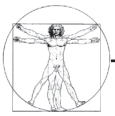

BARRY GOLDING[a]

Older Men's Wellbeing Through Community Participation in Australia

This paper explores the wellbeing implications of older men's community involvement. It is based on data from recent, mixed method, Australian research that investigated learning and wellbeing for older men (age over 50) in diverse sites for six community organisation types. It investigates men's wellbeing outcomes as a consequence of participation in community organisations. The data illustrate the important health and wellbeing benefits, particularly to many older men, of regular, practical, hands-on activity and involvement. The paper includes a critical examination of the opportunities for enhancing health and wellbeing filtered through the World Health Organisation's (WHO, 2003) Social Determinants of Health. *This research illustrates how diverse community organisations have the capacity to address men's health and wellbeing, particularly if they acknowledge the importance of both the role of men's cultural norms and values and the value of men's agency through grassroots organisations such as community men's sheds.*

Keywords: men's sheds, wellbeing, community, participation

This paper investigates older men's health and wellbeing from Australia, based on research in community settings in which men voluntarily participate. It is important from the outset to clarify the broader Australian context in which the research was undertaken. In 2010, the Australian government finalised its first national men's health policy. Australian men were for the first time being publicly acknowledged (Australian Institute of Health and Welfare: AIHW, 2010, p. 1) as having lower life expectancies, poorer outcomes in most areas of health, more of the disease burden and injuries (including suicide) and a higher burden of health risk factors than women. And yet around six out of ten Australian men had recently been assessed (Australian Bureau of Statistics: ABS, 2008) as having health literacies at such low levels that they were regarded internationally as "inadequate" to meet the complex demands of everyday life and work. While "socio-cultural factors, combined with generally higher prevalence of dis-

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ease and risk factors than women support specific research and policy consideration of men as a population group" (AIHW, 2010, p. 2), research on Australian older men's learning and wellbeing in community settings remains very limited, beyond broad-brush analyses of the limited number of aggregated, quantitative health data. Such analyses are further hamstrung by the decisions to exclude older age classes (more than 74 years) from surveys of literacy and life skills (e.g., ABS, 2008).

What is known is that many older Australian men struggle with redefining their identities (including masculinities) beyond paid work, have negative attitudes toward educational formality and tend to be either missing from or excluded from adult and community education, in the few places it exists in a government supported form in Australia (Golding, 2009). There are strong cross correlations in Australia between limited formal post-school education and training, older age classes, low literacy and poor health status, and unemployment or early withdrawal from the paid workforce. ABS (2008) research confirms that adults who do participate in learning tend to be those with high literacies. Around eight out of ten non-participants in recent adult learning in Australia have such low prose document and literacy levels that they would find it very difficult to cope in contemporary society (ABS, 2008). This includes difficulties commencing formal, accredited study and not having the health literacies to access or understand printed health messages included in the health literacy survey instrument. Governments in Australia have typically become concerned with men's economic inactivity, including withdrawal from the workforce, at both extremes of the economic cycle, but not for health or wellbeing reasons. When the economy has been booming, the concern has been with the effect on national productivity of early retirement and skill shortages. When the economy has been depressed, the concern has been about the cost of income support for those who are unemployed. In both cases, governments have tended to see training as the panacea rather than seeing the issue as multi-dimensional, with health and wellbeing as an important and often neglected determinant. As Lattimore (2007, p. xix) pointed out,

> … a large share of economic inactivity in Australia cannot be traced to retirement or education. Many prime aged males leave the labour force due to injury, ill health, (or) disability.… This imposes adverse economic and social impacts on the men concerned, requires costly social welfare support and has wider consequences for Australian society.

Literature Review

The Links Between Learning and Wellbeing

Both learning and health have tended to be regarded and researched as separate, measurable phenomena. The literature on the link between learning, wellbeing and ageing is therefore relatively recent, some of it for the UK Inquiry into the Future of Lifelong Learning (see Field, 2009; Jenkins, 2009; Matrix, 2009; summarised in Schuller & Watson, 2009). Beyond "the Nordic model" that promotes "overall wellbeing among

older workers by advocating for more choices and opportunities in working, learning and ageing" (Tikkanen, 2008, p. 4), literature and policies for older learners is otherwise relatively thin. Jarvis (2001, p. 144) noted that it is only in recent years that educators have emphasised the human (and arguably social) nature of learning and the collective as well as individual nature of learning outcomes. The same might be said for a relatively recent acknowledgement of the social dimensions of health embodied in the term "wellbeing." Further, "the boundaries that have separated the different aspects of our social living have been lowered in recent years, enabling … disparate elements to be coupled together. This is a reflection of late modern society" (Jarvis, 2001, p. 144).

