
Men's Sheds and other gendered interventions for older men: improving health and wellbeing through social activity

A systematic review and scoping of the evidence base

**A report for the Liverpool-Lancaster Collaborative
(LiLaC) and Age UK**

by

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KEY POINTS

- The state of older men's health is a greatly overlooked public health challenge. Men's mortality rates are higher than women's and the number of potential life years lost by men is double that for women.
- Many of the causes of excess mortality amongst men can be classified as avoidable or amenable to treatment.
- Social isolation, loneliness and stressful social ties are common amongst older men, and are associated with poor physical and mental health, higher risk of disability, poor recovery from illness and early death.
- Older men use fewer community based health services than women, and are less likely to participate in preventive health activities. They also find it harder than women to make friends late in life, and are less likely to join community-based social groups that tend to be dominated by women.
- Finding acceptable social interventions for lonely and isolated groups of disadvantaged older working class men is a challenge. In the absence of a co-ordinated response from statutory services, a range of interventions have been developed by the third sector. One example is 'Men in Sheds' or 'Men's Sheds' in Australia, Canada, Ireland, and the UK.
- Participation in a Men's Shed, a community garden or other activity, is linked to older men's desire to engage with their peers in work-like activity. This gives them a sense of identity, self-esteem and value and provides a space within which they can re-create a sense of masculinity in older age.
- Financial sustainability varies depending on the model of Shed developed. Some small 'grassroots' Sheds rely on donated /personal premises voluntary contributions and the sale of items made within the Shed to offset operating costs; others are reliant on time-limited external funding raising issues of longer-term viability once funding ends.
- Overall findings from these studies indicate that Men's Sheds and other gendered interventions provide an array of benefits for older men including: learning new skills, sharing knowledge; personal achievement; community engagement; the opportunity to meet and interact with others
- There is a strong association between having good social relationships through leisure and other forms of activity with good health. However, to date there is no robust **measurable** evidence that involvement in Men's Sheds has a significant effect on the physical health of older men.
- Overall findings from these studies indicate that gendered interventions provide a safe space for older men to participate in purposeful physical activities on a voluntary basis.

INTRODUCTION AND BACKGROUND

The state of older men's health is a greatly overlooked public health challenge.¹ Men report better health than women, yet their mortality rates are higher and the number of potential life years lost by men is double that for women.^{2,3} Further, many of the causes of excess mortality amongst men can be classified as avoidable or amenable to treatment.⁴ The population of older men is substantial; one in five of the UK population is an older man (aged over 65 years), and the number of older men who live alone has reached around one million for the first time. Loneliness is a concern for this age group with between 5-7% of middle aged and older people experiencing severe or persistent loneliness^{5,6}. Social isolation is also common amongst older men, particularly those who live alone or experience mood or cognitive problems.⁸ Social isolation, loneliness and stressful social ties are associated with poor physical and mental health, higher risk of disability, poor recovery from illness and early death.⁹⁻¹¹ Amongst older adults, the effect of social isolation and loneliness on mortality is believed to be of similar size to that of cigarette smoking.¹²

In addition to the above, it is well recognised that older men use fewer community based health services than women,^{2,13} and are less likely to participate in preventive health activities.² But they also find it harder than women to make friends late in life, and are less likely to join community-based social groups that tend to be dominated by women.¹⁴ The reluctance for older men to engage with services and activities; high rates of social isolation and loneliness in this age group; and a tendency for men to engage in more risky health behaviours, combine to make older men vulnerable to physical and mental ill-health. In the absence of a co-ordinated response from statutory services to the needs of older men, a range of interventions have been developed by the third sector.

Men in Sheds is one of the most recent and fastest growing innovations in the UK. Shed programmes originated in Australia in the 1990s, but there are now more than 100 Sheds in the UK and Ireland. The core elements of Men's Sheds are that they are voluntary and social organisations providing hands-on activities for men aged 50 years of age and older who are co-participants in a defined space. Sheds provide a space for older men to meet, socialise, learn new skills and take part in activities with other men. Most Sheds are equipped with a range of workshop tools. Shed programmes aim to improve men's physical, emotional, social and spiritual health and well-being.¹⁵ The role of a Shed in encouraging and engaging men in informal adult learning activity is thought to be particularly important.¹⁶ Some Sheds also provide health related information and 'signpost' men to relevant services. In almost all cases, they are tailored to their local context, rather than being standardised.

