

Men's Sheds and intergenerational mentoring in New Zealand

Jenni Moore

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Abstract

Background: Men's Sheds organisations in New Zealand occupy an important niche for older men to participate in health activities in their broadest sense. They are based on the Australian movement and follow the international growth of the concept. Predominantly older men come together to do woodwork and metal work and other constructive activities, within a Shed structure. Increasingly Men's Sheds have collaborated with community groups, organisations and institutions to provide practical 'hands on' intergenerational mentoring projects for young people. Given the inequitable health status of older men compared to women, the literature about the importance of social participation, and about the role that intergenerational mentoring can play in benefiting community, this research explores the phenomenon of Men's Sheds within the New Zealand context.

Method: This research surveyed 27 Men's sheds in New Zealand in 2014. It explored descriptive details of the organisations, particularly focussed on the extent to which they were participating in intergenerational mentoring, and followed up with 10 in-depth interviews. This data was complemented with 136 health EQ-5D questionnaires received back from the men in the sheds surveyed.

Findings: 39.2% of the Men's Sheds surveyed are currently involved in intergenerational mentoring and 57% had been involved at some time. The young people come from community groups, organisations and institutions such as schools, home schooling, local councils, and in some sheds there are large numbers attending for holiday programmes. Analysis of the in-depth interviews indicated that these programmes are popular in the majority of Men's Sheds running them, and the sheds not participating are keen to get started. There is mutual learning between the older men and the younger people, and the older men gain a sense of purpose and achievement from helping young people to learn. The self-rated health of men who participate in Men's Sheds appeared to be better than those who do not use the organisations, and the men who do intergenerational mentoring in this setting have better health again, although it is not possible to establish a causal relationship. However, the fun and enjoyment gained from the involvement has the potential to act as a protective mechanism against depression. There is a positive impact on the community in which the Men's sheds are situated, through their contribution to social cohesion, social capital and on society in general, through contributing to continuity of culture and utilising the increasing resource of the older generation.

Conclusion: Men's sheds are well established in New Zealand and are an important setting for activities such as intergenerational mentoring which can utilise the untapped potential of the

growing retired generation, and have a positive effect on their health, through mechanisms of social participation and indirectly through improving social cohesion and social capital in a community.

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Chapter 1 : Introduction

Older men's health in New Zealand is of interest and concern because historically men are less likely to use health services than women and their health outcomes are worse. There is a paucity of research about older men in New Zealand, and also about intergenerational mentoring that is occurring. This research brings these two strands together and provides information about the role of Men's Sheds in intergenerational mentoring in New Zealand, and the impact of that interaction on the men, the community and society.

The aims of the research were to gather descriptive data about the nature of Men's Sheds in New Zealand, to demonstrate the extent to which the membership of Men's Sheds are engaged in intergenerational mentoring and the perceived beneficial impacts of this process upon them.

The thesis commences with a literature review which describes the literature about successful ageing, and about Men's Sheds in general, followed by literature about the social determinants of health, particularly social participation, social cohesion and social capital. Intergenerational mentoring is presented within this section as a mechanism which promotes all three of these constructs. The literature about Men's Sheds in general and in relation to intergenerational mentoring is also presented.

The next chapter explains the methodology underpinning the methods chosen to research intergenerational mentoring in Men's Sheds. This is followed by a chapter outlining the method of the research. The findings of the research are then given in detail, and a discussion of the implications from the research is then presented. Finally, the limitations of the study are discussed, the conclusions of the study are made and recommendations are offered..

Chapter 2 : Literature review

2.1 Introduction

This research study investigates the Men's Sheds movement in New Zealand. It focusses on the extent and nature of intergenerational mentoring occurring within Men's Sheds, and how that impacts on the men involved. A number of key concepts are considered which are relevant to the study.

The review commences with literature about ageing in New Zealand, the concept of positive ageing, and the theory of generativity. This is followed by an overview of the Men's Sheds movement, the presentation of the New Zealand, and international literature relating to the nature and features of Men's Sheds. As Men's Sheds are still a relatively recent phenomenon all available research is included.

Literature about the social determinants of health is then presented. The importance and benefit of social participation gained through Men's Sheds activity, including the development of social cohesion and social capital is very relevant to this research. Intergenerational mentoring is presented as successful social participation mechanism with its own unique impact that supports development of social participation and social capital. Literature about gender and ethnicity as determinants of health are also presented.

2.2 Literature search

To inform this literature on the determinants of health, in particular the social determinants of health, the Pub Med data base was used, and useful articles yielded further literature. A literature search on intergenerational mentoring using the ERIC database yielded 102 articles of which 10 were relevant for this research, however, further articles were sourced from the original articles. To inform this literature on Men's Sheds, Cinahl, PubMed and Medline were all searched using the term 'Men's Sheds'. Nine articles were found, a further nine were identified from references, literature reviews within those articles, and from the Australian Men's Sheds Association (AMSA) website. Of these eighteen, seven were research articles, four were reports which include interviews, and seven were discussion documents based on earlier research. . A form was developed with appropriate headings for "critically appraised topics", for both qualitative and quantitative research, and each research article was read and notes made under the headings on that form. Concurrently a set of themes, with references were developed and added to during the reading of all articles. At this time gaps in research were also gathered, and notes of interest made. One further unpublished New

Zealand thesis was obtained directly via the author, and a repeat literature search in 2015 identified a further six research articles, which were analysed and included in the review.

2.3 New Zealand Ageing

The demographic profile of the NZ population is ageing, owing to people having less children and living longer. By 2061 if fertility rates stay low, there will be a population age structure with more older adults than children, with 1 in 4 New Zealanders over 64 years of age. There is a continual increase of life expectancy in countries that already have high life expectancy. Between 1950-52 and 1995-97, the expectation of life at age 65 years increased by 2.7 years for males and 4.2 years for females, to 15.5 and 19.0 years, respectively (Statistics New Zealand, 2012), and older people's share of New Zealand's population has trebled from 4 percent in 1901 to over 12 percent in 1999. The following figure shows the projected changing structure of the population.

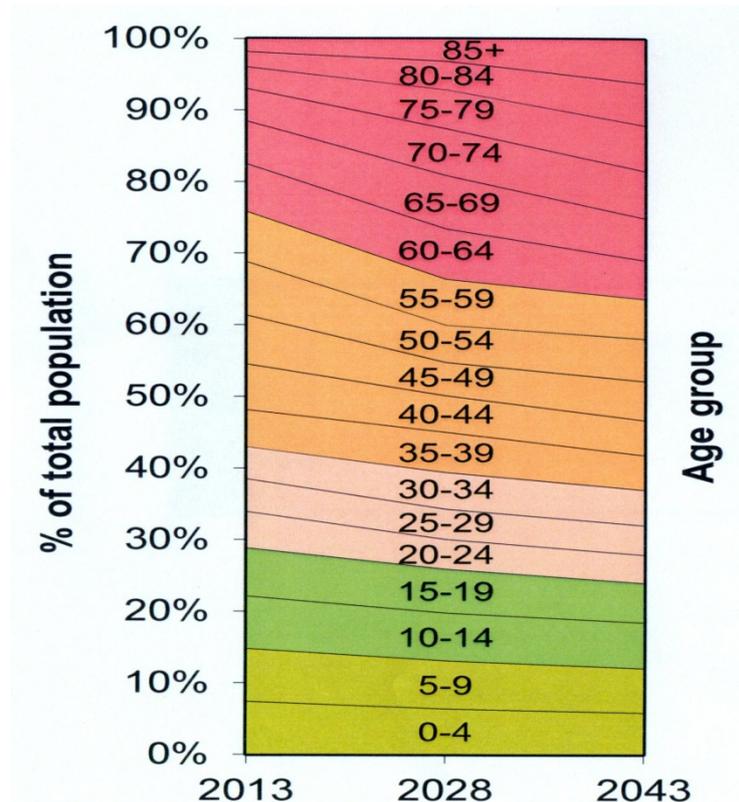


Figure 1 Project population growth by age (source Statistics NZ 2013)

In its report on the burden of disease the Ministry of Health (2013) states that older people disproportionately sustain health loss (37% compared with being only 12% of the population), and they note that while people are living longer not all of this time is spent in good health.

The incidence of depression in older people is relevant to this study. The NZ Mental Health Survey 2006 identified that 5.7% of all New Zealanders will experience a major depressive disorder over a twelve month period (Oakley Browne MA, Wells JE, Scott KM (Eds), 2006). The World Health Organization has indicated that depression is the single largest contributor to the non-fatal burden of disease (World Health Organization, 2008). About two thirds of people who complete suicide are depressed at the time of their death. While depression affects younger people more than older people (MOH fact sheet 2006) older adults with depression are at increased risk of suicide and are more likely than younger adults to complete suicide (Rodda, Walker, & Carter, 2011). The average age for older people committing suicide in New Zealand is seventy six years of age (Cheung, Merry, & Sundram, 2015). In 2014 the Chief Coroner who releases annual suicide statistics, made special mention of his concern about the increase in suicides in the older age group and noted that men aged 85+ are committing suicide at a higher rate than any other age group (Chief Coroner of New Zealand, 2014). As men are less likely to visit health professionals owing to barriers that they perceive in accessing health services (Jatrana & Crampton, 2012), men are additionally disadvantaged and at risk.

These statistics, which describe ageing in New Zealand and the significance of depression within the population of older men are important because they are the demographic who predominantly use Men's Sheds.

2.4 Models of positive ageing

People are living longer without severe disability, despite the increase in chronic disease (Bowling & Dieppe, 2005; Christensen, Doblhammer, Rau, & Vaupel, 2009). This is due to a range of complex factors such as early diagnosis, improved treatment, the use of assistive technology, and social factors such as housing standards, public transport, shifting gender roles, and the social perception of disability. This increasing longevity, and the fact that there is a wide range of variability in how people age, has led to an increased focus on how people can remain active and healthier in old age, and what 'successful ageing' means (Araujo, Ribeiro, Teixeira, & Paul, 2015; Bowling & Dieppe, 2005; Rowe & Kahn, 2015), as opposed to focussing on loss.

The MacArthur model (1987) of successful ageing developed through examining data drawn from three West Coast USA older populations, defined three major components of successful ageing:- having a low risk of disease and disease related disability, maintenance of high level of mental and physical functioning, and active engagement with life (Rowe & Kahn, 1987). Jopp et al explain these components further by identifying two necessary groups of enabling criteria. Firstly, the existence of

primary resources such as income, education and health, social networks and intelligence functioning; and secondly, the ability to self-regulate, which links to goal adjustment, controlling beliefs, coping and life management skills (Jopp & Smith, 2006).

Rose and Kahn (who have written extensively on the MacArthur model) say that it explains the 'what' of successful ageing, but other psychologically based successful ageing theories explain the 'why' of successful ageing (Rowe & Kahn, 2015).

One such psychologically based framework is Balte and Balte's 'model of selective optimisation with compensation' for the study of successful ageing. It refers to the way that people set, pursue and maintain goals. The model recognises the impact of loss and change on older people and describes the process that occurs for people who successfully cope with change through major life transitions and loss. (Baltes & Baltes, 1990). Retirement is one such major transition, during which adjustment to a less structured life and reduced social opportunities is required. Adjustment to the change in routine, loneliness and boredom, and change in role can all impact on self-esteem, which may contribute to depression (Culph, Wilson, Cordier, & Stancliffe, 2015).

Carstensen's theory of socioemotional selectivity proposes that as people age they become increasingly selective about where they invest their energy, preferring to prioritise emotionally meaningful goals and activities (English & Carstensen, 2014). When we consider the quest for generative activities that contribute to handing something on to the next generation, which is discussed in the next section, socioemotional selectivity becomes of increasing relevance. Other studies into groups who can be said to have successfully aged, such as centenarians, have identified that it is possible to have successful aging with disease if "compensatory psychological or social mechanisms are used" (Araujo et al., 2015).

Olshansky argues that the science is now at the stage that delaying ageing is possible and that we should vigorously pursue research which progresses health promotion for the older population as there is a 'longevity dividend' to be gained. Olshansky argues that slowing ageing would have a similar impact to a major breakthrough against all fatal and non-fatal diseases associated with growing older (Olshansky, Perry, Miller, & Butler, 2007 p 13) This is echoed by Fries in his 'compression of morbidity' model, which argues that if chronic illness can be postponed, the burden of lifetime illness may be compressed into a shorter period before death (Fries, 1980).

2.4.1 Generativity

Because it is clear that there is benefit to be gained from promoting health in the older age group, the concept of generativity is useful as it provides direction in what is required for healthy ageing. It is particularly relevant because it has an important intergenerational component to it.

Erikson, in his psychosocial theory (Erikson, 1963), proposed the concept of generativity as a key task for middle adulthood. This theory proposes 8 developmental stages across the lifespan, and builds on Freud's stages of psychosexual development. It was linked to ego development (Slater, 2003). It is useful in psychotherapy for "locating people in their developmental trajectory" (Marcia & Josselson, 2013). Each stage is characterised by a conflict between a positive and a negative, known as a psychosocial crisis, which needs resolution for healthy development. In the stage of middle adulthood described by Erikson, the major conflict or psychosocial crisis that needs to be resolved is 'generativity versus stagnation' (Ehlman & Ligon, 2012; Erikson, 1963). This can be further described as the tension between investing in what a person will leave behind and a desire for involvement, mostly with the self, in a narcissistic fashion (Rubinstein, Girling, de Medeiros, Brazda, & Hannum, 2015). Rubinstein et al suggest that this time is a 'critical junction demonstrating a possible shift in the generations to which one is oriented, i.e. to the self or to the future' (Rubinstein et al., 2015).

Definitions of generativity typically include a commitment to supporting the next generation (Gruenewald et al., 2013), and are linked to caring for others, with an emphasis on the importance of balancing caring for self and others (Marcia & Josselson, 2013). McAdams defined it as "an adult's concern for, and commitment to, promoting the development and well-being of future generations" (McAdams, 2006).

Erikson in his later years (Erikson & Erikson, 1997), extended the concept noting that a need to be generative extends into the last stage of life: "indeed, old people can, and need to maintain a *grand-generative function*" (p. 63). As many people are now living 20 years or more after retirement, the notion of extended generativity is being widely researched (Ehlman & Ligon, 2012). Further categorisation of generativity is described by Kotre (1984), who defined four different categories. Biological generativity is linked to fertility, and parental generativity is about caring for children. These two types of generativity are important as they are necessary for the survival of the species. Technical generativity involves teaching skills, and cultural generativity involves mentoring. Kotre (1984) argued that technical and cultural generativity is not linked to specific phases of adulthood, but that it takes place from early adulthood through old age. Both technical and cultural generativity

further strengthen the applicability of this research, as they align to the activity of intergenerational mentoring within Men's Sheds (Glass et al., 2004; Kotre, 1984).

The other side of the equation, the negative outcome of middle adulthood, stagnation refers to the state of being self-absorbed and disinterested in generative activities (Marcia & Josselson, 2013).

Marcia and Josselson suggest that for the full development of ego it is necessary to experience both the negative and the positive poles of the continuum. There is evidence to suggest that where there is an absence of opportunities to nurture, there is an increased risk of low mood and depression (Marcia & Josselson, 2013).

The link between generativity and wellbeing has been researched and is well supported. (Keyes & Ryff, 1998; Tabuchi, Nakagawa, & Miura, 2015). Therefore, this theory is particularly applicable to this study which explores the impact of involvement in intergenerational mentoring upon older men. It will be argued that working on active projects with young people fulfils the life task of generativity, which impacts on psychosocial health. Recent research shows that the outcome of wellbeing is dependent on the context, specifically the existence of respect in the relationship (Tabuchi et al., 2015). This is relevant to the relationship between the men and young people in intergenerational mentoring in Men's Sheds.

The approach to ageing is also shaped by culture, and Kukutai, in his paper which explores the wellbeing of older Maori (Kukutai, 2006), explains that in the ideal model of Maori ageing, older Maori are presented as becoming elders: kaumatua, with whanau or family playing a key role both supporting and being supported, although this is not always the case.

These theories are all congruent with a positive ageing approach which is dominant in western health and social systems. In New Zealand, the Positive Aging Strategy (Ministry of Social Development., 2001) and the Health of Older People strategy (NZ Ministry of Health, 2002) focus on positive aspects of ageing, for example, the depth of relationships, rather than the negative aspects such as disability (Ng, Weatherall, Liu, & Loong, 1998). They are relevant to this study as the involvement of men in Men's Sheds, and in particular, how intergenerational mentoring work contributes to the social and psychological health of the older male population.

2.5 The Men's Sheds movement

The phenomena of community organisations known as Men's Sheds commenced in Broken Hill, Australia in the mid-1970s (McMillan, 2009; Misan, 2008). A Men's Shed is defined as a "workshop type space in a community setting and a focus for regular and systematic, hands-on activity by groups deliberately and mainly comprising men" (Golding, Brown, Foley, Harvey, & Gleeson, 2007a p13) The website of Menzshed New Zealand states:

To put it in a rather large nutshell, a Men's Shed brings men together in one community space to share their skills, have a laugh, and work on practical tasks individually (personal projects) or as a group (for the shed or community) (Menzshed New Zealand Incorporated, 2013 p 1).

Since that time, many sheds have sprung up across Australia and the concept has spread to UK, Ireland and New Zealand. New sheds are emerging regularly, and according to the database provided by Menzshed New Zealand, there are approximately 60 in existence in New Zealand (Menzshed New Zealand Incorporated, 2013).

Their development has been a remarkable community development phenomenon as the organisations are grassroots, often with little funding, and yet their spread has been fast (Golding, Brown, Foley, Harvey, & Gleeson, 2007a). This has been aided by the development of support organisations such as the Australian Men's Sheds Association, Men's Sheds Australia, and in New Zealand, Menzshed New Zealand (Misan, 2008). An international Men's Sheds body is now being developed.

The models for Men's Sheds are varied. Some are supported by aged care organisations, or local councils, some are separate legal entities, some use existing facilities, some create new spaces, and the range of programmes and activities all vary depending on the desires of the men who are involved.

2.5.1 New Zealand Men's Sheds literature

There have been four major pieces of research completed in NZ relating to Men's Sheds. A Churchill Fellowship report which was described as a commentary (Bruce, 2010).²; a funding report and proposal for a new Men's Shed (McMillan, 2009); an evaluation report of the Henley Men's Shed (Styles, 2010), and the final piece of New Zealand literature sourced was a 2013 ethnographic thesis on the Taieri Blokes Shed by James Sunderland, an Occupational Therapist (Sunderland, 2014).

Bruce's report included interviews with men involved in Men's Sheds in Australia, Scotland and UK, and included the transcripts of the interviews, but Bruce was clear that his report was not an academic report and it was structured informally in a notation style. McMillan's work was a report which used international research to argue a funding case. The Henley Shed report is the result of 38 surveys and an interview with a Shed Coordinator.

2.5.2 International Men's Sheds literature

The literature about Men's Sheds is dominated by a prolific writer and researcher, Barry Golding from Ballarat University, Australia. Most recently he has published a book about Men's Sheds called *The Men's Shed Movement: The Company of Men* (2015). He has written extensively about Men's Sheds as part of his wider interest in adult learning, particularly for older retired men. He discusses the impact of retirement, and looks at the barriers to, and benefits of learning in great detail. Much of his work referred to prior large scale national surveys such as the National Vocational Education and Training Research and Evaluation programme (Golding, Brown, Foley, Harvey, & Gleeson, 2007a). There was little information on methodology, theoretical framework, or as noted by Wilson and Cordier, in their narrative literature review of Men's Sheds (Cordier & Wilson, 2013), a disclosure of the gender of the researcher.

Cordier and Wilson, collaborating with with others, have completed 6 research reports (Cordier & Wilson, 2013; Cordier & Wilson, 2014; Culph et al., 2015; Hansji, Wilson, & Cordier, 2015; Wilson, Cordier, & Whatley, 2013; Wilson & Cordier, 2013). These have ranged from describing the nature of Men's Sheds in Australia and internationally, to examining intergenerational mentoring in the Men's Sheds context, and was a primary stimulus to undertake this research. Other work they have completed includes examining Men's Sheds and depression (Culph et al., 2015).

Misan wrote a large report investigating whether Men's Sheds offer an opportunity to influence men's health seeking behaviour. His work was based on interviews, and verbatim transcripts were provided. Very detailed in nature, the report provided valuable Men's Shed information although there is no description of how the data was analysed, or statement of the theoretical framework in use (Misan, 2008). This was followed up by Flood and Blair who carried out a detailed piece of quantitative research into the health and wellbeing of the men who work in Men's sheds, using validated survey instruments (Flood & Blair, 2013).

The themes in the literature about Men's Sheds as a whole can be categorised under the social determinants of health: Gender, social participation, and inequalities. Under these themes, the literature focusses on establishing links between the elements of participation to the impact of participation. Intergenerational mentoring is one of the elements of participation which is the focus of this research. Other elements of participation described in the literature include: making things, education, socialisation, the unique male space provided in the Men's Shed environment. The barriers to men participating in both health and education programmes, and the potential to use Men's Sheds as a vehicle for health promotion is also explored. The outcome for participants include positive indicators health and wellbeing, social inclusion, maintaining a sense of identity, and being a

community resource. These outcomes are closely linked to the requirements for successful ageing discussed above such as the need to be generative

The most rigorous literature about Men's Sheds was included in 13 research reports, which are described in the following table.

Table 1 Men's Sheds Literature

	Name of research	Authors	Description
1	A narrative review of men's sheds literature; reducing social isolation and promoting men's health and wellbeing	Wilson and Cordier (2013)	Narrative review of literature about Men's Sheds where they identified the lack of robust data about Men's Sheds and a need for research into the health and wellbeing benefits of Men's Sheds.
2	Community-based men's sheds: Promoting male health, wellbeing and social inclusion in an international context	Wilson and Cordier (2014)	International research to determine who uses Men's Sheds and what they do there. They specifically looked at whether Men's Sheds target vulnerable communities; include men from culturally diverse and linguistic backgrounds; have an outward social focus; and whether they engage with external health and social stakeholders. The conclusion from their work is that Men's Sheds are both health and socially focussed, and therefore Men's Sheds are well positioned to address both realms in a holistic way .
3	Older male mentor's perceptions of a men's shed intergenerational mentoring program	Wilson, N., Cordier, R., & Whatley, L. (2013)	Focus groups and interviews exploring the experience of Men's Shed's mentors who worked on a term project with nine male 14-16 year old students, on a project building wheelchairs out of recycled parts. They reported that the men experienced a sense of accomplishment and increased self-worth, and they concluded that Men's Sheds participants are in the generative phase of their lives and are therefore an important community resource to be tapped.

	Name of research	Authors	Description
4	Mentoring at men's sheds: An international survey about a community approach to health and well-being.	Cordier and Wilson (2014)	Describes the extent to which mentoring is occurring in 324 Australian Men's Sheds, and within 59 international sheds, of which 17 were from New Zealand. This data was gathered in 2012. They found that 39% of Australian sheds and 23.8% of international sheds carry out formal mentoring, targeting a range of disadvantaged groups. The majority of sheds rated their programmes as moderately or highly effective, although Cordier and Wilson raise questions about the quality of the mentoring, and whether training in mentoring might be necessary to ensure effectiveness
5.	Men's sheds in Australia: Effects on physical health and mental wellbeing.	Flood and Blair (2013)	A quasi-experimental study carried out by Flood and Blair (2013), sought to gather evidence about the health benefits of Men's Sheds,-a clear gap in the literature prior to this point. Ten focus groups, 17 face to face interviews and surveys, compared the health of men who were members of a Men's Sheds with a group who were not members, through the use of instruments such as SF12 and the Warwick-Edinburgh Mental Wellbeing index. In addition interviews were conducted with the participants about their awareness to, and attitudes about depression and anxiety and health seeking behaviour. The results of this work are the first to link health benefits to Men's Sheds through rigorous methodology (Flood & Blair, 2013).
6	More than a place to do woodwork: A case study of a community-based Men's Shed.	Ballinger, Talbot, & Verrinder, (2009)	Ballinger et al carried out a case study which used semi-structured interviews and identified themes which included: "sense of purpose, feelings of pride and accomplishment, a sense of belonging, providing a space outside the home environment, social contact, and the fact that Men's Sheds can be life changing".

	Name of research	Authors	Description
7	Older men's participation in community-based Men's Sheds programmes	Ormsby Stanley and Jaaworski (2010)	Descriptive qualitative study of in-depth interviews with five men and this work identified six themes, which were: "company of fellas; everybody's got a story to tell; still got some kick; passing on your experiences; get on your goat and nobody's boss".
	Report on the Henley Men's Shed	Styles M (2010)	This evaluation report included a literature review and utilised a survey which found that the Henley Men's shed provided a valuable service to the Wairarapa community, including as a supportive environment for health discussions. The men valued the friendship and company through their involvement.
9	The ethnographic study of the Taieri Blokes Shed.	James Sunderland (2014)	Found that meaningful constructive work is the foundation for attracting membership to the sheds and for providing benefits to members. This productivity aspect is the differentiating factor between Men's Sheds and other social activities that older men participate in. Sunderland argues that this is the true worth in this constructive work that enables the men to relate positively to the world around them
10	Men's Sheds and depression	Culph, J.S; Wilson, N.J; Cordier, R, Stancliffe, R, J (2015)	Participation in Men's sheds reduces self-reported experiences of depression. Most men in Men's Sheds are experiencing minimal depression and the environment promotes a sense of purpose, increases physical and cognitive activity produces feelings of pride and achievement and promotes health and wellbeing. Overall Men's Sheds are positively enabling community spaces.

	Name of research	Authors	Description
11	Men's Sheds: Enabling environments for Australian men living with and without long term disabilities.	Hansji, N.L.; Wilson, N.J.; Cordier, R, (2015)	A qualitative study which included interviewing 5 with long term disabilities and 5 without, and observing their activities. They explored the enabling aspect of Men's Sheds which they define as a sense of belonging and social inclusion and found that for all men, including those with disabilities, it was an enabling space which acts as a community hub where all are equal, where it is safe and supportive, and there are meaningful male activities, all of which is important for men's health.
12	Social Shedding: Identification and health of Men's Shed users.	Ford, S (2014)	Surveyed 322 men who participate in Men's Sheds on quality of life and willingness to take health advice and examined the results through a social identity lens – social identity being the mechanism which makes people more likely to be influenced by other members of a social group. The study found that the way the men fit within the social group is more important than the amount of social interaction. Social identification is therefore positively linked with quality of life and willingness to take health advice
13	The Men's Shed: Providing biopsychosocial and spiritual support.	Moylan, M; Carey, I; Blackburn, R; Hayes, R; Robinson, P (2013)	This qualitative case study involving 21 men, showed that membership in Men's Sheds provides biopsychosocial support and also plays a role which could be interpreted as spiritual, given that the activities give a sense of meaning to their lives, and provides a sense of spiritual connectedness.

This part of the literature review has identified a small, but growing quantity of research literature related to the activities in Men's Sheds, and the linked outcomes of that activity.

The educationally oriented literature from Barry Golding has provided a platform to recognise the significant opportunities that Men's Sheds provide as gathering places for older men. He has also highlighted the gender based barriers that men face in accessing the health, education and social services that they may need, during the transition phase to retirement. Successful traversing of this transition is important in order for men to age successfully and maintain health, as discussed within the Selective Optimisation of Compensation framework mentioned in the section on successful ageing.

The research into the extent and nature of intergenerational mentoring in Australia and internationally acknowledges the importance of this expanding practice in Men's Sheds, and builds on anecdotal evidence. It discusses the positive impact on participants especially the impact on their sense of accomplishment and self-worth. The quality of mentoring programmes is questioned.

