executive, Qualitative Site Visit)

As stated earlier, many shedders who had attended a *Spanner In The Works* program recognised the benefits associated with the program, reported high levels of satisfaction and expressed desires to see the

program rolled out more broadly. Several shedders also reported that they had participated in the RUOK strategy with AMSA.

Many sheds in Western Australia, Victoria and Tasmania recognised the role of the state committees in lobbying government, advocating on behalf of sheds, distributing government funding and providing opportunities for sheds to come together to learn and share experiences.

8.2. Shed leadership and culture

Conversely to section 6.2.6, many shedders identified shed leadership and culture as an enabling factor to the operations of the shed.

Many shedders recognised the commitment of shed leaders to the future of the shed, the hours that the shed executive had volunteered to establish the shed and the influence that leadership can have on the shed including its financial viability, its membership and its culture.

Where sheds had a culture that enabled shedders to be involved in the leadership of the shed, shedders typically reported a strong sense of ownership in the shed.

Shedders who reported a common purpose amongst members typically reported high levels of satisfaction with the shed.

8.3. Community engagement and goodwill

Community Engagement is defined as ‘a process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations, with respect to issues affecting their well-being’^{xliv}. Community engagement has emerged as an increasingly effective strategy for harnessing community potential, particularly in health improvement^{xlv}.

Most community stakeholders reported high levels of awareness of the men’s shed concept and high levels of support for the local shed.

Many shedders reported that engagement with local communities had provided members with a sense of purpose and self-worth, as well as providing access to diverse revenue streams through sponsorship or sale of goods.

Most shedders reported that partners and other family members were supportive of their involvement with the shed, frequently participating or assisting shed operations and many identified the importance of ensuring local support and having multiple partners and supporters.

8.4. Health and wellbeing awareness

Several shedders reported that men in the shed were becoming more aware of the own health and wellbeing and saw the shed as a non-confronting environment to explore health and wellbeing issues. They reported that support for health and wellbeing activities in the shed had increased, particularly since the National Male Health Policy had identified Men’s Sheds as having an important role in helping alleviate social isolation.

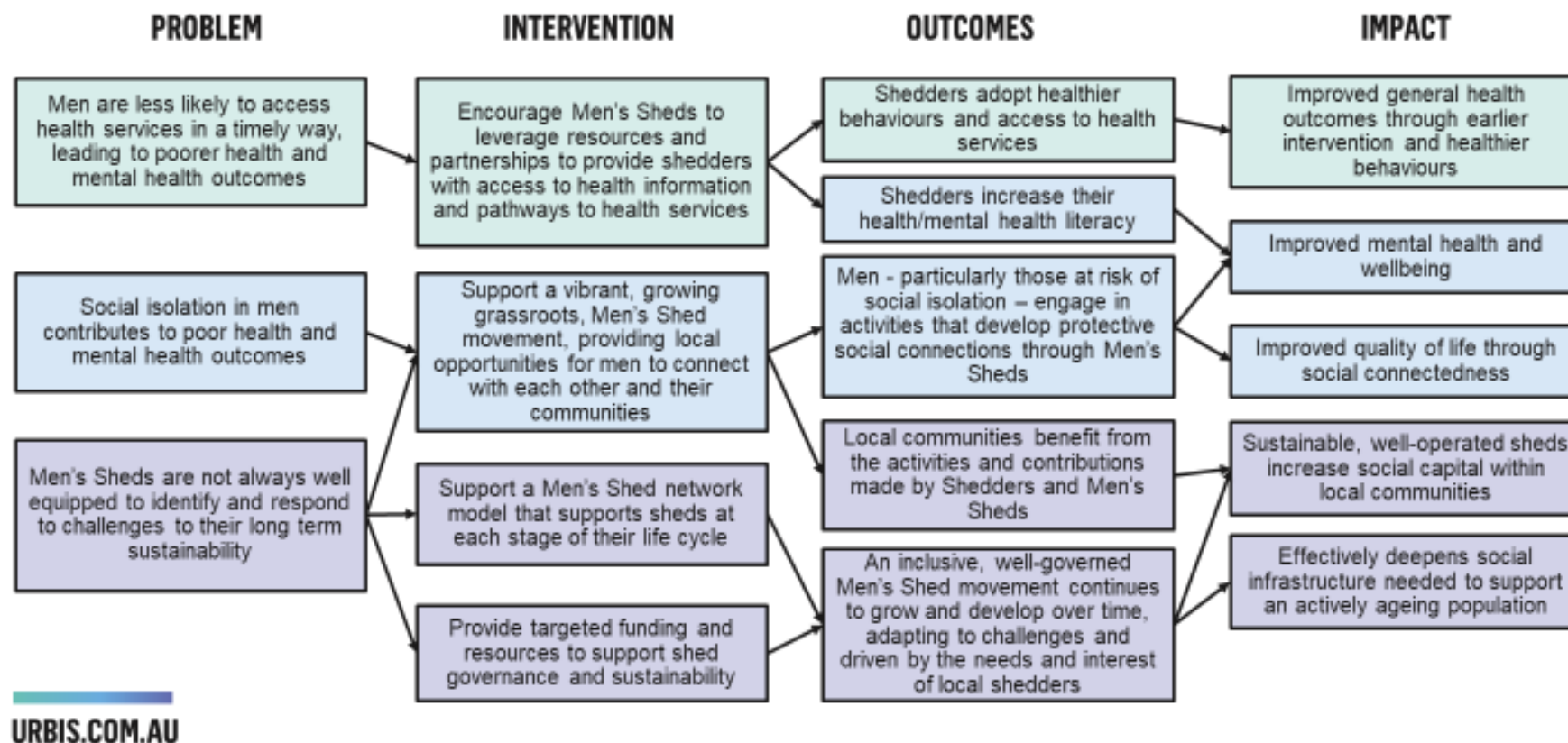
Most shedders reported that the shed represented a safe space to get together and talk with other men. Several shedders reported that their partners were supportive of their attending the shed and that it was good for their health and wellbeing.

“The mental health of our members is a very high priority within our shed as we feel that is our number one issue.” (Shed Executive, Survey Respondent)

Accordingly, many shedders reported need for greater access to health information, access to information regarding available health services, and opportunities to learn about health issues.

9. Strategic investment rationale

Urbis developed a strategic investment logic to capture the rationale for the Department, or any other organisation, to provide support for the Men's Shed movement. This logic formed the basis for discussion around each of the investment options identified at Section 10.



10. Investment options

This chapter provides a description and qualitative and economic assessment of potential options for future funding and organisational approaches, including a recommended option and several alternatives.

Urbis developed a 'starter' list of options for discussion with the Department which emerged from consultations with the sector.

The initial set of options were:

- Option 1: Do nothing
- Option 2: Regional cluster model
- Option 3: Place-based model for men's health
- Option 4: Functional federated model of support for the movement
- Option 5: Department to self-administer the NSDP
- Option 6: Develop packaged health programs
- Option 7: Deliver programs directly with sheds
- Option 8: Pool portfolio funding into single grant program

These options were considered during an options development workshop and assessed against an Options Assessment Framework detailed below.