In contrast to the broad aims of Sheds, previous reviews in this area have focussed on interventions specifically directed at reducing social isolation and loneliness.^{10,17} This includes activities (social or physical), support (counselling, therapy or education), internet training, home visiting and service provision. Loneliness has also specifically been targeted with programmes that address social skills, opportunities for social contact and maladaptive social cognition.¹⁸⁻²⁰ The heterogeneity of interventions, measurement tools and outcome measures, alongside poor methodological quality and a focus on selected subgroups of the population, have all limited the ability of authors to draw definitive conclusions. However, active participation, a group format and having a theoretical basis appear to be common characteristics of effective interventions.¹⁷ The role of gender based interventions has not been considered.

The potential for Sheds to contribute to health and wellbeing has been acknowledged in recent health policy documents in Australia and Ireland.^{21,22} In England, some Sheds have been funded by time-limited charitable monies. Yet to date, we have limited understanding of the extent to which Sheds are effective at improving health and wellbeing. This is important as clear evidence of their effectiveness and cost effectiveness is required if longer-term sustainability is to be assuring Sheds ability to access other funding sources, such as health or local authorities. Great variation in Sheds exists, so it is particularly important to identify the active core components for ‘Sheds’ interventions and to have a greater understanding of the importance of gender specific social activity interventions. This short report draws on the outcomes of two systematic reviews – one on Men in Sheds literatures and one on Other Gendered Interventions that aimed to draw together and assess the current state of knowledge on this topic.

AIMS:

This systematic review aimed to provide:

- a) A summary of the evidence for the effectiveness of Sheds and other gendered social activity interventions for older men at influencing health and wellbeing amongst older men, including differential outcomes by socioeconomic status and for black and minority ethnic groups;
- b) Identify the effective components of a Shed; and
- c) Synthesise relevant theory on the likely process of change, to support the subsequent evaluation of Shed interventions
- d) Review outcome measures used in studies to assess health and wellbeing outcomes of interventions, to inform proposed evaluation of Men in Sheds

The objectives were to:

1. Produce a summary of the evidence for the effectiveness of Sheds and other gendered social activity interventions for older men at influencing health and wellbeing amongst older men, including differential outcomes by socio-economic status and for black and minority ethnic groups
2. Identify the effective components of a Shed and other gendered interventions
3. Produce a synthesis of relevant theory on the likely process of change, to support the subsequent evaluation of Shed intervention

SUMMARY OF KEY FINDINGS:

- Gendered interventions provide a safe place and space for older men to participate in purposeful physical activities on a voluntary basis. These activities may be performed individually or collaboratively, involve the learning or sharing of skills, and are mutually decided with the men in the context of ‘participant volunteers’. The products of the participants ‘work’ may be for personal use, but are more commonly donated or sold to benefit the wider community and/or recoup some of the operating costs. This

opportunity to ‘give back to the community’ contributes to the men’s sense of achievement, accomplishment, value and altruism.

- Interventions designed to support older men create and foster social interaction and connections, and a sense of camaraderie for those older men who may experience a loss of identity on retirement and social isolation if they live alone, or the ‘underfoot syndrome’ if they have a partner.
- This type of interventions seeks to influence the broader social determinants of health by providing a relatively disadvantaged group (participants are often, although not exclusively, working class men) with an activity that is acceptable, accessible; and despite the paucity of robust longitudinal evidence, appears to be effective in addressing complex health and wellbeing issues (Milligan et al., 2012).
- This systematic review indicates that the evidence base relating to the Men in Shed’s intervention and older men’s health status is limited. Future studies would benefit from taking a longitudinal and comparative dimension so that effects over time can be assessed and compared between different sites and types of intervention.