The impact of Men's sheds on health and wellbeing is explored across all dimensions of health, - social, physical, mental and spiritual, and findings of the positive benefits of participation are presented. The social and mental benefits are the most strongly reported. The contribution that Men's' Sheds make to the community is also expressed in the literature. Some literature has also explored the potential for indigenous and culturally diverse groups to benefit from Men's Sheds participation.

The evidence reviewed through this body of research supports the role of Men's Sheds in successful ageing. It fits with the Selective Optimisation Compensation theory which discusses coping mechanisms and adaptation through life transitions, such as retirement or loss of spouse, and in enabling them to fulfil generative tasks. It also aligns very closely to the theory of generativity which proposes a need to have a sense of purpose and to contribute to younger generations. The socialisation that occurs through becoming a member of a Men's Shed, fits with Rowe and Kahn's third criteria for successful ageing, which is active engagement with life.

In summary, the literature describing the nature and impact of Men's Sheds is varied. There are many discussion documents based on surveys which provide interesting detail, but there are only a small number of rigorous quantitative and qualitative studies which provide promising results for the intrinsic benefits of Men's Sheds, and increasingly for the health benefits of participation.

This literature has informed the Australian government who has funded the Australian Men's Shed association to support Men's Sheds development as they have recognised the potential of Men's Sheds as a vehicle for health promotion amongst older men.

The next part of this literature review recognises the position of this research study within the context of the social determinants of health. This position is justified because the majority of the benefits seen by men who work in Men's Sheds, and also who are involved in intergenerational mentoring, are social in nature, and these benefits impact on the men's perceptions of their own health, which in turn impacts on physical health and mortality.

2.6 Determinants of health

Determinants of health are factors that determine a person's health and wellbeing. (Ministry of Health NZ, 2002). These factors were identified by exploring why some people have better health than others, and why some groups within countries and globally have better health. They include biological and genetic factors, health behaviours, socio-cultural and socio-economic factors, and environmental factors (Liamputtong, Fanany, & Verrinder, 2012; National Advisory Committee on Health and Disability., 1998; R. Wilkinson & Marmot, 2003).

2.6.1 Social determinants of health

This literature review has an emphasis on the social determinants of health as the activity in Men's Sheds, particularly intergenerational mentoring, contributes socially at an individual, community and society level. Linking Men's Sheds to the social determinants of health was also identified as a gap and need in Men's Sheds literature (Ballinger, Talbot, & Verrinder, 2009; Golding, 2011a).

The importance of social factors in determining health outcomes has been highlighted over the last two decades (Jackson, Birn, Fawcett, Poland, & Schultz, 2013; Kaplan, Pamuk, Lynch, Cohen, & Balfour, 1996; Liamputtong et al., 2012; Marmot & Bell, 2012a; WHO, 2008), and this model of public health particularly focuses on the 'social causes of illness and disease, health equity and social justice', or the social determinants of health. Social determinants of health focus on disadvantage experienced by individuals through factors such as poverty, poor education, social isolation, unemployment, exposure to hazardous workplaces, and poor housing. All cause stresses which impact on people's health. Lack of progress on such important public health issues has prompted challenges to narrow individualist approaches and the need to factor in the psychological experience of individual, and their relationships to others (Ichida et al., 2013; Moore, Haines, Hawe, & Shiell, 2006; R. Wilkinson & Marmot, 2003). Michael Marmot calls the social determinants of the health

‘the causes of the causes’ (Marmot & Bell, 2012a), which infers the need to look deeply at the factors that impact on health. For example, on the surface of it, diabetes may be caused by eating too much poor quality food, however if we look further we need to consider the societal factors that impact on why people eat too much poor quality food, such as poverty, marketing, and accessibility.

The World Health Organisation instigated a “Commission on Social Determinants of Health” (WHO, 2008), and identified 10 main social determinants of health: social gradient; stress; early life; social exclusion; work; unemployment; social support, addiction; food; and transport. A social gradient refers to the fact that people are sicker and live shorter lives when their social and economic circumstances are poorer (R. Wilkinson & Marmot, 2003). The report acknowledged that grappling with the social determinants of health is a complex process because of the interplay between the various ways people lead their lives and the impact of economic and social policies (Sadana & Blas, 2013; R. Wilkinson & Marmot, 2003). The way this complex interplay effects health is not fully understood or explainable (Lee, Jang, Lee, Cho, & Park, 2008), and is a strong topic of debate which will be revisited later in this chapter.

The report “affirmed that social injustice was killing on a grand scale, with a toxic *combination of* “poor social policies and programmes, unfair economic arrangements, and bad politics being responsible for producing and reinforcing health inequalities” (WHO, 2008 p.1661). They therefore recommended to policy makers that as the social determinants of health are amenable to social policy, the social dimension must be taken into account for effective action on health, otherwise they are excluding very powerful influencers (Sadana & Blas, 2013). Failure to include these factors in health policies and programmes contravenes social justice principles, (R. Wilkinson & Marmot, 2003), and there are human rights implications as equal opportunities are part of the United Nations Declaration of Universal Human Rights (United Nations., 1948). This background to the social determinants of health highlights the importance of considering the impact of the social dimension in programmes and activities.

The following model of the determinants of health is widely used in NZ health documents:

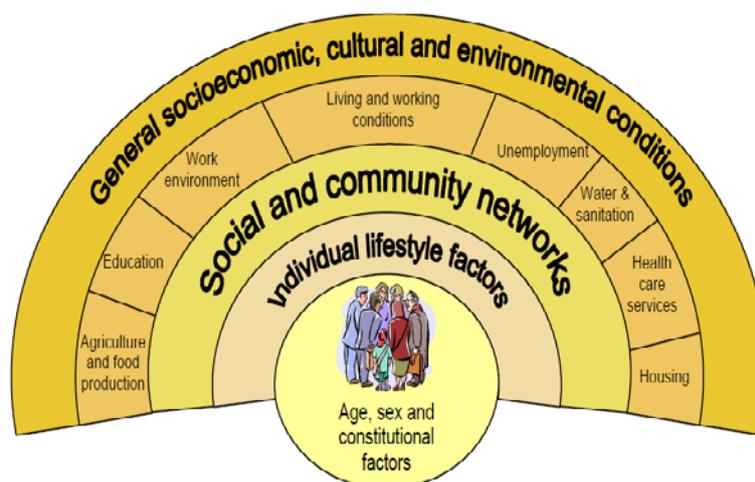


Figure 2A Social Model of Health (Dahlgren & Whitehead, 1991).

Social interactions are necessary to live a healthy life and therefore are part of the social determinants of health (Marmot & Bell, 2012b). Literature about the impact of socialisation on health covers a number of terms which are often used interchangeably. These include similar concepts such as: social participation; social inclusion; social support; social connectedness; social engagement; social capital; social network; social integration and social cohesion (Levasseur, Richard, Gauvin, & Raymond, 2010; Lovell, Gray, & Boucher, 2014; Szreter & Woolcock, 2004).

These social elements are included in this literature review as Men's Sheds are places where social participation occurs and this research intends to argue that the involvement of men in Men's Sheds, contributes to individual health. It also explores social cohesion and social capital which is relevant in considering the wider benefits for the community, and society that an individual's involvement in Men's Sheds brings, particularly through intergenerational mentoring, which may then also reinforce individual benefits.

The following section of this review discusses key concepts and considers the evidence relating to their use and their impact on health and wellbeing.

2.6.2 Social participation, inclusion and exclusion

The literature about social participation and inclusion is about wellbeing linked to participating in society (Bromell & Hyland, 2007). At an international level, enhancing social participation is a focus of the WHO policy framework (WHO, 2002a), and social inclusion has been included in government policies and strategies to support older people's health (Commonwealth of Australia, 2001; Dept of Health, 2013; NZ Ministry of Health, 2002; Welsh Assembly Government, 2008; WHO, 2002b). The

number of socially isolated older adults is of concern, particularly because of the increasing older population (A. Hatton-Yeo & Middleton, 2013). However, the benefits of social participation which include an individual's enjoyment, and the contribution to community resources are also of interest, given that older people beyond employment have less structured time commitments (Hsu & Chang, 2015), and many remain in good health, even with long term health conditions (Araujo et al., 2015; Rowe & Kahn, 2015).

Social exclusion is not the exact opposite of social inclusion (Chuang, Chuang, & Yang, 2013). Social exclusion develops from socially constructed factors such as discrimination, racism, stigmatisation on the basis of mental health issues including: substance abuse or dependence; unemployment; poor education; relationship and family breakdown; poor housing and crime, all of which can be compounded by poverty (The Charity Commission., 2001; R. Wilkinson & Marmot, 2003). These factors present barriers to people participating in activities and access to individual and community resources (The Charity Commission., 2001).

2.6.3 Social participation and health

The link between social participation and health, i.e. as a determinant of health, is discussed generally in literature and also specifically in relation to ageing (Haslam, Cruwys, & Haslam, 2014; Hsu & Chang, 2015; Lee et al., 2008; Levasseur et al., 2010; Sirven & Debrand, 2008). Marmot and Bell (2012) argue that societies, communities and institutions where citizens can contribute to and participate in the social, cultural and economic activities are healthier than those where they cannot. Mutual relationships assist people to feel that they belong and that their contributions are valued, which has a protective effect on health (Marmot & Bell, 2012a). These findings are based on evidence from a large number of research reports (Wilkinson & Marmot, 2003) although mostly from developed countries.

The literature on the impact of social participation on health includes health status evidence such as mortality and morbidity statistics and wellbeing evidence, which refers to an individual's own subjective assessment of his or her life situation as a whole (Diener & Tay, 2015; Helliwell & Putnam, 2004), and population level evidence, all referenced below.

The first influential paper that showed that people who participated less socially had a higher risk of mortality was by Berkman and Syme in 1979 (Berkman & Syme, 1979). In Alameda USA, they utilised a human population survey of a random sample of 6928 people and followed up their mortality over a 9 year period. Those people with few social and community ties were more likely than their counterparts who had more extensive contacts, to die in the follow up period. This association was

controlled for other confounding factors such as illness at the time of survey, socio economic status, health practices, (such as smoking and obesity alcohol consumption, physical activity) and health services. The study noted that the mechanism of how social isolation might affect health is not known, and because it seems that social isolation affects so many illnesses, the study concludes that there is likely to be more than one pathway between social isolation and health. It may be about the link between social isolation and health practices, or social isolation and psychological responses such as depression and coping, or between social isolation and/or nervous hormonal and immune system functioning. Berkman and Syme argued that these types of factors may make the person more susceptible to negative outcomes. They termed this 'host susceptibility' (Berkman & Syme, 1979).

A number of studies have since shown an association between social isolation, or diminished social network and increased rates of all-cause mortality (Cacioppo & Hawkley, 2003; Holt-Lunstad & Clark, 2014; Sugisawa, Liang, & Liu, 1994). In Japan a study which aimed to validate Berkman and Symes findings, and which controlled for socio demographic characteristics, social relationships, physical health and health behaviour, showed that social participation had a significant statistical relationship to self-rated health, which mediates mortality. It therefore has an indirect impact (Cornwell & Waite, 2009; Sugisawa et al., 1994). In other words, the person's perception of their health status is an important factor that impacts on their mortality.

Wilkinson and Marmot, say that social exclusion is 'socially and psychologically damaging, materially costly and harmful to health" (R. Wilkinson & Marmot, 2003 p16). The health impact of stress from anxiety and lack of supportive relationships can affect immunity and the cardiovascular system. If protracted, this can contribute to chronic conditions such as hypertension, diabetes, heart attack, stroke and depression, and is associated with increased risk of premature death and reduced chance of survival following heart attack (R. Wilkinson & Marmot, 2003).

Social participation provides emotional support, fulfilment and information about healthy lifestyles, while protecting from the factors which influence social isolation (Lee et al., 2008). However developing definitive evidence is problematic as fit and healthy people are more likely to participate in social activities. To infer causality a Japanese quasi-experimental study showed that participating in social activities was associated with excellent or good self-rated health over time (odds ratio of 2.52) (Ichida et al., 2013).

The type of social engagement also makes a difference, with evidence suggesting that group social participation has a greater positive effect on cognitive functioning than individual social

relationships, although these are also important (Haslam et al., 2014). Haslam's study controlled for aged, gender, socio-economic status, ethnicity and physical health as well as the existing cognitive functioning and social engagement. They also found that not all group engagement is the same, for example engagement in political protest actually has a negative result. The authors proposed that involvement in social groups provided an important and distinctive basis for self-understanding, because they furnished people with a sense of themselves as a part of a larger collective. They went on to point out that social participation did not occur in a psychological vacuum, and suggested that people were more motivated to participate when people saw themselves as sharing a social identity.

Social participation is significantly associated with self-rated good health, and lack of social participation is associated with poorer self-rated health in older people. Social participation influences self-rated health which in turn influences social participation thus becoming a cyclical phenomenon which self-perpetuates (Lee et al., 2008; Nieminen et al., 2013). Hsu and Chang (2015) linked social participation to levels of happiness, although noted that it was the quality of the social relationships, rather than the quantity, that had the positive effect.

In terms of ageing, social participation may help people to cope with life changes inherent in old age, such as loss of spouse, loss of employment and retirement (Akman; F. Alpass & Neville, 2003; Cornwell & Waite, 2009; Sirven & Debrand, 2008). Although people participate in social activity less as they age, the positive impact of socialisation increases as people age (Lee et al., 2008; Sirven & Debrand, 2008). This is supported by Van Willigen's study on volunteering. This study utilised and analysed data obtained through 3615 interviews from the American Changing Lives survey, and explored whether people who volunteer perceive health benefits from the process, and also whether older people receive different benefits to younger people. The variables of social roles, economic status and demographics, social integration and support, and level of mastery were all controlled for in the analysis. It concluded that there were greater self-rated health benefits for older volunteers than younger volunteers (Van Willigen, 2000).

In terms of retirement, the transition to the new state of joblessness is a varied and complex process (F. Alpass, Neville, & Flett, 2000). Being in paid work not only has economic benefits which impacts positively on health (Wilkenson & Marmot, 2003), but also has social and psychological benefits, such as a sense of being in control of one's own life, feelings of being productive and contributing value, and a place where men make friends (Brown, 2008). However, the literature about the impact of retirement on older people is inconclusive (F. Alpass et al., 2000; Brown, 2008). One view is that the impact of retirement differs depending on timing, for example, whether its early or late, and whether the person has chosen retirement or it has been forced owing to redundancy or ill health

(Vo et al., 2015). This differs from Fiona Alpasses research (2000) which indicates that these factors do not make a difference, and that wellbeing is effected by the amount of time that has passed in retirement, and the presence of long term health conditions (F. Alpass et al., 2000). Brown argues it is also related to expectations about the quality of retirement. (Brown, 2008) According to Wilkenson and Marmot (2003), retirement is a critical transition period when people can be pushed onto a more, or less disadvantaged pathway, which can affect their health (R. Wilkinson & Marmot, 2003).

Specifically in relation to men, which is of most relevance to this study as retired men are the majority of users of Men's Sheds, literature indicates that men invest a lot in their work, and get a sense of identity from it, which can have health benefits (Golding, 2011a; Mahalik, Burns, & Syzdek, 2007). Retirement can result in social isolation as a key mechanism for socialising is removed. Vo et al., in their work examining the relationship between retirement, age, gender and mental health found that there is a stronger association between retirement and psychological distress, for men as measured by the Kessler psychological distress scale (Vo et al., 2015). Szydek argues that the negative effects on men's health is related to the masculine roles that men feel they are required to play, for example as breadwinner of the family (Mahalik et al., 2007). This, coupled with anxiety about money and having enough to do, can place a strain on men's social lives and health (Golding, 2011a).

In a New Zealand study, Alpass explored the relationship between loneliness and depression in older males through a cross sectional survey, and discovered that loneliness and social isolation has a stronger relationship with depression than illness and physical decline (F. Alpass & Neville, 2003) Older adults with depression are at increased risk of suicide, and are more likely than younger adults to complete suicide (Rodda et al., 2011). Depression is the most common psychiatric illness associated with late life suicide (Cheung et al., 2015). In 2013, the Coroner's office, who releases annual suicide statistics, made special mention of his concern about the increase in suicides in the older age group and noted that men aged 85+ are committing suicide at a higher rate than any other age group in New Zealand (Stuff.co.nz., 20.8.14). A systematic review of factors which contributed to suicide in later life identifies lack of social connectedness as a major factor (Fassberg et al., 2012).

2.6.4 Men's Sheds and social participation

Socialisation as a benefit of Men's Sheds was discussed in almost all literature about Men's Sheds (Ford, Scholz, & Lu, 2014; Golding, 2011a; McMillan, 2009; Misan, 2008; Ormsby, Stanley, & Jaworski, 2010a; Styles, 2010). Misan's work (Misan, 2008) suggested that men's key health concerns were more social than physical, and that men liked to 'do stuff' and the socialisation is in

the doing (McMillan, 2009). Cordier and Wilson identified that 42% of Men's Sheds had social opportunities as their primary philosophy (Cordier & Wilson, 2013), and argued that they cater to the needs of older men experiencing social isolation and address the social determinants of health.

Styles, in his work on the Henley Men's Shed, found that 30% of men surveyed spoke about the Men's Sheds role in addressing issues of emotional wellbeing and mental health. He reported that the Men's Shed provides a structure to life and fills a vacuum. Men also spoke of the importance of the support received at the time of losing a spouse (Styles, 2010). Culph, Wilson, Cordier and Stancliffe (2015) explored depression within Men's Sheds through a study with twelve men who had either self-reported feelings of depression, or had been diagnosed with depression. The study which involved semi-structured in-depth interviews, completion of a depression inventory and field notes, concluded that most men who participate in Men's Sheds have minimal depression, and that the experience of working in the Sheds decreases self-reported experiences of depression. They also found that it provided a sense of purpose, increased physical and cognitive activity, and feelings of pride and achievement, all of which promoted health and wellbeing (Culph et al., 2015). They acknowledged the possibility that men who are feeling less depressed are more likely to attend, and those who are unwell may not, and therefore recommend that men who stop attending could be supported to return even for a short time, as the benefits of doing so have a positive impact on depression.

This psychological benefit to men through the process of participating in Men's Sheds and particularly through participating in intergenerational mentoring, (which will be discussed in detail as the focus of this research), is an important factor to consider within the older men's health agenda in New Zealand. According to Golding, the success of Men's Sheds in providing these benefits is because they:

“tick many of the boxes in terms of the determinants of health for men beyond paid work, without patronising them as clients, students, customers or patients and allowing them to be bloke” (Golding, 2011a p 47).

2.7 Social Cohesion

Social cohesion is included in this literature review, as it is identified as an important impact of participation in Men's Sheds. Social cohesion is a difficult concept to define (Jeannotte, 2000; Jenson, 2010) It is easier in fact, to define what threatens it rather than what it is (Jeannotte, 2000). Durkheim in his work about the factors in place in communities that prevent suicide talked about the existence of strong social bonds among people which gave a sense of connectedness, community,

mutual moral support, and enabled the sharing of resources (Durkheim, 1997). While Durkheim focussed on communities and neighbourhoods, other definitions suggested that social cohesion operated at a societal level.

“social cohesion should be characterized as features of a whole society incorporating attitudes, behaviours, institutional and structural dimensions that bound citizens together for better life quality” (Chuang et al., 2013 p 1).

Social cohesion literature widely discusses the link between social cohesion and safety, especially as a protective effect against crime (Aiyer, Zimmerman, Morrel-Samuels, & Reischl, 2014). Aiyer et al., argued that much of the discourse was related to a deficit model (e.g broken windows theory), and they in turn suggested that a community empowerment approach was more helpful.

In a study of the importance of neighbourhood social cohesion and social capital on the wellbeing of older adults, Cramm, Van Dijk and Nieboer (2012), determined that there is a significant relationship between the two. Their study involved 945 people from 72 neighbourhoods in the Netherlands completing a questionnaire which measured wellbeing. The explanatory variables in this study were social cohesion and social capital, which were measured using validated tools. Nine individual factors were adjusted (age; sex; ethnicity; home ownership; years of residence; education; income and individual social capital) and also adults experience of neighbourhood conditions were adjusted. The data was subjected to descriptive statistics and univariate analysis to understand the relationship between wellbeing of adults, individual characteristics and neighbourhood conditions. The research concluded that ‘neighbourhood social capital and social cohesion are significantly and independently associated with the wellbeing of older adults (Cramm, van Dijk, & Nieboer, 2013). The reasons that Cramm et al. propose for this effect is firstly: because increased social cohesion and social capital leads to higher degrees of social organisation, which includes the provision of support; and secondly through the psychosocial processes such as enhancement of self-esteem and mutual respect. They also show that the negative effects associated with being single and poor are mitigated through social cohesion and social capital, and suggest that social capital and cohesion attenuate the adverse effects on wellbeing caused by increasing losses and declining gains as suggested in the model of Selective Optimisation and Compensation proposed by Balte and Balte. (Cramm et al., 2013).

In summary, the emphasis in the concept of social cohesion is on the connectedness and bonds within societal groups. This is important as social connectedness has been linked clearly with reduction of depression (Fassberg et al., 2012), and depression is linked with suicide, and older men

are at higher risk of suicide. Social capital takes this concept further, and emphasizes the flow of resources within a community.

2.8 Social capital

A definition of social capital linked to population health is Putnam's definition (1993) who wrote that the term referred to "features of social organization, such as trust, norms and networks that could improve the efficacy of society by facilitating coordinated actions (cited in Helliwell & Putnam, 2004). The common themes of the many definitions of social capital, emphasise the nature of social networks, the norms which foster cooperation between community members such as reciprocity and trust in others (Moore et al., 2006), the resources inherent in such networks (Lovell et al., 2014) and people's ability to access them and secure benefits (Bromell & Hyland, 2007; Cumming-Potvin & MacCallum, 2010), as well as features of social organisation such as civic participation. According to Murayama social capital is a broader umbrella concept than social cohesion, defined by the presence of institutional relationships (Murayama et al., 2015).

Szreter and Woolcock described three main components of social capital: bonding, bridging and linking social capital, which refers to the different types of cooperation in, and between groups (Bromell & Hyland, 2007). Bonding social capital is 'inward-looking'; linking is between similar individuals, with an element of exclusivity. Bridging social capital describes 'outward looking' networks and connects individuals and population groups, which can be diverse groups. Linking social capital referred to linkages between institutions and groups. These types of social capital have different outcomes, for example bonding social capital has more impact on depression than bridging social capital (Bromell & Hyland, 2007; Murayama et al., 2015; Szreter & Woolcock, 2004). Men's Shed's are involved in all three of these aspects of social capital.

Social capital came to prominence in 1996 when important public health texts discussed the term. Kaplan et al said that investments in human and social capital paralleled state level variations in income inequality (Kaplan et al., 1996). Social capital has been proposed as a solution to address health inequalities which have persisted, despite significant focus and energy (Ichida et al., 2013; R. G. Wilkinson, 1996). Wilkensen cited by Szreter explains:

The extent to which an affluent society is experienced as either a hierarchy, or conversely a community of equals determines the overall extent to which those citizens who find themselves at the bottom of the socioeconomic pecking order will, as a characteristic response, experience states of anxiety and arousal resulting in long term damage to their health if this becomes a long term condition for them "(Szreter & Woolcock, 2004 p 653).

Wilkinson believes this includes the need to understand the mechanisms which cause unequal societies to be less cohesive, less trusting and more violent, and proposes that the psychological factors inherent in unequal societies need to be included in proposed solutions for ill health. In other words, the contexts of people lives need to be taken into account.

In the Henley Men's Sheds evaluation report, it is concluded that Men's Sheds contribute a valuable social service to the life of the community which is not met by other agencies. They are seen as an important part of community life and also meet the needs of a group of men who are not primarily interested in sports or drinking (Styles, 2010). This relates to bridging social capital, which refers to outward looking networks, and bonding social capital, which describes the links between similar people within a group.

2.8.1 Controversies and debates

There is disagreement about the concepts of social capital and social cohesion which impact on the clarity in applying these concepts to this research. Social cohesion and social capital are two very closely aligned concepts. There is debate about the difference between these two concepts and disagreement surrounding the delineation (Agampodi, Agampodi, Glozier, & Siribaddana, 2015; Chuang et al., 2013; Cramm et al., 2013). The range of definitions and resulting lack of clarity about the concepts has an impact in terms of measurement (Cramm et al., 2013; Ichida et al., 2013; Moore et al., 2006). Social capital in particular, is very controversial. Wilkinson believes that part of the problem is that the concept of social capital actually came from other disciplines, not health (R. G. Wilkinson & Pickett, 2009).

Social capital, has been associated with improved outcomes in the areas of child development, adolescent wellbeing, mental health, violent crime, mortality, depression, binge drinking, loneliness, sustained participation in antismoking, perceptions of wellbeing, and self-rated health. Low social capital had been associated with high stress, isolation, reduced capacity to respond to public health issues and to receive intervention (cited in Szreter & Woolcock, 2004; R. Wilkinson & Marmot, 2003). However, in a Japanese study exploring whether bonding and bridging social capital is protective against depression in old age, they concluded that it did not make a difference (Murayama et al., 2015) There is evidence identified that links trust to mortality and morbidity, although this is variable, as others do not, so the results are inconsistent (Chuang et al., 2013).

Almost everyone agrees that social capital is important and it matters. "Social capital is potentially powerful, complex and contentious" (Szreter & Woolcock, 2004) but there is lack of agreement on

definitions, and how to measure it, as it is difficult to establish causality. Despite lack of agreement about definitions and ways of measuring the impact of social participation, cohesion and capital on health, Szreter et al. believe the attempts, albeit flawed, are very helpful in terms of pointing to the health effect that comes from relative social cohesion (Szreter & Woolcock, 2004). The development of measures to quantify social capital is a 'work in progress', and while social capital is hard to ignore, findings have to be interpreted with caution (Robinson & Williams, 2001; Szreter & Woolcock, 2004). There is however agreement that narrow social policy which reduced the focus of older people's participation to volunteering and charity work is short sighted. Researchers are agreed that approaches to improve health through social interventions need to be located within comprehensive frameworks, which include a role for the state (Szreter & Woolcock, 2004).

In summary, this section has described the importance of the social determinants of health in understanding the work that is done in Men's Sheds, and the impact of that work, on Men's health. Initially social participation, and the link to wellness and health outcomes, was explored, which is relevant as social participation is a central part of membership and involvement in Men's Sheds. Then key literature about social cohesion and social capital was examined, as Men's Sheds play a role in contributing to social cohesion and social capital in their communities and in society. The next section focusses in intergenerational mentoring, which is central to this study.

2.9 Intergenerational mentoring

A central part of this study is about the intergenerational mentoring that is occurring in Men's Sheds and the benefits of that mentoring on the men who are involved in it. This section of this literature review examines the link between intergenerational mentoring and social capital commencing with defining the concept.

Definitions of intergenerational mentoring and intergenerational practice include recognition of the social benefit, and the potential for such practice to promote social inclusion and build social capital (Glass et al., 2004). The definition adopted by the international Consortium of Intergenerational Programmes in 1999 said that:

Intergenerational programmes are vehicles for the purposeful and ongoing exchange of resources and learning among older and younger generation for individuals and social benefits (A. Hatton-Yeo & Ohsako, 2000 p 3).