10.1. Options assessment framework

Each of the options was given a preliminary assessment using the options assessment framework to identify a shortlist for further development. Options were assessed through a workshop held with the department against:

- **Alignment:** the extent of consistency with relevant policy or strategy frameworks and strategic investment rationale
- **Effectiveness:** the likelihood of delivering the outcome sought
- **Feasibility and risks:** the likelihood of successful implementation and risks associated with implementation
- **Cost-efficiency:** the extent to which value is maximised for input budget

Table 4 – Preliminary Options development outcomes

Score: 1 (very low / difficult) 5 (very high / easy)	Option 1 – Do nothing	Option 2 – Regional cluster model	Option 3 – Place-based model for men's health	Option 4 – Federated support model for movement	Option 5 – Self-administer the NSDP	Option 6 – Develop packaged health programs	Option 7 – Deliver programs directly with sheds (in-reach health services)	Option 8 – Pool portfolios funding into single grant program (DOH / DVA / Infrastructure / DSS)	Other options identified in workshop – funding pooled with state governments
Alignment	3	3	4	2	4	4	4	2	2
Effectiveness	2	4	4	4	2*	3**	2	?	3
Feasibility	5	4	3	2	2	4	2	1	1
Cost efficiency	3	4	4	4	2*	4	2	?	2

Score: 1 (very low / difficult) 5 (very high / easy)	Option 1 – Do nothing	Option 2 – Regional cluster model	Option 3 – Place-based model for men's health	Option 4 – Federated support model for movement	Option 5 – Self-administer the NSDP	Option 6 – Develop packaged health programs	Option 7 – Deliver programs directly with sheds (in-reach health services)	Option 8 – Pool portfolios funding into single grant program (DOH / DVA / Infrastructure / DSS)	Other options identified in workshop – funding pooled with state governments
TOTAL	13	15	15	12	10	15	10	?	8

10.2. Funding and organisational options

Following discussions with the Department and the preliminary assessment detailed above, five options were taken forward for further consideration:

- Option 1: Status quo
- Option 1(a): Incremental improvements to status quo
- Option 2: Regional cluster model
- Option 3: Place-based model for men's health
- Option 6: Develop packaged health programs

Urbis identified options regarding the NSDP to be considered separately including:

- Administer the NSDP internally within the Department, through the DSS Community Grants Hub or similar
- Reduce or Defund the NSDP
- Maintain status quo.

Accordingly, Urbis has developed each of these as benchmarks which can be applied separately to each of the options, as detailed in Section 10.2.6 Additional Recommendations.

We note that these options have not been tested with the sector, and progression to final selection of a preferred option should include feasibility testing with key stakeholders. This may result in changes to the scoring and the determination of a preferred option.

10.2.1. Option A (recommended) – Regional cluster shed model

Intent of option

This model would see sheds clustered into regions in order to build on existing benefits of sheds coming together to exchange information, knowledge and support. It would also build on the Department's role as information provider and provide a mechanism through which the Department could more directly influence shed health activities and health outcomes.

Mechanism of change

The Department would establish new positions and identify suitable locations for the position to be based at. Of note, if the coordinator were to be based in a Shed, this may impact shed work health and safety requirements.

Implementation / operational approach

The Department would fund employment of part-time regional coordinators (we have assumed for modelling purposes this will be in each PHN region (n=31), but positions could be based in AMSA, state-based associations, leading sheds or other organisations).

The regional coordinator would be responsible for liaising with sheds, the Department, PHNs and health services to deliver health programs and improve partnerships amongst Sheds and between Sheds and local health professionals. Coordinators could play a role in administering / recommending NSDP grant funding decisions and evaluating health outcomes from regional health activities.

Resourcing

Funding for this model could either be from new funding (standalone) or reallocating budget currently provided to AMSA. Estimated budget would be ~\$1 million per annum⁸.

⁸ Based on 31 x 0.5 Full Time Equivalent coordinators employed at APS 2.1 salary of \$49,983 (2017-2018) plus 22% on-costs. Note: indirect costs such as management and infrastructure costs have not been included in this estimate.

Assessment

Criteria	Score 1 (very low / difficult) 5 (very high / easy)	Commentary
Alignment	5	<ul style="list-style-type: none"> Flexibility within the model would enable alignment with strategies contained within the draft National Men's Health Strategy 2020-2030^{xlvi} including mental health strategies and removing barriers to accessing health services. The model could enable alignment with any or all of the different interventions identified in the strategic investment rationale including access to health information, providing local opportunities for men to connect, supporting a network model and providing targeted funding and resources.
Effectiveness	4	<ul style="list-style-type: none"> Improved health outcomes could be achieved through exchange of information between Sheds and partnerships with health professionals. Coordinator could provide advice to the Department on funding decisions to improve outcomes experienced by Sheds. The coordinator would likely work closely with PHNs to identify and address health needs in the region. Coordinator could support Sheds with promotion and recruitment as required.
Feasibility	4	<ul style="list-style-type: none"> Critical to employ person with credibility, experience and good communication and interpersonal skills Role would need to be clearly communicated to sheds and not overly directive. PHNs, AMSA and state committees likely to support such a role If model impacts AMSA funding, risks include: <ul style="list-style-type: none"> Low stakeholder acceptability Impact on relationships with existing stakeholders Ongoing viability of AMSA
Cost efficiency	4	<ul style="list-style-type: none"> Potential for improved targeting of NSDP funding. Reduced role of AMSA and state committees in supporting Sheds therefore cost efficiencies could be realised.
Average score	4.25	

10.2.2. Option B (alternative) – Place Based model for Men’s Health

Intent of option

This model intends to enhance and leverage the role of Men’s Sheds in accessing and delivering community-based men’s health programs. Flexibility of this option would enable sheds to address local health and wellbeing needs but, given unmet mental health needs identified during this review, mental health would likely be a focus.

Mechanism of change

Expressions of interest sought from PHN-led consortia consisting of Men’s Sheds and other local Men’s Health organisations.

Implementation / operational approach

PHNs, in collaboration with consortia, would develop proposals for Department funding for demonstration projects specific to local men’s health needs. Evaluation of health outcomes would be a critical component to ensure efficacy of the program.

Resourcing

Funding for this model could either be from new funding (standalone) or reallocating budget currently provided to AMSA. Budgets would vary depending on scale of the project but would likely be apportioned between health professional staff costs in service delivery and other business and operational costs, such as vehicle costs, travel and accommodation, other infrastructure costs and administration costs.

Assessment

Criteria	Score 1 (very low / difficult) 5 (very high / easy)	Commentary
Alignment	4	<ul style="list-style-type: none"> ▪ Aligns closely with the draft National Men’s Health Strategy 2020-2030^{xlvii} including: <ul style="list-style-type: none"> ○ priority health issue of mental health ○ strategies to remove barriers to access ○ Action Area 2.2: investing in outreach programs that seek to connect with men at appropriate social settings. ▪ Aligns with Priority Area 1 of the Fifth National Mental Health and Suicide Prevention Plan: Achieving integrated regional planning and service delivery^{xlviii}. ▪ Closely aligns with strategic investment rationale to leverage local resources to provide shedders with access to health information and pathways to health services.
Effectiveness	4	<ul style="list-style-type: none"> ▪ Increased number of Shedders access targeted health and wellbeing interventions. ▪ Local autonomy in the form of providing Sheds and communities with choice in the services provided. ▪ This model could be particularly effective in areas with high numbers of Shedders. However, this raises concerns regarding the equity of access for other localities which may not be as prominent in numbers or needs.
Feasibility	4	<ul style="list-style-type: none"> ▪ National Men’s Health Strategy 2020-2030 could support establishment of model ▪ Support of PHNs and sheds likely to be high ▪ Challenges to ensure equity of access for shedders ▪ If model impacts AMSA funding, risks include: <ul style="list-style-type: none"> ○ Low stakeholder acceptability ○ Impact on relationships with existing stakeholders

Criteria	Score 1 (very low / difficult) 5 (very high / easy)	Commentary
		<ul style="list-style-type: none"> ○ Ongoing viability of AMSA
Cost efficiency	4	<ul style="list-style-type: none"> ▪ Cost efficiencies could be achieved through an outcomes-based approach to funding support. ▪ Option would provide a more comprehensive understanding of the health needs of men in the region, and particularly how funds can be used efficiently and effectively.
Average score	4	<ul style="list-style-type: none"> ▪ As the model would be delivered by regional consortia, overseen by PHNs, it would provide a comprehensive understanding of local men's health needs, and particularly how funds can be used to target specific health needs.