Schuller and Watson (2009) conclude that different learning is required in different life stages. For the growing proportion of people in their fourth stage over 75 years, they postulate that the focus "… is likely to be on health. Old people should be able to continue to learn how to manage their own physical and mental health as far as possible" (p. 108). Schuller and Watson also stress the need in this final life stage for existential learning, suggesting that "there can be fewer more important tasks than learning to make sense of the life that you have lived" (p. 109). They cite other evidence (p. 172) that adult learning needs increasingly to focus on overcoming the risk of social isolation, staying healthy and remaining independent (p. 172). They cite longitudinal data for people over 50 in England involved in evening classes, which shows that learning "raises people's levels of self-esteem (identity capital), and through this improves their health.… [L]earning helps people be part of networks that sustain healthy lifestyles (social capital)" (p. 174).

Jarvis (2001, p. 74) distinguished the critical, different and universal need for older adults to "learn to retire," as distinct from the more commonly studied (but less commonly pursued) need to "learn after retirement." 'Removed from the constraints of work, retired individuals have to work out [new] relationships' (p. 74) and learn to be themselves in new situations. An important part of this learning is adapting to a myriad of often major, age-related changes including to health and wellbeing. This learning involved has to do with identities as men, relationships and income as well as health and wellbeing. Research into older adults' low health literacies in Canada (Grosjean, Pither, Kube, & Macleay, 2009) highlighted "the important role of learning in maintaining the health, quality of life and longevity of older adults, and in preparing individuals to take on new roles in the community and society" (p. 214). Jarvis (2001, p. 82) also identifies a need for some adults in the terminal stages of life to limit new learning:

> … to shut the world out and live in a world they know. Indeed, they can look back on the world and can reminisce … and reflect on experiences long gone but still alive in memory. They can contemplate the past, even learn from it, but for them non-learning is essential if they are to hold together all that has made them what they are. They have developed mind and the self and now seek harmony and peace. Learning still occurs, but selectively …

Beattie, Whitelaw, Metter, and Turner (2003) suggested that in the absence of other learning opportunities, community-based organisations that involve older adults are in a unique position to bridge the gap between the research and practice of healthy ageing. This suggestion, and the current research paper's investigation of the relation between community participation and wellbeing in community settings, is limited by the knowledge that in Australia only one in five older men are involved in community-based organisations (ABS, 2007). It is the demonstrated ability of community men's sheds to reach such men who are not in work, in poor health or disconnected that underpins the thinking behind the research reported in this paper. In effect, this research seeks to distil the necessary elements of community involvement in a wider range of organisations that already lead to enhancement of their wellbeing and that might engage older men. To borrow from Findsen's (2005, p. 4) similar research intentions in *Learning Later*, studying the social lives of very diverse, older adults through participation in a range of community organisations and sites helps to clarify how learning is derived from the complex issues and concerns that they face, in this case focused on health and wellbeing. The current research seeks to provide a more inclusive understanding of learning than that derived from studies of enrollment in education and training courses by a very small and relatively literate proportion of older Australians. Importantly, this research presupposes a constructivist view of learning: that older men simultaneously construct meanings about their health and wellbeing and benefit *through* their participation with other men in communities of practice, rather than gaining knowledge about it in a formal or abstracted manner.

Locating This New Research in Relation to Previous Men's Sheds Research

The new research on which this paper is based come from a study by Golding, Foley, Brown and Harvey (2009) for National Seniors Australia Productive Ageing Centre, henceforth referred to for brevity as NSA (2009). It builds on research into learning through community men's sheds (Golding, Brown, Foley, Harvey, & Gleeson, 2007). As alluded to in the introduction, the NSA (2009) research was being conducted as data were becoming available to inform the development of Australia's first national men's health policy. That data suggested that while in most areas of health, men have poorer outcomes than women, men have quite different health seeking behaviours (AIHW, 2010, p. 1). While the community shed research was conducted in the context of an ageing population in Australia (Intergenerational Report, 2002) and a "growing awareness of the role played by social determinants of health, such as education, cultural practices and environmental factors" (AIHW, 2010, p. 1), there were few studies of the role community organisations play in shaping the way men think about and react to changes in their health and wellbeing status as they age.