Mentoring is a term derived from the Greek poem 'The Odyssey'. Odysseus, the king of Ithaca, trusted Mentor to raise his son Telemachus in a supportive way utilising all of the skills we associate with mentoring (Merriweather & Morgan, 2013). Rhodes (2002) described mentoring as 'the

relationship developed between a more experienced older adult and an unrelated younger protégée whereby the mentor provides guidance instruction and encouragement' (Rhodes cited in Cumming-Potvin & MacCallum, 2010). Mentoring describes relationships developed over time through formal or informal programmes. Although there were a number of definitions one constant was that the mentor was generally older, more experienced and wiser than the mentee, and hence had access to more resources (Pain, 2005).

A literature review on intergenerational programmes noted that that within the definition of intergenerational practice there were three important criteria which had to be explicitly described. The age of participants was important. For it to be intergenerational practice two generations needed to be interacting. Secondly the distinction between intergenerational and multi-generational needs to be explicit as multigenerational includes the middle generation whereas intergenerational does not, unless they are facilitating the activities of the different generations. Thirdly intergenerational practice does not include members of the same family.

Intergenerational mentoring usually describes small scale projects which centre on sharing vision, learning, and resources between older and younger generations (Cumming-Potvin & MacCallum, 2010; Pain, 2005). It is the sharing of resources aspect of intergenerational mentoring which creates the clear link with social capital. Mentoring occurs naturally in many settings and is important part of cultural continuity in many cultures (Cordier & Wilson, 2014; Granville, 2002; A. Hatton-Yeo & Ohsako, 2000). Cordier and Wilson give the example within Australian Aboriginal communities of the practice known as 'Men's Business', which includes teaching and handing down knowledge and skills across generations. A similar process exists in Maori culture whereby young men are taught the skills of whaikorero and roles of kaumatua for similar reasons. Similarly in British culture the skills of craftsmanship were traditionally passed down through generations (Sunderland, 2014).

The literature discusses the elements which are required for successful intergenerational mentoring. It is important that there is mutual benefit for both groups that everyone was able to be heard, and given equal respect. People in the process need to feel that their input is valued. Good planning is essential and there needs to be quality communication. People's assumptions about other generations are challenged to see if they are valid, and people agree what they wanted to achieve together and assess whether they have been successful in this (Welsh Assembly Government, 2008).

Intergenerational relationships are presented as being part of our social identity, developed from a complex set of factors at individual, family community and societal levels (Pain, 2005). Given the ageing population, intergenerational programmes are proposed as an effective vehicle to utilise the

untapped potential of older adults to address community and society needs, and to generate health improvement for older people. The 'baby boom' generation hold skills, education and resources previously unprecedented in this age group. They have the potential to remain highly productive, and many have a desire to 'give back' to society (Glass et al., 2004). This is congruent with the notion of social capital.

There are three main areas where intergenerational practice is utilized. These are education, health and community development/urban renewal (Springate, Atkinson, & Martin, 2008). The education sector is the site of the most common type of intergenerational mentoring programmes discussed in the literature. These are school based volunteer programmes which harness the volunteer resource of senior citizens (Ellis, 2003; Fried, Carlson, Freedman, Frick, Glass, Hill, McGill, Rebok, Seeman, Tielsch, Wasik, & Zeger, 2004b; Genoe, Crosbie, Johnson, Sutherland, & Goldberg, 2013; Morita & Kobayashi, 2013). The Experience Corps (Fried, Carlson, Freedman, Frick, Glass, Hill, McGill, Rebok, Seeman, Tielsch, Wasik, & Zeger, 2004a; Glass et al., 2004), is a well-researched programme, which explicitly includes and discusses the way that the programme impacts on social capital, which will be further described below.

In the health sector, intergenerational mentoring programmes are often programmes which provide adult mentors for young people at risk (DuBois, Holloway, Valentine, & Cooper, 2002). There is a basis for utilising mentoring as a preventive intervention with youth, whose backgrounds include significant conditions of environmental risk and disadvantage (DuBois et al., 2002). The literature distinguished between natural mentoring and volunteer mentoring. Natural mentors are 'non parent or family adults who are already important figures in a young person's life and volunteers who are placed in mentoring roles through a programme, but have no prior connection with the younger people. Of the most importance in terms of success in either type of mentoring is the quality of the relationship (J. E. Rhodes, Bogat, Roffman, Edelman, & Galasso, 2002). Natural mentors had been shown to be more effective than family members (DuBois & Silverthorn, 2005), and some reasons suggested for this is that family members could be subject to the same stressors as the young person which complicates the support relationship. Family also tend to share the same attitudes and beliefs, for example in the areas of education and physical health, thus alternative mentors may be more successful in promoting alternative approaches. Mentors who are teachers or counsellors can have a positive effect if there is a positive relationship with the mentee. Unfortunately, natural mentors were not always available and therefore volunteer mentors could be effective, if quality and duration were in line with best practise (DuBois et al., 2002; DuBois & Silverthorn, 2005; J. E. Rhodes et al., 2002).

It is the link between intergenerational mentoring and community development/urban renewal initiatives, which is of particular relevance in this discussion. Local councils in the UK are increasingly interested in intergenerational practice as a mechanism to support community development and urban renewal (Local Government Association., 2012; Pain, 2005; Springate et al., 2008), and there have been calls for intergenerational input into community planning (Cumming-Potvin & MacCallum, 2010), which facilitates older and younger people working together to address issues of concern in their communities (Springate et al., 2008). In the UK in 2001 a recommendation from the Better Government for Older People programme was:

“We call on the government and the devolved administrators to do more to recognise the significant contribution that older volunteers make and to develop older people’s volunteering, including intergenerational initiatives, to encourage wider range of older people to take part” (Granville, 2002 p 5).

According to Pain (2005), the young and the old made up a higher proportion of those living in deprived areas (Pain, 2005), and they were more likely to lack social capital, and access to resources, and political representation. They were also less likely to participate in community life. Angelis (1990), suggests that intergenerational contact is particularly relevant as youth and older people are facing similar challenges. They are discriminated against on the basis of age; they are marginalised in community planning; they have employment concerns; and also challenges to do with their changing bodies (Angelis, 1990).

2.9.1 The social impact of intergenerational mentoring

In the literature intergenerational mentoring and practice is presented as a beneficial mechanism to promote social participation, cohesion and capital (Cumming-Potvin & MacCallum, 2010; Genoe et al., 2013; Local Government Association., 2012; Springate et al., 2008; Wilson et al., 2013), with input across generations being vital for health at an individual and population level (A. Hatton-Yeo & Middleton, 2013). Intergenerational relationships are part of a person’s social identity and for those who do not have contact with people of different generations programmes can address that gap. It is argued that intergenerational mentoring can enhance harmony and increase intergenerational understanding (Angelis, 1990; Wessely, 1995), through reducing intergenerational tension , prejudice and discrimination (Genoe et al., 2013), and reducing negative stereotypes about ageing (Jarrott, 2011) Intergenerational relationships can improve the quality of engagement between the groups and also increase the quality of life and feelings of safety in older people (Linking Generations Northern Ireland., 2012; Pain, 2005; Welsh Assembly Government, 2008), and may also have a role to play in promoting work with older people as a favourable option for younger people which, given

the ageing demographic, is essential requirement for the future (Cumming-Potvin & MacCallum, 2010; Wessely, 1995).

Another impact of intergenerational relationships is discussed by Erikson (Parisi, Rebok, & Carlson, 2009), who believed it contributes to wisdom. 'Wisdom results from accumulation of life experiences culminating in the highest form of development, and wisdom development is nurtured through intergenerational contact' (Parisi et al., 2009 p 872). Wisdom is more than having knowledge, it includes an emotional intelligence dimension (Parisi et al., 2009). Finally, Pain argues that intergenerational programmes provide a great deal of enjoyment; 'they sparkle in each other's company. It seems to give them all so much joy' (Volunteer in Age Concern West Sussex 2003 cited in Pain 2005 p25).

The link between intergenerational programmes and social capital is articulated in research about the Experience Corps programme which uses older adults to mentor children in schools. This programme is described as a 'broad based multilevel social model of health promotion', which has dual goals to improve the lives of children, as well as to improve the health of the older participants" (Glass et al., 2004). They have theorised that the programme operates, and leads to benefits at three levels: the individual level, the school level and the community level, and a theoretical basis at the individual level is generativity, and at a school and community level the theoretical basis is social capital.

The programmes core elements reflect our intention to design a program to harness the generative potential of individuals and to aggregate that potential so that increased social capital accrues to public elementary schools" (Glass et al., 2004 p 103).

The following diagram represents this relationship.

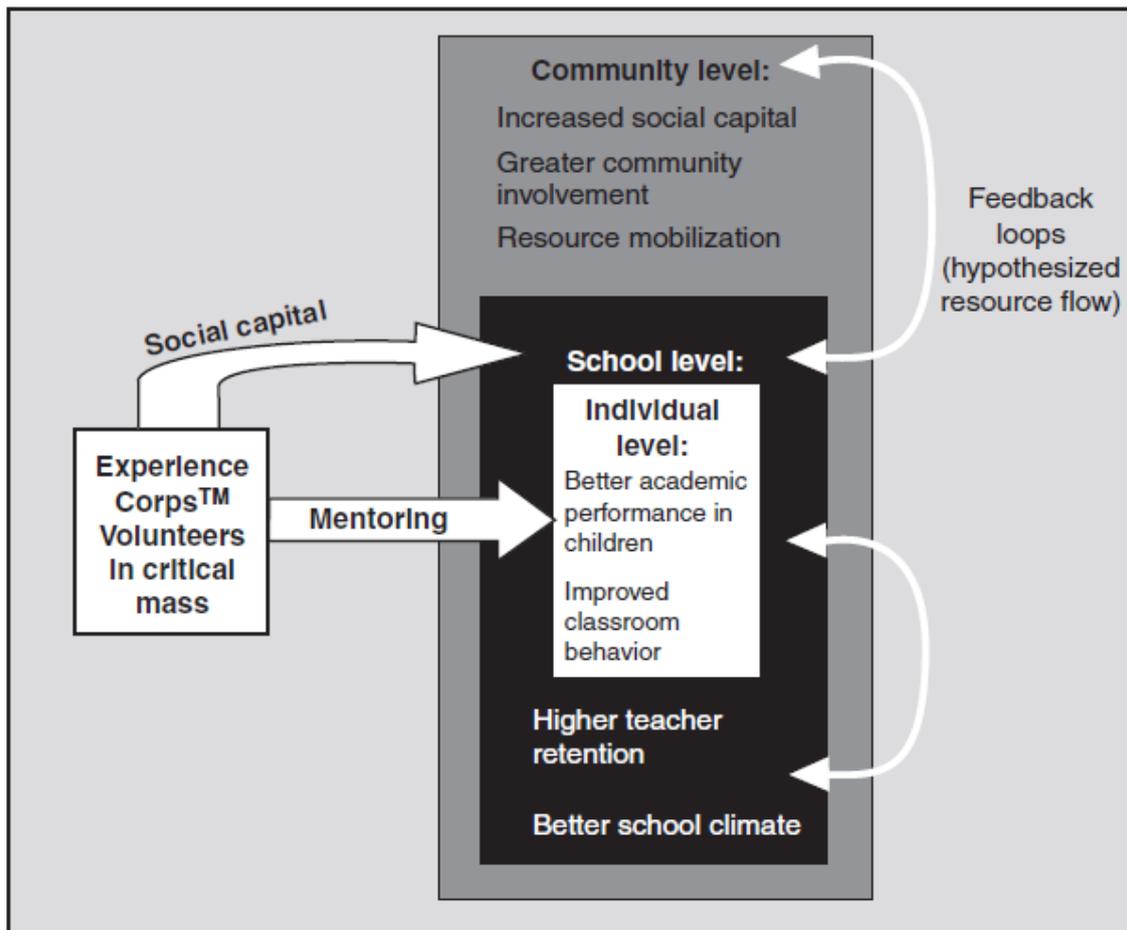


Figure 3 Experience Corps model of the relationship between intergenerational mentoring and social capital

Some literature described increased negativity by adults towards younger people with both groups not feeling listened to (Welsh Assembly Government, 2008), which contributed to safety fears within the older age group. It is suggested that there are increasing tensions between the young and the old, about distribution of resources, and obligations felt by younger generations (Ng et al., 1998). Some reasons given for this included increased life expectancy and changing family structures, which contribute to a deepening disconnection between generations (Cumming-Potvin & MacCallum, 2010) as well as increased tensions due to changing technology, urbanisation and globalisation, which have all increased the differences between the two groups.

Literature also discussed tension in workplaces between the generations, particularly as a result of miscommunication (Ng et al., 1998; Teh, 2013). Intergenerational tension was described as a subtle form of intergroup conflict caused by value and attitude differences between the generations. It is linked to discrimination and stereotyping based on ageism. However, older people were themselves also ageist and discriminated against younger people. The existence of ageism in the workplace was

described as similar 'noise' to gender and ethnic tensions, both of which have been connected to poor organisational efficiency (Teh, 2013).

However other research did not support increased conflict (Bengston & Oyama, 2007), and suggested that the potential for tension was highlighted by the media (Pusey, 2007). There was also evidence which identified good intergenerational relationships, particularly within families (Pain, 2005), but outside of families there were few opportunities for contact between the generations (A. Hatton-Yeo & Middleton, 2013). This mirrored the bulk of the literature about the generation gap which suggested that there is minimal actual conflict (Pusey, 2007). Some authors concluded that in fact the nature of intergenerational relations varied widely depending on the geographic and cultural settings (Pain, 2005).

Intergenerational mentoring supports learning between the participants and enhances skills such as communication, conflict negotiation, relationship development, mediation, listening, collaboration, team building (Genoe et al., 2013; A. Hatton-Yeo & Middleton, 2013; Parisi et al., 2009), and cultural understanding (Welsh Assembly Government, 2008). It contributes to increased understanding, friendship, enjoyment and confidence in both parties, young and old (Granville, 2002; Springate et al., 2008) and to self-worth. It reduces social isolation, supports recognition of the skills they possess and improves health and wellbeing according to the Local Government Association, UK (Local Government Association., 2012).

Zuccherro (2010) suggested that most of the literature about intergenerational mentoring focuses on the impact on the younger people. These studies often show that attitudes about older people are positively affected, and the impact of mentoring on frail older adults in aged care facilities has also been studied. In her qualitative study of four focus groups Zucherro interviewed 14 healthy older adults who had been involved in a co-mentoring programme with undergraduate psychology students. In this programme the students were matched with an older adult and over a number of sessions worked with them to undergo a semi structured life review followed by commencing development of the person's memoirs. The focus groups invited feedback from the older people about their experience with this programme. The results were that they found the intergenerational relationship meaningful, - and their views of younger adults were sometimes challenged. He concluded that healthy older adults leading appreciated and benefited from an intergenerational program (Zuccherro, 2010).

This also relates to the impact on people who help others, which is discussed widely in the social work field. Riessman's helper-therapy principle was first discussed in his 1965 paper (Riessman,

1965), where he suggests that those who give support, benefit as much as those who receive it. He suggests that the mechanism for this may be a change in attitude or behaviour through doing something useful for others, and this is linked to the feelings of importance and status from the role of helper. Riessman acknowledges that this principle has not been developed through research but rather, through observation. Since that time, research has proven the effects of this principle. For example, Alan Luks has written about the 'helpers high' that occurs when helping others, based on interviews with volunteers (Luks & Payne, 2001), and other evidence is the work done by Pagano, Friend and Tonigan (2004). Pagano et al., in a prospective study using data from Project Match, researched the impact on members of Alcoholics Anonymous of helping others, and showed that those who were helping others were less likely to relapse (Pagano, Friend, Tonigan, & Stout, 2004).

While there is a great deal of literature describing the benefits of intergenerational programmes, there are also a number of criticisms. The concepts and definitions are somewhat loose, (Granville, 2002; Pain, 2005), and the goals of programmes can be unclear, making measuring and monitoring outcomes difficult (Cumming-Potvin & MacCallum, 2010; Pain, 2005), which means that there can be a lack of rigorous evidence of effectiveness (Vandervan, 2011). The previously used definition, by UNESCO researchers Hatton-yeo and Ohsako, is however, widely accepted (Pain, 2005). Pain, in her background paper for the Office of the Deputy Prime Minister (UK) on Intergenerational Practice and Relations in the Development of Sustainable Communities' suggested that there may be a need to widen the inclusion to 'harder to reach' old and younger people, as the majority of current programmes arise from older peoples organisations and:

..sometimes those who participate are 'the usual suspects' – older and young people who are more articulate, more confident, more used to volunteering for community work, and therefore arguably less likely to be those at the sharp end of intergenerational conflict (Pain, 2005 p 28).

She also suggests that there is a need to tackle ageism which can arise within programmes (e.g: The role of older people can be emphasised at the expense of the younger people's role). Pain (2005) went on to say that these challenges are more likely to be mitigated if intergenerational practice uses participatory principles, involving stakeholders in the development and implementation of programmes. Her conclusion following a literature review was that intergenerational practice has a valuable contribution to make to the achievement of sustainable communities (Granville, 2002; Pain, 2005). Pain describes sustainable communities in this context as meaning those that are inclusive, cohesive and safe in the long term (Pain, 2005).

2.9.2 Intergenerational mentoring in New Zealand

“Promotion of intergenerational mentoring in schools and communities” is included in the Positive Ageing Strategy as an action under Goal 8, that “people have positive attitudes to ageing and older people” (Ministry of Social Development., 2001). In 2015 the office for Senior Citizens (Office for Senior Citizens, 2015), published a progress report on these actions, and while progress described two major positive ageing programmes (‘Business of ageing’, and ‘Age friendly cities’), actual intergenerational programmes were limited to an essay competition, and a dialogue event. Other examples of projects and programmes are posted on an online resource space on the Ministry of Social Development website called Link Age to showcase intergenerational projects and programmes (Ministry of Social Development., 2015). At the time of writing there were five initiatives described:

The “Other than us’ buddies programme run by Timaru high school, involves a programme of activities and visits developed for Year 5 and 6 students and rest home residents, each having a specific theme or purpose. Examples of the types of activities include “sharing and making notes in a book called ‘This is my life’ about past and current school days, making things together like gifts, musical instruments and dream catchers, playing games and reading books together”.

The Field of Remembrance project, Whangarei High Schools, arose from an incident of a young person using the swastika inappropriately, and their action resulted in a community project to ensure future generations had a greater understanding of the price of peace and the sacrifice previous generations had made. Six hundred crosses, representing Northland service men and women who lost their lives during World War I and II and UN peacekeeping operations, were placed in an accessible central city park by 300 local youth from most schools in the district, 30 days prior to ANZAC day. The project culminated in the largest ANZAC dawn service that Whangarei has ever held.

Westland High School Hokitika has a programme called ‘Looking at our Past’. Year 7 students interview a person over 60 years of age. The students prepare the questions, write up their findings and follow up with an evaluation. The purpose of the project is for students to become aware of differences and similarities between the generations and to appreciate the challenges people faced growing up in Hokitika more than fifty years ago.

The Pause, Prompt, Praise Reading Recovery tool used at Mercury Bay Area School, Whitianga, has been in operation for thirteen years. There are twenty-two volunteers aged from their late thirties to mid-eighties who are matched to the personalities of students needing help with reading. The

programme takes place daily with students ranging from seven to seventeen. A daily record is kept of each child's attendance, and progress and reading problems are noted.

There are other initiatives not recorded on the website. For example there is the "Adopt a Grandparent-Befriend a Child" programme which is a partnership between Aria Gardens Resthome, Albany Primary School and the Massey University Speech and Language programme. The speech language therapists train the children in communication techniques to engage with older people including a mechanism called 'TimeSlip' which is a group storytelling programme that encourages 'creative expressions amongst people with dementia (Fritsch et al., 2009).

The Ministry of Social Development funds SAGEs programmes across the country which link older volunteers with families in need of support. Te Puni Kokiri is also supporting an intergenerational programme for young single Maori mothers. A research paper by Cartmill discusses reminiscence therapy and intergenerational practice in aged care settings and she notes that:

Intergenerational practice can take many forms; the ones I visited in New Zealand were a mixture of care facilities, schools and community initiatives. All had one common trend, they involved reminiscence methods (Cartmill, 2008 p 19).

2.9.3 Intergenerational mentoring and Men's Sheds

Misan, and Cordier and Wilson (Cordier & Wilson, 2014; Misan, 2008; Wilson et al., 2013), discussed the potential benefits for mentoring of younger men by older men, in Men's Sheds, and collaborative mutually beneficial relationships, that could be developed between the Sheds and community agencies related to mentoring.

Cordier et al., carried out two research projects looking at mentoring in Men's Sheds. Firstly (Cordier & Wilson, 2014) they surveyed Men's Sheds internationally to determine whether they were carrying out mentoring, who they mentored, whether there was training for the mentors, and the perceived effectiveness of the mentoring. They also examined whether there was "an association between sheds with a mentoring programme, and factors that reflected an inclusive and health focussed environment"

Complete surveys were received from 324 Australian Men's Sheds and 59 international sheds of which 17 were from New Zealand. Other international surveys were from Canada, Ireland and UK. They found that mentoring was occurring extensively, mostly with young men at risk of social isolation. There was often little training for mentors, and the literature suggested that for mentoring to be successful, it needs to be in line with best practice. Cordier and Wilson recommended that

training in mentoring would be beneficial and would improve the outcomes of mentoring programmes. The majority of men surveyed perceived that the mentoring was effective. They also found that the sheds with mentoring programmes were more likely to be involved in other community initiatives, be inclusive of marginalised groups in their community, and be health focussed. Interestingly while Men's Sheds overall supported 'addressing social isolation in the elderly', this was not associated with the mentoring programmes, which meant that the focus of benefit from the Men's Sheds participants was the mentees, not the mentors, i.e. they did not recognise any benefit to themselves.

The conclusion to this study stated that the findings "put Men Shed's at the forefront of the social inclusion agenda" (Cordier & Wilson, 2014 p 256). This study was an important one in relation to this research. It gave broad data about international Men's Sheds in relation to mentoring, which will be complemented by New Zealand data giving more definition.

The second research that Cordier Wilson and Whatley (Wilson et al., 2013) involved interviews and a focus group exploring the experience of six Men's Sheds mentors who worked on a term project with nine male 14-16 year old students, on a project building wheelchairs out of recycled parts. They found that there was a great deal of respect in the relationship between the older mentor and the mentee:

Centred in themes of gendered valuing, respect, tradition and the handing down of life experience, occupational engagement was integral to bridging the generational gap and facilitating intergeneration discourse (Wilson et al., 2013 p256).

They also reported that the men experienced a sense of accomplishment and increased self-worth, and they concluded that Men's Sheds participants are in the generative phase of their lives and are therefore an important community resource to be tapped. They concluded that the process was important in bridging the generation gap and facilitating intergenerational discourse (Wilson et al., 2013).

2.10 Gender

Following on from social participation, social cohesion and capital as determinants of health, and the role of intergenerational mentoring within that, the next determinant of health discussed is gender. Gender, is the social construct related to being male or female.

Overall the health status of men is worse than women in New Zealand, and internationally men's life expectancy is shorter than women's and men are less likely to seek health assistance (Commission, 2009; McKinlay, 2005).

In a New Zealand literature review about men's health it was noted that there was little agreement about what to do about health disparities between men and women, but:

there is agreement that the health status of men is linked and shaped both by the nature of social organisation with accompanying socially defined roles, and also economic opportunity which negatively impacts on particular groupings of men (McKinlay, 2005 p3).

McDonald (MacDonald, 2006) argues that an inadequate and narrow definition of men's health has focused on physical problems such as erectile dysfunction and prostate problems, and the view that men's problems are to do with masculinity and "men behaving badly". This approach has done men a disservice and that a wider view of men's health is needed which takes into consideration the social determinants of health, and the psychological aspects. In New Zealand there is no national men's health strategy in contrast to countries such as UK and Australia. There are some small scale men's health projects in existence, and one such project, the Canterbury Men's Centre has had a close relationship with the Men's Sheds movement and development in that locality (www.canmen.org.nz, n.d).

Older men face many challenges regarding ageing, retirement and depression. At the onset of retirement, men transition from structured opportunities for meaningful activity and socialisation within the work place, to the absence of the responsibilities and routine of employment. Older men may experience problems during this transition including the loss of daily routines, boredom, loneliness, role change and reduction in self-esteem. Additionally, there is a relationship between individuals who experienced low self-esteem and depression after retirement (Culph et al., 2015). Culph et al, (2015) argue that depression is underdiagnosed in men because of stereotypical views of masculinity and reluctance of men to seek services. They believe that activity based opportunities at times of transition are useful and help men "maintain a masculine identity beyond the typical masculine stereotype of breadwinner" (Culph et al., 2015 p2) Older men are also less likely to seek social support than women, and according to Park et al.(2009), this is due to gender role expectations and stereotypes, and notions of masculinity which cause men to perceive less avenues for support than women (Park, Knapp, Shin, & Kinslow, 2009).

Park et al. (2009) argue that much of the literature on social engagement and older people utilised women's experience rather than men's experience (possibly because women live longer), and that is problematic because men and women engage differently in social relationships (Lee et al., 2008; Park et al., 2009).

2.10.1 Gender and intergenerational mentoring

While there is literature examining the impact of gender difference on the recipients of mentoring (J. Rhodes, Lowe, Litchfield, & Walsh-Samp, 2008), there is little literature about males as mentors.

There is evidence of many programmes and organisations involving men in intergenerational roles from a review of websites. Some of them focus on older men, for example 'The Grandfathers' mentoring programme in Northern Virginia which uses an intergenerational approach to mentor young African American and Hispanic males (Northern Virginia Urban league., 2015). In New Zealand there is the Big Buddy mentoring programme for fatherless boys (Big Buddy Mentoring Fatherless Boys., 2015).

2.10.2 Men's Sheds and gender

The difference in mortality and morbidity between men and women was discussed in the majority of the literature as a rationale for Men's Sheds (Ballinger et al., 2009; Bruce, 2010; Community Health Bendigo and La Trobe University, 2004; Cordier & Wilson, 2013; Flood & Blair, 2013; Golding, 2006a; Golding, Brown, Foley, Harvey, & Gleeson, 2007b; Major, 2010).

The majority of Men's Sheds are for men only, although the literature identified that thirty percent did involve women (Golding, Brown, Foley, Harvey, & Gleeson, 2007a; Golding, 2011a; McMillan, 2009). It was unclear whether this involvement was direct or indirect, although Golding outlined the following ways that women were involved: Women supported their partners to participate; developed and championed the sheds and the movement; and most media stories have been written by women. Some sheds had a female coordinator, and also according to Golding "men sometimes shifted the stuff they didn't want to deal with to women" (Golding, 2011b). A key decision point for all Men's Sheds was to decide the role of women in their sheds (Bruce, 2010; Golding, Brown, Foley, Harvey, & Gleeson, 2007a). Men's Sheds literature says that the issue of women's involvement in Men's Sheds is very controversial and according to Styles "the arguments raised on both sides were reasoned and none were in any way misogynistic" (Styles, 2010 p 20).

Gender politics was discussed most prominently by Golding and Misan (Golding, 2006a; Golding, Brown, Foley, Harvey, & Gleeson, 2007a; Golding, 2011a; Misan, 2008). The politics of carrying out

research into a male domain was described by Golding as coming close to “hostile terrain” and Golding suggested that researching Men’s Sheds “sails close to the feminist storm, a pro-feminist breeze” (Golding, 2006a, p 5). He himself professed to support a pro-feminist approach, “recognising the need for men to change while recognising the hidden injuries of gender for many men” (Lingard and Douglas cited in Golding, 2006a).