10.2.3. Option C.1 (alternative) – Do nothing

Intent of option

The intent of this option is to continue to ensure the ongoing viability of AMSA and enable it to support men's sheds in Australia and internationally^{xlix}. Such an approach would provide a sense of stability for the movement.

Current funding delivers (unquantified) health outcomes to sheds through the NSDP. The impact of AMSA on the movement is evaluated separately^l but found that AMSA resources and activities were meeting member needs.

Mechanism of change

Nil

Implementation / operational approach

Draft new agreement for three to five years and obtain internal approvals for renewal.

Resourcing

\$1,700,000 pa provided to AMSA, of which \$900,000 pa is provided to AMSA for operational funding and the remaining \$800,000 pa to be provided by AMSA to Sheds through the NSDP.

Assessment

Criteria	Score 1 (very low / difficult) 5 (very high / easy)	Commentary
Alignment	2.5	<ul style="list-style-type: none"> ▪ This rating provides a benchmark to compare the alternative funding models.
Effectiveness	2.5	<ul style="list-style-type: none"> ▪ This rating provides a benchmark to compare the alternative funding models.
Feasibility	2.5	<ul style="list-style-type: none"> ▪ Renewal on existing terms and conditions ▪ Risks include: <ul style="list-style-type: none"> ○ Stakeholder acceptability outside of NSW, disenfranchising state committees currently in dispute with AMSA and losing support for implementing health strategies in sheds in those states. ○ Department unlikely to achieve greater transparency and accountability for funding decisions by AMSA.
Cost efficiency	2.5	<ul style="list-style-type: none"> ▪ This rating provides a benchmark to compare the alternative funding models.

Criteria	Score 1 (very low / difficult) 5 (very high / easy)	Commentary
Average score	2.5	<ul style="list-style-type: none"> ▪ To streamline the rating of options against the status quo, Urbis has assigned this option the mid-point score of 2.5 for each of the four criteria. ▪ This is not to detract from any merits of the status quo, but rather to treat this option as the benchmark base case. ▪ It is also acknowledged that opting for the status quo (and choosing 'to do nothing') is a valid decision that may be adopted and reflect factors, including: policy and governance risk, cost of change, shift in program focus, and opportunity costs.

10.2.4. Option C.2 (alternative) – Incremental improvements

Intent of option

The intent of this option is to continue to ensure the ongoing viability of AMSA but to address issues identified during this review.

Mechanism of change

The funding agreement could be negotiated to include requirements for AMSA to:

- work with the Department to raise awareness and promotion of NSDP across, particularly to sheds registered with state associations.
- work with the Department to amend the NSDP process including:
 - simplifying and streamlining application process and information where possible.
 - reviewing NSDP funding levels to ensure amounts provided meet need.
 - review criteria for offering funding, potentially with focus on supporting established sheds rather than developing new sheds.
- work with the Department, state governments and local governments to support sheds with development planning issues.
- work with the Department and state committees to support and enhance governance skills in sheds.

Implementation / operational approach

Draft new agreement for three to five years and obtain internal approvals for renewal

Resourcing

\$1,700,000 pa provided to AMSA through a new funding agreement for three to five years.

Assessment

Criteria	Score 1 (very low / difficult) 5 (very high / easy)	Commentary
Alignment	2.5	<ul style="list-style-type: none"> ▪ Alignment remains same as per option to 3 Do Nothing.
Effectiveness	2.5	<ul style="list-style-type: none"> ▪ A focus on established sheds may help to facilitate Sheds currently experiencing a lack of resources to deal with large number of Sheddors. ▪ However, many of the Sheds that are well-established (5 to 10 years) noted that they were financially self-sustaining. In converse, relatively new sheds (<5 years old) were focusing on developing their infrastructure.

Criteria	Score 1 (very low / difficult) 5 (very high / easy)	Commentary
Feasibility	3	<ul style="list-style-type: none"> Potential to amend funding agreement with AMSA prior to renewal. Lower risk than Option C.1 of disenfranchising state committees in dispute with AMSA. Likely to have stakeholder support.
Cost efficiency	3.5	<ul style="list-style-type: none"> Improving awareness will help to facilitate allocation of funding to all Sheds irrespective of registration with AMSA. Potential improvements could be realised through greater visibility of and accountability for the NSDP funding mechanism. Reconciling funding levels to requirements for Sheds to ensure needs are satisfied would increase efficiency.
Average score	2.875	<ul style="list-style-type: none"> The gradualist approach carries the risk of entrenching administrative practices that may stymie greater transparency and accessibility in terms of NSDP funding.

10.2.5. Option D (alternative) - Develop packaged health programs

Intent of option

The availability of health programs would satisfy Sheds' reported needs for support with undertaking health activities and increasing access to health services and health professionals. It would improve the consistency of health services available to Men's Sheds, ensuring that programs were evidence-based, supported by appropriately skilled professionals, and produced positive outcomes for Sheddors.

Mechanism of change

Identifying evidence-based programs and testing stakeholder acceptability. Programs would be promoted to Sheds through AMSA and state committees and delivered by health professionals subsidised by the Department.

Implementation / operational approach

In this model, the Department would identify, or potentially develop, existing evidence-based health programs to be offered to Sheds, primarily in mental health, health screening and chronic disease management. Programs would be generalised rather than targeted to local need.

Resourcing

Funding for this model could either be from new funding (standalone) or reallocating budget currently provided to AMSA. Budget required would depend on scope and number of packaged health programs but would be required to fund health professionals to deliver health programs and evaluate outcomes.

Assessment

Criteria	Score 1 (very low / difficult) 5 (very high / easy)	Commentary
Alignment	3	<ul style="list-style-type: none"> Greater alignment with draft National Men's Health Strategy 2020-2030^{li} than status quo, particularly around implementing strategies to remove barriers to accessing health services.
Effectiveness	3.5	<ul style="list-style-type: none"> Qualified health professionals would likely facilitate improved outcomes experienced by Sheddors who choose to participate in programs. Evidence-based health programs offered and likely to achieve health outcomes. Addresses needs for in-house health professionals

Criteria	Score 1 (very low / difficult) 5 (very high / easy)	Commentary
		<ul style="list-style-type: none"> Reduced effectiveness compared to other options due to a generalised approach for each Shed.
Feasibility	2.5	<ul style="list-style-type: none"> Sheds likely to support provided not directed to participate. This is offset by the availability and willingness of suitable health professionals, particularly in remote / very remote areas, may be low. Identifying suitable evidence-based programs that would meet needs across Sheds may be difficult. If model impacts AMSA funding, risks include: <ul style="list-style-type: none"> Low stakeholder acceptability Impact on relationships with existing stakeholders Ongoing viability of AMSA
Cost efficiency	4	<ul style="list-style-type: none"> Subsidised costs of health programs would likely produce improved shedder health outcomes. Cost efficiencies are achieved through the economies-of-scale associated with the development of standardised health programs.
Average score	3.25	<ul style="list-style-type: none"> While the potential effectiveness of the packaged health programs approach is moderated by the generalised nature of the offering, this is offset by the use of a more direct delivery method and the freedom of Sheds to select appropriate services.