It is important for international readers to briefly identify what community men's sheds actually are and how they came to inform the current research. While they are a very recent phenomenon, originating and proliferating rapidly across Australia since the late 1990s, shed-type organisations for men have since spread very recently to New

Zealand, the United Kingdom and Ireland. While men's sheds organizations are very diverse, they are typically located in shed or workshop-type spaces in community settings that provide opportunities for regular, hands-on activity by groups deliberately and mainly comprising men (Golding et al., 2007) with an underlying aim of accommodating for the diverse and holistic health and wellbeing needs of mainly older men who are not in paid work through their active co-participation. Previous adult and community education research in Australia (Golding, 2009) and elsewhere (McGivney, 1999a & b, 2004) from the early 1990s showed that many men, particularly older men, had limited and negative experiences of education and training. Australian men tended to have a particular aversion to adult and community education (ACE) other than the vocational training that was absolutely necessary preparation or certification to commence paid work. This aversion had become apparent also in other education sectors by 2010, by which time the 1970s a 2:1 male to female ratio of boys continuing on to tertiary study had almost been reversed (Golding, 2010, pp. 59-60). While Australia prided itself on being "a clever country," only around six out of ten adults in 2006 held a non-school qualification or lived in a dwelling with an internet connection (AIHW, 2010, p. 8). Since relatively few men in Australia were actively involved each year in formal post-school courses and since few Australian states had comprehensive adult and community education sectors, the questions were raised as to whether and what older men were learning elsewhere, and what this learning (and perhaps their limited previous education) might have to do with their current wellbeing. The most accessible site for researching learning inclusive of but beyond ACE, as in the NSA (2009) study, was the approximately 20 percent of Australians who participated each year in less formal settings through community organisations (AIHW, 2010, p. 8).

An earlier study of learning by men who participated in community organisations including voluntary fire and emergency service organisations and sporting clubs (Golding, Harvey, & Echter, 2004) had showed that men in the Australian State of Victoria, particularly older rural men, enjoyed and benefited from learning that was informal, hands-on, social, gave back to the community, and wherever possible, was undertaken in groups and outside. It became apparent while undertaking this research that community sheds were springing up in Victoria. It was surmised that men had themselves created a new and very effective type of hands-on, social organisation, which the 2004 research suggested would or should also be an effective learning organisation for older men. Aside from becoming engaged and more interested in men's health and wellbeing, it was hypothesised that men were more likely, through sheds and in the company of other men, to learn to "roll with the punches" thrown up by changing and ageing. This hypothesis was borne out by the extensive data available from five Australian states in Golding et al.'s (2007) study of community men's sheds. What was notable in this shed-based research was the diverse range of otherwise difficult to reach older men affected as much by significant health and wellbeing issues as learning issues.

The interview data from the shed-based research suggested that the first community sheds had probably morphed from woodworking and machinery restoration clubs, but also came from suggestions by gerontologists and health professionals who realized

that personal, backyard sheds could be isolating and in rare cases be sites for suicide. Some Vietnam War Veteran's organisations in the state of South Australia had established community shed-type organisations to support men "living on the edge." Interviewees also pointed to miners in Broken Hill (in remote western New South Wales) with community shed-type organisations several decades ago. Community men's sheds appear to have started semi-independently and at different times in different states, though some were mentored through other sheds. The "penny really dropped" for those involved in the embryonic shed sector in 2005 when the first men's shed conference was held in Lakes Entrance in Victoria. By June 2011, there were around 550 community sheds established or establishing across Australia (AMSA, 2011). The number of community sheds has been doubling in Australia every year for approximately ten years. It is only in the past decade, therefore, that a range of stakeholders (shedders, professionals, researchers, governments) realized that "the shed genie was out of the lamp" and spreading rapidly and independently of government.

The NSA (2009) research, through its investigation of older men's participation in community organisations reinforced the important point that aside from backyard sheds, community sheds have been iconic for many Australian men in other community organisations for many decades. Sheds remain the regular, social meeting places for many other voluntary community organisations in Australia including fire brigades, woodworking organisations, train and engine enthusiasts and football clubs. The difference in the case of community men's sheds, is that the hands-on activity is there to support, benefit and engage the men, particularly their health and wellbeing, as well and more importantly than the hands-on activity that typically occurs in the shed. It is on the basis of this perceived health and wellbeing benefit that the Victorian government has helped to fund the start up of over 50 sheds in Victoria to 2010. In May 2010, the national government in Australia formally acknowledged the value of community sheds to men's health in its national male health policy (Department of Health and Ageing: DHA, 2010), with funding to support the peak body, Australian Men's Sheds Association.

It is important to stress that while the shed-based research tended to create an impression of the "average" shed, all sheds are different. One size does not fit all. The most important thing is that men jointly have a say over what happens in the shed. If service providers or therapists want to do their work through sheds, it is done in the shed with the men in the sheds with the ultimate say over whether, how, when and where they might (or might not) be involved. The shed research also showed that the older men who typically participated (median age of participants, 65 years) almost universally felt very much "at home" in the shed. They positively wanted to come and contribute, participate actively and regularly, share their skills and "get out of the house." Contrary to the widespread stereotype, most "shedders" (as they call themselves in Australia) also wanted to learn to stay fit and healthy, and acknowledged that the participation itself was health giving.