Another thread of the gender discourse was the importance of male space which was discussed widely in the literature (Golding, 2006a; Golding, Brown, Foley, Harvey, & Gleeson, 2007a; Ormsby, Stanley, & Jaworski, 2010b; Wilson & Cordier, 2013). Male space is a place that is designed ‘by men for men’, and a place where they feel comfortable. Ormsby suggested that Men’s Sheds provided a space to help men adjust to loss (Golding, Brown, Foley, Harvey, & Gleeson, 2007a; Ormsby, Stanley, & Jaworski, 2010a), and Ballinger, McMillan and Golding all talked about the impact of a state of ‘shedlessness’, where men no longer have access to private domestic sheds (Ballinger et al., 2009; Golding, 2006a; McMillan, 2009). Cordier et al. concluded that the use of “contextual culturally gendered spaces and rituals that capture men in male social spaces can be a successful mechanism for spreading health promotion messages (Cordier & Wilson, 2013 p10), and given the right environment, it was identified that men will talk about their health needs (Cordier & Wilson, 2013; Golding, Brown, Foley, Harvey, & Gleeson, 2007a; Misan, 2008; Ormsby, Stanley, & Jaworski, 2010a).

This contrasted with areas where men were known not to participate equally with women, for example in primary care, counselling and social services, and community education, all areas which potentially provided helpful services to men. The lack of male participation in adult education was extensively explored by Golding (Golding, 2006a; Golding, Brown, Foley, Harvey, & Gleeson, 2007a; Golding, 2011a) who has written at least thirty-nine articles on the topic. He proposed that participation in education maybe linked to health and wellbeing. Misan (Misan, 2008) suggested that these areas were all dominated by women. He said that primary care was seen as a place for women and children, counselling is a field dominated by counsellors trained in negative masculine stereotypes, and an attitude that men have bought their conditions on themselves by their negative behaviour (Misan, 2008).

There was extensive exploration of the barriers to men participating in health services. (Ballinger et al., 2009; Bruce, 2010; Golding, 2006a; Golding, Brown, Foley, Harvey, & Gleeson, 2007a; Major, 2010; Misan, 2008; Morgan, Hayes, Williamson, & Ford, 2007; Ormsby, Stanley, & Jaworski, 2010a; Wilson & Cordier, 2013). These barriers included the negative male stereotypes reflected by some health workers, the perception that health services were places for women and children, not male space, as previously discussed. There was also the male cultural norms which saw the perception of

vulnerability and a desire to be independent creating barriers to seeking health care unless they were in extreme pain (Misan, 2008). Additionally, in an opinion piece, Australian GP Greg Malcher (Malcher, 2009), suggested that men's supposed disinterest in prevention, previous failure of respectful competent medical services, difficulty accessing services in business hours, costs and lack of men's programmes were all barriers that impacted on men accessing health services.

The existence of these barriers was seen as a rationale for utilising Men's Sheds for health activities as clearly men keenly participated in this setting. This was echoed by Cordier and Wilson who concluded in their study that Men's Sheds should be embraced by health professionals as one way to address gendered health disparity (Cordier & Wilson, 2013).

Golding's extensive work on men's learning styles ascertained that men learned best in informal settings (Golding, Brown, Foley, Harvey, & Gleeson, 2007a), therefore some sheds trained their shed coordinators to recognise signs and symptoms of depression and other conditions, and to discuss these issues with the men who come into the shed. Some health professionals were invited for informal discussion-style sessions, and some health professionals particularly in mental health, were referring clients to Men's Sheds (Morgan et al., 2007).

Golding and Ormsby (Golding, 2011a; Ormsby, Stanley, & Jaworski, 2010a) discussed the impact of retirement on men, particularly the link between retirement and men's sense of identity, which was strongly tied to their occupation. Vo et al (2015) explored the different mental health impact of retirement in relation to age and gender, through utilising the findings from the '45 up' study of 267 thousand participants randomly selected from the national health insurance database across New South Wales. A self-administered postal questionnaire was distributed, and they found variation by gender with retired men having a stronger association with psychological distress than women. In this study they also discussed possible causes, and suggest that the way men experience retirement may be influenced by traditional gender role expectations in society. They refer to Syzdek's work researching the relationship between masculinity and social norms, and self-reported health behaviour. Mahalik, Burns and Syzdek (2007) recruited one hundred and forty men through an internet forum, and used assessment scales for health promoting behaviour and conformity to masculinity. They concluded that masculinity, and other men's health behaviour, predicts the participants own health behaviour. They say their study confirms that gender role socialisation encourages men to put their health at risk

James Sunderland in his ethnographic thesis on The Taieri Blokes Shed discussed the notions of 'mateship' and 'being a good bloke', and connected these states with the participation of men in the

Men's Shed that he observed in his study (Sunderland, 2014). 'Mateship' he identified as a historically masculine term, which denoted inclusiveness. Being a 'good bloke' Sunderland argued, is closely linked to mateship. A good bloke was someone 'who is practical, able to solve problems, to make, fix and mend' (Sunderland, 2014).

The importance and relevance of gender influences on Men's Sheds members is linked to the role that Men's sheds play for individuals and for community and society. Society provides strong gender role expectations for men, and loss of paid work has the potential to impact on men's masculinity and self-identity. It also reduces options for socialisation, and these factors can impact on men's psychological health. Men's Sheds give opportunities to maintain self-identity within a masculine framework and, if they are involved in intergenerational mentoring, additional impetus to feeling valued and contributing to society is acquired through being able to support the next generation.

2.11 Ethnicity

Ethnicity as a determinant of health, and the inequalities related to ethnicity have been identified and widely discussed in key NZ Ministry of health documents (Ministry of Health NZ, 2002; Ministry of Health, 2010). Maori have a lower life expectancy and fare worse in almost all health statistics. Maori men are less likely to have seen a GP in the last 12 months, compared to non-Maori men and are more likely to have seen more than one GP, which is an indicator of poor primary care continuity, and may impact on health outcomes (McKinlay, 2005).

2.11.1 Men's Sheds and ethnicity

Misan (2008) noted that the ethos of Men's Sheds was aligned with indigenous men's aspirations. A consultation process was carried out in 2007/2008 by Men's Sheds Australia (Misan, 2008), in 30 indigenous communities which elicited positive responses about the potential for Men's Sheds to be in alignment with indigenous needs and values. Indigenous men were further disadvantaged in health status and Misan (2008) recognised the additional challenges for indigenous men in setting up Men's Sheds because of their disadvantaged positions in society. Cordier et al (Cordier & Wilson, 2013), discussed the inclusion of 'culturally and linguistically diverse' (CALD) men, in their qualitative international study and concluded that CALD men are deliberately targeted for inclusion in the Men's Sheds movement in Australasia. For both Australian and international Sheds they indicate a level of 35% participation by CALD men, with the biggest grouping within this being European. In remote Australia the percentages increased to 77%, which include Aboriginal and Torres Strait island men, although there was a very small number overall, just seven. Examples of inclusion of indigenous men are given by Misan and Bruce (Bruce, 2010; Misan, 2008).

However, information about indigenous men and men of CALD background's participation in Men's Sheds was limited. Cordier concluded that Men's Sheds appeared to be deliberate in their attempt to be inclusive, and a third of sheds deliberately tried to target these men. The level of success of this approach was not identified. There was some description of immigrant men participating in Men's Sheds in Australia in Bruce's report (Bruce, 2010). Misan included a chapter in his report about Indigenous men, and suggested that Men's Sheds would be a very useful for indigenous men who, through disparities, face additional challenges in life. He cites Wenitong:

“Aboriginal men are both victims and perpetrators of violence ... a manifestation of loss of self-esteem, purpose, culture, land and identity and that by addressing these determinants unacceptable behaviours will improve as will general health and well-being for men, families and communities (cited in Misan, 2008 p57)

In one part of his report he said that there would be a proliferation of indigenous Men's Sheds, whilst in another he acknowledged that indigenous men would face a very challenging time to set sheds up, because of their disadvantages.

Most recently Southcombe reported on indigenous men's groups which included Men's Sheds but it was not possible to separate them out, nor was it possible to identify the number of indigenous Men's sheds involved (Southcombe, Cavanagh, & Bartram, 2014).

2.12 Other marginalised groups

Another limitation of the literature regarding minorities is the silence on inclusion of gay men, and is there is no suggestion that gay men are included in Cordier's 'CALD' group. There is one reference on a PowerPoint presentation by Golding (Golding, 2011b), in which he states “Men's Sheds must be for all men”, and notes “racism, homophobia, discrimination on the basis of religion or disability is not acceptable in sport and is unlawful”. This comment may have been a function of it being on a PowerPoint presentation and therefore it being simply a cue for other discussion. He may have been making the point that if it's not tolerated in sport, nor should it be in Men's Sheds. Further, Golding in his discussion about barriers to including men in education suggested that there should be more recognition of the social construction of gender in health with a “tolerance and acceptance of different practises of femininity and masculinity” (Golding, 2006a). There is no evidence that gay men are excluded in any way from Men's Sheds in New Zealand. Men's Sheds through their focus on helping relationships, which appear to be inclusive and not judgemental, could potentially play an important supportive role for young people. There is a high rate of teenage suicide amongst lesbian gay bisexual or transgender young people, and so this is important.

2.13 Research gaps

As Men's Sheds are a relatively new phenomenon, many research gaps have been identified and recommendations made for future research areas of interest related to Men's sheds. Misan (2008) believed that Men's Sheds development was at too early a stage for comprehensive research, but he suggested that a description of memberships, profiles structures, operating characteristics, and activities were required. Although this search identified a great deal of detail in Australian literature in this regard, there is little in New Zealand (Misan, 2008).

Recommendations to design research which uses the social determinant of health framework within a health promotion paradigm was suggested by Golding and Ballinger (Ballinger et al., 2009; Golding, 2011a), for example, the impact that rural sheds had on their communities, and the impact of Men's Sheds on indigenous men. Rurality has not been included as a determinant of health in this New Zealand study as sheds in New Zealand are not predominantly rural, as they are in Australia.

Previous recommendations for research into mentoring has been addressed in the Australian context, but there is no New Zealand specific data at this stage. Mentoring is carried out in some sheds in New Zealand (Bruce, 2010).Golding also suggested that there was work to be done on whether Men's Sheds are about men retreating or coming out, and whether education carried out in Men's Sheds could potentially create a kind of education apartheid (Golding, 2006b).Best practice models, especially for sheds for indigenous men, was another gap which needed to be addressed in order to effectively support the development of new sheds (Misan, 2008).

2.14 Summary

In summary, the literature review has described the context of older people in the demographic reality that the population is ageing. Theoretical frameworks which include successful ageing as a health approach have been applied. The determinants of health have been discussed, particularly the social determinants of health, all of which are modifiable through interventions at individual, community and society levels, and are therefore important in the discourse about positive and successful ageing. The way an individual participates socially or is excluded has an impact on health, and the features of a neighbourhood. Strong social bonds can foster a sense of community, and social cohesion. The networks within communities that can foster coordination and cooperation, through trust and relationships can enable the appropriate flow of resources, and this is the basis of the concept of social capital, another key dimension in the make up of a successful community. The existence of intergenerational mentoring has the potential to strengthen community networks and to

contribute to the development of social cohesion and social capital, all of which can contribute to better health and quality of life.

Chapter 3 : Methodology

3.1 Introduction

This chapter begins by discussing the researcher's interest in the study topic, followed by an outline of the research problem, and a clear statement of what the study aims to achieve. This is followed by a description of the research philosophy, and a discussion of the logic underpinning it.

3.2 Principal researchers interest in the topic

This researcher is a registered nurse who has had a previous role managing an Aged Care facility. During that time she developed a keen interest in options for addressing the three areas identified by the Eden philosophy which plagues old age and particularly institutionalised old age, namely loneliness, boredom and helplessness (Caspar, O'Rourke, & Gutman, 2009). At the time, the local community was beginning to discuss setting up a Men's Shed, and through several personal acquaintances who were involved she developed an interest in what was happening with Men's Sheds as a movement, within New Zealand. The author has also previously been involved in a number of community development initiatives, and is interested in the community development aspect of the Men's Sheds movement. University of Auckland listed Men's Sheds as a topic for masters level research, and the author volunteered to carry out this work.

3.3 Research problem

The health of older men in New Zealand is of concern. We know that older men fare less well than their female counterparts in terms of mortality and morbidity, and therefore searching for evidence of therapeutic interventions for this group is important. There are some promising results from mostly international literature about the health impact of Men's Sheds, including some early results about the impact of intergenerational mentoring. However there is little New Zealand data, despite the recent growth in Men's Sheds development across New Zealand.

3.4 Study Purpose

There is a need to gain an understanding of the activity within Men's Sheds in New Zealand, particularly the intergenerational mentoring that is occurring, and any benefit associated with these activities in order to support further development which may contribute to improved health outcomes for older men.

3.5 Study Aims

To describe the nature of Men's Sheds in New Zealand, and to determine the extent to which Men's Sheds are engaged in intergenerational mentoring and the perceived impact of this process.

3.6 Research Philosophy

In any research the tools and processes used are chosen because of knowledge about the way they are used and the outcomes they will be able to deliver. These factors are linked to assumptions of reality that are implicit in the method chosen, and impact on the kind of knowledge that will be created by the research (Östlund, Kidd, Wengström, & Rowa-Dewar, 2011). The highest aim of research is to create knowledge. Crotty in his text 'The Foundations of Social Research (1998), presents the following cascade of four elements that inform each other in the research design. (Crotty, 1998).

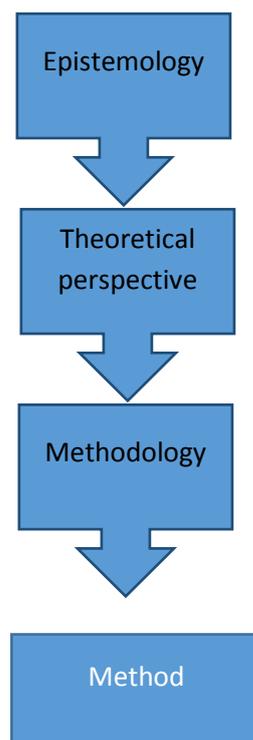


Figure 4 Four elements of the research process Crotty (1998)

At the highest level, epistemology relates to the theory of knowledge which underpins the theoretical perspective. The theoretical perspective is the philosophical basis of the methodology which provides a context for its use and is closely aligned to the subsequent research paradigm. The

methodology explains the choice of method, links it to the desired outcome, and the method describes the specific techniques or procedures used in the research process (Crotty, 1998).

In more detail, the theoretical perspective, or research paradigm provides the researcher with a theoretical framework, or perspective framework, for making sense out of research, and refers to the different research traditions providing an “implicit body of intertwined theoretical and methodological beliefs” (Crotty, 1998; Grant & Giddings, 2002) There are a number of different paradigms described in the literature. Grant and Giddings (2002), suggest four basic paradigms: the positivist and post positivist, the interpretive/constructive, the radical, and the post-structuralist. However more recently paradigms of pragmatism and transformation have been added (Mackenzie & Knipe, 2006).

Within these paradigms there are major philosophical distinctions between objectivist/positivist research, and constructionist or subjective research (Crotty, 1998), and with each paradigm comes a linked suite of methods (Grant & Giddings, 2002). Objectivist/positivist research is deductive in approach, emphasises the importance of objectivity, systematic and detailed observation, and testing hypotheses through experimentation and verification. Termed the ‘scientific method’, it is focussed on finding facts and truth, and uses mathematics through statistical processes to confirm hypotheses, and quantify results. It is also known as ‘quantitative’ research (Grant & Giddings, 2002). The researcher within this paradigm is seen as the ‘expert’ who must remain objective, and design of processes include an emphasis on managing bias, which can skew results.

Constructionist, or subjective research, in contrast, recognises that ‘truth’ can only be known within the context of being human and through understanding the meanings that people attach to their experiences. The type of research methods linked to subjective research are categorised as qualitative, which is characterised by an inductive approach of discovery and exploration, theory /hypothesis generation, and the researcher as the primary instrument of data collection and analysis. It includes an element of interpretation of the research participant’s self-understanding (Johnson & Onwuegbuzie, 2004).

Historically there has been a debate and controversy about the value of each approach and the compatibility between the two (Cullum, Ciliska, Haines, & Marks, 2012; Johnson & Onwuegbuzie, 2004; Johnson, Onwuegbuzie, & Turner, 2007; Östlund et al., 2011). Purists on either side of the divide believe that each approach is fundamentally inconsistent with the other, argue the relative merits and benefits of each; and whether integration of the two is either feasible or desirable (Johnson & Onwuegbuzie, 2004; Östlund et al., 2011). Within this debate qualitative research is

often argued to be 'soft research', and of less value than its quantitative research counterpart (Grant & Giddings, 2002), with qualitative practitioners reporting that they have difficulty getting funding or having their work published, or gaining employment (Grant & Giddings, 2002; Johnson & Onwuegbuzie, 2004).

However, the view that the two are not diametrically opposed is also argued in the literature. Crotty argues that most methodologies associated today with qualitative research have been carried out in the past in an 'utterly empiricist, positivist manner' (Crotty, 1998). The usefulness of both approaches was recognised in 1959 by Campbell and Fiske (Campbell & Fiske, 1959) who introduced the concept of triangulation, in which more than one method is used to ensure any variation in results is not based on one method solely. In social research, the term is used to refer to the observation of the research issue from (at least) two different points. In the late 1960's the post positivist paradigm, which argued that it was impossible for researchers to be value free as they are affected by their social and political contexts, and therefore a mixture of quantitative and qualitative research methods was warranted. Some argue that a mixture of quantitative and qualitative in fact results in the best of both worlds, as each approach has its strengths and weaknesses and that antagonism between paradigms is unproductive (Johnson & Onwuegbuzie, 2004; Johnson et al., 2007).

Mixed research is common in the behavioural and social sciences, and in nursing and healthcare research there is an argument for this approach because broader perspectives can do justice to the complexity of the phenomenon studied (Östlund et al., 2011). It has increased owing to the demand for cost effective research to meet policy makers and practitioners needs, and can have a greater impact because:

Figures can be very persuasive to policy makers whereas stories are more easily remembered and repeated by them for illustrative purposes (Mackenzie & Knipe, 2006 p 8).

Mixed method research can be aligned with the philosophy of pragmatism. A pragmatist would reject the notion of paradigm incompatibility and would claim that research paradigms can remain separate or be mixed (Johnson & Onwuegbuzie, 2004; Johnson et al., 2007). Mixed method research can be defined as:

The type of research in which a researcher combines elements of qualitative and quantitative research approaches for the broad purposes of breadth and depth of understanding and corroboration (Johnson et al., 2007 p 123).

3.7 Rationale for method choice

This research explored the extent of intergenerational mentoring in the Men's Sheds in the first instance and then the benefits for the men of participating in that process. Therefore the survey instrument chosen in the first instance was to gather descriptive data about Men's Sheds in general, and about the extent of intergenerational mentoring in New Zealand, in order to be able to accurately describe the context. The health benefits were explored through the use of an internationally validated survey instrument. This was followed up by in-depth interviews which explored the subjective experience of the men involved in intergenerational mentoring.

The methodology and method used for this research is a pragmatic mixed method. It was chosen because of the pragmatic need to articulate the nature of Men's Sheds in New Zealand, the intergenerational mentoring which is occurring there, and the benefits of that interaction.

The paradigm is not a post positivist paradigm, which maintains the philosophy of positivism, and is therefore about explaining, predicting and controlling events (Grant & Giddings, 2002), with the researcher as the expert. Instead the researcher used a qualitative approach to add value to the descriptive data, and recognised the element of interpretation of the subjects experience as an important part of analysis.

3.8 Methods

The choice of method was informed by the study design. There were two phases to the research, and in the first phase data was gathered by survey using two questionnaires. The survey process is used in research to gather information about attitudes, beliefs, characteristics and other 'phenomena of interest' data, through self-reporting about an identified and specific population (Borbasi et al., 2008; Moule & Goodman, 2009).

In the first questionnaire descriptive data was gathered about Men's Sheds in New Zealand. The questionnaire is attached in appendix 1. In designing the survey instrument certain factors for success were taken into account. The self-completion process supports anonymity and can be useful in overcoming power differentials between researchers and participants (Moule & Goodman, 2009). There were 32 questions and the check list box design was mostly utilised, however there were two open ended questions. The questionnaire was kept short, which is an important factor for success. The questions were tested by two individuals to ensure they were unambiguous, and clear. (Moule & Goodman, 2009).

Secondly there was a short health questionnaire, called Euroqol or EQ-5D. This is a standardised instrument for use as a measure of health outcomes. It is widely applicable, including to Maori (Perkins, Devlin, & Hansen, 2004), and Euroqol (2014) explain that it can provide a single index value for health status (Cheung, Oemar, Oppe, & Rabin, 2009). It consists of two pages: the first page is the EQ-5D descriptive system which includes the following five dimensions: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. Each dimension has three levels :no problems; some problems; severe problems, and the respondent is asked to rate their own health in these dimensions. This decision can then produce a 1 digit number expressing the level selected for that dimension, for example no problems is rated 1, some problems rated 2, and severe problems rated three. This results in a 5-digit number describing an individual's health state. e.g. 11221. This isn't a score but a description of the ratings for each dimension. This capability of description is not utilised in this research as describing individual men's health was beyond the scope of this research not required. The second page of the EQ-5D is the EQ visual analogue scale which records the respondents self-rated health on a vertical visual analogue scale. The end points are marked 'Best imaginable health state' and 'worst imaginable health state' This information can be used as a quantitative measure of health outcome as judged by the individual respondents (Cheung, Oemar, Oppe, & Rabin, 2009). This questionnaire also gathered basic demographic and descriptive data as a preamble. The intention was to compare the values of the Men's Sheds respondents with existing New Zealand and international data sets for men in the same age groups, for descriptive purposes only. as the numbers were too small for statistical analysis.

In the second phase of the research process, there were follow up semi-structured in-depth interviews which explored intergenerational mentoring in 10 sheds - six who were carrying out intergenerational mentoring, and four who were not. Interviews are one of the most common data collection methods, and they can range from structured, which uses a questionnaire format with closed questions, through to a completely unstructured interview which is more of an observation. A semi-structured in-depth interview process "allows research findings to emerge from the frequent, dominant or significant themes inherent in raw data, and direct verbal questions are used to elicit detailed narratives and stories" (Whiting, 2008). The researcher directs the interview, asking questions, but contributes little else (Whiting, 2008 p 36).

The data analysis was carried out in line with the general inductive process which is common in qualitative analysis, especially grounded theory. (Corbin & Strauss, 1990) The approach allows research findings to emerge from the frequent, dominant or significant themes inherent in raw data (Thomas, 2003 p 2).The process includes development of categories, which result from the coding of

the data. Key elements of the process include immersion in the data through multiple readings, development of categories into a model that includes key themes judged to be important by the researcher, multiple interpretations of the data shaped by the assumptions, experience, and decisions made by the researcher. Additionally there is an awareness that different findings will be produced by different researchers, although trustworthiness of findings can be assessed.

The procedure of general inductive process include: preparing the raw data, close reading of the data, creation of categories, which are then coded, searching for sub themes and insights. Quote selection also occurs during this process.

3.8.1 Participants

All of the 60 contacts for Men's Sheds on the data base of the umbrella supporting organisation, MenzSheds NZ were invited to participate. All participants were members of Men's Sheds except one who was forwarded the survey pack by a Men's Shed member. The data was collected in Men's Sheds, and by telephone.

3.8.2 Procedure

The study had two distinct phases. Phase one consisted of paper based surveys distributed to members of all New Zealand Men's Sheds. In the second phase semi-structured interviews were conducted with a sample of Shed members to explore the practice of intergenerational mentoring.

Phase one

The central umbrella organisation in New Zealand (MenzSheds New Zealand) agreed to disseminate a letter of invitation and general survey questionnaire to all the Men's Sheds in New Zealand (n=60). The survey examined descriptive details about individual Men's Sheds, and determined whether intergenerational mentoring was occurring.

The letter of invitation was sent to a designated point of contact (DPOC) within each Shed and they were invited to fill in the survey. This survey was also available online, through survey software LimeSurvey. The MenzSheds New Zealand organisation has a central database that details these points of contact for each of the 60 sheds in New Zealand. The survey included a statement asking the DPOC if he/she would be willing to be contacted for Phase Two of the study.

In addition, the letter from MenzSheds NZ requested that the DPOC for each shed invite individual shed members to participate in the study by completing the paper-based health survey questionnaire (EQ-5D). The DPOC did this by displaying a poster about the study in the shed, and leaving questionnaires and participant information sheets available for shed users, should they

choose to opt into the research. (No consent forms were provided as completion of the questionnaire implied consent.)

Participants placed completed questionnaires, in a plain envelope, in a box (so that the DPOC did not know who had filled the surveys out) for the DPOC to mail back to the researcher, along with the general survey. The EQ5-D questionnaire was anonymous.

A research pack was sent to each shed on the database which included

- a covering letter of introduction from MenzSheds NZ
- a general survey
- 5 health questionnaires
- blank envelopes to receive the health questionnaires
- a poster advertising the research
- participant information sheets for the general survey and the health questionnaires and the follow up interviews.
- consent forms for the general survey
- A postage paid envelope to return the information requested

Phase Two

The second stage involved ten of the participating sheds being followed up for in-depth semi-structured telephone interviews about intergenerational mentoring to understand the factors influencing intergenerational mentoring in NZ Men's Sheds, the experience of intergenerational mentoring, and barriers to it occurring. Six of these interviews were with Men's Sheds participants who were carrying out intergenerational mentoring programmes, and the remainder were with sheds who indicated that they did not undertake intergenerational mentoring.

The interviewees at each shed participating in Phase Two were the DPOC who responded in Phase One. Only those sheds that indicated in their response in Phase One that they would be willing to participate were approached to be interviewed. As more than ten sheds indicated that they were willing to be interviewed, six sheds who provided intergenerational mentoring and four sheds that didn't were chosen by random sampling. This involved the researcher compiling lists of potential participants in the intergenerational mentoring and non- intergenerational mentoring groups in alphabetical order. Then an allocation sequence was generated using random numbers using Microsoft Excel by someone not involved in the study, was utilised to determine which of the participants would be included.

Each contact for further follow up was contacted to make a time for interview and then phoned, and the call was recorded on 'Call Recorder' phone app. Consent to record the calls was gained at the start of each call. As part of the introductory preamble, the interviewer reminded the participant that intergenerational mentoring was work with young people. Each of these contacts was also sent a written consent form for this phase of the research process which they returned to the researcher. On this consent form it was possible to request a copy of the recording, and of the transcribed interview. Four participants requested the transcripts, and one of those four also requested the recording, all of which were supplied.

3.8.3 Consent and safety

This research gained ethics approval from the University of Auckland Human Participants Ethics Committee, reference no 012588.

In order to ensure that the participants were well informed about the research, participant information sheets were provided for each part of the research. The Designated Point of Contact (DPOC) signed a consent which outlined the steps that they needed to carry out, explained that they could withdraw at any time without consequences, and that their involvement was voluntary. The DPOC was able to choose a pseudonym, or be assigned one as a method of maintaining confidentiality.

The men who filled out the health questionnaires did not sign a consent form as it was an optional activity. Care was taken in design that no pressure could be put on the men. The health questionnaires were placed in a central area, and the filled out anonymous questionnaires were placed in envelopes so no one would know who had filled in questionnaires and who hadn't.