10.2.6. Additional options

Urbis separately assessed the National Shed Development Programme (NSDP). The benchmarks associated with the future of the NSDP can be applied separately to any of the options detailed above and include:

- Administer the NSDP internally within the Department or through the DSS Community Grants Hub or similar
- Reduce or defund the NSDP
- Maintain status quo.

From an economic evaluation perspective, NSDP funding is regarded as an indirect input in respect to the achievement of shed and community outcomes. This implies that while the NSDP may be appreciated as taxpayer support for the program, it is not strongly connected to material outcomes.

Greater effectiveness and enhanced efficiency would likely require a more transparent, focused and purpose-led approach in the substance of the NSDP. This may be achieved through the incorporation of the NSDP within other organisational options that are based on a greater level of focused and purpose-led principles.

Benchmark	Alignment	Effectiveness	Feasibility	Cost Efficiency	Average Score	Commentary
(i) Coordinate NSDP in-house or through DSS Community Grants Hubs	4	2.5	2	2	2.625	<ul style="list-style-type: none"> ▪ Potentially increased alignment with whole of government strategies and increased oversight of grant allocations. ▪ Unlikely to enhance effectiveness due to a more broad-based approach ▪ May decrease efficiency due to limited resources in-house or additional administrative costs involved with Community Grants Hub
(ii) Reduce funding or defund NSDP	2.5	3	1	3.5	2.5	<ul style="list-style-type: none"> ▪ Alignment remains as per benchmark without clarity that funding would be redirected to other men's health strategies ▪ May increase effectiveness as reduced funding sharpens focus on eligibility ▪ Very low stakeholder acceptability ▪ Likely to enhance cost efficiencies as administrative and compliance cost burdens are reduced
(iii) Maintain NSDP	2.5	2.5	2.5	2.5	2.5	<ul style="list-style-type: none"> ▪ Assigned the mid-point to provide a benchmark.

Disclaimer

This report is dated 16 November 2018 and incorporates information and events up to that date only and excludes any information arising, or event occurring, after that date which may affect the validity of Urbis Pty Ltd's (**Urbis**) opinion in this report. Urbis prepared this report on the instructions, and for the benefit only, of the Department of Health (**Instructing Party**) for the purpose of reviewing the Men's Shed movement (**Purpose**) and not for any other purpose or use. To the extent permitted by applicable law, Urbis expressly disclaims all liability, whether direct or indirect, to the Instructing Party which relies or purports to rely on this report for any purpose other than the Purpose, and to any other person which relies or purports to rely on this report for any purpose whatsoever (including the Purpose).

In preparing this report, Urbis was required to make judgements which may be affected by unforeseen future events, the likelihood and effects of which are not capable of precise assessment.

All surveys, forecasts, projections and recommendations contained in or associated with this report are made in good faith and on the basis of information supplied to Urbis at the date of this report, and upon which Urbis relied. Achievement of the projections and budgets set out in this report will depend, among other things, on the actions of others over which Urbis has no control.

In preparing this report, Urbis may rely on or refer to documents in a language other than English, which Urbis may arrange to be translated. Urbis is not responsible for the accuracy or completeness of such translations and disclaims any liability for any statement or opinion made in this report being inaccurate or incomplete arising from such translations.

Whilst Urbis has made all reasonable inquiries it believes necessary in preparing this report, it is not responsible for determining the completeness or accuracy of information provided to it. Urbis (including its officers and personnel) is not liable for any errors or omissions, including in information provided by the Instructing Party or another person or upon which Urbis relies, provided that such errors or omissions are not made by Urbis recklessly or in bad faith.

This report has been prepared with due care and diligence by Urbis and the statements and opinions given by Urbis in this report are given in good faith and in the reasonable belief that they are correct and not misleading, subject to the limitations above.

Appendix A Survey respondents

Table 5 shows the number and proportion of respondents by state and territory. As can be seen the highest proportion of responses came from NSW, Victoria and Queensland. There was also a high proportion of respondents from Western Australia (17.4 per cent). Given the skew towards the larger jurisdictions the analysis provided in this report does not show results by state and territory.

Table 5 – Number and proportion of respondents by state and territory

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
#	224	153	146	131	39	38	13	1	7529
%	29.8%	20.3%	19.4%	17.4%	5.2%	5.1%	1.7%	0.1%	100%

Table 6 – Respondents by ASGC Remoteness Area

	Major Cities	Inner Regional	Outer Regional	Remote and Very remote*	AUS
#	332	222	135	31	75210
%	44.1%	29.5%	18%	4.1%	100%

*Remote and very remote classifications have been combined due to small number of respondents in these areas.

Table 7 – Number and proportion of respondents by role

	Chair	Vice Chair	Treasurer	Secretary	Shed Manager	Member	Other*	Total
#	168	28	70	179	41	210	56	752
%	22.3%	3.7%	9.3%	23.8%	5.5%	27.9%	7.4%	100%

*'Other' includes respondents who identified themselves as ex-members, coordinators and Council staff.

Table 8 – Number and proportion of respondents by the estimated size of their shed

Estimated number of members in shed	Number of respondents (#)	Proportion of respondents (%)
5-19	93	12.4%
20-34	172	22.9%
35-49	134	17.8%
50-64	111	14.8%
65-79	76	10.1%
80-94	52	6.9%
95-109	25	3.3%
110-124	18	2.4%

⁹ This figure includes seven (7) responses that did not provide their shed's postcode or jurisdiction.

¹⁰ ASGC Remoteness Area classifications were determined through postcode. This figure includes 32 respondents who did not provide their postcode and whose classification could not be determined.

Estimated number of members in shed	Number of respondents (#)	Proportion of respondents (%)
125-139	7	0.9%
140-154	14	1.9%
155-199	16	2.2%
200-304	16	2.2%
Not stated	18	2.4%
Grand Total	752	

Appendix B Discussion guides

Review of support for the Men's Shed Movement

External Informant Interview Discussion Guide (Cwth Agencies)

Explanatory notes

This document helps guide interview discussions but will not be used as a script—phrasing, wording, and order will be adapted as appropriate.

The interview guide does not represent a complete list of the questions that will be asked or covered in each interview. The coverage and flow of issues will be guided by the researchers and informed by the participants. All questions are fully open-ended.

Reported issues/data will be probed for evidence/ examples wherever relevant.

Introduction

Thank you for your time today. My name is <xxxxx>

Urbis has been engaged by the Department of Health (the Department) to undertake a review of how best the Department can support the Men's Shed movement.

Urbis is an independent research company that specialises in undertaking research for government.

In 2010, the Men's Shed movement secured funding as part of the Department's National Male Health Policy. The Department has engaged Urbis to carry out a review to:

identify the activities and outcomes that the current funding is delivering

assess factors enabling or hindering the operations and outcomes of Men's Sheds where these align to the Department's objectives

provide options and recommendations for how the Department can best support the Men's Shed movement.