Importantly, the men's shed names typically did not include learning, wellbeing or health. Not naming or foregrounding the role of the shed organisation, activity or space was found to be important in attracting and engaging many men who would otherwise

not get actively involved in a community organisation, and who, as the research summarised in this section shows, are likely to be in greatest need in terms of their health and wellbeing. Having said that, there are sheds mainly for men with dementia, some mainly for men who are war veterans, some for isolated single men and some mainly for retired ex-tradesmen. One Australian state (Victoria) had to mid-2010 acknowledged sheds as part of its social inclusion strategy and given money for shed commencements.

Literature Informing the NSA (2009) Research

Previous research in Australia into men's adult learning (summarised in Golding, 2009) identified men's general preferences for situated learning in communities of practice (Lave & Wenger, 1991). The community sheds research (Golding et al., 2007), unpacked some of the characteristics of men's sheds in Australia to 2007, including a profile of the mainly older men who participated in them. It identified sheds as particularly effective communities of hands-on practice for older men. A range of other data were available by 2007 to suggest that sheds were indicative of a disconnect between the provision of opportunities for older men to regularly meet, and men's social and wellbeing needs beyond paid work. Lattimore (2007) showed that around one third of all adult men in Australia were not in work, only a small fraction of whom were unemployed (defined as being interested in participating in the workforce, but not currently in paid employment). Most were older, retired and withdrawn from the workforce. Older men's health statistics (AIHW, 2010) suggested that many older men were experiencing significant health and wellbeing issues.

The inclusion of health and wellbeing in educational studies, and vice versa, has been a relatively recent trend but is anticipated in both sets of literature related to ageing. The Council for the Ageing's (COTA 2008, p. 1) Victorian report, for example, recognized that:

> … [T]he concept of health embraces not only physical, but social and psychological factors … with health being: the total physical and social wellbeing of individuals and communities and not merely the absence of disease.

Accordingly, the concept of good health includes sound physical and mental health, and general wellbeing through positive interactions within one's physical and social environment. Similarly, ESREA (2009, p. 2) acknowledged in Europe that "educational training programs can and have to contribute to staying healthy and independent up until very old age in order to prevent the overburdening of the [health] system." Field (2009, p. 14) identified "good reasons for considering wellbeing to be among the most important outcomes of adult learning." Field concluded that apart from the importance of wellbeing for the wider community and the learners themselves, "wellbeing is also associated with better health, higher levels of social and civil engagement and greater resilience in the face of external crises" (p. 14). Recent findings in Australia (AMP,

2009, p. 2) confirm that "more than half of working age Australians who [self-report] poor health are not participating in the labour force, while just under a third are in full-time employment." The same study found that "poor health appears to have a greater impact on labour force participation as people get older" (p. 11). Indeed in Australia in 2007, three quarters of men (and women) age 55 to 64 years and suffering poor health were not in the labour force (p. 11).

Because average income and labour market participation are also closely linked to education levels, there has been a tendency for government policies to assume that early withdrawal of older people from the full-time, paid workforce can and should be addressed directly by vocational retraining. However the AMP (2009, p. 27) study concluded that even in the recent economic boom years in Australia (2001-2007), average earnings of people "with 'persistent poor health' continued to diminish over time, irrespective of gender, education and the area people lived in," and surmised that "such individuals may be among the segment of the population hardest hit by the current economic downturn." The men's sheds research provided evidence that many men not in full-time work actually withdrew from work for very good health reasons, often related to damage caused by previous work. For this reason, more formal learning about work was not what men not in work needed first and foremost in order to safeguard their health and wellbeing and also the wellbeing of their families. What men most wanted to learn through community men's sheds, unsurprisingly, was to learn how to regain health and stay and fit and healthy.

Finally, the NSA (2009) research is consistent with international developments through OECD (2001, p. 66) that identify all learning environments as important for adults for other than vocational reasons. Kearns (2006) reviewed international experience with equity in adult learning and concluded that equity objectives will be best achieved by integrating social and economic objectives with a focus on the adult learner rather than on vocational objectives alone. Schuller, Hammond, and Preston (2004, p. 192) concluded that "Huge costs are incurred where learning is absent including poor physical and psychological health, malfunctioning families and communities lacking in social cohesion." They also concluded that "Learning outcomes should be assessed within a framework which goes beyond the acquisition of qualifications and includes the learner's capacity to sustain themselves across a range of domains" (p. 192).

METHODOLOGY

Sampling Frame

Six sites were purposely selected for the NSA (2009) study in three south-eastern Australian states. The main site selection criterion was that they should have a higher than average proportion of men over 50 not in the paid workforce and be diverse in terms of their objective accessibility/remoteness index (ARIA, 1999). The selected sites were, not surprisingly, approximately coincident with regions of lower average socio-economic status, as identified by Lattimore (2007). They included suburban areas

of three capital cities (Sydney, New South Wales; Adelaide, South Australia; and Hobart, Tasmania), one regional city (Lismore, New South Wales), one rural town (Oatlands, Tasmania) and one remote town (Ceduna, South Australia) as summarized in Table 1 as shown in Figure 1.

