

# Forming Men's Groups in Residential Care Facilities





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## The TOMNET Residential Partnerships Model

### The Residential Care (Facility) Population

Individual differences span the categories of 'young-old' and 'old-old' and those who remain somewhere in between - not least of all those who straddle these categories however they are defined. Men of all types and conditions exist in care facilities and they reflect their peers in the wider community. For the majority, living in a care facility is a changed environment from any former experience. These men find themselves living in a comparatively confined space and in close and persistent proximity to other residents. The men may view this as a positive or negative experience and to varying degrees, a source of pleasure or displeasure or a combination of both depending on the situation.

Men who attend the care facility's men's group are generally similar to many members of TOMNET who are either in care themselves or living in the wider community. Not only are they connected by age but they are also affected by various ailments including ill-health, disability and limited competency. However, they also possess remarkable knowledge and wisdom gained over the years. Every man has a unique story and it is the man behind the story who shares it with others, who has something worthwhile to offer and leaves a legacy for those who follow. Time spent with them can be invaluable for all concerned.

Some of the men attending the men's group at the care facility may be experiencing different stages of dementia. Some are able to participate in a meaningful way while others are simply contented to be present in the company of other men. They enjoy being part of the occasion, observing what is going on and the interactions among their peers who are more able than they are. If deemed to be appropriate by staff they should be encouraged to participate.

Occasionally, a man may become uncomfortable, distressed or even disruptive. Because of the supportive nature of the groups, and the sympathetic climate in which the groups operate, men who wish to exit the group are allowed to do so. They are assisted where necessary, by another member of the group, either a TOMNET volunteer or a facility staff member. Sometimes care staff tactfully intervene should the occasion arise according to facility policy.

“Mateship, to be part of the community. Hearing their stories and relating to them. I hope I put something into the group. It's mateship” Norm

## The Residential Partnerships Model

The Residential Partnerships Model developed by TOMNET began by approaching several local care facilities to see if they were interested in pursuing discussions around a proposed men's group. Those who indicated an interest were contacted and a meeting held where information was openly exchanged. Both parties developed a clearer understanding of the core business of each organisation, models of operation, philosophies and common goals for the male residents in order to make a decision whether a group would be formed.

Based on these discussions a further meeting was held with the care facilities that decided to go ahead, to document the intent of the partnership and the specific outcomes to be achieved into a partnership agreement. This document would guide both parties in the intended focus for the men's group, the principles of collaboration inherent in the arrangement, how the group would develop and how success would be measured. Importantly, it also defined the roles and responsibilities of both parties so that it was clear what each organisation was responsible for in the provision of the group.

Physical contributions were also noted. TOMNET agreed to deliver three training sessions to staff of the facility to enhance the success of the group; providing catering for the group for the life of the partnership, arrange and supply resources such as guest speakers and supply volunteers and professional counsellors to assist with the identification and support of at-risk older men.

The care facility provided the on-site venue for the establishment and continued operation of the men's group; transport for older men in the facility's community based housing, promotion of the group, referrals to TOMNET for older men who were identified as at risk and assisted with identifying the male partners of female residents who might find the group valuable.

On completion of the partnership agreement, both parties reviewed the information, agreed on a starting date and signed the document.

A sample partnership agreement is included at Appendix 5.

"I like everything, got no complaints at all. I'm always happy to be there. I don't like missing the meeting." Claude

## The Care Facility's Environment - Transition

Transition from independent community living to facility residency can be no trouble at all for some men, yet for others it can be traumatic. Some have had to sell-up or down-size into a 'shrunk' existence; others "forced" into care – be it high or low care – and this is repugnant to them. They feel powerless and resent the circumstances that led to their relocation.

Others have planned for such a shift in their life or accept the inevitability of it because of their circumstances. It becomes a preferred option to a continuation of their former experience which is no longer possible to sustain. Attitudinal responses to these changes vary among individuals. It is this that influences the perception and experience of the transition.

A major consideration in the transitional process is the question of dependency/independency. Four types of dependency are associated with this dichotomy:

- Dependency
- Co-dependency
- Independency
- Interdependency.

Each indicates an aspect of the transitional experience pertaining to entry into a care facility. There are negative and positive aspects to each. It is important to appreciate that transition is a dynamic process, even though there may be static or stationary periods within it.