[Read only if queried about whether project is an evaluation] This review is focussed on the program and is not an evaluation of the Men's Shed movement. The review will not be considering the performance or outcomes of local Men's Sheds. We will be reviewing the model and mechanism of support provided by the Department, and the extent to which the aims of the Department in providing funding have been met.

We will also be considering whether any improvements can be made to the way in which the Department invests in or supports the Men's Shed movement as a whole.

Information about the interview

The interview will take approximately 60 minutes, and our preference is to audio record the interview. Note, you will not be identified/named in the report, but we will draw on your perspective and may use a direct quote. We won't use your information for any other purpose.

You can decline to participate, end the interview at any time and you can decline to have the interview recorded, in which case notes will be taken.

Do you have any questions? [Confirm consent form is signed].

Interview questions

Background

Could you please introduce yourself, telling me briefly about your role and how your agency / branch is involved with the Men's Shed movement?

[Probe for extent and length of involvement]

Government role in men's health and the men's shed movement

What is the role of your agency in supporting the Men's Shed movement?

[Probe for funding agency, policy leader, networker, relationship builder, building communities of practice]

What outcomes, if any, are expected as a result of this involvement?

In what ways do you think the Men's Shed movement makes positive contributions to achieving those outcomes? What is already working well? What are areas with greatest potential? What are the areas for improvement?

How does the Men's Shed movement contribute to achieving the department's overall portfolio objectives?

What opportunities exist for increasing alignment of funding outcomes to departmental priorities?

To what extent are the current funding arrangements appropriate and efficient?

What specific strategies or programs might be best suited to Men's Sheds?

What other Commonwealth agencies are you aware of having involvement in the Men's Shed movement? Do you think that these roles need to change or evolve?

To what extent do you think the various Commonwealth government agencies could work together to support the Men's Shed movement? How could this be achieved?

[Probe for potential alignment opportunities, particularly around funding]

And to what extent do you think the Commonwealth could work with state and territory government agencies to support the Men's Shed movement?

Ongoing development

Based on your understanding, what are some of the issues presently impacting/influencing the Men's Shed movement?

Are there any issues that might impact the sustainability of the Men's Shed movement over the next five years? What are these? What might help to mitigate these risks?

Conclusion

What key outcomes would you like to see implemented as a result of this review?

Is there anything else you'd like to add before I end the interview?

External Informant Interview Discussion Guide (Community Stakeholders)

Explanatory notes

This document helps guide interview discussions but will not be used as a script—phrasing, wording, and order will be adapted as appropriate.

The interview guide does not represent a complete list of the questions that will be asked or covered in each interview. The coverage and flow of issues will be guided by the researchers and informed by the participants. All questions are fully open-ended.

Reported issues/data will be probed for evidence/ examples wherever relevant.

Introduction

Thank you for your time today. My name is <xxxxx>

Urbis has been engaged by the Department of Health (the Department) to undertake a review of how best the Department can support the Men's Shed movement.

Urbis is an independent research company that specialises in undertaking research for government.

In 2010, the Men's Shed movement secured funding as part of the Department's National Male Health Policy. The Department has engaged Urbis to carry out a review to:

identify the activities and outcomes that the current funding is delivering

assess factors enabling or hindering the operations and outcomes of Men's Sheds where these align to the Department's objectives

provide options and recommendations for how the Department can best support the Men's Shed movement.

[Read only if queried about whether project is an evaluation] This review is focussed on the program and is not an evaluation of the Men's Shed movement. The review will not be considering the performance or outcomes of local Men's Sheds. We will be reviewing the model and mechanism of support provided by the Department, and the extent to which the aims of the Department in providing funding have been met.

We will also be considering whether any improvements can be made to the way in which the Department invests in or supports the Men's Shed movement as a whole.

Information about the interview

The interview will take approximately 60 minutes, and our preference is to audio record the interview. Note, you will not be identified/named in the report, but we will draw on your perspective and may use a direct quote. We won't use your information for any other purpose.

You can decline to participate, end the interview at any time and you can decline to have the interview recorded, in which case notes will be taken.

Do you have any questions? [Confirm consent form is signed].

Interview questions

Background

Could you please introduce yourself, telling me about how you're involved with your local shed and, if relevant, the broader Men's Shed movement?

[Probe for extent and length of involvement and relationship with men's shed]

Experience and outcomes of local shed

Overall, how do you feel about your shed? How well does the shed operate? What does it do well? Any areas for improvement?

What are the key needs of local men and how does the shed contribute to meeting those needs?

What role does your shed play in the broader community? What type of contributions might it make?

Outcomes of local shed within men's health context

Thinking specifically about health, what do you think are the key health needs of local men?

How, if at all, do you think the Shed contributes to meeting the health needs of local men? What's working well? What's working not so well? Why do you think that is?

[Probe contribution to men's health needs including preventative health, mental health and wellbeing and cancer screening]

What do you think are other health benefits that arise from your Shed?

[Probe for impact on families and broader male community]

Ongoing development

What do you think are some of the issues, if any, presently impacting your shed? What about for the broader Men's Shed movement?

What do you think are issues, if any, that could impact the sustainability of your shed over the next five years? Anything else? What could be done to mitigate these risks?

Can you think of any ways in which the Men's Shed movement could evolve over the next five years to better meet the needs of Australian men?

[Probe for increase in numbers and enhancement of service provision and management]

To your knowledge, what are the main funding sources for your shed? How are funds typically used and how do you decide which programs or initiatives to prioritise?

Is your shed supported by a peak body? What are the key types of support provided by that body?

If relevant, to what extent is the National Shed Development Program providing effective strategy for supporting your local shed? How, if at all, could it be improved?

Conclusion

Moving into the future, what type of support does your shed need?

Is there anything else you'd like to add before I end the interview?

External Informant Interview Discussion Guide (Local Government)

Explanatory notes

This document helps guide interview discussions but will not be used as a script—phrasing, wording, and order will be adapted as appropriate.

The interview guide does not represent a complete list of the questions that will be asked or covered in each interview. The coverage and flow of issues will be guided by the researchers and informed by the participants. All questions are fully open-ended.

Reported issues/data will be probed for evidence/ examples wherever relevant.

Introduction

Thank you for your time today. My name is <xxxxx>

Urbis has been engaged by the Department of Health (the Department) to undertake a review of how best the Department can support the Men's Shed movement.

Urbis is an independent research company that specialises in undertaking research for government.

In 2010, the Men's Shed movement secured funding as part of the Department's National Male Health Policy. The Department has engaged Urbis to carry out a review to:

identify the activities and outcomes that the current funding is delivering

assess factors enabling or hindering the operations and outcomes of Men's Sheds where these align to the Department's objectives

provide options and recommendations for how the Department can best support the Men's Shed movement.

[Read only if queried about whether project is an evaluation] This review is focussed on the program and is not an evaluation of the Men's Shed movement. The review will not be considering the performance or outcomes of local Men's Sheds. We will be reviewing the model and mechanism of support provided by the Department, and the extent to which the aims of the Department in providing funding have been met.

We will also be considering whether any improvements can be made to the way in which the Department invests in or supports the Men's Shed movement as a whole.

Information about the interview

The interview will take approximately 60 minutes, and our preference is to audio record the interview. Note, you will not be identified/named in the report, but we will draw on your perspective and may use a direct quote. We won't use your information for any other purpose.

You can decline to participate, end the interview at any time and you can decline to have the interview recorded, in which case notes will be taken.

Do you have any questions? [Confirm consent form is signed].