Men who participated in the follow up interviews were sent a consent form. These outlined the process that would be followed and let them know that they would be recorded but could ask for the recorder to be turned off at any time, that they would be transcribed, and they could ask for a copy. Information about the storage time, and deletion of recordings was included. They were assured that they would not be identified. Additionally, at the commencement of the interview, they were asked again if they were happy to be recorded.

3.8.4 Data analysis

All of the survey data (from both the general health survey and the EQ-5D Health survey) was entered into an excel spreadsheet. It was organised into graphs and tables, and summarised to give an accurate picture of the data (Moule & Goodman, 2009).

Missing data was clearly identified, where a question was not answered. Those surveys or questionnaires with missing data were not discarded. Analysis of missing data indicated randomness, and according to Holland “if we can infer the data is missing at random then the non-response is considered ignorable (Holland, 2015).

The qualitative data from the second phase interviews was transcribed by the researcher using the recorded material. As the researcher typed up all of the transcripts this enabled full immersion in the data. Following typing of the data the researcher read the transcripts carefully making notes in the margins about key patterns, concepts themes and issues. Once the data had been reviewed and understood, development of themes commenced. The theme structure emerged through reading the data line by line, and considering the content of each line, and from this process identifying categories. Previously assigned categories were constantly compared to ensure that they were accurate. Once no new labels emerged, analysis of the categories identified overarching themes.

Quotes for inclusion in the findings were selected in order to provide evidence and give further explanation of the findings. Words which added no value to the narrative, such as ‘umms’ and ‘ahhs’, were removed to enhance readability (Corden & Sainsbury, 2006).

Chapter 4 : Findings

4.1 Introduction

The literature review chapter presented evidence relating to successful ageing, particularly examining the social determinants, and highlighted intergenerational mentoring as a successful mechanism to support social inclusion, and build social cohesion and social capital. The methodology and method chapter of this research outlined the philosophical underpinnings and detail of how the research was carried out. The findings of the research are presented in this chapter. Firstly, descriptive data is presented, followed by qualitative data linked to the three themes of enjoyment, learning and helping relationships. Of the 28 questions, nine questions were open ended and this data has been included in the most appropriate section.

4.2 Response rates

The general surveys were sent to all 60 Men's Sheds on the database of MenzShed New Zealand. This database represents all known sheds including those in development, not just MenzSheds members. 28 completed surveys were received. One was received from a shed not on the data base. This is a 46.6% response rate. 137 health surveys were received; one had only filled in the preamble questions and not the health survey and was discarded. Twenty five sheds returned five surveys each, and three sheds returned four.

4.3 Demographic data

Table 2 Demographic data from the general questionnaire

n, %					
Length of time in operation	Less than 1 year	1-2 years	3-5 years	5 plus years	
	4, 12.2	10, 35.7	11, 39.2	3, 10.7	
Type of building	Existing	Purpose built	Both	Not yet decided	
	23, 82.1	4, 12.2	2, 7.1	1, 3.5	
Floor area in sq metres	Less than 100	101-200	201—400	Greater than 400	
	10, 35.7	8, 28.5	8, 28.5	2, 7.1	
Areas in the shed	Woodworking	Machine shop	Social	Kitchen	
	28, 100	20, 71.4	22, 78.5	21, 75	
Legal status	Charitable Trust	Inc.Soc Charitable Trust	Linked to other organisation	No legal status or 'Other'	other
	6, 21.4	16, 57.1	2, 7.1	2, 7.1	2, 7.1
Hours open per week	Less than 8	8-16 hours	17-24 hours	25-40 hours	
	9, 32.1	13, 46.4	4, 12.2	2, 7.1	
Number of sessions per week	1	2	3	4	5 or more
	5, 17.8	13, 46.4	6, 21.4	2, 7.1	2, 7.1
Average number of men participating per week* by number of sheds	0-1	11-20	21-30	31-6	61-100
	9	11	2	3	3

As can be seen, the Men's Sheds movement in New Zealand is young, with 89.2% of Men's Sheds being less than five years old, and 75% between one and five years old. 75% (21) of the sheds are situated in existing buildings, and 14.2% (4) are purpose built facilities. Two are a combination of existing and purpose built. The floor area of Men's Sheds ranges between 21 square metres and 550 square metres. All sheds have woodworking areas; 71.4% have a machine shop; 76.1% have a social area (although 7 did not answer this question); 81.4% have a kitchen; and a further three have access to kitchens in adjacent organisations. Other areas identified as part of Men's Sheds include outside barbecue spaces, one with a pizza oven, and gardens, including edible crops; metal areas (one shed has a container for this purpose "this allows us to do hot work, metal cutting, grinding, all welding, gas work", engineering and electronic workshops, art space, model making space, a multimedia room (for health sessions, tutorials, discussion groups), a display area for saleable items, office areas, and toilets.

The most common legal structure is "Incorporated Society with charitable status"

Opening hours in Men's Sheds vary. They are open a range of hours. Most (13 out of 28 sheds, 46.2%) sheds are open 8-16 hours per week. They also vary in the number of sessions that they hold during a week, although the largest group (46.4%) of the sheds have two sessions per week. From the respondents, it appears that Men's Sheds in NZ are mostly small operations with 20 out of 28 sheds having 20 members or less participating per week. Five sheds however, have more than 50 members participating, and one shed has 95 members. The range of men participating per week amongst the sheds is from six to 95 members. Some respondents gave a range of numbers, for example 10-20, so there is a minimum and a maximum number, i.e. from 597 to 747. One shed is not yet up and running and estimated that it will have 100 members. This has been excluded in the lower number and included in the higher number.

The majority (92%) of men using the Men's Sheds are Pakeha. There are small numbers of Maori (5%), Pacific (1%), and other ethnicities (3%), using the sheds. Some sheds answered with percentages which have been converted into numbers. One shed indicated it did not ask the question about ethnicity. This question also provides the total number of men using the sheds in comparison with the previous question which captures the average number of men using the sheds per week. A total of 779 men were identified in the ethnicity question.

Table 3 Ethnicity of Men using Men's Sheds

Ethnicity	n, %
Pakeha	708, 90.8
Maori	37, 4.7

Pacific	10, 1.2
Other	24, 3.0
Total	779

4.3.1 Additional descriptive information from interviews about the Men's Sheds

The challenge of getting a Men's Shed set up was discussed by several interviewees and finding an existing shed had proved more difficult than expected for some interviewees. However there was also discussion about the fact that more and more sheds are being set up,- one interviewee called it 'a burgeoning movement', and said that clusters of Men's Sheds are starting to link up.

4.4. Involvement in intergenerational mentoring

Currently 39.2 % of the total surveyed sheds are involved with intergenerational mentoring, and 57% have been involved at some stage. 68% of those who have been involved in intergenerational mentoring are currently involved.

Of the 136 men who filled in the EQ -5D questionnaire, discussed in the next section, 55.8% had been involved in intergenerational mentoring.

Table 4 Extent of Men's Shed involvement in intergenerational mentoring

	Yes (n, %)		No (n, %)	
	Number	%	Number	%
Sheds who have been involved in intergenerational mentoring	16	57	12	43
Of those that have been involved, is the Intergenerational mentoring ongoing?	11	68.7	5	31.3
Current involvement in relation to total sheds surveyed	11	39.2		
Men who completed the EQ-5D questionnaire	76	55.8	61	44.8

4.5 EuroQol 5-D data (EQ-5D)

136 EQ-5D responses were received. 85% of the respondents were Pakeha, 9% other, 5% Maori and 1% Pacific. 5 respondents indicated two ethnicities.

Table 5 Ethnicity of EQ-5D respondents

Ethnicity of EQ5-D respondents	n, %
Maori	7, 5.2
Pakeha	121, 89.0
Pacific	2, 1.5
Other	12, 8.8

The following table presents other descriptive data for ease of clarity.

Table 6 Descriptive data

Age of Respondents (n,%)	60 years and under	61-70 years	71-80years	81-90 years	
	13, 9.5	44, 32.3	52, 38.2	14, 10.2	
Education status	No formal qualifications	School cert.	U.E	Trades	Degree or more
	31, 22.7	28, 20.5	15, 11	60, 44.1	19, 13.9
Length of time involved with shed	Less than 6 months	6months- 1 year	1-2 years	Over 2 years	
	6, 4.4	23, 16.9	35, 25.7	72, 52.9	
Frequency of shed attendance	1x week	2 x week	3 x week	1 x fortnight	From time to time
	50,36.7	32,23.5	34,25	6, 4.4	7, 5.1

4.5.1 EuroQol domains

Of the men who filled in the EQ-5D questionnaires 76 (55.8%) were involved with intergenerational mentoring and 61(44.8%) were not. 123 men out of 136 gave their age. The age range was from 38 years to 85 years. 78% of the respondents were between 61 and 80 years of age.

Of the EQ5-D respondents, 60 (44.1%) indicated they had a trade qualification. Other qualifications indicated were more at the lower end (no qualifications for school certificate) than at the higher end (University Entrance degree or higher). 17 (12.5%) respondents indicated two statuses: School Certificate or University Entrance plus a trade qualification. 71 (52.9%) of respondents have been involved with the Men's Shed for over two years, while a further 57 (42.6%) have been involved for between 6 months and two years. Most respondents (111,82.2%) attend the shed from 1-3 times a

week. A small minority of men attend the shed very frequently. Two men reported attending 4-5 times, one said 5 times, one said 'every day it's not raining' and 1 said 12 times a week.

Table 7 EQ-5D scores

	No problems n, %	Some problems n	Extreme problems n	Missing value n
Mobility	97, 70	36, 26	0	4, 3
Self care	132, 96	3, 2	0	1, 0.7
Activity	114, 96	21, 15	0	1, 0.7
Pain	65, 47	63, 46	6, 4	3, 2

Of the five dimensions checked with this tool, the pain dimension identifies the most problems for the men. Further analysis of the pain scores reveals that there is no difference between men who have been involved in intergenerational mentoring and those who haven't. It is notable that there are few mobility issues with the men.

4.5.2 The Visual analogue score (EQ-5D)

Men were asked to self-rate their health score on a barometer diagram which showed gradations of 0- 100, with 0 being worst imaginable health state and 100 being best imaginable health state.

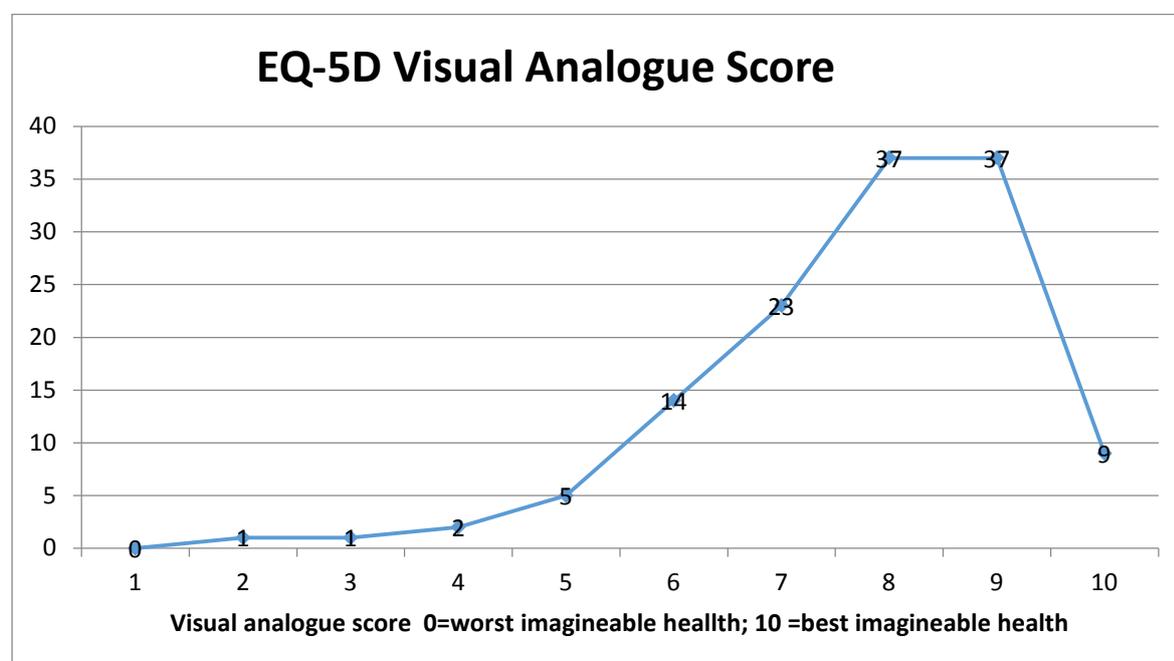


Figure 5 EQ-5D Visual Analogue score

The barometer has major points on the whole numbers but some men did indicate on the half. For the purposes of charting, those who indicated their score on the half have been assigned to the

number preceding it, ie 75 has been charted as 80. Representing the graph exactly as given by the men shows an abnormal result as only a few men indicated on the half scores and therefore the resulting graph becomes unnaturally spikey. 7 men didn't complete the barometer. The average health state score overall was 78.5, and for men who are involved in mentoring the score was 81.3. The average health state score of men who are not involved in mentoring is 75.7. The standard deviation for the health score of men who have participated in intergenerational mentoring is 13.1, compared to the standard deviation for the health score of men who have not participated which is 15.6.

4.5.3 Comparison with NZ EQ-5D data set, and international data set

The following table compares the overall self-rated health assessment, using the Visual analogue scale with Men in NZ and Men internationally (Szende, Janssen, & Cabases, 2013) To achieve this the data was organised into the same age groups used in EQ-5D.

Table 8 Comparison with NZ EQ-5D and international data set

Age group	All Men's Sheds participants¹	All Men's Sheds participants mean EQ 5D score	Men's Sheds participants in mentoring	Men's Sheds participants in mentoring Mean EQ 5D score	Men's Sheds participants not mentoring	Men's Sheds participants not mentoring mean EQ -5D score	NZ men mean EQ 5D score	International Men mean EQ-5D score
35-44	4	72.2	2	84.5	2	60	82.5	82
45-54	3	70	3	70	n/a	n/a	82.2	78
55-64	9	74	6	77.6	3	66.6	81.6	76
65-74	54	81.8	27	85.5	27	78.1	79.6	73
75+	44	77.0	27	78.6	17	74.6	70.8	68
No age recorded	14	83.2	7	84.5	7	81.8		
Total mean		79.2		81.63		76.2		

¹ Missing data (n=9)

It appears that the younger men in the Men's Sheds have poorer health than the NZ male population as a whole, and by the international comparisons, but the older men have better health than the NZ male population and the international male population. This is likely to be due to the self-selection factor of the sample. There was a slightly higher self-rated health assessment given by those men involved in intergenerational mentoring. (81.3 compared with 78.5.) Again this may be due to the healthier men being more likely to offer to participate in intergenerational mentoring.

4.6 Women's involvement in Men's Sheds

This information was gathered from an open ended question in the general survey. 64.2% of shed respondents have women involved in their shed. Five sheds say they are fully involved in the same way that men are. One shed has specific sessions for women, and five sheds say that women participate as background support. This background support includes being involved in social functions, providing food, and providing support for men with disabilities. One shed reports having had sessions for women which has ceased due to lack of support, one shed has had women members who have left, one shed reports having sessions available for women but the option has not been taken up. One shed has enrolled women for numbers for constitution in the start-up phase of the shed. Girls attend as part of home schooling and school groups. One shed indicated that it promoted father and daughter mentoring options. 25 women on average per week participate in Men's Sheds, compared with 597 men.

4.7 Intergenerational mentoring qualitative data

The following information has been developed through transcribing, reading and coding of the semi structured in depth interviews. In coding the interviews, categories became apparent and five themes emerged. They were **activities, enjoyment, learning, helping relationships and challenges.**

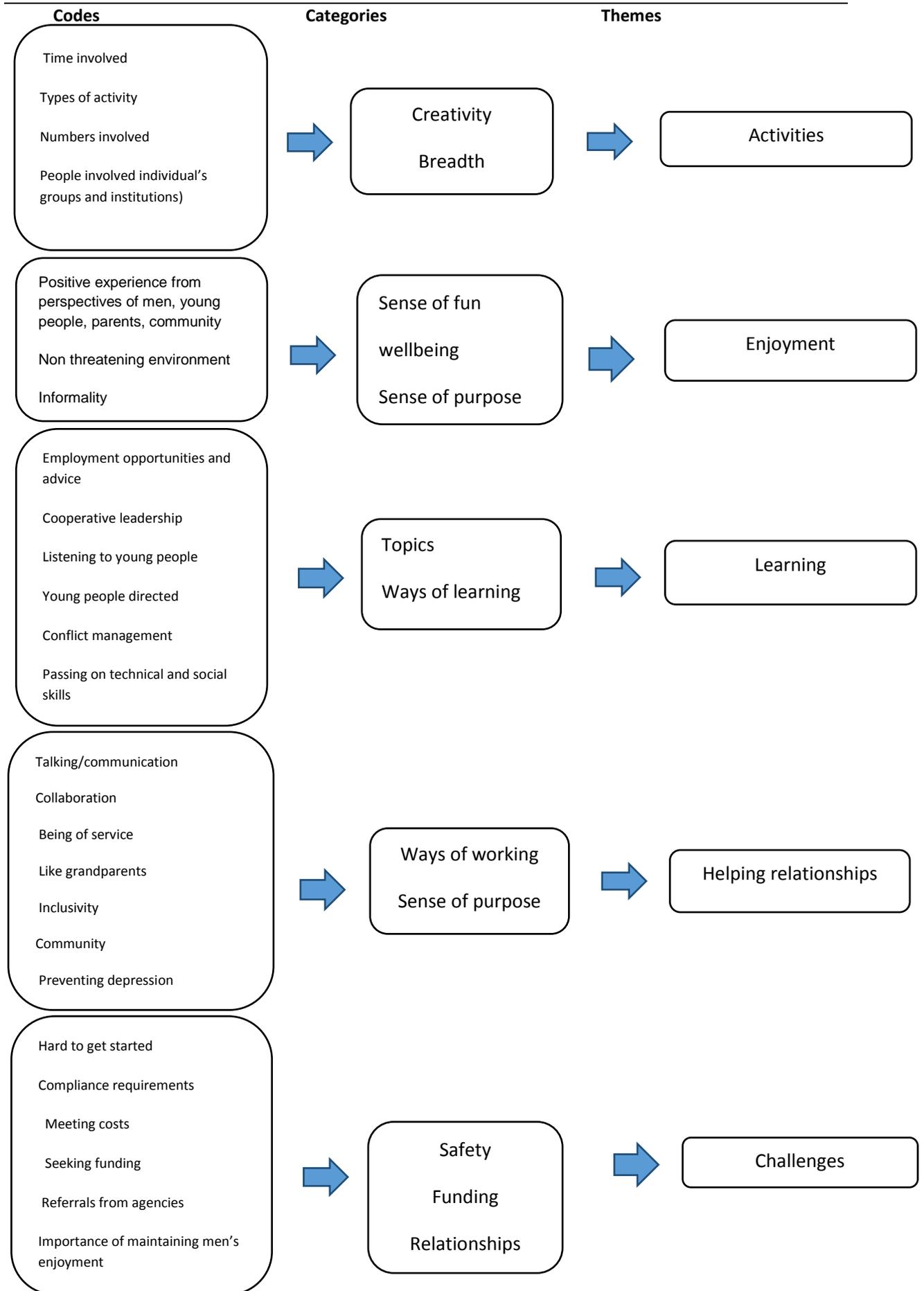


Figure 6 Codes categories and themes

The activities theme describes the details of intergenerational mentoring in Men's Sheds including the nature of the activities, the people involved, the length of time they are involved, and the groups and institutions that are linked to the programmes.

The enjoyment theme encompassed the way that the men, the young people, their parents and community responded to the intergenerational mentoring process. It included the sense of wellbeing that the men experienced from the process and the relationship in the non-threatening environment of the Men's Shed. It also included the importance of maintaining the men's enjoyment in working with young people.

The learning theme included discussion about the importance of passing on technical and social skills to the younger generation, and in supporting them into employment. It also included the men learning skills such as cooperative leadership, conflict management, and emphasised the ethos of the shed which values 'learning by doing'

The helping relationships theme included the importance of communication in the relationship, and the collaborative process way of working with the young people in a way that was empowering for them. This helping also was beneficial to the men in terms of their psychological health, and to some of the young men receiving intergenerational mentoring who were helped. The notion of acting as grandfathers epitomised this helping relationship. Helping and being of service to the community is also discussed under this theme. This theme links up with the learning theme as learning is part of a helping relationship with a young person.

The challenges theme describes the funding safety and relationship challenges faced by the Mens Sheds organisations in participating in intergenerational mentoring.

4.7.1 Intergenerational mentoring activities

There are a wide range of activities carried out in Men's Sheds with younger people, who range from primary school aged children through to young adults. No data has been gathered on the age of the younger people engaged with the Men's Sheds. School groups will be mostly 18 years or under. For other categories of groups and individuals who use the shed, such as people with disabilities and individuals referred because of health or social challenges, some will be younger than the majority of men using the sheds and some may not be.

The categories of younger people identified from both the general survey and the in-depth interviews include school children (home schooled, primary or secondary), referred and supported by the education system, people with physical or intellectual disabilities referred and supported by a range of disability and employment providers (Work star, Workbridge), people referred by the

health system, youth participating in job experience, men carrying out periodic detention referred by the Corrections Department, a group of young Christian men, members of the community who self-refer or who are brought along by a parent, and children of shed members on specific intergenerational shed programmes such as father and son/daughter mentoring programmes.

Table 9 Intergenerational mentoring interactions with Men's Sheds.

Types of intergenerational mentoring		
Category	Specific category	Type of interaction
Primary and secondary school age children	Home schooled children	Group sessions
	Primary school children	Group sessions e.g holiday programme
	Secondary students work experience	Individual
	One on one Father-son/daughter	Individual, often one off project based
	Parent referred	Individual often short term
People with disabilities (some of who may be intergenerational)	Referred by Disability and work providers	Group/individual
Youth and young men (post secondary school)	Periodic detention	Group
	Christian	Group
	Parent referred	Individual
Men who have suffered health challenges (some of who may be intergenerational)	Referred from DHBs	Individual

In the in-depth interviews, the interviewees from the six sheds who indicated they were working with younger people were asked about the number of younger people involved with Men's Sheds. This question was designed to get a sense of the numbers of young people involved with Men's

Sheds, and the pattern of their attendance. These six sheds were working with between 139 and 179 younger people at the time of interview (some gave a range in response to the question)

The largest groups of young people are at primary school level and they attend as part of school programmes or holiday programmes run by another agency such as a District Council. Girls and boys both attend. Typically 40-70 young people are involved in these programmes. Other smaller groups of younger people also attend, for example Home Schooling groups, a small Christian discussion group which has seven younger men, and periodic detention participants.

The length of time younger people are involved in shed activities varies. If the younger people are there as part of a programme, then that defines the length of time engaged. School or holiday programmes are structured in different ways, for example, one to three-day holiday programmes, half or one-day school programmes, or 1 hour a week school programmes, which go for the school year. People attending for periodic detention participate for the prescribed number of hours that have been given, but some stay engaged and become valuable members of the shed. The Christian group of men have been meeting for 12 months, once a week for two hours in the evening.

For those who are not part of a programme, for example, brought by a parent or community member, the length of time is dependent on the personal affinity to the shed. Father and son type programmes engage around a specific project for as long as that takes.

From those interviewed it appears that the individual younger people, who have no formal reason to be there, such as a school programme, but who are brought by a parent, tend to stop attending after a while. The reasons for short engagement in these cases was given as it 'not being their thing' or that they have 'moved on to something else'.

“but what happened to him then, oh that would be in the first or second form I suppose, - once he then got into the fifth and sixth forms, sport and study and I think women might have taken over a wee bit more by then too (interview 5)

For some people with disabilities, the interaction isn't sustained because of physical limitations.

“but no they didn't last very long, because, yeah one fellow, he was very limited, we tried him on a bit of leather work but no he said no its not for me” (interview 5)

Six out of six interviewed indicated that relationships have not been formally set up. Mostly programmes or individual relationships are set up though telephone conversations or one on one conversations with parents. There is no evidence of programme documentation or evaluation, however, it is acknowledged that the school completes documentation for their responsibilities about the younger people attending the shed. This lack of formality does not appear to translate

into risk. Safety is well taken care of and was mentioned frequently as being of paramount importance.

“There’s always an issue of safety and we have make sure we are paramount in what we do in terms of safety we do make sure that, what we do is in a very, very safe manner for the students” (interview 9).

No formal evaluation of intergenerational mentoring is completed by the Men’s Sheds organisations. This is because of the strong informal ethos of the programmes which is important to the men.

“The students are young students, the ones coming next week are 9 and 10 year old students so they, we don’t expect an evaluation from them, but we do check that they’ve had a really good day from it, so we make sure we’ve been able to cater for their wellbeing as well as having an enjoyable time there, that’s the big thing (interview 9).

Intergenerational mentoring may also be of some benefit in terms of funding opportunities. Men reported that these activities are positively viewed by funding agencies, so they ensure that they include full information about their programmes in funding applications.

“It’s only when you are applying to your community boards and that for funding that sometimes it helps you know what’s your membership and age and we often just slip that one in there, (interview 5) (meaning having people with disabilities at the shed).

All of the sheds involved with intergenerational mentoring will continue to do this, however, one said they would only participate if approached for assistance, but would not seek it. One shed recognised that it depends on the leadership, as there is a lot of work involved.

“Yes we will definitely. The philosophy behind the shed where we’re involved out there at xxx is, - it’s about that, it’s about mentoring of younger people and it’s about some activities and involving as many of the wider community as we can in the Men’s Shed (interview 9).

4.7.2 Enjoyment

Participating in Men’s Sheds generally is described by the men who were interviewed as an enjoyable activity,

“Our oldest member is 90, its given him a new lease of life, and he’s always there on a Tuesday, and he just loves being part of it” (interview 7).

Participating in intergenerational mentoring specifically gives a great deal of enjoyment to many of the Men’s Sheds men.

“They actually get a big thrill out of it, they get a lot out of it. The people who help out at the shed in these holiday programmes. They look forward to the next one, they get a lot out of it its again, if you re retired and you don’t do a lot there’s an outlet that you can get some, you know there is a reward in it at helping out at these types of things (interview 9).

For sheds who have large groups of school children attending programmes, they report that there is never a problem finding volunteers,

“There’s always a number of willing helpers who will help out on the day” (interview 9).

One shed member spoke of the sense of enjoyment extending far longer than the event itself in the way the event is spoken about, and relived, and the sense of pride the men have about ‘their group’.

“The biggest benefit probably comes from, after the actual event, you know when the kids have actually left ,yeah the blokes are cleaning up, the kids help clean up as well, but the blokes often make a cup of tea afterwards and they sit around and talk about it and you listen to that conversation and its “my team” and “my team” you know, it’s all about my team did this and my team did that, “oh we hit a brick wall with ours” and they share those experiences amongst each other, its, just, it goes on beyond the event itself, and so that’s the positive force where the importance of valuing what they have done, and the enjoyment that they’ve got out of it”(interview 6).

An example of the breadth of activities was described in an in-depth interview, and the enjoyment in the creativity of these projects is apparent:

“we’ve gone from electronic buzzer games to musical instruments- that one was pretty unique, we invented the musical instruments. None of us had seen anything like this before, we just got real creative and came up with weird ideas, and Campbell Live got hold of it and they came and actually televised it on the last day and it went nationwide on Campbell Live”

Another one was the Helium balloons, that they had to have a basket underneath that could drop water bombs, and they set up targets in the car park and had to navigate these and drop water bombs onto targets” (interview 6).