Table 1
Sampling Frame for Selection of Australian Regions, Cities and Towns: NSA (2009) Study

States	ARIA+	Cities and towns (ARIA+, SEIFA)
NSW, SA, Tasmania	Inner metropolitan	Blacktown (0.0, 973); Noarlunga (0.00, 993); Bridgewater, (0.55, 871)
NSW	Regional	Lismore (1.86, 964)
Tasmania	Rural	Oatlands (4.74, 940)
South Australia	Remote	Ceduna (10.74, 911)

Key: ARIA+: Accessibility Remoteness Index of Australia (ARIA, 1999). The lower the ARIA+ score, the higher the accessibility and lower the remoteness to population centres with a range of services; SEIFA = Socio-Economic Indexes for Areas. The lower the SEIFA index, the greater the socio-economic disadvantage (ABS, 2008)

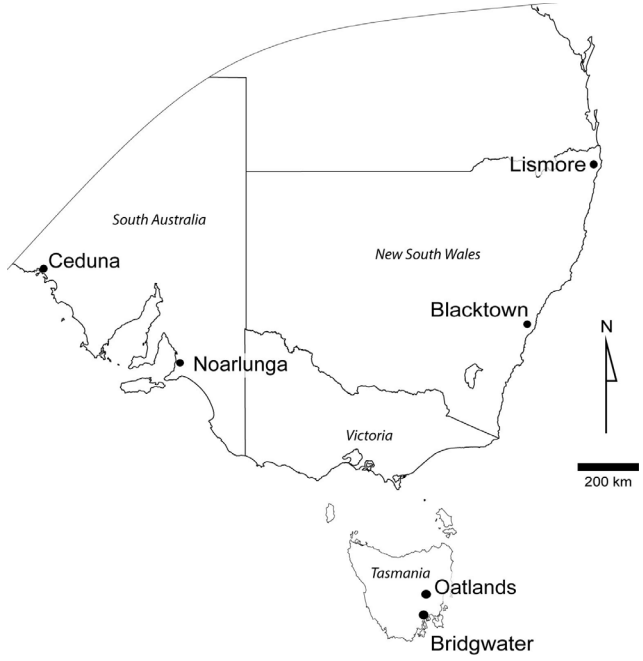

Figure 1. The six Australian sites included in the NSA (2009) study.

Focus-group interviews took place with up to four fully informed and consenting older men (age 50+) in up to six selected organisations types in each city or town. The selected organisation categories were inclusive of men across the community including: adult and community education (ACE); sporting; religious, Indigenous and cultural; voluntary fire or emergency services; age-related and disability, as well as men's special interest organizations (including men's sheds when present in the selected sites).

Field Methods

The benefit of working through community organisations is that they provided a means of ethical access to older men, both in and out of work, who had not necessarily had recent education and training experience, who could be invited to participate in surveys and interviews in the six different targeted organisation types. The NSA (2009) participant survey instrument focused on older men's experiences of participating in the organisation, including perceived wellbeing outcomes. The recruitment of interviewees was organised by a known and trusted informant in each community organisation. The interviews typically took place at the organisation or in another place familiar to the participants. Interviews were audio recorded, typically for approximately 30 minutes. All interviewees were fully informed and had previously consented to the audio-recorded interview. Interview questions applied to men as active participants in a particular community organisation.

The method produced nearly 25 hours of rich, fully transcribed interview data from a total of approximately 150 men, and survey data from a total of 219 men. This number of surveys was sufficient to undertake sub-group analysis including using tests of significance by group. The transcript data were analysed for key themes and by groups allowing for a deeper understanding and narrative accounts of men's experiences of wellbeing in different organisations and contexts.

Focus Group Interview Schedule and Protocols

The interviews followed a semi-structured format and included an exploration of the following questions.

1. Tell me about this organisation and what you do when you come here?
2. What benefits do you get out of participating in the activities?
3. Do any of these benefits flow on to others, such as to your families, work and the community? Tell me about those benefits?

A Profile of Participating Community Organisations

Table 2 summarizes the characteristics of achieved organisations sampled by survey and interview by site and organisation type.

Table 2
Achieved Sample by Organisation Type: NSA (2009) Study

Type	*Bridgewater*	*Oatlands*	*Noarlunga*	*Ceduna*	*Blacktown*	*Lismore*	**Totals**
ACE	2	1	2	1	2	1	9
Sport	1	1	2	2	1	1	8
IRC	2	1	1	2	0	0	6
Age	1	1	1	1	2	3	9
FES	1	1	1	1	0	1	5
Men's	3	1	3	1	1	2	11
Totals	10	6	10	8	6	8	48

Key: ACE = Adult and community education; IRC = Indigenous, religious, or cultural; Age = age-related; FES = Fire or emergency services; Men's = organisations in which men comprised most of all participants.