### Dependency

Some men entering a facility don't want to depend on others at all. Dependency may be seen as a sign of weakness, a burdening of another with their private issues or simply having to change – sometimes radically – a life-long life style. This may be difficult to accept and to make the necessary adjustment. Others accept their limitations and the need to depend on others with gratitude. There are also those who become overly dependent to the point of relinquishing any responsibility for taking care of themselves.

### Co-dependency

Here some men present as having the need to be controlled by others. However, by doing this they may actually seek control or manipulation of others in the process. Their control over those with whom they interact may reside in their compliance, helpfulness and generosity for example. They believe that by adopting certain behaviours they can attract approval from others and thereby influence or change the behaviour of others toward them. Their logic is, "I am good to you therefore I expect you to do what I want".

### Independency

Independency, particularly in the 'alpha-male' culture of older generations continues to be highly valued. Men like to be self sufficient and not dependent. Being too close to others emotionally or physically can escalate from mere discomfort to clashes where sparks fly. Conversely, where independence is associated with social isolation or personal insulation, this can have equally negative consequences. Finding the right balance is important.

## Interdependency

This type of dependency would appear to maximise the positive benefits of transition from community dwelling to facility occupancy for older men. It consists of much that appeals to them. Being mutually dependent with those in a similar situation can mean being reliant on and responsible for each other. There can be elements of freedom and independence with a coming together of acceptable goals and aspirations. There can also be elements of reciprocity, mutual influence and the genuine sharing of responsibility. The dynamic dimension of sharing within an understanding of a formal or informal partnership as older men make the transition to a care facility, ought to be kept front and centre throughout the facility experience.

## Special Health Needs

While most men attending the group may be independent in getting themselves to and from meetings, some will require assistance from staff or volunteer visitors.

Because of the nature of the client group, regular attendance at meetings may be irregular and should be accepted as part of the attendance pattern for this population.

Opportunity to strike up friendships and cultivate close mateship may result in deeper private and personal issues being discussed. This may satisfy the need in itself or may need to be referred to appropriate professional personnel.

## Family Support Needs

While family should be made aware of the man's group attendance, there is no need to engage the family directly. The man will talk to family about his group attendance and staff may also refer to this if required.

To help orientate and engage volunteers with group members, it may be possible to secure a brief profile on the man to get to know more about him quickly. This may require family members giving permission to take this action.

In addition to the direct mutual benefit to both the men and the volunteers, there is also opportunity to use these men's groups for promotional purposes – sharing the good news with the wider community.

## Facility Carers Activities

Volunteers will need to work closely with rostered care staff who know the men and who can advise on matters in the best interest of the individual. A clear partnership between a designated employee and a visiting Volunteer Coordinator is important and agreed roles and responsibilities need to be put in place.

Care staff are very busy however, and at morning and afternoon tea staff may need to assist volunteers in serving the men (some have limited motor skills) and be available to remove a man who may need to leave the room.

## The Role of the Volunteer Coordinator and Volunteers

- Work in partnership with care facility staff.
- Understand the culture, policies and activities/routines of the facility.
- Be aware of each man's individual need and respond to it accordingly and not spend meeting time talking to other volunteers.
- Promote and demonstrate the philosophy of older men supporting older men.
- Recognise that the benefit of volunteer's meeting men in the facilities is a mutual experience.
- Commitment to the volunteer role is essential although the role may be reviewed after twelve months to evaluate the success of the interactions and the group itself.

"I'm pretty soft. I can't say no when it comes to helping people. Helps myself and others to keep going. I get a bigger kick out of this. I feel like a million dollars. It makes me feel good." Les

## What the TOMNET model is not

- It is not based on a health care service or a medical model.
- It is not prescriptive in its model of operation.
- It is not a 'hands-on' type hobby group nor does it hold set activities like the men's shed programs.
- It does not involve women in membership or setting the direction of the group although women provide an active support role.
- There is not one activity that is the basis for the group meeting, for example like a chess club.
- It is not a hierarchical structure.
- It is not a program that is a 'one-size-fits-all' approach.

## The TOMNET model is

- Flexible and puts men's needs first.
- It is an informal horizontal structure of self-management.
- Each group is different and responds to the interests and needs of the community.



## Traits for Group Success

In TOMNET's experience there are a number of traits that groups can develop, which increases their likelihood of achieving the goals and objectives set for themselves. These are summed up by Ward (1997) and explained by comments based on what TOMNET has found to be successful.