KEY HIGHLIGHTS FROM THE LITERATURE ON MEN’S HEALTH:

A brief overview of the research on men’s health issues highlighted the following:

1. Men consistently lead shorter lives than women and relatively affluent men have longer lives than their more deprived neighbours. These differences vary considerably within and across nations suggesting that they are not inevitable and can be changed if appropriate steps are taken. Hence there is a strong case for more people enjoying active ageing through the maintenance of physical and social activities as they grow older, although this poses particular challenges for men.

2. There is a strong association between having strong social relationships through leisure and other forms of activity with good health. However, there are a number of limitations in this body of literature, such as conceptual and measurement issues, uncertainty over the direction of causality between social engagement and health, as well as differences between older men and women in terms their engagement in different forms of social activity. Men, particularly older men, are generally less likely to participate in social activity.

3. Notions of masculinity provide a plausible framework for analysing why men are often reluctant to actively engage with their health needs and service provision. Attempting to attain some form of ‘masculine ideal’ may reinforce men’s emphasis on self-sufficiency, physical dominance, emotional control and achievement through paid work. Little work has been undertaken on masculinity in older age, but this ideal can be difficult for older men to maintain post-retirement and as their health and wellbeing declines.

4. Older age is essentially ‘feminised’ in the literature with women having received far more scholarly attention than men. This is important when it comes to developing interventions that older men would find acceptable. Finding a replacement role post-retirement is likely to be

beneficial for older men's health and wellbeing but this can be difficult. Volunteering is certainly a socially acceptable option but it tends to appeal more to older men who are relatively affluent and middle class rather than more deprived working class men.

5. Finding acceptable social interventions for difficult to reach groups of disadvantaged older working class men is a challenge. The rapid growth of Men's Sheds as an intervention provides an interesting case study of an intervention that appears to successfully appeal to at least some older men. Men's Sheds not only provide a space for older men to meet to take part in woodworking and other types of hands on activity, but are often socially beneficial to the local community.

A growing number of studies have assessed the impact of Men's Sheds and other forms of gendered activity interventions for men and these provide the focus for the systematic reviews that follow.

THE MEN IN SHEDS STUDIES:

Overview

14 studies were included in the review. These are summarised in Appendix 1 of the main report. Apart from three recent studies, two (Healthbox CIC, 2012; Milligan et al., 2012) in the UK, and one (Reynolds, 2011) in Canada, all the studies were conducted in Australia. While the two UK studies were evaluative, the Australian studies tended to be descriptive and formed two main groups – large scale surveys (Golding et al., 2006; Golding et al., 2007b; Golding et al., 2009a; Golding et al., 2009b; Misan, 2008) or small scale qualitative investigations into and within specific sheds (Ballinger et al., 2009; Cass et al., 2008; Ormsby et al., 2010). A notable exception is the evaluation of an early shed by Graves (2001).

Wide differences in the involvement of women, type of activity, and degree of accessibility were noted across the studies. For instance, while Reynolds ((2011) described older men gardening, cooking, playing games, walking, constructing model aircraft, working on renovation projects and relaxing with coffee and conversation in the two Canadian Sheds; wood working was the primary, and often only activity in most Sheds. Similarly, Golding and Foley (2008) determined that even though women in professional health, learning, wellbeing and aged care roles were generally accepted in Sheds, some older men felt that all women should be excluded from 'Men's' Sheds. Access to Sheds was also diverse, with some Sheds offering unlimited access, while others restricted availability to prescribed opening periods.

Findings

1) Primary research question:

12 of the 14 studies, the benefit of attending Men's Sheds was reported to have a direct and or indirect positive impact on the men's physical and mental health, and social and emotional wellbeing.

What are the effects of Men in Sheds interventions on the **physical** health of older men?

There is no measurable evidence that involvement in Men's Sheds has any significant effect on the physical health of older men. This omission is unexpected as it is widely recognised in the literature that one of the primary benefits of Sheds is participating in physical activity. While

Milligan et al (2012, p. 2) suggested that older men's physical health might be altered by attending Men's Sheds, they cautioned that this tentative conclusion requires more detailed longitudinal evaluation.

What are the effects of Men in Sheds interventions on the **mental** health of older men?