The young people’s enjoyment was also spoken about:

“He loved it, he loved working with the grandfathers, that’s what he called us.

He just fitted in so easily and he came out on one, two social occasions that we had in the shed, he just loved being around elderly people (interview 5).

One Shed reported that when the Council decided not to use the Men's Shed as part of the holiday programme parents complained and demanded that they return to the Men's shed as *'that is where the kids have the most fun'* (Interview 6).

However, managing the balance between catering for the young people and maintaining men's enjoyment was also discussed.

"More schools lining up that would like to send kids to us but then that would swamp the blokes and then they wouldn't be enjoying the sheds the way they should be, so we have to sort of manage that" (interview 6).

4.7.3 Learning

The learning is experienced by the men and by the young people who are coming to the Men's Shed. The learning is closely linked to enjoyment because part of the enjoyment for the men is seeing the learning that the young people experience.

For some sheds the way of working with the younger people is by giving them tasks, or by getting them to observe and slowly assist, and help in work that the Men's Shed men are doing. This description in particular related to individual younger people coming to the shed.

For larger groups of younger people on school or holiday programmes, they usually start with a short introduction which is likely to include information about safety, and maybe an icebreaker. The emphasis is on participation in the whole process; from designing whatever it is they want to make, through to identifying the materials they need, and then producing it, in collaboration with their older mentors.

"We have three days, or three afternoons of construction, making either trolley carts or we might be doing rafts and a whole lot of different programmes, so yeah, they spend about three days, they sit down with a piece of paper and design this thing and get one of the blokes in the Men's Shed will sit with a team of about four to five kids, yeah, and the team who will build each particular raft, and so they have to go through the practicalities of what they going to try to create and then they set to and build it and on day four, um we believe in a philosophy about winners, and so we have a competition, and, so if it's the trolley carts they have got to race around the lake which is a fairly significant area, and we set up activities for them on the way and they have to change drivers in their carts and they have crashes and bumps and bruises, and at the end of the day one team will win" (interview 6).

A further description reiterates the collaborative approach, and the way the men guide and support the younger people to go through the whole process of making something:

“we’ve got a lot of books and they start off probably doing craft type of stuff getting used to a few of the smaller machines and then probably within two to three months we’d have them working on a bandsaw, actually starting to cut out something more complicated maybe making a jewellery box or something like that out of a block of wood so they’re actually, yeah, so they basically have to design something, that’s part of it, because a lot of them are there because probably they’ve slipped through the cracks a little bit with schooling and so even the basics of actually sitting down and drawing up a plan of what they want to make, so we spend time with them and do that and then actually get them to work out what materials they need to make that project and that’s a big part of it, a lot of them are still not at the level of using the heavy machinery, just from a health and safety point of view we kind of avoid that if at all possible unless they’re showing a lot of initiative” (interview 7).

Two interviewees stressed the need for the younger people to have ownership of the project, and for the need for it to be relevant to them for it to be successful:

“basically the kids have come up with ideas themselves, and how it started off, the school actually came to the Men’s Shed and said look we want to have these animal shapes and alphabet letters on the outside of the school buildings, they are fairly big, about one and a half metres tall and could the Men’s Shed make them and so the conversation went on and so where did these ideas come from. Oh The kids came up with the idea. They want to liven up the school because it’s too drab. Okay, well, how about the kids make them, give the ownership of this project, they can come to the Men’s Shed and we will teach them how to make it. They take it back and they can put them up at the school, so that’s how it started off, - it spread from one school to another school” (interview 6)

The activities that younger people carry out in the Men’s Sheds are centred on learning construction methods, particularly wood working, such as lathe work, scroll saw work, and model building; but also metal work, such as welding. The instruction includes how to use basic hand tools through to more advanced skills such as the safe way to handle sophisticated machinery. There is also the less formal approach for some younger people who simply help around the shed, and observe and learn.

Specific examples of the type of projects described in the responses include box building for women, manufacturing and finishing breadboards and chopping boards by laminating different types of timber, glider and kite making, making jewellery boxes, large alphabet letters to decorate schools, wheelbarrows for flowers, slide trikes, creating musical instruments, and making hot air balloons capable of delivering waters bombs to targets.

Some Men's Sheds also participate in 'outreach' work where they take their expertise offsite to support other organisations such as schools or early child hood centres (members work with primary schools and early child hood centres as craft work facilitators. External agencies also use the Sheds for short term projects. For example, a Rotary organisations has used a Men's Shed for a Father/ Son programme.

Learning is a benefit identified as a main theme the in-depth interviews, and learning how to use tools was identified by three of the six sheds interviewed as a main benefit to the younger people.

"Yeah well he was learning. today young people don't really know how to have skills to use their hands. Like when I say that, they can use their hands for pushing computers and keyboards brilliantly but you put a hammer and saw in their hand and they are lost"
(interview 5)

This is a skill considered by the men to be important, and at risk of being lost to the current generation. The role of technology in this loss was mentioned several times. Also the shed participants believe that the current Occupational Health and Safety (OSH) environment has limited DIY in the home and the Men's Shed can play a role in providing that historic 'learning by doing' which used to happen in the home.

"When I grew up with my parents we went down the panel beating shop and we did things in the metal working shop. With OSH² requirements the regulations have stopped DIY around home, so kids don't get that same opportunity to be involved with making stuff like we used to. That loss is being sort of replaced I s'pose, in a sense, by the opportunity we are giving them to come to the Men's Shed to do stuff" (interview 6) .

"I would say, certainly from the ones that come through the corrections department and that 60 or 70% of them wouldn't know how to use a hammer, perhaps they haven't had any male figures in their life and from that point of view they try to bluff their way, yeah I know how to do that, I know how to do that, you know, sort of all pretty macho really" (interview 7)

4.7.4 Helping relationships

The way the older men are in relationship with the younger people is part of the helping relationship theme. In all but one of the interviews the way of talking about this process denoted respect for the young people, and enjoyment of the engagement.

² Occupational Health and Safety

The language that the men use in describing the engagement process includes words such as 'supporting', 'encouraging', 'working alongside' and 'giving opportunities', and all of which point to a power dynamic which is aiming for equality rather than the older men as being the authoritative figures holding all the power. The role of mentor to younger participants comes through, not only through teaching physical skills but also through giving advice, particularly about employment but also confidentially about personal issues.

The helping relationship includes the benefits that the men identified the young people as having received from being involved in the Men's Shed, and this in turn feeds into benefits to the older men.

Helping younger people to learn, particularly through handing down skills, and through being in relationship with the older men, gives the men a sense of purpose and achievement. They are very keen to help. 'Help' or 'assist' was mentioned twenty-seven times in the six interviews with those doing intergenerational mentoring.

"They would be pleased to be able to assist really, I wasn't there when the mother bought him in, but the blokes that were, were very, how would I say it,- the effect on them was such that they really wanted to help if they could".(interview 10)

"I just believe we are offering a service – from all the referrals we are getting from all walks of life" (interview 7).

Working in this way gives the men a sense of purpose and a sense of achievement, particularly in being able to pass on their skills.

"I think probably a sense of purpose really, a sense of these guys are pretty, the older ones in particular say have been trades people are quite proud to pass on some of these skills to the younger people" (interview 7).

The men interviewed talked about their perceptions of how younger people benefitted from the relationship with the older men.

The young people benefited from receiving respect from the older men in the shed

"I think the older ones gave him respect and respected him for that. He was interested and asked questions to be shown how to do things , yeah he was just a young lad that I felt just had a wee bit different attitude to some of the other younger ones you know, he was quiet, he respected everything we said, he fitted in, but he wasn't frightened also to ask questions" (interview 5).

Participants also reported observing increased self confidence in young people through their succeeding with the activity within the shed, and increased self-esteem.

“The blokes would give him you know tasks that that he was capable of and chat with him, and basically they wanted to sort of raise his self-esteem, and when they were first introduced to him, he couldn’t shake hands properly so they taught him those sort of things, you know, “Look me in the eye when I’m shaking your hand” and he came a long way with just the basic stuff really” (interview 10) .

Similarly, for Periodic Detention men, confidence was cited as a benefit.

“Probably confidence for a lot of them, a lot of young guys come in, and you notice it with the PD guys if you get a small group and you can keep them quite active they really love it and they come and thank you at the end of the day”(interview 7).

In the general survey, one response indicated that the effect of being at the shed had meant that a young man became ‘a bit more mature in his thinking’, and another response said that attendance at the shed had ‘brought about a change in his schoolwork’ for a 15 year old referred to the school ‘because he preferred to be doing some practice work with other men’ (interview 5).

The social interaction that younger people have with the older men, and the support that they receive from them is also a benefit reported.

“I think one of the big things is the social interaction, it’s like having a grandparent, it’s like, it’s this interaction. They can talk about anything they like and the men can then communicate with them and I’m sure they help” (interview 9).

“We’re teaming up with this young guy who is autistic and his mother is a solo Mother with no family back up and she’s dying of cancer. He’s a 9-year-old autistic boy and we are going to have a go at taking him under our wing and giving him a bit of support He’s got no male contact at all.” (interview 3)

This social interaction includes talking, discussing things that worry the younger people in a safe and confidential environment, and receiving some advice from the older men, who have the advantage of experience.

If there’s kids a bit on the wayward side I’m pretty certain they would be giving sound advice or ideas or things like that about how they can combat situations for them, It’s about having somebody who just, they can talk to there’s nothing about any of it going anywhere, and enjoy their company while they are down” (interview 9).

One shed has a group of seven young Christian men being mentored by older men, and they describe the shed environment as one that is very conducive for in-depth supportive discussions about stresses and concerns such as employment and managing conflict.

For people with disabilities who use the sheds, this social interaction is considered to be an important part of the process, more so than the actual creating of things, which for some of the people with disabilities is quite challenging.

“They do struggle but part of the shed concept, and it’s the concept throughout the country, is wellbeing. It’s not just what the schools, or what you can do, its wellbeing. Now, if they can come along and mix in, enjoy a wee bit of fellowship and do the odd .. they don’t achieve, well the ones we’ve got don’t achieve a big lot much at the Men’s Shed, ah, one fella that’s taken eighteen months to sort of , .. we’ve helped him repair a rocking horse and now he’s painting it, his concentration span doesn’t last very long in a day, but the point it’s another option to his bow, he can come to meet different people in a building, he comes and has his morning tea with us and you know we just give him a wee bit of a , you know have a wee bit of fun with him occasionally and it brightens his day up a wee bit “ (interview 5)

Employment was cited as a topic of conversation both with school students, and with younger men, in this social interaction.

“He was just at that age group where he was trying to ask those, questions, trying to figure out what road he was going to go down in life, whether it be woodwork, whether it be metal work or what it might be (interview 5).

With school students, the Men’s Sheds men felt that attending the Men’s Shed was a good way to open up discussion about employment options related to the kind of experience they receive in the Men’s Shed such as building. With the younger men who attend, discussion about employment worries with the older men allowed the benefit of the wisdom of the older men to be utilised.

Within the relationships between the older men and the younger people there were no major issues reported.

“We don’t have discipline issues, this is one of the other things that a few people have said about discipline with these kids, with power tools and doing silly things, well, they don’t ,cos there is a team of kids of four to five and they’ve got one bloke with them and these blokes can manage that, there is no problem there. The thing is you don’t have discipline problems because these kids are having so much fun, they’re not getting bored, its only when they get bored that they getso people engaged and making something and having fun in a team,

you don't have a discipline problem, and we haven't basically in the four years of doing these holiday programmes" (interview 6)

There were no issues from the sheds that are doing intergenerational mentoring with safety, although sheds are well aware of their responsibilities in this regard.

"A lot of them are still not at the level of using the heavy machinery, just from a health and safety point of view we kind of avoid that if at all possible unless they're showing a lot of initiative".(interview 5)

One shed who does not routinely have younger people cited safety concerns as the reason that they do not actively seek young people's participation in the shed. In particular, the issue of control was at the centre of this and it was considered that young people tend to use machines and tools that they do not know how to use, and this poses a safety risk. They believed that this was due to technology.

"but so many of these kids, they've got their head stuck in an I-phone, and their brains elsewhere" (interview 4)

Another issue in having younger people in the Men's Shed is the preference of some men involved in the sheds not to have the added responsibility of mentoring.

"The shed is primarily for the benefit of members and we can't impose on members the added responsibility of mentoring" (interview 5)

The coordinator or leaders of the sheds tend to take on the mentorship roles if the general membership is not keen.

"My goal initially was you would be able to take these guys and you'd be that sort of mentor and, you know, a bit like big brother, big sister, that type of thing, but straight away I could see that flag come up from a lot of our retired guys. They'd say "Whoa that's sounds like responsibility" and they would steer clear of it. But I know if I fit some of these young guys into the workshop when they are there, just without even realising it they just step up to the mark and sort of mentoring them without really having the responsibility of it. So I guess at the end of the day the responsibility falls a back on me to oversee it, but at the same time I try to get them to working with the men, especially the more skilled members, and try and bring a few of them along when I've got two or three of the skilled members there doing something, and they can just observe, and then often it turns out they can actually do something with them without actually throwing that responsibility on them". (interview 7)

The strong theme about helping is illustrated in some of the situations described in the interviews. There were instances where parents brought their children who were in considerable strife. One Shed spoke about a distraught mother bringing a son in who was being bullied, and this had quite an impact on the men who were very keen to try to help. Another shed was working to support a child with autism, whose mother had terminal cancer. School initiatives for individual young people included a work experience programme, and an incentive for good behaviour for some problem students. District Health Boards were frequent referrers in some areas commonly as part of a rehabilitation programme, and disability agency Workbridge refers people with disabilities for work experience.

“The public health and the district health board seem to be referring to us all of the time, and different people to see if we can cater for them or not, and I would probably get one or two referrals a week to see whether we can accommodate somebody, it might be that they’ve had a stroke or something and they’re trying to get them back into the working environment” (interview 7).

While these referrals cannot all be assumed to be intergenerational in nature, some of them are likely to be a demographic younger than the older men who work in the sheds.

4.7.5 Challenges

While 58% of sheds reported that they had been involved in intergenerational mentoring at some time, 42% had not been involved. From the in-depth interviews it became clear that all of the sheds have considered working with younger people. Of the four sheds interviewed who are not doing intergenerational work, three said they wanted to but it was a timing issue. For two sheds, it was too early in their development. One shed was still in the process of getting its premises established, which had been much harder than they had expected.

“We have been going a couple of years and everyone said to us the whole time “oh you will be able to find an old shed”, but that’s not the case, so we are building our own next year” (interview 2).

Another shed said that they were still in the establishment phase and that all of their energy had gone into that. The establishment phase of sheds was reported as being intense and arduous. Another shed said they were waiting for the right opportunity to present itself. They had had a Green Bike project ready to go but had an issue with the land where they wanted to put a container to store the bikes, so that didn’t eventuate, however another project is planned now, with a boy with autism. All of these sheds indicated they were keen to have younger people involved in the future.

In the questionnaires some feedback was included about barriers to working with young people and these included lack of resources, size of the organisation, lack of adult guardians (which was presented as a legal barrier), and the timing of opening hours in relation to school hours. After school is too late for some, as the shed is already cleaning up for the day. Other specific obstacles included a problem with a landlord not wanting responsibility of external people in a yellow stickered earthquake building.

Only one shed was not enthusiastic about having young people involved, they have had one young person there in past for a short time, and will cater for young people's needs if approached, but it is not something they are actively pursuing. The reasons for this were safety concerns because of the attitude of younger people. This shed also indicated stress in terms of maintaining the shed with few dwindling resources.

Funding was mentioned as a challenge to offering programmes.

*"It's very hard we don't get any local body support, council support or anything like that. We do it all on our own and we sort of raise funds to pay rent or power, and buying equipment.
"(interview 4)*

"The one period a week ones, any material we use, we look to get sponsors, we've got 15 or 20 significant businesses in xxx who will sponsor a lot of material for Men's Sheds and some of that we use for the kids programme, and what we can't then the school will fund out of their own budget. With the programmes we run for the council we did get reimbursed for material that we use, plus a koha on top, but the January programme which we've been asked to run again, they are saying they may not be any funding so, this is the council saying that, so not sure how to give a response " (interview 6).

" The cart one, (activity) it probably costs,- material wise with frame and wheels and all bits of pieces and plywood and paint, would cost \$50 per cart, now the Men's Shed cant subsidise the whole \$50- we have a plywood mill here that will give us the wood we need, and Resene will give us a cut on the paint, but there's still some money got to be paid" (interview 7).

There are some challenges in terms of relationships in having young people attend the shed. For example, there have been some instances when there have been one or two of the Men's Sheds current membership who are not happy to have younger people, in particular people with intellectual disabilities and periodic detention men. Some sheds have reported that they have lost one or two members because of this. In the case of the problem with people with intellectual disabilities attending. It was explained that this may have been because of the intergenerational difference - older men were not used to having people with disabilities engaging in the community

as they do now, and this may have contributed to this particular person's discomfort with being at the shed when people with intellectual disabilities were there. However, this same shed noted that now men come along because the people with intellectual disabilities are there, as they enjoy being part of it. A similar issue was reported about discomfort in having periodic detention people at the shed, and one man did leave, but it was described as an issue for the leadership to deal with and manage.

There have been some issues with carers of people with disabilities. Men's Sheds tend to require that a carer or minder attends with them.

'They have to have supply a minder 'cos it takes one our shed members away from what he wants to do, to mind them' (interview 6)

"I did have to speak to a minder, - for a couple of times there was a tendency to drop the person off and then disappear, I said to him one day, I said you' re coming with him as minder, and you've got to look after him, we are not acting as a babysitters because when the minder left , xx the fella with the disability, he seemed quite lost, you know and he just sort of stood around and didn't virtually achieve anything but when there's a minder there they sort of keep pushing him forward" (interview 5)

4.8 Summary of findings

Information for this research was provided by twenty eight Men's Sheds in New Zealand. The general and health surveys have been complemented by the in-depth interviews and the following information reflects the key findings.

The majority of Men's Sheds in New Zealand are under five years old, and they are mostly using existing buildings for their operations. All of the sheds have woodworking areas, and many have metal work areas, but kitchen and social areas are also important parts of the sheds. Most of the sheds are open 16 hours or less per week, made up of three or less sessions. Most of the Men's Sheds have up to 20 men on average participating per week. The majority of men using the sheds are pakeha although there are small numbers of Maori and Pacific men also using the sheds.

136 men who attend Men's Sheds filled in EQ5-D health questionnaires, which firstly rate their perception of their own health across the following domains: mobility, self-care, activity, pain, and anxiety. In all areas excepting pain, men mostly rated themselves as having no problems. However, for the pain rating, almost half of the respondents identified that they had some problems.

The second part of this tool asks the men to assign themselves a health state score on a scale from 1-10, with 10 being excellent health. Overall the average score was 7.85, and for men involved with

intergenerational mentoring the scores was 8.13, and for those men not involved the score was 7.57.

The involvement of women in sheds was described and while 64% of sheds indicate women are involved, it appears that this is mostly in a background supportive way. On average only 25 women per week participate currently in Men's Sheds. Over half of the sheds have been involved in intergenerational mentoring, and for over two thirds of those the mentoring is on-going. There is little funding accessed for this work.

The qualitative data from the open ended questions in the survey, and the in-depth interviews which explored the nature of the intergenerational mentoring relationships, identified five important themes of activities: enjoyment, learning, helping relationships, and challenges. The kind of activities that are carried out with younger people is very varied, with some highly creative examples of projects and programmes given. The way that they work with young people is a very inclusive process, valuing shared engagement in the planning and implementation of the projects and encouraging young people to take 'ownership' of the projects. There are some large groups of young people involved with Men's Sheds through school programmes, and some District Health Boards are also referring clients to Men's Sheds. Some men with disabilities are also being catered for at Men's Sheds.

These relationships are informally set up and there is no formal evaluation. The men take their role of handing down skills and knowledge very seriously, not only practical skills and knowledge, but also wisdom about employment, and life in general, and see that as an important function of intergenerational programmes. They also think that the younger people benefit from being in relationship with the older men and from receiving the respect of older men. They cite increased confidence and self-esteem as results of this relationship. Overall there is a strong theme about fun and enjoyment in the relationship between the older men and younger people at Men's Sheds.

Chapter 5 : Discussion

5.1 Introduction

This study aimed to explore the extent of intergenerational mentoring in Men's Sheds in New Zealand, and the benefits for the men through that process. The study also sought to describe key features of Men's Sheds, and considered how these influence and impact the development and provision of intergenerational mentoring. This discussion section therefore firstly discusses intergenerational mentoring in Men's Sheds, and is followed by a discussion about Men's Sheds as a whole. The study findings are placed within the context of the available literature.

5.2 Part One: Intergenerational mentoring and Men's Sheds

Of all Sheds surveyed, 39% were currently involved in intergenerational mentoring, and 57% had been involved at some time. 55% of the 136 men who filled in the health survey had been involved with intergenerational mentoring. At the time of interview, the six sheds indicated that between 139 and 179 young people were involved. During holiday programmes, 40-70 young people at a time can engage with Men's Sheds in intergenerational mentoring programmes.

Four sheds who were not implementing intergenerational mentoring explained the reasons why not, which were mostly reasons of timing. Three of the four sheds not doing intergenerational mentoring were fully intending to do so in the future. This compares with the 2012 Cordier and Wilson study (Cordier & Wilson, 2014) which concluded that 39% of Australian sheds and 23% of international sheds including New Zealand sheds, were involved in mentoring in general, and of these programmes 60% and 71% respectively, were programmes with youth. Therefore 23.7% of Australian sheds were carrying out intergenerational mentoring, and 16.9% of international sheds.

In their study they noted:

The fact that mentoring occurs at Men's Sheds comes as no surprise. What is surprising is the large number of Men's Sheds offering mentoring programmes to such a diverse range of subgroups' (Cordier & Wilson, 2014 p 256).

They found that the most common type of mentoring programme in place was intergenerational (Cordier & Wilson, 2014). From the findings of this study it would appear that New Zealand sheds are more involved in intergenerational mentoring than the previous international study suggests. The extent of this intergenerational mentoring in Men's Sheds in New Zealand would indicate that Men's Sheds play an important role and are an important vehicle for intergenerational mentoring in New Zealand. The only previous study which discusses intergenerational programmes in New

Zealand focusses on the aged care context and concludes that all of the intergenerational mentoring programmes have reminiscence at their heart (Cartmill, 2008). This was not the finding of this research which showed that the programmes within Men's Sheds are more focussed on handing down practical and life skills.

5.2.1 Benefits to the Men's Sheds men of intergenerational mentoring

The benefits to the men of intergenerational mentoring were explored through the health questionnaire, and in-depth surveys. The approach was used to deliver a combination of quantitative and qualitative results, which enables a balance between factual information, and a more detailed exploration of the subjective experience of the men.

5.2.2 The Health Questionnaire

The purpose of the health questionnaire was to describe the health status of men participating in Men's Sheds, and note any patterns of difference between those men who are involved in intergenerational mentoring and those who aren't. Within the Men's Shed population surveyed there was an apparently higher self-rated health assessment given by those men involved in intergenerational mentoring (80.9) compared with those who were not (76.2). There is no direct causal effect that can be inferred from these findings, as there are many possible confounding factors, and the sample size is small. It is notable that there is a very high level of mobility within the participants and this confirms that the groups is healthier than the norm, and therefore maybe more likely to participate in Men's Sheds in the first instance, and then those who are healthier again, offer to participate in intergenerational mentoring.

A comparison was made between men in NZ Men's Shed's data and data from men in the same age groups in the general male population in New Zealand, and an international data set. The age group with the biggest difference in self-rated health between those carrying out intergenerational mentoring and those not is the 55-64 year age group, although in all of the younger age groups the numbers of men are small. However for the 75+ group of men those involved in intergenerational mentoring rate their health 4 points higher than those not mentoring, 7.8 points higher than other NZ men and 10.6 points higher than the international male average in this age group. While this information has limitations in terms of causal relationships, it is relevant to consider the many studies which link social participation with physical, mental, social and spiritual health. In terms of the ratings against the five health areas, the most common problem is pain followed by mobility and activity. This could warrant further follow up about older men's attitudes to, and ways of coping with pain.

5.2.3 In-depth interviews

When asked, in the in-depth interviews, what they believed the benefits of intergenerational mentoring were to the Men's Sheds participants, three main themes emerged which were: enjoyment, helping, and relationships. These themes link to psychological and social health at an individual level through enabling generativity, and at community and society levels by influencing social cohesion and contributing to social capital. Intergenerational mentoring builds on the general benefits that are accrued by men who work in Men's Sheds, but also has different, specific aspects to it. The following model shows the two streams, which have similarities and differences. This model was developed in order to highlight the relationship between the specific intergenerational mentoring impacts and benefits and the broader impacts and benefits for men participating in Men's sheds. It was developed as a mechanism to simplify and order the streams. For both streams, there are both individual and collective impact. This section discusses the specific benefits of intergenerational mentoring, while general benefits of participating in Men's Sheds are discussed in a separate section.

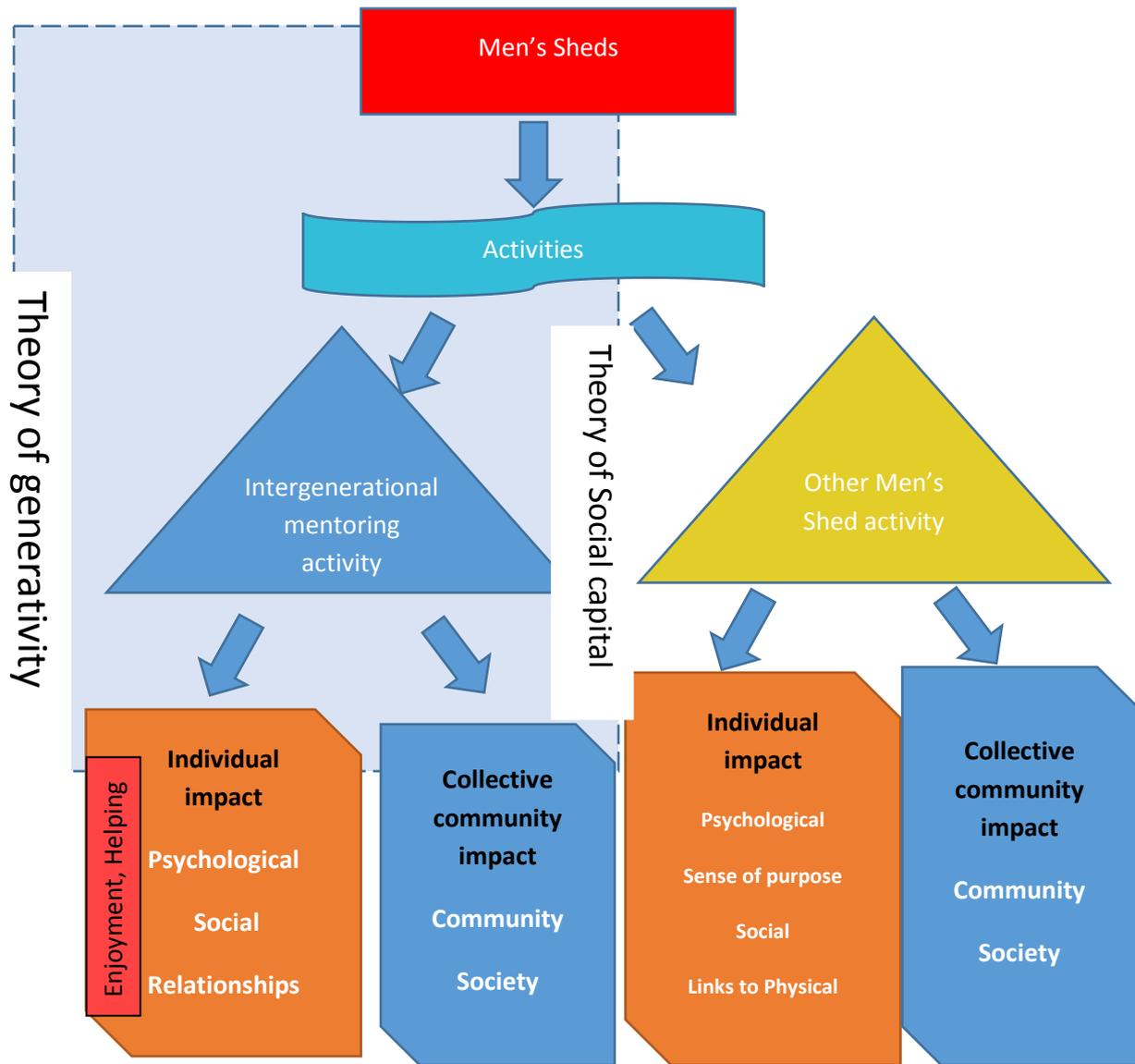


Figure 7 Delineating impact between intergenerational mentoring and general activity in Men's Sheds

5.2.4 Individual men

Psychological impact

Men spoke of a sustained sense of fun and enjoyment in working with young people. The effect of these engagements goes beyond the actual time of the activity because the men refer back to the experience again and again. The interviews revealed that there are no problems with getting men to volunteer to help on the days that they have school or holiday programmes, on the premise that social engagement with the young people is fun and enjoyable. There was a strong theme from the interviews about the men's desire to help, through teaching skills to young people, and in turn themselves learning and receiving psychological benefits. The following figure describes the way that the fun and enjoyment is gained during the process of intergenerational mentoring. The men assist young people to learn, socialise and relate, which leads to further fun and enjoyment for the men through observing the outcome of that assistance. This figure was developed to summarise the cyclical and reinforcing nature of that process, which became apparent when considering the data from the interviews. There was the doing, and then the 'reflecting and observing'.