Interview questions

Background

Could you please introduce yourself, telling me briefly about your role and how you're involved with the Men's Shed movement?

[Probe for extent and length of involvement]

Men's Shed movement

What do you think is the role of the Men's Sheds movement as a platform for men's health?

What specific strategies or programs might be best suited to the Men's Sheds platform?

Based on your understanding, what are some of the issues presently impacting/influencing the Men's Shed movement?

Are there any issues that might impact the sustainability of the Men's Shed movement over the next five years? What are these? What might help to mitigate these risks?

Can you think of any ways in which the Men's Shed movement could evolve over the next five years to better meet the needs of Australian men?

[Probe for increase in numbers and enhancement of service provision and management]

Local government's role in men's health and Men's Sheds

How is the local government currently supporting the Men's Sheds movement?

What outcomes, if any, are expected based on this involvement?

[If applicable] To what extent are the current funding arrangements appropriate and efficient?

What do you think should be the role of local governments, if any, in supporting the Men's Shed movement?

What do you think is the role of the Commonwealth Government Department of Health in supporting the Men's Shed movement? Do you think that role needs to change or evolve?

[Probe for funding agency, policy leader, networker, relationship builder, building communities of practice]

What other Commonwealth Departments might play a role in supporting the Men's Shed movement? Why do you say that?

To what extent do you think the Department of Health/the Commonwealth, state and territory government agencies and local government could work together to support the Men's Shed movement? How could this be achieved?

[Probe for potential alignment opportunities, particularly around funding]

Conclusion

What key outcomes would you like to see implemented as a result of this review?

Is there anything else you'd like to add before I end the interview?

Discussion Guide for Sheds

Explanatory notes

This document helps guide interview discussions but will not be used as a script—phrasing, wording, and order will be adapted as appropriate.

The interview guide does not represent a complete list of the questions that will be asked or covered in each interview. The coverage and flow of issues will be guided by the researchers and informed by the participants. All questions are fully open-ended.

Reported issues/data will be probed for evidence/ examples wherever relevant.

Introduction

Thank you for your time today. My name is <xxxxx>

Urbis has been engaged by the Department of Health (the Department) to undertake a review of how best the Department can support the Men's Shed movement.

Urbis is an independent research company that specialises in undertaking research for government.

In 2010, the Men's Shed movement secured funding as part of the Department's National Male Health Policy. The Department has engaged Urbis to carry out a review to:

- identify the activities and outcomes that the current funding is delivering
- assess factors enabling or hindering the operations and outcomes of Men's Sheds where these align to the Department's objectives
- provide options and recommendations for how the Department can best support the Men's Shed movement.

[Read only if queried about whether project is an evaluation] This review is focussed on the program and is not an evaluation of the Men's Shed movement. The review will not be considering the performance or outcomes of local Men's Sheds. We will be reviewing the model and mechanism of support provided by the Department, and the extent to which the aims of the Department in providing funding have been met.

We will also be considering whether any improvements can be made to the way in which the Department invests in or supports the Men's Shed movement as a whole.

Information about the interview

The interview will take approximately 60 minutes, and our preference is to audio record the interview. Note, you will not be identified/named in the report, but we will draw on your perspective and may use a direct quote. We won't use your information for any other purpose.

You can decline to participate, end the interview at any time and you can decline to have the interview recorded, in which case notes will be taken.

Do you have any questions? [Confirm consent form is signed].

Interview questions

Background

Could you please introduce yourself, telling me briefly about your role and how you're involved with the Men's Sheds?

[Probe for extent and length of involvement]

Experience and outcomes of shed

Overall, how do you feel about how your shed is functioning? What's working well? What's working no so well? Why do you think that is?

What do you think are the key needs of local men? How does the shed contribute to meeting these needs? Anything else?

What contributions does the Shed currently make to your local community? What type of contributions would you like to see the Shed making? Anything else?

Outcomes of local shed within men's health context

Thinking specifically about health, what do you think are the key health needs of local men?

How, if at all, do you think the Shed contributes to meeting the health needs of local men? What's working well? What's working not so well? Why do you think that is?

[Probe contribution to men's health needs including preventative health, mental health and wellbeing and cancer screening]

What do you think are other health benefits that arise from your Shed?

[Probe for impact on families and broader male community]

Ongoing development

What do you think are some of the issues, if any, presently impacting on your shed? What about for the broader Men's Shed movement?

What do you think are issues, if any, that could impact the sustainability of your shed over the next five years? Anything else? What could be done to mitigate these risks?

Can you think of any ways in which the Men's Shed movement could evolve over the next five years to better meet the needs of Australian men?

[Probe for increase in numbers and enhancement of service provision and management]

What are the main funding sources for your Shed? How are funds typically used and how do you decide which programs or initiatives to prioritise?

What funded activities are working well? Do you think some activities are more effective in delivering health outcomes for men than others?

Is your shed supported by a peak body? What are the key types of support provided by that body?

Government role in men's shed movement and programs

Based on your understanding, what do you think is the role of the Commonwealth Department of Health in supporting your shed and the broader Men's Shed movement? Do you think that role needs to change or evolve?

[Probe for funding agency, policy leader, networker, relationship builder, building communities of practice]

What support, if any, do other Commonwealth Departments (e.g. Veteran's Affairs, Department of Infrastructure, Transport and Regional Development) provide your shed? Do you think that role could change or evolve?

What support, if any, does the state/territory government provide to your shed? Do you think this support could change or evolve?

What support, if any, does local government provide to your shed? Do you think this support could change or evolve?

How could the different government agencies work together better to support your shed? And the broader Men's Shed movement?

How do you feel about present funding arrangements from each funding body? To what extent are they appropriate and effective?

National Shed Development Program

Does your shed benefit from the National Shed Development Programme (NSDP)? Is it meeting your needs? How could it be amended to improve the support provided?

How do you decide which activities or programs are a priority?

If knowledge of NSDP and grant process:

Can you talk me through the current grant application process?

How, if at all, do you think this could be improved?

Conclusion

In the future, what type of support do you think your shed will need? What are the key areas of strength? What could be improved?

Is there anything else you'd like to add before I end the interview?

External Stakeholder Interview Discussion Guide (Men's Health)

Explanatory notes

This document helps guide interview discussions but will not be used as a script—phrasing, wording, and order will be adapted as appropriate.

The interview guide does not represent a complete list of the questions that will be asked or covered in each interview. The coverage and flow of issues will be guided by the researchers and informed by the participants. All questions are fully open-ended.

Reported issues/data will be probed for evidence/ examples wherever relevant.

It is likely that key topics relating to each of the stakeholders will arise spontaneously based on the below discussion flow. Nonetheless, there is a list of detailed probes, relating to each of the stakeholder groups, at the end of the discussion guide – the moderator will ensure all detailed probes are covered.

The moderator will also tailor the guide based on the key stakeholder (e.g. discussions with community stakeholders will differ to discussions with Commonwealth Heads of Department etc.)

Introduction

Thank you for your time today. My name is <xxxxx>

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In 2010, the Men's Shed movement secured funding as part of the Department's National Male Health Policy. The Department has engaged Urbis to carry out a review to:

identify the activities and outcomes that the current funding is delivering

assess factors enabling or hindering the operations and outcomes of Men's Sheds where these align to the Department's objectives

provide options and recommendations for how the Department can best support the Men's Shed movement.