The evidence base for Men in Sheds interventions resulting in a positive effect on older men's mental health is slightly more extensive. However, in most of the studies, these health benefits were based on largely unsubstantiated self-report accounts, and predominantly mediated through cognitive stimulation (Milligan et al., 2012, p. 22-13) and social factors such as a meaningful re-energised contribution to society (Ormsby et al., 2010, p. 611). This suggestion is supported by Misan's (2008) finding that older men "were less concerned about physical health, and more worried about social, emotional and mental health and well-being, about the effects of retirement and about the changing nature of rural communities. (pp. 41-42)

What are the effects of Men in Sheds interventions on the **wellbeing** of older men?

Most of the included studies suggested that community-based Men's Sheds provide an array of benefits for older men at risk of:

Social exclusion – with Sheds facilitating a greater:

- sense of purpose - learning new skills, sharing knowledge;
- sense of accomplishment – personal achievement, contributing to the community;
- sense of control – co-participants in decisions and activities;
- social engagement – opportunity to meet and interact with others, a physical place to spend time, develop friendships, enjoyment and fun.

Social isolation and loneliness – with Sheds improving individual:

- self-esteem, self worth, self image – feeling positive and valued;
- support – belonging, 'kinship' with other men, a sense of community.

Perhaps the main benefit of community-based Men's Sheds is the provision of an environment in which older men can share their health concerns and experiences in a supportive forum, in what Milligan et al. (2012) refer to as 'health by stealth'.

2) Secondary research questions:

Are Men in Sheds interventions **acceptable** for older men from different backgrounds?

Community based Men's Sheds were generally regarded as welcoming and tolerant places and spaces for all older men in the included studies. Socio-economic differences did not seem to be an issue (Golding et al., 2006; Golding et al., 2007b) and for many men, contact with a wide cross-section of society was a valued benefit of attending a Shed (Ballinger et al., 2009). As noted previously, only two studies investigated Sheds oriented towards older men from ethnic and minority backgrounds. Cass et al. (2008) focused primarily on the Portuguese community, and Milligan et al.'s (2012) evaluation of Sheds in the UK included one Shed where approximately 25% of its membership included older men from black and ethnic minority populations.

Are Men in Sheds interventions **accessible** for older men from different backgrounds?

As most Sheds are formed and operate at an organic 'grass-roots' local level, they are largely accessible to all older men. Indeed, Ballinger et al, (2009, 26) indicated that some of the explicit characteristics of Men's Sheds were autonomy, inclusiveness and accessibility, where

“Inclusiveness and accessibility refers to structures that allow full participation in all aspects of (Shed) activities and provides meaningful opportunities to become involved” in internal decision-making processes and linking with the wider community.

Are Men in Sheds interventions **effective** for older men from different backgrounds?

Cass et al.’s. (2008) study of a Shed centred on minority ethnic older men presents a first and second year qualitative comparison recorded by the project facilitator. Most of the issues raised in year one were successfully resolved in year two. Milligan et al., (2012) add to this evidence base through their evaluation of UK based Men’s Sheds.

What is the evidence for the effectiveness of Men in Sheds interventions at improving wellbeing for men with specific health conditions?

For some men in Ballinger et al.’s (2009) study, Shed participation was a life changing enabler for their recovery from depression, or drug and alcohol addiction. Similarly, for war veterans with post-traumatic stress syndrome, and men with dementia, disabilities and acquired brain injury in residential care...hands-on, shed-based experiences are regarded as positive, therapeutic, educative and transformative (Golding et al., 2007a, p. 10). Milligan et al., (2012) also found that Men’s Sheds could provide a ‘lifeline’ for early stage dementia sufferers and their families.

In the majority of the studies however, the relationship between Men’s Shed participation and wellbeing is tenuous, as health information was based on a participant’s recall and often a confusing mix of imprecise symptoms and conditions, such as high blood pressure, depression, back problems, injuries to arm or leg and ulcers (Cass et al., 2008) (p. 13), (Graves, 2001), (Misan, 2008). A more definitive understanding of the relationship between Shed participation and wellbeing would require a more robust evaluation using validated health measures.

What effect do Men in Sheds interventions have on the wellbeing and quality of life of the **caregivers** of participants?