RESULTS

The survey and narrative data from the NSA (2009) study were analysed for evidence of self-defined and self-reported health and wellbeing. It is striking that most older men (89%) agreed that their wellbeing had improved as a consequence of participating in these community organisation in which they were participants, and a similar proportion (89%) regarded the organisation as a place to keep them healthy. Virtually all (98%) agreed that they felt "at home" in the organisation. Gelade, Catts, and Gerber (2003, pp. 143-144) identified the critical importance of not only creating a safe and non-threatening environment for men, but also negotiating the learning processes and the contexts in which learning occurs. Motivating older men to learn about their health arguably requires some different pedagogical approaches to those already used successfully to engage women not in the workforce in neighbourhood and community house settings. It is apparent from the research that for many of the most reluctant and isolated men, the appropriate context should also be with other older men in place where they already "feel at home." Community men's sheds, volunteer fire brigades and sporting clubs in particular engage older Australian men because they are familiar, attractive and culturally iconic, particularly if they have spent much of their previous lives working "hands-on." While such organisations did not foreground learning and health in their organisation titles, they provided opportunities for men to share what they know: from experience, by mentoring and by doing, rather than by being taught, assessed or patronised as students, patients, customers or clients from ageist or deficit models.

Each of six WHO (2003) social determinants of health (enumerated and *italicised* as they are introduced below) was considered in the NSA (2009) study. Firstly, all community organization types examined provide a wide range of opportunities, albeit in different combinations and with differing emphases, for older men's health and wellbeing

to be enhanced, particularly in ways that addressed the risk and reality of *social exclusion*. Wellbeing benefits associated with social inclusion and community engagement were found to be particularly enhanced in smaller, community-based organizations such as community men's sheds, where men's age and experience were regarded as positive attributes to the organization and to the communities of practice.

Secondly, all community organization types provided opportunities to combat the many layers of difficulty posed by *unemployment*, particularly the difficulties of developing a non-work identity, a reason to get up in the morning and something to socially and productively occupy their week days. Unemployment is most relevant for older men of working age (less than 65 in Australia) who want to keep working and earning. Men over 50 regularly reported widespread and blatant age discrimination in the workforce and disabilities associated with previous work. In many cases, community organisations provided the experience of voluntary employment and productive work with community benefit. In some cases this part time, voluntary work satisfied government requirements for mutual obligation in relation to income support while otherwise unemployed. It is unsurprising that the use of lower level vocational training on its own for older men, such as through some adult and community education providers as part of labour market programs was demonstrably ineffective and inappropriate. The promise of work after training was particularly cruel for older men whose health and wellbeing had been damaged by previous work, and who were likely to experience the same age-related knock backs when they applied for work. Many men struggled with the transition beyond paid work, even when they voluntarily retired in a planned way at 65: the age that men can qualify for an aged pension in Australia.

Thirdly, there is evidence that community-based activity for older men has the capacity to allow men to reconnect with and positively build on often difficult *past lives*. A majority of the older men in the research had negative experiences of learning at school and left very early by contemporary standards. Extrapolating from separate, national surveys (ABS, 2007), less than four out of ten men would have had adequate health literacies. Most men surveyed in 2009 who were over 65 in 2009 were children during wartime when a relatively small percentage of men undertook advanced, formal vocational training or a university education. A higher proportion of older men than in younger population cohort have formal competencies in the five core skills that comprise the Australian Core Skills Framework (ACSF, 2008): learning, reading, writing, oral communication, and numeracy. Most also had low information and computer technology (ICT) skills and were therefore shut out of the knowledge-based economy, including online services for health and wellbeing.

Fourthly, there is evidence that community-based activity for older men had the capacity to reduce the significant *stresses* involved with changing and ageing. These stresses include the stress of not being in paid work for some men. Regular social outings and hands-on activities for older men such as those provided through men's sheds, age-related settings and community gardening, sporting and fishing clubs were seen as enjoyable, therapeutic and preventative in terms of men's health and wellbeing. They provided critically important opportunities for regular re-creation of past lives, exercise

and relaxation as well as informal discussion of the many health and wellbeing issues that differentially affect older men, including prostate and bowel cancer, incontinence, hearing loss, depression and dementia.