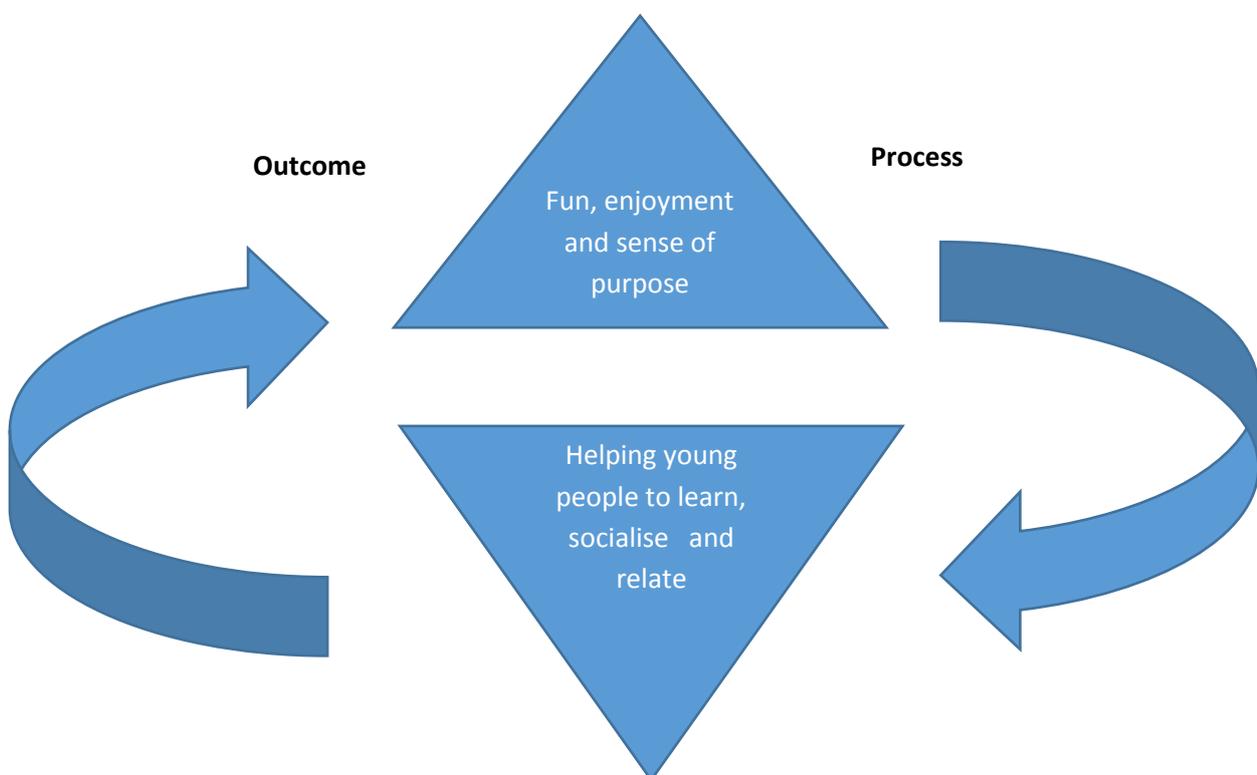


Figure 8 *The cycle of enjoyment and helping*

This links to Parisi's work with Experience Corps where she discusses the two way learning benefits that results from the intergenerational interaction (Parisi et al., 2009). During intergenerational mentoring the men learned skills in communication including listening, conflict negotiation and mediation, relationship development, collaboration and team building (Genoe et al., 2013; A. Hatton-Yeo & Middleton, 2013; Parisi et al., 2009) and cultural understanding (Welsh Assembly Government, 2008). This is echoed by Moylan et al. who describe the process as "collaborative and reciprocal social interaction" which enables the sharing of ideas, problems and opinions (Moylan, Carey, Blackburn, Hayes, & Robinson, 2015)

Golding believes that it is important for men's health and wellbeing that they continue to learn. Learning in the Men's Sheds environment is a social activity which further influences psychological wellbeing (Golding, Brown, Foley, Harvey, & Gleeson, 2007a). He says that the Men's Shed is such a useful environment for men to learn in, as it suits the informal learning style of men. These findings therefore support the participation in Men's Sheds, and in particular in intergenerational mentoring as a healthy activity for older men, which may have a protective and restorative effect on psychological challenges such as depression.

The men relish being able to pass on their skills and in the interviews there were comments particularly about the link between the younger generation and technology, with the older men attributing the loss of hand skills to the rise of technology. They worry about the loss of hand skills and "do it yourself" skills which have been an underpinning tenet of New Zealand culture and way of life. There were some instances of attempts to bridge the link between technology and building things in the projects that they worked on with young people.

This desire to contribute from their wealth of wisdom and knowledge is aligned to Erikson's generativity stage (Erikson & Erikson, 1997) in his psychosocial theory, which proposes that in order to successfully traverse the middle adulthood years we need to feel that we are creating, building, and contributing within family and relationships, community and society. It also specifically includes a component of transferring knowledge and wisdom to the younger generations (Glass et al., 2004). Generativity is a key component of successful ageing and is also proposed by Glass (2004) as the theoretical basis for individual men participating in intergenerational mentoring.

The men also felt a sense of purpose and wellbeing from seeing the improved self-confidence and self-esteem that developed in some of the young people participating and from helping and assisting young people in need. In one interview, where an upset mother of a child who was being bullied came in and asked for help, it had a big impact on the men who were very motivated to try to make

a difference in this situation. This sense of purpose contributes to positive mental health (Culph et al., 2015). As depression in older men is a significant issue, and loss of enjoyment is a symptom of depression, this may be a significant self-reported finding which builds on the prevention of depression described in Culph's study (2015), investigating the linkage between participating in Men's Sheds and depression.

This sense of purpose is also important for older men who have transitioned from a structured working environment into retirement. This can invoke feelings of loss of self-worth, so participating in activities which can contribute positively to their sense of purpose is important. Developing a new reason for being can be difficult in a culture with a strong masculine stereotype of the man being the breadwinner. The programmes are valued, and those sheds who are involved in intergenerational mentoring are planning to continue with these programmes, which indicate that it is a positive experience for the men.

At the same time, some men are very clear about not wanting to have the responsibility for mentoring, and some leaders shield their members from the stress that may come from having to be responsible, by taking the role themselves, or by 'playing down' the role. The Men's Sheds leaders were very clear that they have to keep the membership happy, otherwise the men won't come.

These findings support the positioning of Men's Sheds in New Zealand, as an important setting for psychological health of older men, and participating in intergenerational mentoring may enhance the benefits. Depression is the most common psychiatric illness associated with late life suicide (Cheung et al., 2015) and is linked to physical illness and chronic disease.

Participating in the intergenerational mentoring programmes has the potential to act as a protective and restorative factor against depression, through the fun and enjoyment, through the sense of purpose gained from helping the young people learn, relate and socialise, and through learning themselves. Moreover, observing the positive outcomes further reinforced their fun and enjoyment and sense of purpose. Involvement of the men, as long as it is within the men's own control, i.e. if they want to participate, can contribute positively to the older men's sense of purpose and psychological wellness.

Older adults with depression are at increased risk of suicide, and are more likely than younger adults to complete suicide (Rodda et al., 2011). This is of concern in New Zealand as the Coroner's Office, who releases annual suicide statistics in 2013, made special mention of the increase in suicides in the older age group and noted that men aged 85+ are committing suicide at a higher rate than any other age group (Stuff.co.nz., 20.8.14).

These findings are in line with the findings cited in Culph's paper on Men's Sheds and depression (2015) which finds that participating in Men's Sheds decreases self-reported depression. They found that this occurred through the shed environment, providing a sense of purpose, increased physical activity and cognition, and feelings of pride and achievement (Culph et al., 2015).

This benefit for older men in participating in intergenerational mentoring in the Men's Shed setting supports the policy direction for intergenerational programmes in New Zealand.

Intergenerational mentoring is included in the Positive Ageing Strategy as an action under the goal "people have positive attitudes to ageing and older people", which has the potential to contribute positively to the psychological health of older people.

5.2.5 Helping relationships

The men coming together with young people to pass on their knowledge and skills in the sShed setting enables a unique relationship. The relationship between the men and younger people described in the interviews typified 'collaborative mutually beneficial relationships', outlined in the literature about mentoring in Men's Sheds (Cordier & Wilson, 2014; Misan, 2008; Wilson et al., 2013). This mutuality is central to the concept of mentoring, with the definition of mentoring describing a mutual relationship - a purposeful ongoing exchange of resources" (A. Hatton-Yeo & Middleton, 2013) whereby each benefits from the other.

These descriptions infer a sense of equality rather than a one sided transaction. The men linking with younger people are gaining enjoyment and fun, and a sense of purpose and wellbeing from handing down skills, and the young people are experiencing the wisdom and teaching of the older people. Often they are going home with something that they have made, right from the design phase through to completion. In the description about the way they worked together, the emphasis was on a shared collaborative process to maximise learning, encouraging and teaching as they went along, and not taking over and 'doing it for them'. This way of working, even though there was clearly a power imbalance in terms of age, seemed to try to minimise the power inequalities in the situation, by the way the men worked alongside, and coached and mentored their younger counterparts. One man reported that they never have any problems with discipline with the young people because, he said, they are totally engaged and not bored.

Relationships between individuals can have a positive impact on each generations appreciation of the other, which is important in preventing intergenerational conflict. The potential positive impact of contact across the generations includes older people feeling safer because they have experienced

positive relationships with younger people, and improved perceptions about working with older people which will become more and more important as the population ages. Internationally there is mixed evidence about the extent of conflict between the generations. Incidents between individuals of different generations are written about in workplace literature, however, it is also argued that, particularly within families, there are many examples of positive individual intergenerational relationships.

There was great respect by the men for younger people who fitted in and 'enjoyed the grandfathers', and generally showed a positive attitude to relationships with older people. The older men seemed surprised that younger people should want to work with older people, or have time for them, which may be due to experiencing the dominant ageist attitudes in society.

There were some exceptions. For example, some men didn't want to work with children or people with disabilities. The reasons for this included: not wanting the pressure of being responsible, and in the case of the younger people with intellectual disabilities, it was suggested that the older generation have had less exposure to this group, due to the changing model of care from institution to community. These situations were the exception, rather than the rule, and were managed by the shed leaders. In some instances initial concern had disappeared, and in others the individual men effected chose not to attend those sessions. Therefore the exposure of older men to younger people and people with disabilities, is reducing negative stereotypes about ageing in the young people, and reducing negative stereotypes about disabilities amongst the older people .

Overall the nature of the relationship between the older men and the young people within the shed setting, typifies the mutually beneficial features of intergenerational mentoring, which has the potential to reduce intergenerational tensions and conflict, and build understanding and empathy between the generations. The ability to impact these relationships has important ramifications with the ageing population, and the need to be able to attract carers for older people in need.

5.2.6 Community

While the study focussed on benefits to individuals, broader benefits to the community through intergenerational mentoring emerged through the interview process. The overall desire of Men's Sheds organisations to help the community contributes to a collective sense of worth, and facilitates relationships with groups and institutions such as home schooling groups, local schools, and local councils, to deliver intergenerational programmes that meet community needs. For example, several sheds discussed school holiday programmes, which, according to the men interviewed, are strongly valued by the young people's parents. One Shed described parents lobbying the council when a

programme was withdrawn and, successfully pressuring for the Men's Shed to be reinstated as part of the holiday programme.

In the literature, Moylan's study on Men's Sheds providing biopsychosocial support and spiritual support also discusses the community benefits of Men's Sheds membership, such as, benefit to families, having a sense of being part of the community, and producing goods for the community (Moylan et al., 2015). Styles in his evaluation report on the Henley Men's Shed identifies them as a strong community resource and says that contribution is an important motivator for the men's participation (Styles, 2010)

These relationships are relevant to the concepts of social cohesion and social capital. Social cohesion describes the bonds, trust, and sense of connectedness within a community. Social capital goes a step further and links these features to coordinated actions, cooperation and access to resources, and benefits. Further definition relevant to linkages with community includes 'bridging' social capital, which describes relationships with networks and groups, and 'linking' social capital which involves linkages with institutions. Glass (2004) proposes that social capital is the theoretical basis for intergenerational mentoring at a community level (Glass et al., 2004).

The flow of resources between institutions, and community groups, and organisations in relation to intergenerational mentoring, does occur to a minimal extent, although Men's Sheds rely heavily on donation of resources from local businesses, and the success of this approach is very dependent on local relationships. While such informal arrangements have a positive aspect in terms of building relationships between Men's Sheds and business, it does pose sustainability risks, and some expectations from institutions that the Men's Sheds organisations have the ability to shoulder the costs of carrying out sometimes large scale, intergenerational mentoring programmes. This, at times, places a strain on Men's Sheds, which potentially puts at the risk the continuation of the programme. Only one shed indicated it received any funding for these programmes. Men's Sheds interviewees were well aware that in Australia there is significant funding to Men's Sheds as vehicle for health promotion for older men (Misan, 2008). It requires a considerable amount of voluntary energy to get a Men's Shed up and running, and then keep it going. Pain (Pain, 2005), discusses the fact that intergenerational mentoring raises the community profile of those involved. Men's Sheds rely to a certain extent on publicity, for membership, community support and funding, and intergenerational mentoring provides a vehicle for profile. One shed spoke of a programme so innovative it featured on 'Campbell Live', and was seen nationally.

The development of social cohesion and social capital can have a positive impact on wellbeing. According to Wilkenson, this reduces stress on individuals, which can have an impact on all aspects of health (Wilkenson & Marmot, 2003). Conflicting definitions, and lack of agreement about measurement, has meant that evidence is scarce, however almost all agree it is important, and that it matters “social capital is potentially powerful, complex and contentious” (Szreter & Woolcock, 2004). It has been suggested that the community mechanism for this to occur is through the higher level of social organisation and provision of support that occurs (Cramm et al., 2013).

In the UK local councils are very interested in intergenerational mentoring as a mechanism to support community development and urban renewal through promoting social inclusion, cohesion and capital. Links between generations are important for the health of a community (A. Hatton-Yeo & Ohsako, 2000), and may also contribute collectively to enhancing harmony, and increasing understanding, which has a positive impact on a community. Literature shows that those Men’s Sheds who are involved in intergenerational mentoring are more likely to be involved in other community initiatives are more likely to be inclusive of marginalised groups, and more health focussed (Cordier & Wilson, 2013). This infers an openness to external connections with other groups, organisations and institutions, which is part of the concept of social capital.

The nature of the intergenerational mentoring carried out in Men’s Sheds is informal (Styles, 2010). Pain (2005), notes that mentoring describes relationships over time through formal or informal programmes, although some literature discusses elements required for success. For example, good planning is essential and communication between the groups about what they want to achieve is important (Welsh Assembly Government, 2008). The way that programmes are developed between the various organisations that work with Men’s Sheds (e.g. schools Home Schooling groups, local councils’) is very much through conversations about practical matters. It is not a bureaucratic process. However, Men’s Sheds are very aware of, and comply with Occupational Health and Safety standards.

There are positive and negative aspects of this informality, although there was no indication that Men’s Sheds would reject more formal relationship with institutions, it is not occurring in any systematic or extensive way. It didn’t appear that there had been concerted efforts to seek extensive recompense for work they were currently doing, which was contributing to other organisations goals e.g: DHBs. Keeping the shed separate from bureaucracy can have the advantage of keeping men freed up to focus on the core business of the shed, and it enables a fluidity, and organic development of relationships which enables them to ‘see what happens’, and be flexible. On the

negative side this may preclude them from more formalised arrangements and funding opportunities as discussed above.

Cordier and Wilson's study (Cordier & Wilson, 2014) suggested that the quality of mentoring in Men's Sheds needs to be examined to ensure effectiveness. They say that there is training in some sheds on mentoring, but that best practice should be defined based on a framework. While this study did not specifically ask if mentoring training occurred, there was no suggestion that this is the case, and the informality of the programmes was highlighted.

5.2.7 Society

Men's Sheds as organisations are spread across New Zealand and intergenerational mentoring is occurring in many of them. intergenerational mentoring contributes to social capital and cohesion, which may offset some of the anxiety, and the resulting negative impact on health, inherent in unequal societies, and buffer some of the effects of being single and poor (Chuang et al., 2013; Cramm et al., 2013; Glass et al., 2004; Wilkenson & Marmot, 2003). This is the reasoning behind Wilkenson's argument that psychological factors need to be included in solutions for ill health.

The utilisation of the skills of the older generation to contribute to the development of younger people is an opportunity to leverage off an untapped resource (Glass et al., 2004) and is therefore a mechanism to address and balance the increasing load that the aging population represents, through viewing the aging population as one of society's only increasing natural resources.

The importance of handing down knowledge particularly knowledge about the use of hand tools, contributes to the continuity of culture according to the men. New Zealand is known as a 'do it yourself' society, and men spoke of their view that the skills for this part of our culture are being lost, and they see themselves as playing a part in protecting this heritage.

5.2.8 Summary part one

In summary, this section which examines the extent to which Men's sheds participants are engaged in intergenerational mentoring, and the impact of this process on the participants, shows that over half of the Men's Sheds surveyed have been involved in intergenerational mentoring, and at the time of the research 39 % were involved, so involvement in intergenerational mentoring is widespread. There can also be quite large numbers of young people involved at one time with Men's Sheds through holiday programmes and some school programmes, for example, up to 70 children have been involved at one time. From the in-depth interviews it was clear that most Men's Sheds were interested in this kind of work. The majority of those not currently involved were planning to

commence this type of programme when the timing was right, or the opportunity arose. In terms of benefit to the men this was examined through an internationally validated health questionnaire tool (EQ-5D), and in-depth interviews. Men involved in Men's Sheds and involved in intergenerational mentoring rate their own health higher than the general New Zealand population of Men of the same age, and international group of men of the same age. This cannot be inferred to be a causal relationship, and the numbers involved are small.

In the in-depth interviews, five themes emerged which were , activities, fun and enjoyment, learning, helping relationships and challenges. These influenced individual men's social, psychological and potentially physical health through supporting generativity, and also influenced community and society through supporting social cohesion and building social capital, which can contribute to broader collective community and societal health.

To support a clear understanding of the findings, two models have been developed. The first clarifies the unique benefits that participating in intergenerational mentoring in Men's Sheds compared with general participation. The second explains the relationship between two aspects of fun and enjoyment that men get out of participating in intergenerational mentoring, firstly through the actual process of supporting younger people in the sheds, and then secondly by observing the positive outcome on the young people.

5.3 Part Two. The nature of Men's Sheds in New Zealand

This section firstly describes those factual findings that were of interest or significant, or different from other research. Secondly the section discusses ethnicity and gender as explored in the survey, and finally discusses the general benefits of participating in Men's Sheds.

5.3.1 Description of Men's Sheds

The Men's Sheds movement has quickly grown since the inception of the first sheds in 2007. Men interviewed talked about their excitement about the growth of the movement, describing it as a 'burgeoning movement', with new sheds springing up in adjoining localities and some beginning to link up into networks.

In comparing Men's sheds in New Zealand with Australian and other international sheds, the main difference is the relationship that the sheds have with other organisations. In New Zealand most of the Men's Sheds are Charitable Trusts or Incorporated society Charitable Trusts with only two sheds linked legally to any other organisation. This appears to be different to the Australian experience. In Australia, Misan says that:

Sheds have been established under the auspices of aged care organisations, health centres, hospitals, NGOs, Vietnam Veterans associations, community houses, welfare agencies or church groups.(Misan, 2008 p12)

Most of the sheds are open 16 hours or less per week, and the majority have three or less sessions per week, which may enable the mostly retired workforce to maintain momentum without fatigue. Most of the Men's Sheds have up to 20 men on average participating a week. All of the sheds have woodworking areas, and many have metal work areas, and it is this emphasis on technical and manual activity that is central to the Men's Shed's philosophy.

It is not possible to directly compare the numbers of men using the sheds with Australian and international literature as different questions were asked, however, we know that in Australia the mean Men's Shed membership number was 31.9 in a study in 2013 (Cordier & Wilson, 2013). The most comparable information is the mean number of Men participating per week in NZ which is 27.8, so it may be inferred that the size of Men's Sheds in New Zealand is similar to those in Australia.

Men's Sheds in New Zealand are well aware of the Men's Sheds movement in Australia and have utilised web resources and have visited and learnt from development in Australia and also other international sheds. They are particularly aware of the significant amount of funding given by the Health system to support the development of Men's Sheds. The Men's Sheds in New Zealand have an umbrella support organisation MenzSheds New Zealand and are also linked with an international Men's Sheds organisation in development.

5.3 2 Ethnicity

The sheds involved in this study were asked to identify the proportion of members who identified as Maori, Pacific, Pakeha and other ethnic groups. The majority of men using the sheds are Pakeha although there is a small percentage of Māori and Pacific men also using the sheds (6.7%).11 out of 28 sheds reported having Māori participants, and there was no obvious link between numbers of Māori participating and the proportion of Māori in the population in the geographic area of the shed. The distribution was even across the country with one exception, where one shed had a much higher proportion of Māori than any other. In exploring the Cordier and Wilsons study (2013), which looked at the extent to which Men's Sheds targeted 'culturally and linguistically diverse' (CALD) men found that the Men's Sheds do actively encourage culturally diverse men to attend, (Cordier & Wilson, 2013)and Misan in his work met with indigenous men's groups who were very supportive of the concept of Men's Sheds (Misan, 2008), however, there is little documented evidence that

indigenous men have been involved in large numbers. 35 % of men in both Australian and international sheds fit the CALD category although the majority are of European descent. In remote areas of Australia the CALD population included Aboriginal and Torres strait islanders and were 77% of the total although it was out of a small group of seven men. The reasons for sparse participation of Maori men in Men's Sheds are not known and would be worth exploring more as the health and wellbeing of Maori men is of interest and concern. Literature does however suggest that are major cultural differences in attitudes to ageing between Māori and non-Māori with whanau or family playing a key role in terms of providing and receiving support (Kukutai, 2006), and also suggests that Māori may choose not to participate in community organisations because of experiences of discrimination.

While Maori men are not represented in Men's Sheds developments in large numbers, men in general over 65 are over represented in negative health statistics, and do not utilise health services therefore Men's Sheds are successful in reducing general inequities if not ethnic inequities.

5.3.3 Gender

Women's involvement in Men's Sheds in New Zealand mirrors international literature which has found that they are play important supportive roles, mostly in the background. Some sheds have offered specific sessions for women, but these have not been extensively taken up or ongoing. From the sheds surveyed 64.2% of them involved women in some way, however, on average only 25 women per week attend Men's Sheds compared with 597 men. This compares with an Australian study that found that 30% of sheds involved women.

Men's Sheds literature says that the issue of women's involvement in Men's Sheds is very controversial and debated widely (Styles, 2010), however the argument appears to be mostly about protecting the men's space rather than being misogynistic (Styles, 2010). It is an issue that each shed has to grapple with (Golding, Brown, Foley, Harvey, & Gleeson, 2007a; Golding, 2011a; McMillan, 2009).

Literature discusses the disadvantage that men face in terms of accessing health services and learning opportunities (MacDonald, 2006) because of negative masculine stereotyping, and suggests that Men's Sheds are positive responses to support men, and provide them with opportunities for learning and support. Some Men's Sheds have called themselves " Blokes Sheds" in New Zealand and James Sunderland (2014), has examined what this means and has linked it to the notion of being a 'good bloke' (Sunderland, 2014).

This importance of protecting male space is discussed in the literature, and suggested by Ormsby to be a place where men adjust to loss, whether that be loss of employment with retirement, or loss of friends or a spouse. This correlates with Baltes and Baltes Model of Selective Optimisation which suggests that to cope with some of the difficult transitions inherent in the middle to older adult stage, working in the Men's Shed gives a sense of purpose, and allows men to set, pursue and maintain goals which are necessary for successful aging.

The background but supportive role of women in the Men's Sheds movement is important for the sustainability of the movement, promoting cohesion rather than division. According to the literature, women appear to be keen to protect this male space for the sake of the men's psychological health, and for their own, as they talk about 'underfoot syndrome', where men have little to occupy themselves after retirement which has a negative impact on women's lives.

5.3.4 The general benefits of participation in Men's Sheds

This study examined the wellbeing of a sample of 137 men involved with Men's Sheds and compared the results with those involved in intergenerational mentoring. It has also been possible to compare the data with EQ-5D data sets for NZ men, and a total international data set. It is relevant to discuss here, the wellbeing of the Men's Sheds participants overall in comparison with EQ-5D data sets from the population of NZ men, and international men of the same age groups. Younger men in Men's Sheds compare unfavourably with New Zealand in general, and international men's wellbeing, although the numbers of younger men are too small to be significant. It could potentially be explained by the fact that younger men who are able to attend Men's Sheds are unemployed, which is a social determinant of health, known to have a negative impact on wellbeing. However older men in Men's Sheds rate their health state more highly than the EQ 5D NZ, and international comparison data sets. It is not possible to attribute cause and effect to this finding. This may be linked to the benefits of social participation, although it may also be due to the fact that men who are interested and able to attend Men's Sheds are in fact healthier by necessity, given that it is an activity based organisation.