Many of the studies indicated that older men participated in Sheds with the active support of their partners and caregivers. Although most of the literature focused primarily on the men’s experiences rather than the wellbeing and quality of life of their caregivers, specific information was captured by Cass, Fildes and Marshall (Cass et al., 2008) (pp. 22-21) and Milligan, Payne, Bingley and Cockshott (Milligan et al., 2012) when they asked about the impact of participating in Men’s Sheds on relationships and family life. In both studies, the majority of the partners reported a positive impact on their relationship, and for the Cass et al study, this was mediated through the men’s increased happiness, interest in the family, and help with household chores – all attributed to attending the Shed.

What are the **effective components** of Men in Sheds interventions?

According to Golding et al. (2007b) and Misan (2008), the functional attributes of a successful Shed include a suitable location; a wide range of activities; extended opening hours; strong local support; secure funding; a sound business plan; a skilled manager and management group; an opportunity to learn from other Sheds and affiliation with a Men’s Shed support organisation as early as possible. In addition, Ballinger et al (2009) suggest that when Sheds are run in relatively unstructured and informal ways, the men feel comfortable and the Shed “becomes more than a place to do things but also a place of belonging, friendships and purpose.” (p. 26)

What promotes the **sustainability** of Men’s Sheds interventions and what are the characteristics of interventions that **fail**?

While the previous factors contributed to engagement and continued participation in a Shed, Reynolds (2011) noted that individual characteristics such as the need to stay occupied, loneliness and social influence created the impetus to become involved in a Men's Shed in the first place. Interestingly, in studies by Golding et al (2006) and Ormsby et al. (2010,) the social dimension of Sheds actually increased in importance once the initial attraction of activities wore off.

To date, none of these models has been formally evaluated to determine 'best practice' or clarify this discrepancy.

In terms of financial sustainability, this seems to vary depending on the model of Shed developed i.e. some are small and unfunded – relying on donated /personal premises voluntary contributions and the sale of items made within the Shed to offset operating costs; others are reliant on external funding (see study by Milligan et al, 2012). Where external funding is time-limited it raises issues of continued viability once the funding ends.

Which theoretical frameworks will enhance our analysis and understanding of how Men in Sheds interventions bring about change?

Ballinger et al. (2009) suggest that the 'Fields of Well-being' model captures the interdependence of most people's experience of health. This model is derived from cross-cultural research, combined with the World Health Organisation (WHO) definition of health as physical, mental and social well-being.

The relationship of Men in Sheds and the wider community was also embedded in Cass et al's (2008) reference to community empowerment. In their study, the researchers quantitatively measured eight indicators to map community participation and capacity. Positive outcomes for the men were recorded in transfer of skills and knowledge, organisation, leadership, group cohesion, organisation, and problem solving.

What health and wellbeing outcome measures have been used in evaluations of Men in Sheds interventions?

Graves (2001) used the PRECEDE (predisposing, reinforcing and enabling causes in educational diagnosis and evaluation) framework to assess health education needs in a community setting, and Healthbox CIC (Healthbox CIC, 2012) administered the validated RAND questionnaire to assess self-perceived health across number of domains (physical health, emotional wellbeing, social functioning and quality of life) in the Cheshire group of Men's Sheds in the UK. However, in each case, the study did not fully capitalise on the survey outcomes to make a substantive link between the Men in Sheds intervention and older men's health and wellbeing.

Alternatively, in studies by Cass et al. (2008), Ballinger et al. (2009), Golding et al. (2009a), Golding et al. (2009b) and Reynolds (2011), the researchers adopted a social determinants of health approach to link the benefits of older men's participation in Sheds with the men's health and wellbeing. However the evidence underpinning the claims of enhanced wellbeing was limited, resting on subjective self-reported data. Validated measures were rarely used.