[Read only if queried about whether project is an evaluation] This review is focussed on the program and is not an evaluation of the Men's Shed movement. The review will not be considering the performance or outcomes of local Men's Sheds. We will be reviewing the model and mechanism of support provided by the Department, and the extent to which the aims of the Department in providing funding have been met.

We will also be considering whether any improvements can be made to the way in which the Department invests in or supports the Men's Shed movement as a whole.

Information about the interview

The interview will take approximately 45 minutes, and our preference is to audio record the interview. Note, you will not be identified/named in the report, but we will draw on your perspective and may use a direct quote. We won't use your information for any other purpose.

You can decline to participate, end the interview at any time and you can decline to have the interview recorded, in which case notes will be taken.

Do you have any questions? [Confirm consent form is signed].

Interview questions

Background

Could you please introduce yourself, telling me briefly about your role and how, if at all, you're involved with the Men's Shed movement?

[Probe for extent and length of involvement]

Men's health and Men's Sheds

Briefly, from your perspective, what are some of the key health needs of men? And older men?

[Probe on area of expertise]

How does the Shed movement contribute to meeting these health needs?

In what ways do you think the Men's Shed movement makes positive contributions to improving health outcomes for Australian men? What is already working well? What are areas with greatest potential? What are the areas for improvement?

[Probe contribution to men's health needs including preventative health, mental health and wellbeing and cancer screening, as well as their role in the local community]

Ongoing development

What are some of the issues presently impacting/influencing the men's health?

Can you think of any ways in which the Men's Shed movement could evolve over the next five years to address these issues and better meet the health needs of Australian men?

[Probe for increase in numbers and enhancement of service provision and management]

What sort of men's health strategies or programs might be best suited to the Men's Shed platform?

Are you aware of any government, be it state/territory or Commonwealth, support for men's sheds? If so, what support /s do you think governments provide? Do you think it is effective and efficient?

In your opinion, what is the best way for governments, both state and territory, and Commonwealth to support the Men's Shed movement into the future?

How best can the Commonwealth Department of Health contribute to promoting men's health? And to improving men's health outcomes?

[Probe areas of strength and optimisation]

Conclusion

What key outcomes would you like to see implemented as a result of this review?

Is there anything else you'd like to add before I end the interview?

External Stakeholder Discussion Guide (State Committees)

Explanatory notes

This document helps guide interview discussions but will not be used as a script—phrasing, wording, and order will be adapted as appropriate.

The interview guide does not represent a complete list of the questions that will be asked or covered in each interview. The coverage and flow of issues will be guided by the researchers and informed by the participants. All questions are fully open-ended.

Reported issues/data will be probed for evidence/ examples wherever relevant.

Introduction

Thank you for your time today. My name is <xxxxx>

Urbis has been engaged by the Department of Health (the Department) to undertake a review of how best the Department can support the Men's Shed movement.

Urbis is an independent research company that specialises in undertaking research for government.

In 2010, the Men's Shed movement secured funding as part of the Department's National Male Health Policy. The Department has engaged Urbis to carry out a review to:

identify the activities and outcomes that the current funding is delivering

assess factors enabling or hindering the operations and outcomes of Men's Sheds where these align to the Department's objectives

provide options and recommendations for how the Department can best support the Men's Shed movement.

[Read only if queried about whether project is an evaluation] This review is focussed on the program and is not an evaluation of the Men's Shed movement. The review will not be considering the performance or outcomes of local Men's Sheds. We will be reviewing the model and mechanism of support provided by the Department, and the extent to which the aims of the Department in providing funding have been met.

We will also be considering whether any improvements can be made to the way in which the Department invests in or supports the Men's Shed movement as a whole.

Information about the interview

The interview will take approximately 60 minutes, and our preference is to audio record the interview. Note, you will not be identified/named in the report, but we will draw on your perspective and may use a direct quote. We won't use your information for any other purpose.

You can decline to participate, end the interview at any time and you can decline to have the interview recorded, in which case notes will be taken.

Do you have any questions? [Confirm consent form is signed].

Interview questions

Background

Could you tell me about how you're involved with the Men's Shed movement?

[Probe for length of involvement]

Broader men's health context

In what ways do you think the Men's Shed movement makes the best contribution to improving health outcomes for Australian men? What is already working well? What are areas with greatest potential?

[Probe for mental health and wellbeing, cancer screening, and preventative health]

Ongoing development

Are there any issues that might impact the sustainability of the Men's Shed movement over the next five years? What are these? What might help to mitigate these risks?

Can you think of any ways in which the Men's Shed movement could evolve over the next five years to better meet the needs of Australian men?

[Probe for increase in numbers and enhancement of service provision and management]

Government role in men's health, men's shed movement and programs

Based on your understanding, what do you think is the role of the Commonwealth Department of Health in supporting the broader Men's Shed movement? Do you think that role needs to change or evolve?

[Probe for funding agency, policy leader, networker, relationship builder, building communities of practice]

What support, if any, do other Commonwealth Departments (e.g. Veteran's Affairs, Department of Infrastructure, Transport and Regional Development) provide your organisation? Do you think that role could change or evolve?

What support, if any, does the state/territory government provide your organisation? Do you think this support could change or evolve?

What support, if any, does local government provide your organisation? Do you think this support could change or evolve?

How could the different government agencies work together to support the broader Men's Shed movement?

How do you feel about present funding arrangements from each funding body? To what extent are they appropriate and effective?

National Shed Development Program (if relevant)

To what extent is the National Shed Development Program providing effective strategy for supporting shed's needs? Why do you say that?

How, if at all, do you think the support provided by the Department contributes to the Men's Shed movement?

[Probe for capacity building, equipment, and programs]

Can you talk me through the current grant application process? How, if at all, do you think this could be improved?

What Department funded activities are working well? Do you think some activities are more effective in delivering health outcomes for men than others?

What benefits result from the Department funding? What outcomes are created through the current funding arrangements?

[Probe for outcomes for local sheds]

Conclusion

What key outcomes would you like to see implemented as a result of this review?

Is there anything else you'd like to add before I end the interview?

External Stakeholder Discussion Guide (States and Territories)

Explanatory notes

This document helps guide interview discussions but will not be used as a script—phrasing, wording, and order will be adapted as appropriate.

The interview guide does not represent a complete list of the questions that will be asked or covered in each interview. The coverage and flow of issues will be guided by the researchers and informed by the participants. All questions are fully open-ended.

Reported issues/data will be probed for evidence/ examples wherever relevant.

Introduction

Thank you for your time today. My name is <xxxxx>

Urbis has been engaged by the Department of Health (the Department) to undertake a review of how best the Department can support the Men's Shed movement.

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identify the activities and outcomes that the current funding is delivering

assess factors enabling or hindering the operations and outcomes of Men's Sheds where these align to the Department's objectives

provide options and recommendations for how the Department can best support the Men's Shed movement.

[Read only if queried about whether project is an evaluation] This review is focussed on the program and is not an evaluation of the Men's Shed movement. The review will not be considering the performance or outcomes of local Men's Sheds. We will be reviewing the model and mechanism of support provided by the Department, and the extent to which the aims of the Department in providing funding have been met.

We will also be considering whether any improvements can be made to the way in which the Department invests in or supports the Men's Shed movement as a whole.

Information about the interview

The interview will take approximately 60 minutes, and our preference is to audio record the interview. Note, you will not be identified/named in the report, but we will draw on your perspective and may use a direct quote. We won't use your information for any other purpose.

You can decline to participate, end the interview at any time and you can decline to have the interview recorded, in which case notes will be taken.