Literature has identified that men benefit from their participation in Men's Sheds through learning (Golding, Brown, Foley, Harvey, & Gleeson, 2007a), improved physical, mental, social, and spiritual health (Cordier & Wilson, 2013; Culph et al., 2015; Flood & Blair, 2013; Moylan et al., 2015; Wilson & Cordier, 2013), improved wellbeing (Golding, 2011a) and the experience of social participation and inclusion (Cordier & Wilson, 2013). Social participation is an important social determinant of health. The relationship between social participation and health and wellbeing, and the effect that it has on individuals, has been widely researched, and is particularly linked to the psychological effect of being

involved with others. Conversely social exclusion and isolation have been shown to increase stress in people's lives, which can impact on the immune and cardiovascular systems and contribute to the development of long-term conditions. Moreover, when individuals are linked up with groups and networks, there is a broader beneficial effect on communities and societies, through enabling social cohesion and building social capital. Social participation is therefore included in health policy in many countries.

5.3.5 Summary of Key discussion points

Men benefit from participation in intergenerational mentoring in Men's Sheds, especially through the social element of that participation, which has many benefits especially, psychological. This finding is important in the context of high rates of depression in the older male population in New Zealand. Overall, men over 65 who go to Men's Sheds rate their health as higher than the general NZ male population, and the international male population of the same age group, and men who participate in intergenerational mentoring rate their health higher than those who do not. These findings can only be interpreted as a comparison and cannot be attributed to men's involvement in Men's Sheds or in intergenerational mentoring, because it is not a causal relationship, and the numbers of men involved are small.

57% of Men's Sheds surveyed indicate they have participated in intergenerational mentoring. This is higher than previous international studies, and the men involved in intergenerational mentoring gain enjoyment and fun, a perception of helping, and a sense of purpose and wellbeing from the experience. The intergenerational mentoring relationships are collaborative and mutually beneficial mentoring relationships which enables learning for the men as well as the young people. The benefits of intergenerational mentoring may reduce intergenerational conflict in a community and promote feelings of safety in older people. It also promotes the handing down of 'do it yourself' skills to younger generations, which the older men feel are being lost in the age of technology. During the process of teaching younger people, the older people learn new skills and attitudes including the reduction of stereotyping and intergenerational mentoring. Intergenerational mentoring in Men's Sheds promotes community cohesion and social capital through the linkages and networks developed in the desire to assist, which has the potential to strengthen communities and reduce inequalities in society. The intergenerational mentoring carried out in Men's Sheds in New Zealand is informal. Intergenerational mentoring taps into the resources residing in the older generation who are in the 'generative' phase of their lives

Chapter 6 : Limitations

This section will discuss the strengths and weaknesses of the study methodology, analysis and interpretation.

This study, in aiming to describe the nature of Men's sheds, and also in exploring the phenomenon of intergenerational mentoring in New Zealand, was a pragmatic mixed method piece of research. There are limitations to this approach. Critics suggest that there is confusion surrounding the definition, descriptors, language and methods, and that a lack of underpinning philosophy is problematic (Östlund et al., 2011).

It is also argued, that to implement this methodology most effectively, it is desirable to have true integration between the quantitative and qualitative aspects of the research, to provide a richer understanding (Feilzer, 2010; Östlund et al., 2011). This work however was carried out consecutively, rather than concurrently and so true integration was not achieved.

The use of qualitative research in the follow up in-depth interviews enabled a level of richer detail about intergenerational mentoring but cannot be construed as indicative of broader experience. These limitations of the approach, must be taken into account when considering the findings

6.1 The survey questionnaire, health questionnaire and follow up interviews

The study may have benefited from clearer direction to the contributors, about the definition of intergenerational mentoring for the purposes of the study. The questionnaire simply defined intergenerational mentoring as 'work with young people', it may be, that the interpretation of this varied from man to man, although the responses indicated the focus was on school age children. There were some responses about people with disabilities and no age information was available in relation to this group. While the age of the men filling out the health questionnaires was gathered, the age of men using the sheds in general was not.

Although the questions were checked by two people for ambiguity, on analysis it was discovered that there was ambiguity in one question which asked about the average number of men involved per week. One participant clarified, that 15 of the same men participated three times a week, which suggests that the question could be interpreted as the average number of different individual men participating over the week, or the average number of the same men who participated over a number of sessions. From cross checking the numbers given against the question about numbers of

men in relation to ethnicity it became clear that all of the respondents had interpreted it as the average number of the same men who attended over a number of sessions. The total number of men using the shed was not directly gathered however, the ethnicity questions did enable a number to be calculated.

6.2 Analysis

Part of the findings of this study are that Men's Sheds who participate in intergenerational mentoring, contribute to social capital and cohesion with resulting benefits at an individual, community and society level. The evidence on the benefits of these constructions is mixed, because of the lack of clarity of definitions and lack of agreement about measurement. Therefore it is difficult to draw definite conclusions in this regard.

This study does not prove a causal link between working in Men's Sheds and better health, or between participating in intergenerational mentoring and better health. In order to achieve this it would be necessary to control for all determinants of health and use an objective measure of health status.

6.2 Measurement bias

Measurement bias can occur when a change is attributed to an outcome measurement, which may have no relationship. For example in this study, because men who participated in intergenerational mentoring had higher self-rated health than other men participating in Men's Sheds and those not participating in Men's Sheds it could have been suggested that intergenerational mentoring is the cause of that effect. However, this conclusion cannot be attributed to intergenerational mentoring because the numbers of participants in the study were small, and because of the potential for selection bias mentioned below.

6.3 Selection bias

Selection bias exists when study results are attributed to the effect of an intervention, when those results in reality could be explained by differences in the participants before the intervention took place. Men who choose to participate in Men's Sheds, may be healthier than those who do not. They are clearly a motivated group of men.

There may have been selection bias in the way the Health Questionnaires were completed. Although all efforts were made to avoid any coercion, it may be that those men who had a longer or more in-depth relationship with the Shed were more likely to participate in a health survey. Additionally,

research suggests that self-selected volunteers tend to be more active, better educated, less overweight and in better health than those who choose not to be part of a research study.

There may also be selection bias through the membership of the Men's Sheds who took part in the study, of the national Men's Shed body (MenzShed NZ) as other non-affiliated sheds may have had a different result.

6.4 Expectancy effect

There are effects that occur when participants respond to the perceived expectations of the researcher, through either the experience of being observed (the Rosenthal effect) or reaction of being researched (the Hawthorne effect). Therefore, it may have been possible that men self-rated their health more favourably, as they have indicated that they are keen to show health benefits of participation in Men's Sheds.

6.5 Experimenter effects

Experimenter effects arise from the characteristics of the researcher such as age, socioeconomic status, ethnicity, gender and communication style. In this instance there was the potential for the gender of the researcher as a woman to have been an issue. The following actions were taken to mitigate this: Firstly, the issue was discussed with the researchers supervisor. Secondly, the issue was raised with the Men's Sheds organisation who indicated that, as women are frequently involved in various ways with Men's Sheds, this was not an issue. Thirdly the researcher investigated literature related to this issue and found that, while there is evidence that perceptions of difference shape the power dynamics, and therefore can affect the results of research, it is not recommended that only female researchers interview female subject, as this can in itself be a limitation, and reduce the richness of the data. It is however recommended that researchers be mindful of gender expectations (Sallee & Harris, 2011).

6.6 Summary

This chapter has discussed the limitations of the study particularly with regard to methodology survey design, and analysis. As a piece of pragmatic mixed method research it is underpinned by a practical approach to describe and understand Men's Sheds and the intergenerational mentoring that occurs. While some differences in self-rated health were found in the men attending Men's sheds and also those men participating in intergenerational mentoring it is not possible to attribute a causal relationship owing to sample size, and selection bias which is present because of the group of men who choose to attend Men's Sheds.

Chapter 7 : Conclusions and Recommendations

7.1 Introduction

This study has explored the intergenerational mentoring that is widespread within the Men's Sheds movement in New Zealand. This is an important function that Men's Sheds fill and it differs from other intergenerational mentoring work which is focussed on reminiscence processes. Men's Sheds work foregrounds the teaching of skills across generations rather than explicit teaching about history. The men gain enjoyment out of this interaction, firstly when they are working with the young people at the time, and also in reflection of the skills that they have passed on, and the progress that the young people make. The relationship between the older men and the young people are positive helping relationships which are collaborative in nature, and which minimise power imbalances. These experiences are all important in supporting older men's psychological health, which in turn may have an impact on reducing depression and suicide in older men in New Zealand. Building intergenerational ties can also contribute to community cohesion, and social capital, which may reduce inequalities between groups, which can also have a positive impact on health.

7.2 Recommendations

Participating in intergenerational mentoring within the Men's Sheds context is an enjoyable activity, which promotes learning for the men and the young people and is helpful to individuals, the community and society.

Therefore, as a result of this research the following recommendations are offered.

7.2.1 Men's Sheds at a local level

- Men's sheds not currently involved could consider their future involvement given the benefits discussed. Some sheds successfully run intergenerational mentoring programmes with 'the willing', in other words, if not all of the membership is keen it may be possible to work with those members who are, in order to reap the potential benefits, without impacting on the enjoyment of those men who are not interested in participating
- Highlighting the role Men's Sheds can play in intergenerational mentoring and the associated benefits with the local news media would encourage opportunities for those sheds keen to commence or extend this role.
- Using this research, approach local councils, home schooling groups and schools with proposals for intergenerational mentoring programmes
- Request remuneration for the work that is done with young people. At a minimum, it is recommended that groups and institutions should be asked to contribute for materials used,

in order to assist the sustainability of the Sheds. Where Men's Sheds are routinely receiving referrals from District Health Boards it is recommended that either a fee for service be charged per referral which would encompass an assessment of the client's capability and support for the first three visits until the client is settled in, or a general grant is negotiated.

7.2.2 Men's Sheds at a Regional Level

- Clusters of Men's Sheds are beginning to emerge in some areas. As sponsorship is a key element which supports Men's sheds, it may be of benefit to approach large chains as a regional collective.

7.2.3 National level

- That MenzShed NZ add information about intergenerational mentoring to their website

7.2.4 For funders

The potential benefits highlighted in this research suggests that for a minimal investment significant returns may be realised for young people, for the men and for the community. The organisations are already very skilled at effective use of resources, through the voluntary nature of their work and through gaining sponsorship. However, funding should be made available to Men's sheds in three specific areas

- During the set up phase of developing a Men's Shed. This phase is spoken about as being very resource intensive and stressful, and assistance at this time, either financial or in kind (i.e supporting a venue) could be the difference between success and failure of the Shed.
- Costs associated with materials for intergenerational mentoring programmes is essential to enable these valuable programmes to be sustainable.
- Equitable remuneration must be provided when Men's Sheds are used routinely by health services to assist with rehabilitation

Chapter 8 **Appendices**

General questionnaire

Interview Guide In-depth Interview Questions

EQ-5D questionnaire

Participant information sheets

Ethics approval

Survey Men's Sheds 2014 Questionnaire

Please tick the appropriate selections, or write answers where requested.

1. What is the name of the Shed?

2. How long has it been operating?

- Less than one year
- 1-2 years
- 3-5 years
- 5+ years

3. What type of shed is it?

- existing building?
- Purpose built?

4. How big is the facility? (floor area, in square metres)

5. What areas are in the shed?

- Wood working
 - Machine shop
 - Social area
 - Kitchen
 - Other
-
-
-
-

6. What is the legal structure of the Men's Shed?

- Incorporated Society with charitable status
 - Charitable trust
 - Linked to another organisation
 - Other (please state)
-
-

7. How many hours is the shed open per week?

- Less than 8
- 8-16
- 17-24
- 25-40

8. How many 'sessions' per week are held

- One
- Two
- three
- four
- five
- more than five

9. How many men participate on average during a week?

10. Of the current men using the shed, can you please outline the numbers in each ethnic group:

- o Pakeha _____
- o Maori _____
- o Pacific _____
- o Other _____

11. Are women involved in your shed?

- o Yes
- o No (if no please go to Q 13)

12. How are women involved in the shed?

- o Fully involved in the same way men are
- o Have specific session times
- o Are involved in background support
- o Other

Please describe

13 How many women participate on average during a week?

14. Has the Shed been involved in intergenerational mentoring?
(i.e work with young people?)

- o Yes
- o No (if no please go to Q15)

15. Is this mentoring ongoing?

- Yes
- No

16. Are you funded for it?

- Yes
- No

17. Describe briefly the mentoring that has taken place in the past?

18. Describe briefly the mentoring currently taking place.

19 Will you consent to having a follow up telephone interview?

(10 sheds will be selected for in-depth interviews, 6 who are doing mentoring and four who are not.)

- Yes
- No

Name of person

Best telephone contact Number(s)

Most convenient time to telephone:

- Morning
- Afternoon
- Early evening.

Health Survey

(To be completed by 5 men who use Men's sheds at each site).

Age of person filling out this health questionnaire _____

Ethnicity :

- Maori
- Pakeha
- Pacific
- Other

Highest education level

- no formal qualification
- school certificate
- university entrance
- trades qualification
- University degree or higher?

How long have you been coming to the Men's Shed?

- Less than six months
- Six months to a year
- 1-2 years
- Over 2 years

How often do you come to the Men's Shed ?

- 3 times a week
- Once a week
- once a fortnight
- from time to time
- other _____

Have you been involved in mentoring of younger people?

- Yes
- No

The next part of the survey are questions aimed at measuring health status.

The results of this part of the survey will be measured against average New Zealanders of a similar age group. This part of the questionnaire has been included as a result of Men's Sheds participants requesting evidence of health benefits of Men's Sheds.

EQ- 5D Health Questionnaire
English version for New Zealand

By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities (*e.g. work, study, housework, family or leisure activities*)

- I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

Pain/Discomfort

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

Anxiety/Depression

I am not anxious or depressed

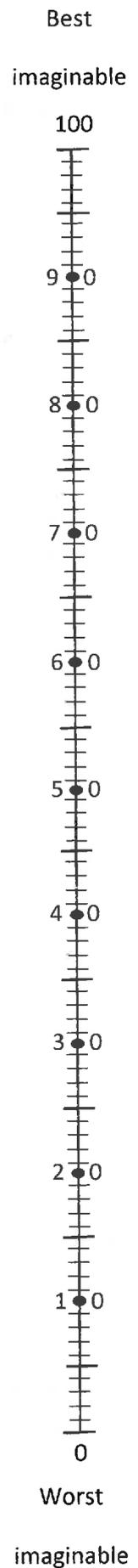
I am moderately anxious or depressed

I am extremely anxious or depressed

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own
health state
today



Indepth Interview Questions

- Introductions
- Answer any questions participants have
- Explain the purpose of the interviews
- Take consent

1. For Men's Sheds who have indicated that they are carrying out intergenerational mentoring and (and have briefly described it)

Just to recap, the mentoring programmes that you have been involved with include: (state details from initial questionnaire)

For each programme:

2. How many younger people were involved?
3. How long did they engage with Men's sheds ?
4. How did the process work? (talk me through what would happen at a session)
5. Was the relationship formally set up? (i.e with programme plans, contracts, etc)
6. Was there any evaluation of the programme? ie evaluation surveys at the end?
7. What do you think are the benefits of the programme?
 - To the Men's sheds men involved
 - To the younger people involved

- Any other benefits that you can identify?

8. Were there any issues or problems with having the younger people in the shed?

9. Was the programme funded?

10. Will you continue to offer intergenerational mentoring?

For Men's Sheds who have indicated that they are NOT carrying out intergenerational mentoring:

11. Have you ever considered doing intergenerational mentoring?

12. What is the reason why you are not doing it now?

13. Would you do it in the future?

Jenni Moore

From: Jenni Moore <jenni.moore@xtra.co.nz>
Sent: Wednesday, 16 April 2014 5:36 p.m.
To: Jenni Moore
Subject: FW: EQ-5D registration
Attachments: New Zealand (English) EQ-5D-3L.docx

From: Mandy Oemar [<mailto:oemar@euroqol.org>]
Sent: Tuesday, 15 April 2014 8:59 p.m.
To: jenni.moore@xtra.co.nz
Subject: EQ-5D registration

Dear Ms/Mr. Jenni Moore,

Thank you for registering your research at the EuroQol Group Foundation's website.

As the study you registered involves low patient numbers (60) you may use the EQ-5D-3L instrument (Paper version) free of charge. Please note that separate permission is required if any of the following is applicable:

- Funded by a pharmaceutical company, medical device manufacturer or other profit-making stakeholder;
- Number of respondents over 5000
- Routine Outcome Measurement;
- Developing or maintaining a Registry;
- Digital representations (e.g. PDA, Tablet or Web)

Please find attached the English (New Zealand) EQ-5D-3L version (word format). A brief user guide is downloadable from the EuroQol website (www.euroqol.org)

Kind regards,

Mandy Oemar
Communications Officer
T: +31 88 4400190
E: oemar@euroqol.org
W: www.euroqol.org



PARTICIPANT INFORMATION SHEET

Researcher's Name: Jenni Moore

**Invitation to Participate in Research: Men's Sheds and intergenerational
mentoring in New Zealand**

Designated Point of Contact: Phase one

This information sheet is for the person who will be the central point of contact for this research.

You are invited to participate in a study about Men's Sheds and Intergenerational mentoring in New Zealand.

Your participation is voluntary and this participant information sheet is to help you to decide whether you want to take part. The study will be carried out between August 2014 and November 2015.

Men's Sheds have developed in New Zealand over the last ten years and they represent a unique gathering place for older men, working together on building, mechanical or other projects.

While there is some international literature about Men's Sheds in Australia, Canada, Ireland and Great Britain, there is little research about the status of Men's Sheds in New Zealand. There is also some anecdotal information about innovative programmes being carried out between the older men and younger members of their communities, and this study aims to describe what is happening in this arena.

There are three parts of the study:

1. General survey about details of Men's Sheds in New Zealand.
2. A simple health survey called EQ-5D which will be used to compare the health status of men who use Men's sheds compared with the health of the general population of the same age.
3. Follow up telephone interviews with 10 sheds about intergenerational mentoring.

The information gained by this study may influence future planning for Men's Sheds, and will be useful for Men's Sheds membership when they need to have clear

Please contact: Jenni Moore,
jmoo242@aucklanduni.ac.nz

or Dr John Parsons (09)923 3935
j.parsons@auckland.ac.nz

information about the nature, purpose and benefits of Men's Sheds organisations in New Zealand.

If you decide to participate in the study, it will involve:

1. Filling in the consent form
2. Filling in the General survey. This can be done in hard copy or on line at <http://northnet.northland.ac.nz/surveys/index.php/432324/lang-en>
3. Putting up the enclosed poster informing shed participants about the research that is being carried out
4. Putting out the copies of the EQ-5Dhealth status questionnaire. (5 copies are enclosed) and some blank envelopes, in a central gathering place so that men can take up the opportunity to participate. This will take them about 5 mins to complete, and it is an anonymous questionnaire.
5. Receiving back the completed EQ5D questionnaires in the plain envelopes
6. Send them, and your signed consent form, back to Jenni Moore in the in the large Free post envelope provided.
7. In addition you are asked to consider whether you wish to participate in follow up interviews if selected by the researcher.

The questionnaire data will be collated, analysed and compared with the New Zealand national average data for men aged 65yrs +.The findings of the research will be shared widely with MenzShed NZ members, and other Men's Sheds.

The researcher will maintain the confidentiality of participants. Because of the small number of sheds and their uniqueness some sheds may be identifiable.

All of the printed data gathered will be kept securely in a locked cupboard at the University of Auckland.on a password-protected computer. Digital data will be kept on a password-protected computer. After six years, the computer-based document files will be erased and written information will be shredded.

Whether or not you take part in this study is your choice, and if you don't want to take part you don't have to give a reason, and it will not affect your relationship with the Men's Shed or the national MenzShed NZ organisation.

Please contact: Jenni Moore,
jmoo242@aucklanduni.ac.nz

or Dr John Parsons (09)923 3935
j.parsons@auckland.ac.nz

The results of the study will be reported in the researcher's Master's thesis and an aggregated report will be made available to the Men's Sheds that participated for dissemination to interested members.

There are no specific benefits to you for participating in this study. However, you may derive satisfaction from contributing to research useful to MenzSheds that may benefit those using the shed in the future. While there are no anticipated risks for taking part in this study, if you have concerns you should contact an independent health and disability advocate on:

Phone: 0800 555 050

Fax: 0800 2 SUPPORT (0800 2787 7678)

Email: advocacy@hdc.org.nz

Further information may be obtained by contacting Jenni Moore, contact details above. If you have any questions, concerns or complaints about the study at any stage, please contact:

- Principal Investigator: Dr John Parsons
(09)9233935 j.parsons@auckland.ac.nz
- Associate Professor Judy Kilpatrick (09) 923
2897 j.kilpatrick@auckland.ac.nz

Approved by the University of Auckland Human Participants Ethics Committee on 25th August 2014 for 3 years reference number 012588.

PARTICIPANT INFORMATION SHEET

Researcher's Name: Jenni Moore

**Invitation to Participate in Research:
Men's Sheds and intergenerational mentoring in New Zealand**

EQ-5D Health Survey

You are invited to participate in a study about Men's Sheds and Intergenerational mentoring in New Zealand.

This participant information sheet is to help you to decide whether you want to take part. The study will be carried out between August 2014 and November 2015.

Men's Sheds have developed in New Zealand over the last ten years and they represent a unique gathering place for older men, working together on building, mechanical or other projects.

While there is some international literature about Men's Sheds in Australia, Canada, Ireland and Great Britain, there is little research about the status of Men's Sheds in New Zealand. There is also some anecdotal information about innovative programmes being carried out between the older men and younger members of their communities, and this study aims to describe what is happening in this arena.

Part of the overall study will examine the health status of men participating in Men's Sheds and intergenerational mentoring. This will be compared to the general population of men in New Zealand of a similar age to see if there are any interesting comparisons. This is why you have been invited to take part in this survey.

The information gained by this study may influence future planning for Men's Sheds, and will be useful for Men's Sheds membership when they need to have clear information about the nature, purpose and benefits of Men's Sheds organisations in New Zealand

The health survey part of the study is a simple but internationally validated instrument called the Euroqual questionnaire, or EQ-5D. It measures health status. It will be completed anonymously.

If you decide to participate in this part of the study, it will involve:

Please contact: Jenni Moore,
jmoo242@aucklanduni.ac.nz

or Dr John Parsons (09)923 3935
j.parsons@auckland.ac.nz

1. Filling in the EQ-5D health status questionnaire. This will take about 5 mins to complete.
2. Place it in the plain envelope supplied to maintain your confidentiality
3. Place it in the box provided

It is assumed that you have consented if you complete the survey. The questionnaire data will be collated, analysed and compared with the New Zealand national average data for men aged 65yrs +. The findings of the research will be shared widely with MenzSheds NZ members, and other Men's Sheds. The researcher will take utmost care to preserve the confidentiality of participants, although recognising the small number of sheds and their uniqueness may mean that some sheds may be identifiable. However, as the questionnaire is anonymous, the personal identities of participants will not be revealed. As the questionnaire is anonymous it will not be possible to withdraw your study data once it is submitted.

All of the printed data gathered will be kept securely in a locked cupboard at the University of Auckland on a password-protected computer. Digital data will be kept on a password-protected computer. After six years, the computer-based document files will be erased and written information will be shredded.

The results of the study will be reported in the researcher's master's thesis and an aggregated report will be made available to the Men's Sheds that participated for dissemination to interested members.

Whether or not you take part in this study is your choice, and if you don't want to take part you don't have to give a reason, and this will not affect your relationship with the Men's Shed or the national Menzshed NZ organisation.

There are no specific benefits to you for participating in this study. However, you may derive satisfaction from contributing to research useful to MenzSheds that may benefit those using the shed in the future. While there are no anticipated risks for taking part in this study, if you have concerns you should contact an independent health and disability advocate on:

Phone: 0800 555 050

Fax: 0800 2 SUPPORT (0800 2787 7678)

Email: advocacy@hdc.org.nz

Further information may be obtained by contacting Jenni Moore, contact details above. If you have any questions, concerns or complaints about the study at any stage, please contact:

Please contact: Jenni Moore,
jmoo242@aucklanduni.ac.nz

or Dr John Parsons (09)923 3935
j.parsons@auckland.ac.nz

- Principal investigator: Dr John Parsons
(09)9233935 j.parsons@auckland.ac.nz
- Associate Professor Judy Kilpatrick (09) 923
2897 j.kilpatrick@auckland.ac.nz

Approved by the University of Auckland Human Participants Ethics Committee on
25th August 2014 for 3 years reference number 012588.

Research Project

August 2014

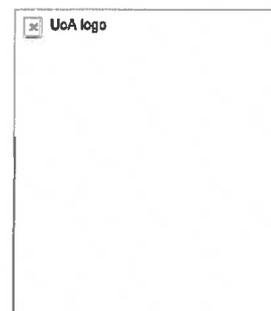
**You are invited to participate in a
research study about Men's Sheds.**

This health survey is voluntary and will only take five minutes of your time. All information provided will be anonymous. If you would like to participate:

1. Please read the participants information sheet provided.
2. Fill out the health survey.
3. Place it in a blank envelope provided.
4. Place it in the box provided.

This part of the study aims to compare the health status of men who use Men's Sheds with the general population.

Approved by the University of Auckland Human Participants Ethics Committee on 25th August 2014 for 3 years reference number 012588.



The University of Auckland
Private Bag 92019
Auckland, New Zealand

Level 10, 49 Symonds Street
Telephone: 64 9 373 7599
Extension: 87830 / 83761
Facsimile: 64 9 373 7432

UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE (UAHPEC)

25-Aug-2014

MEMORANDUM TO:

Dr John Parsons
Nursing

Re: Application for Ethics Approval (Our Ref. 012588): Approved with comment

The Committee considered your application for ethics approval for your project entitled **Mens Sheds in New Zealand and Intergenerational mentoring**.

Ethics approval was given for a period of three years with the following comment(s):

1. Please add to the top of the Consent form that the form will be kept for a period of six years.
2. Advertisement: Please remove the contact details for the UAHPEC Chair and replace it with the UAHPEC approval wording (Approved by the University of Auckland Human Participants Ethics Committee On for 3 years, Reference Number).

The expiry date for this approval is 25-Aug-2017.

If the project changes significantly you are required to resubmit a new application to UAHPEC for further consideration.

In order that an up-to-date record can be maintained, you are requested to notify UAHPEC once your project is completed.

The Chair and the members of UAHPEC would be happy to discuss general matters relating to ethics approvals if you wish to do so. Contact should be made through the UAHPEC Ethics Administrators at ro-ethics@auckland.ac.nz in the first instance.

All communication with the UAHPEC regarding this application should include this reference number: **012588**.

(This is a computer generated letter. No signature required.)

Secretary
University of Auckland Human Participants Ethics Committee

c.c. Head of Department / School, Nursing
Jennifer Moore

Additional information:

1. Should you need to make any changes to the project, write to the Committee giving full details including revised documentation.
2. Should you require an extension, write to the Committee before the expiry date giving full details along with revised documentation. An extension can be granted for up to three years, after which time you must make a new application.
3. At the end of three years, or if the project is completed before the expiry, you are requested to advise the Committee of its completion.
4. Do not forget to fill in the 'approval wording' on the Participant Information Sheets and Consent Forms, giving the dates of approval and the reference number, before you send them out to your participants.
5. Send a copy of this approval letter to the Awards Team at the, Research Office if you have obtained funding other than from UniServices. For UniServices contract, send a copy of the approval letter to: Contract Manager, UniServices.
6. Please note that the Committee may from time to time conduct audits of approved projects to ensure that the research has been carried out according to the approval that was given.

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