OTHER GENDERED INTERVENTIONS FOR OLDER MEN

Overview of studies

A total of 11 studies met the inclusion criteria and are summarised in Appendix 2 of the main report. The studies consisted of four separate studies from Australia (Golding et al, 2009 and 2009a; Hayes et al, 2005; Macdonald et al, 2001). There were four studies from the UK (Milligan et al, 2004; Pretty et al, 2007) including two that reported on the same intervention for older men in residential care homes in Cornwall (Gleibs et al, 2011; Gleibs et al, forthcoming), one study from Norway of a rehabilitation centre (Batt-Rawden and Tellnes, 2005), and a study of cooking classes for older men in Canada (Keller et al, 2004). Drummond's study of older men taking part in a walking group in a shopping centre was not clearly geographically located but provided insights into masculinity and the friendships, social networks and camaraderie that were common threads running through these studies.

The samples in the studies covered older men, defined as being over the age of 50 years, and it is important to recognise that this is a diverse group. Some older men in this age groups are among the most active in voluntary organisations while still being employed and having family responsibilities for children, while others have left the labour market. The older men in these studies have some common features, such as the impact of participation on their health and wellbeing, but they also have different capabilities and needs. Participation in volunteer emergency services (Hayes et al, 2004; Golding et al 2009) can require considerable physical exertion and courage when dealing with incidents whereas very older men may be limited to activities such as jointly tending a vegetable patch that are less physically strenuous (Milligan et al, 2004; Golding et al 2009a). It is clear that gendered interventions for older men are not 'one size fits all' but are, and need to be, tailored to the preferences and requirements of older men.

Given the diversity of interventions, the aims and research questions of studies in this review were far from uniform making it more difficult to make comparisons and to synthesise across studies in comparison to the relatively coherent literature on Men's Sheds. The aims and components of interventions were varied from geographical place to cultural location. The scale of interventions was mixed with some being small scale and unique to a particular culture and context (cooking club for older Canadian men) while others were part of a 'movement' (Old Men: New Ideas) or a long-established tradition (volunteer emergency services in rural locations).

Overall, the studies covered a diverse range of interventions for older men in a variety of situations. Some interventions were exclusively for older men, such as the cooking club and the 'gentlemen's club' in residential care, but many also involved older women or younger men. Consequently, they lacked the coherence of the literature on Men's Sheds but they did provide potential alternative forms of intervention and insights on the motivations and views of older men that are an important complement to the review of the literature on Men's Sheds.

Findings related to research questions

1) Primary research question:

What are the effects of gendered interventions on the **physical** health of older men?

There is very limited evidence of positive effects on physical health from these studies. Improvements are based on self-report and subjective accounts, no objective measures of health status were included to provide quantifiable data on the benefits of social activity for older men. Physical activity was reported to make participants feel physically better in numerous studies (Batt-Rawden & Tellnes, 2005; Drummond, 2003; Golding et al, 2009 and 2009a; Milligan et al, 2004) but this finding should be treated with caution.

What are the effects of gendered interventions on the **mental health** of older men?

Again, there was limited evidence of positive effects on mental health due to the predominance of self-report measures and subjective accounts. Validated statistical measures were used to assess changes in mental health status in two studies (Pretty et al, 2007 and Gleibs et al, 2011). Both studies found significant positive effects in terms of improved mental health and wellbeing among participants immediately before and after the intervention (Pretty et al, 2007), and over a period of 12 weeks (Gleibs et al, 2011).

What are the effects of gendered interventions on the **wellbeing** of older men?

Some evidence on the beneficial effects of interventions on older men's social wellbeing was noted by Batt-Rawden and Tellnes, 2005; Drummond, 2003; Hayes et al, 2004; and Golding 2009 and 2009a. Self-reported improvements in subjective wellbeing are not intrinsically problematic as they give an insight into how people are feeling about their life. Interventions which enable older men to exercise autonomy, experience personal growth and re-create a sense of purpose in life appear to have a positive effect on older men's sense of wellbeing.

2) Secondary research questions:

Are interventions **acceptable** for older men from different backgrounds?

'Acceptability' was regarded as older men's views of participating in the various social activities offered in the intervention. There is virtually no data on those who either did not want to participate, or who participated and left. The overwhelmingly positive views are from participants who are there voluntarily so it is unsurprising that they regard participating in their particular form of purposeful activity as acceptable. The limited data from older men who did participate in activities or reasons why other older men did not participate revolved around the notion that the intervention was a place for old men and not for the likes of them (Golding et al, 2009 and 2009a).