Do you have any questions? [Confirm consent form is signed].

Interview questions

Background

Could you please introduce yourself, telling me briefly about your role and how you're involved with the Men's Shed movement?

[Probe for extent and length of involvement]

Men's Shed movement

What do you think is the role of the Men's Shed movement as a platform for men's health?

What specific strategies or programs might be best suited to the Men's Sheds platform?

Based on your understanding, what are some of the issues presently impacting/influencing the Men's Shed movement?

Are there any issues that might impact the sustainability of the Men's Shed movement over the next five years? What are these? What might help to mitigate these risks?

Can you think of any ways in which the Men's Shed movement could evolve over the next five years to better meet the needs of Australian men?

[Probe for increase in numbers and enhancement of service provision and management]

State government's role in men's health and Men's Sheds

How is the state/territory government currently supporting the Men's Shed movement?

What outcomes, if any, are expected based on this involvement?

[If applicable] To what extent are the current funding arrangements appropriate and efficient?

What do you think should be the role of state and territory governments, if any, in supporting the Men's Shed movement?

What do you think is the role of the Commonwealth Government Department of Health in supporting the Men's Shed movement? Do you think that role needs to change or evolve?

[Probe for funding agency, policy leader, networker, relationship builder, building communities of practice]

What other Commonwealth Departments might play a role in supporting the Men's Shed movement? Why do you say that?

To what extent do you think the Department of Health/the Commonwealth, state and territory government agencies and local government could work together to support the Men's Shed movement? How could this be achieved?

[Probe for potential alignment opportunities, particularly around funding]

Conclusion

What key outcomes would you like to see implemented as a result of this review?

Is there anything else you'd like to add before I end the interview?

Key Informant Interview Discussion Guide

Explanatory notes

This document helps guide interview discussions but will not be used as a script—phrasing, wording, and order will be adapted as appropriate.

The interview guide does not represent a complete list of the questions that will be asked or covered in each interview. The coverage and flow of issues will be guided by the researchers and informed by the participants. All questions are fully open-ended.

Reported issues/data will be probed for evidence/ examples wherever relevant.

Introduction

Thank you for your time today. My name is <xxxxx>

Urbis has been engaged by the Department of Health (the Department) to undertake a review of how best the Department can support the Men's Shed movement.

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In 2010, the Men's Shed movement secured funding as part of the Department's National Male Health Policy. The Department has engaged Urbis to carry out a review to:

identify the activities and outcomes that the current funding is delivering

assess factors enabling or hindering the operations and outcomes of Men's Sheds where these align to the Department's objectives

provide options and recommendations for how the Department can best support the Men's Shed movement.

[Read only if queried about whether project is an evaluation] This review is focussed on the program and is not an evaluation of the Men's Shed movement. The review will not be considering the performance or outcomes of local Men's Sheds. We will be reviewing the model and mechanism of support provided by the Department, and the extent to which the aims of the Department in providing funding have been met.

We will also be considering whether any improvements can be made to the way in which the Department invests in or supports the Men's Shed movement as a whole.

Information about the interview

The interview will take approximately 60 minutes, and our preference is to audio record the interview. Note, you will not be identified/named in the report, but we will draw on your perspective and may use a direct quote. We won't use your information for any other purpose.

You can decline to participate, end the interview at any time and you can decline to have the interview recorded, in which case notes will be taken.

Do you have any questions? [Confirm consent form is signed].

Interview questions

Background

Could you tell me about how you're involved with the Men's Shed movement?

[Probe for length of involvement]

Broader men's health context

In what ways do you think the Men's Shed movement makes the best contribution to improving health outcomes for Australian men? What is already working well? What are areas with greatest potential?

[Probe for mental health and wellbeing, cancer screening, and preventative health]

Thinking about the Men's Shed movement as a *platform* on which men's health initiatives can build, what specific strategies or programs have the greatest potential to leverage the Men's Shed movement?

Ongoing development

Are there any issues that might impact the sustainability of the Men's Shed movement over the next five years? What are these? What might help to mitigate these risks?

Can you think of any ways in which the Men's Shed movement could evolve over the next five years to better meet the needs of Australian men?

[Probe for increase in numbers and enhancement of service provision and management]

Government role in men's health, men's shed movement and programs

What do you think is the role of the Commonwealth Department of Health (the Department) in supporting the Men's Shed movement? Do you think that role needs to change or evolve?

[Probe for funding agency, policy leader, networker, relationship builder, building communities of practice]

And what do you think should be the role of state and territory governments, if any, in supporting the Men's Shed movement?

To what extent do you think the Department and state and territory government agencies need to work together to support the Men's Shed movement? How could this be achieved?

National Shed Development Program (note: most relevant to AMSA)

To what extent is the National Shed Development Program providing effective strategy for supporting local shed's needs? Why do you say that?

How, if at all, do you think the support provided by the Department contributes to the Men's Shed movement?

[Probe for capacity building, equipment, and programs]

Can you talk me through the current grant application process? How, if at all, do you think this could be improved?

What Department funded activities are working well? Do you think some activities are more effective in delivering health outcomes for men than others?

What benefits result from the Department funding? What outcomes are created through the current funding arrangements?

[Probe for outcomes for AMSA and local sheds]

Conclusion

What key outcomes would you like to see implemented as a result of this review?

Is there anything else you'd like to add before I end the interview?

Appendix C Government grants programs

Name	Funding type	Grant name	Amount	Shed locations
Department of Veterans Affairs	Commonwealth Government grant	Veteran and Community Grants	\$277,147 since 2017	National
Department of Health	Commonwealth Government grant (administered by AMSA)	National Shed Development Program	\$800,000 pa	National
Department of Social Services	Commonwealth Government Grant	Volunteer Grants	\$299,000 in 2016-17 \$423,779 in 2015-16	National
Department of Social Services	Commonwealth Government Grant	Strong and Resilient Communities	\$263,000 since 2016	NSW only to date (but available nationally)
Department of Social Services	Commonwealth Government Grant	Digital Literacy for Older Australians	\$89,500 since October 2017	National
Lotterywest	State Government Grant (WA)	Community and workplace buildings	\$357,513 since October 2017	WA
Department of Local Government and Communities	State Government Grant (WA)	WA Men's Shed Association operating expenses	\$150,000 in 2016-17	
Victorian Department of Health and Human Services	State Government Grant (VIC)	Men's Shed Program grants	\$885,000 per annum	VIC
Victorian Department of Health and Human Services	State Government direct funding (VIC)	VMSA funding	\$115,000 per annum plus other ad hoc funding (additional \$105,000 in 2017/18 and \$150,000 in 2018/19 for project officer) Note: \$1m in total is recurrent	VIC
Department of Infrastructure	Building Better Regions Fund	Shed infrastructure	\$200,000 (one off to Waneroo)	National

Name	Funding type	Grant name	Amount	Shed locations
Federal Member for Fairfax	Unknown	Shed infrastructure	\$500,000 (one off to Buderim)	Unknown
Department of State Growth, Tasmania	Community Infrastructure Fund (TAS)	Shed infrastructure	\$102,000 (one off)	Tasmania
Department of Premier and Cabinet, Tasmania	Tasmanian Men's Shed Association Grants Program	Men's Shed grants	\$120,000 pa	Tasmania
Federal / State MP funding*	Not known	Shed equipment	Unknown	National
TOTAL			\$8,561,939 SINCE 2015-16	

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