Fifthly, some community organisations also positively addressed *substance abuse* issues that affected many men older men. These particularly include cigarette smoking and alcohol but also include the use of other prescription and non-prescription drugs. In some organizations, including some men's sheds and war service organisations, the activity itself was recognized as part of the treatment for depression. Finally and importantly, all successful community-based organizations recognized the value of *healthy food*: particularly regular, healthy and social eating as a way of attracting, engaging and benefiting older men in social and community activities. It could be as simple as a shared "cuppa," lunch together over a barbecue in a men's shed or a picnic on a group outing.

Men in retirement comprised two thirds (67%) of community organisation participants in the NSA (2009) sample. Aside from 20 percent of older men who were still in the paid workforce, men over 50 who were unemployed comprised around 13 percent of the men. What was striking in this sample of relatively well-connected, older men were the many self-reported changes that they had recently experienced, and presumably been forced to learn from, in the past five years. Around one quarter (23%) of the older men in the NSA (2009) study self reported "a significant loss in their lives" or "a new impairment or disability" (23%). In the same five-year interval, one third reported that they had experienced a major health crisis, one in five (19%) had experienced depression and twelve percent had separated from a partner.

DISCUSSION

The NSA (2009) research identifies self-reported health and wellbeing benefits for older men who participate in Australian community organisations. It contributes to:

> … growing evidence from Australia and overseas that providing [health] services in places that men already meet and feel comfortable, such as social and sporting clubs, pubs, sport venues and the workplace, can be a highly effective means to reach a wide range of men. (VGDH, 2010, p. 17)

While the research is suggestive of a number of characteristics of community organisations that attract and benefit older men, there is insufficient evidence to suggest exactly what it is about participation that leads to self-perceived health and wellbeing benefits, beyond the finding that they collectively address many of the known (WHO, 2003) social determinants of health. Nor is it possible to determine or compare with the health and wellbeing status of older men who do *not* participate in community organisations. While more research is required in both areas, much is already known.

The literature on learning in later life (Findsen, 2005; Jarvis, 2001) and well as the literature on productive ageing in Australia (NSPAC, 2005-2007) shows that productive ageing requires considerable learning that goes well beyond "learning for pleasure"

and that is largely post-vocational. Productive ageing for older men requires learning about new and changed post-work identities as men. Some of the learning involves understanding and adapting to changes in strength, mobility, wellbeing and health associated with ageing. Some learning is about developing new social, civic and family roles, relationships and responsibilities. While learning is already known from summaries of existing research (Feinstein, Budge, Vorhaus & Duckworth (2008, p. 13) to be "a positive force for people's health.… [M]any of the links between learning and health are causal, … [and] some caution is necessary when discussion such associations," To paraphrase their summary, there is:

> … still a need to identify the extent to which people who are motivated to participate [in community organisations] are already more likely to have positive trajectories in health and wellbeing – and why, and to what degree [learning] actually contributes to this process. (p. 13)

It is known from research into learning, identity and life-course in the United Kingdom (Biesta, 2008, p. 18) that "life changing events often trigger learning," and that "[p]rofession and transitions in people's lives, such as retirement, can be valuably understood as learning processes." The men's sheds research (Golding et al., 2007) shows that while older men are typically keen to learn they have a strong aversion to formal learning and would be reluctant participants in unfamiliar classroom settings. It is also known from Wallace (2008) that recognising reluctant learner identities is key to their educational engagement, and that a "community-centred approach to learning works to understand the impact of identity on participation and develop pedagogies in partnership with community members" (p. 14). Changes in men's identities and relationships, particularly marital separation as well as in work status (including unemployment and retirement), are known from other research (Relationships Australia, 2003) to have significant and adverse effects on men's stress, health and wellbeing. In Australia, around 42 percent of marriages end in divorce. Given the median age for divorce is age 42, at least one in five men over 45 will experience (or will have recently experienced) a divorce. While the impact of depression, separation and divorce on men are well known, significant and ongoing, men are typically reluctant to seek professional help or advice (Smith, 2005), particularly from female professionals operating from deficit models based on negative masculinist stereotypes. In the area of health education and the caring professions there is a virtual absence of male workers. Macdonald (2005) regards current approaches to men's health as being unfairly based on assumptions of a negative ideology associated with hegemonic masculinity. Macdonald urges researchers working with older men to look more closely at the social determinants of health that foster despair in some men and lead to health problems.

Nelson (2003) surveyed the health and wellbeing literature to identify the particular needs of men in retirement. Nelson concluded that "even persons who had enjoyable leisure activities and had developed satisfying routines were prone to some form of letdown or depression at the end of their paid working lives," and "pose significant risk

of depression and potential suicide" (Nelson, p. 2). Pease (2002) reviewed other literature about the stresses associated with older men's retirement and concluded that: "The loss of colleagues and social support, the loss of opportunities to feel competitive and independent, and loss of income are all seen to threaten a man's sense of masculinity" (p. 136). A significant minority (16%) of older men in the NSA (2009) study were returned servicemen. Ninety-six percent of 355,000 Australian war veterans in 2001 were aged over 55 years. Vietnam veterans, who also comprised one in five participants in the Australian men's shed study (Golding et al., 2007), are known to be particularly prone to ongoing physical as well a psychological health issues (Nelson, p. 2) that can include "depression, flash backs, hyperalertness, sleep disturbances [and] guilt."