Are interventions **accessible** for older men from different backgrounds?

Here, accessibility was considered in practical terms such as proximity, mobility and the availability of either public or private means of transport. Only a few studies considered these issues (Golding et al, 2009 and 2009a), where they were identified as potential barriers to participation primarily because of rural locations.

Are interventions **effective** for older men from different backgrounds?

For some older men, gendered activity interventions were significant to their health and wellbeing, whilst for others they provided a pleasant distraction. Lone older men were reported to benefit from learning cooking skills compared to married men (Keller et al, 2004) and those with low self-esteem were shown to enjoy particular benefits from green exercise (Pretty et al, 2007). While the effectiveness of interventions for participants is generally positive (but modest), differences are noted in several studies (Batt-Rawden & Tellnes 2005; Milligan et al, 2004; Pretty et al, 2007; Gleibs et al, 2011).

What is the evidence for the effectiveness of gendered interventions at improving wellbeing for men with specific health conditions?

Although specific health conditions such as hypertension and type two diabetes (Keller et al, 2004) or muscular-skeletal limitations (Batt-Rawden & Tellnes, 2005), were rarely mentioned,

mental health conditions, for example, anxiety and depression, were more frequently discussed (Golding et al, 2009 and 2009a; Macdonald et al, 2001). Participation in a social activity was widely considered to be a protective factor (Drummond, 2003; Golding et al, 2009 and 2009a).

What effect do gendered interventions have on the wellbeing and quality of life of the caregivers of participants?

There is no direct data from the partners of participants in gendered interventions and proxy responses in only a few studies (Macdonald et al, 2001; Keller et al, 2004; Golding et al 2009 and 2009a). These studies invariably reported supportive views from wives, partners and families of older men's participation in social activities

What are the effective components of gendered interventions?

Common explanations for the success of these interventions included voluntary participation leading to the building of friendships and a bond of camaraderie between older men (Golding, 2009 and 2009a; Hayes et al, 2004; Gleibs et al, 2013) and the consequent strengthening of social networks.

The interventions also provided a sense of identity and purpose for older men following the transition from paid work into retirement (Golding 2009 and 2009a; Drummond 2003; Macdonald et al, 2001) or into the female dominated area of residential care (Golding 2009; Gleibs et al 2011).

The expertise of a leader to co-ordinate activities was also highly valued by participants (Batt-Rawden and Tellnes, 2005; Drummond, 2003; Gleibs et al, 2013; Keller et al, 2004).

There is also some evidence that benefits to the wider community from the purposeful activities undertaken by older men are a factor in successful gendered interventions (Hayes et al, 2004; Golding et al, 2009 and 2009).

What promotes the sustainability of a gendered intervention and what are the characteristics of interventions that fail?

There is limited evidence on what promotes the sustainability of gendered interventions beyond being adequately resourced. Resources include a paid co-ordinator (Gleibs et al, 2011; Golding et al, 2009 and 2009a; Keller et al, 2004; Milligan et al, 2004), a core of volunteers (Hayes et al, 2004; Golding et al 2009 and 2009a), and access to a suitable no or low cost venue (Golding et al, 2009 and 2009a; Keller et al, 2004; Milligan et al, 2004).

Which theoretical frameworks will enhance our analysis and understanding of how gendered interventions bring about change?

While the theories, frameworks and methods used in these studies vary according to disciplinary preferences, they tend to suggest that health and wellbeing among older people is promoted by high levels of participation in social and leisure activities.

What health and wellbeing outcome measures have been used in evaluations of gendered interventions?

A variety of health and wellbeing outcome measures are used across the interventions, ranging from Golding and colleagues survey (see Appendix 1 of Golding et al 2009 and 2009a), the composite questionnaires developed by Gleibs and colleagues for older men in residential care

and by Pretty and colleagues for green exercise participants, to Milligan and colleagues use of multiple methods.

CROSS REVIEW SYNTHESIS

This section draws out some common descriptive themes from the Men's Sheds and other gendered interventions reviews.