- Leadership style: a democratic style works best in building teams because of its cooperative emphasis. This not only applies to TOMNET volunteers who are accustomed to shared leadership roles but also to 'self appointed' leadership with the approval of peers which frequently takes place.
- Member maturity and motivation: the more the better. Both care facility men and volunteers are mature and generally know how to relate in appropriate ways to one another. Their group attendance in itself reflects their motivation, despite many reasons that prevent their attendance.
- Group task or purpose characteristics: some tasks lend themselves to cooperative work more than others. The purpose of the group is known to all. Simply enjoying the company of other men and sharing something of themselves and their life experiences is a general expectation. Some take the initiative while others are responsive to invitations to take on a task if they are able to do it. Sharing tasks is seen to be an inevitable aspect of meeting together.
- Membership stability and group size: for many groups, irregular attendance is distracting and having either too many or too few members can influence the development of team effort. However at the care facility's older men's group, this is not seen as a problem. It is understood that attendance will vary and numbers of members will also fluctuate because of the cohort involved. Inconsistency in these matters is accepted as the norm and 'goes with the territory'.
- Time availability: it is crucial that the group match the time available with their group goals. The facility usually has a busy schedule of activities and recreational time is at a premium. However, one hour is usually enough for the monthly meeting. This often extends to one and a half hours as men are sometimes reluctant to leave.
- Organisational, instructional, cultural and societal expectations: the setting in which a group is conducted will influence whether the group is valued or not. The variety of each man's background and current circumstances contributes to the success of the men's group.
- Shared vision: having a shared vision of where the group is heading reduces conflict and confusion in the early stages and creates a joint commitment to achieving the group's vision. As a coordinator is usually present and his role as a participant-observer is exercised, monitoring this and other aspects of group experiences is ever present.

## Group Risk Factors

According to Napier & Gershenfeld (1993), groups can be less successful if the following risk factors are present:

- Where there is disagreement, conflict or discomfort
- where excessive or unreasonable demands occur
- where attendance is forced upon a person
- where equal 'air space' is not observed
- where outside interests limit group participation
- where criticism from outside the group influences participation
- where unhealthy competition amongst participants exists
- where moral judgement, blame or scape-goating takes place
- where a sense of dignity and respect is missing.

“I like to keep in touch with others and not sit at home alone. Men like to talk to each other, they don't like big turnouts. People are all alone and need to get visitors. People need to be seen and recognised for what they are.” Peter

## Roles women may play in the organisation

Whilst the general understanding and perception of an older men's group is that women are not included in the organisation at all, in fact TOMNET have found that women play an important strategic and supportive role in the organisation. The women in TOMNET have been involved in a variety of roles from General Manager to Administrative Assistant, from volunteers in the Resource Centre to Coordinator of services.

Despite fulfilling these roles women cannot become involved in the membership of the organisation, which also includes any role on the Management Committee. Similarly, the presence of women does not change the ownership of the group being based around men. In fact, the men value the women who work behind the scenes and entrust them with the 'privilege' of supporting them in this way!

In the life of a care facility, most of the facility's residents and most of the care facility staff are women. The lack of male staff in a care facility environment can help to create the perception that the man has lost his independence and now has to be nursed and 'mothered' much like when he was a child. For some men, they feel like a 'fish out of water' while others enjoy this of course!

It could be argued too that many of the diversional activities on offer in a care facility are geared towards the interests of women and therefore do not appeal to men. In some cases, male residents are very difficult to please and may not attend anyway. Care staff must balance the needs and interests of their fewer male residents, with the often more vocal needs of their female majority.

The willingness with which many care facilities have engaged with TOMNET around the development of a men's group has demonstrated the need for this type of male-to-male relationship as well as the understanding by care staff that they cannot provide the same type of relationship support with primarily female staff. Having said this, men, in their own way value all staff who care for them especial at critical moments where they would not cope without it.

Having contact with women preserves an older man's sense of masculinity because growing old does not diminish this. Having a 'male-friendly' environment is crucial in guarding against the feminisation of older men while still recognising the roles women play in their lives.

A smile or a gentle acknowledgement may be all that is required to remind men that they are still part of a world where women once played a greater role in their life. Whereas some men prefer to speak only with other men, others value the opportunity to have a 'heart-to-heart' talk with a woman who is approachable and with whom they feel comfortable.