There is evidence from all types of community organisations in the NSA (2009) study of the importance to older men of having an identity and social networks beyond home. Golding and Harvey (2006) also showed that men's sheds participants in the state of Victoria were typically older males without a current work-based identity and/or in the process of one or more difficult transitions: in terms of work or retirement; relationships with partner, children or family, health, psycho-social or financial status. There is evidence from studies of retired husband syndrome that some retired men create crises for their wives by being "on their patch" at home, "particularly in the kitchen" (Pease, 2002, p. 136). Gradman (1994, p. 106) encapsulated the syndrome in a quote from one retired man's partner: "I married him for better or worse, but not for lunch." This phenomenon is generally referred to as "underfoot syndrome," where a husband/wife "smothers" a partner by interfering in household routines. As Price (2005) pointed out, the loss of work, whether it be through retirement, unemployment or under-employment, can lead to feelings of depression, a sense of having no purpose, and a loss of identity for either spouse, highlighting the need for retired couples to have opportunities for separate personal space at regular times, including individual hobbies. The interview data generated by and presented in the NSA (2009) research identified underfoot syndrome as a contributing "push factor" for many partnered men not in the paid workforce who participated in all types of community organisations. Men's sheds, sporting organisations and voluntary fire and emergency services organisations in particular have the capacity to create new, important and attractive opportunities for "getting out of the house" and socialising with other older men.

CONCLUSIONS

The research identifies the significant salutogenic or health-giving effects of community participation for older men. The main limitation of this research is that on average only around one in five Australian adults currently participate in voluntary organisations or groups in Australia (AIHW, 2010, p. 8). It is nevertheless possible to extrapolate and surmise in relation to the 80 percent adults who are *not* participating in such organisations. If older men are not in work, have one or more of limited post-school education backgrounds, no access to the internet, are living alone, have an aver-

sion to learning and/or possess limited literacies, including health literacies, both men and their families are likely to be at elevated risk of social exclusion. For all of these reasons, their health and wellbeing is likely to be impacted through not being regularly connected to the community.

This Australian research into older men's participation in community organisations suggests that the most effective contexts for enhancing health and wellbeing are those that cast older men as co-participants in hands-on, shared group activities in safe and familiar social and community settings. The wellbeing benefits are particularly powerful in community settings where there is an active consideration of the changing needs, wants, interests, identities and aspirations of the men themselves, as they retire and age. Community organisations such as those examined in the NSA (2009) research provide what Oldenberg (1999) describes as "Third Places," in that they provide a great variety of public settings for informal and social public life, aside from work and home. Oldenberg regards these regular, voluntary, safe, informal and happily anticipated and socially binding gatherings as the bedrock of community life in modern urban societies. Men's sheds are especially powerful, productive and inclusive Third Places for older men.

It is concluded that the decline in men's wellbeing, though partly related to the physical effects of ageing, appeared in many cases in the NSA (2009) research, to be associated with changes in men's identities. The particular value of involvement in community-based organizations before formal retirement age (and particularly before involuntary separation from the workforce) was the early and pre-emptive bridge that this regular involvement built between men's work and non-work identities. Community-based activity, particularly in community men's sheds, allowed men to develop identities independent of paid work. It allowed for opportunities for regular, social interaction and hands-on activity in groups, within organizations and the wider community. The value of this interaction was enhanced for older men when this activity was more than individual and cerebral (knowledge or skills-based). It was particularly powerful, therapeutic and likely to have broader wellbeing benefits when it was physical and social, involved other men and contributed to the organization and the community. This hands-on activity had particularly strong wellbeing benefits, whether it be via sport, fire and emergency service volunteering, gardening or "doing stuff" in sheds, because it created, maintained and strengthened men's post work lives and identities through communities of men's practice. In this sense, it allowed men to be "blokes" together in ways that was positive and therapeutic rather than negative or hegemonic.

Finally and importantly, this paper provides new data on men's participation through Australian community organisations that broadens an understanding of the known health and wellbeing benefits of community-based men's sheds. The new data help to explain why men's sheds in community settings are particularly effective for many older men not in paid work, because of retirement, unemployment or a disability. In summary, it 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 blokes. Community men's sheds are iden-

tified as an innovative, powerful and positive social intervention, particularly for men struggling with changes in their working, social and personal lives as they age. The research confirms the critical value of community-based involvement to older men's health, wellbeing, identities, social enjoyment and ongoing learning, as well to the community.

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