The links between social activity and health and wellbeing

As noted in the previous section, a link between participating in social activity and a positive impact on health and wellbeing runs through both reviews. However the evidence base is modest.

Older men and the re-creation of masculinity through work

In a variety of contexts, older men who are not working are finding new ways to define their masculinity with their peers through voluntary work. Participation in a Men's Shed, a community garden or other activity, is linked to their desire to engage with other older men in work-like activity. This gives them a sense of identity, self-esteem and value and provides a space within which they can re-create a sense of masculinity in older age.

Differences among older men and the limited scope for successful interventions

A key finding in several studies (Milligan et al, 2004; Misan, 2008; Golding et al, 2009 & 2009a; Milligan et al, 2012) was that whilst interventions might provide a pleasant diversion or hobby for some older men, for others they played a much more important role in their lives, alleviating social isolation and contributing to wellbeing. However, there is no 'universal man' in old age as in other age groups, so while Men's Sheds and other gendered interventions may play a vital and valued part in the lives of some older men but they will be of peripheral importance to others who are not attracted to hands-on activities. There may be particularly true for different cohorts of men as they age.

METHODOLOGICAL APPROACH

For the purpose of the systematic reviews, older men were defined as those aged 50 and above. This definition is in line with the target age for both Age UK and the Australian Men in Sheds projects²⁵ (although in practice most are older). This lower age barrier also allowed us to capture the age group who experience later life redundancy, unemployment and retirement, all of which may have important health, social and financial consequences.

The reviews focused on literature that addressed Men in Sheds, but also draw on research that addressed other gendered activities for older men in order to answer some of the secondary questions. This also allowed for the development of a cross-review synthesis of themes, to identify similarities and differences between interventions in order to further develop our knowledge in this area.

The reviews involved a search of published academic research, third sector, local and central government reports and grey literature that focused on Men's Sheds and other gendered interventions for older men. Studies were identified by both electronic and manual searching.

The reviews used the principles of the ESRC narrative synthesis guidance developed by Popay and colleagues.²⁴ This method allows for the inclusion of a diverse body of evidence. Data generated by the reviews also aimed to identify core gaps in our understanding of this type of intervention and identify gaps in knowledge that require further study.

Search results

For the review of other gendered interventions, 224 papers were identified as being of potential relevance and retrieved for more detailed screening by the reviewers. Twenty one papers were identified as being potentially suitable for inclusion in the review and the bibliographies of these papers were searched for further papers, although no additional papers for consideration were found. The reviewers agreed on inclusion or exclusion recommendations for the research team who jointly made final decisions on the 11 studies that were included in the review.

The Men's Sheds review adopted identical inclusion and exclusion criteria but as this is an emerging area for research the number of relevant articles was limited. Sixty one academic studies, seven grey publications and four policy documents specific to Men's Sheds were identified by the electronic and manual searches. This relatively low yield was due to the novelty of research into the Men in Sheds movement (Wilson and Cordier, 2013). Grey literature was only included if an academic paper was available and in the public domain. Manual searching involved checking bibliographies and reference lists of included papers, as well as relevant conference papers and presentations. In addition, individual contact was made with all the Men's Sheds in the UK and selected experts in Australia to identify patterns and trends. Internal communications relating to Sheds were also provided by Age UK.

Quality assessment

The quality assessment of the studies in both reviews involved critical appraisal by both reviewers independently using the tool developed by Hawker and colleagues (Hawker et al., 2002). This tool also enabled a standardised approach by both reviewers across the two sets of literature to assess consistency and clarity of reporting.

Data extraction

A common mapping and data extraction format was developed to cover the key aspects of the studies. It was tested by both reviewers on a sub-sample of three papers from both reviews with a high degree of agreement. This was subsequently approved for use by the research team. There were minor differences between the reviewers in the reporting of the data extracted from the studies but these were readily reconciled. There was strong agreement between the reviewers on the key features of each paper, the main findings from individual studies along with the methodological strengths and weaknesses. Further detail of the methods used and data extraction strategy are available in the full report available at:
<http://www.lancs.ac.uk/shm/research/C4AR/>

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