

# Forming Men's Groups in Residential Care Facilities





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## The Purpose of this Manual

Since 2001, The Older Men's Network Inc. (TOMNET) has been delivering a range of services to older men in Toowoomba and surrounding rural areas. Its aim is to address older men's issues, including suicide prevention.

Over the past six years a "Community Connections Program" has been functioning and is now well established. This program targets two categories of men: those living in their own home in the community and those living in a variety of care facilities. Differences and similarities exist between the two groups. To some extent all the men are dependent upon others for their health and wellbeing; however some live alone while others have family or professional carers in their lives.

The extent of loneliness and isolation the men experience in relation to their physical, mental, emotional and social health needs, are significant. This is equally a matter of importance for those men in a care facility who have people – largely women – and activity all around them but nevertheless feel lonely and isolated in the proverbial crowd.

The Community Connections Program provides two key services. Those living in the community receive regular one-on-one home visits from TOMNET volunteers. From this point of engagement the man will be encouraged to visit one of the many activities within TOMNET or in the wider community.

For men living in care facilities, the opportunity to gather for a monthly meeting in the facility with other older men including TOMNET volunteers is a welcome inclusion in their lives. It is our experience that a flow-on effect occurs as bonding takes place among the facility men and friendships with the TOMNET volunteers are formed. This gives all the men involved a sense of belonging and even a purpose for living.

Working closely with administrative and direct care staff requires understanding and respect. Care facility personnel are very busy people due to workload pressures and time constraints. By working in partnership with facility personnel TOMNET can provide meaningful support to the men in the facility's care with the result that all three, the men, the staff and the volunteers can benefit from the experience.

The purpose of this manual is to outline the TOMNET model of service to older men in care facilities. It is designed to assist facilities and other community support groups to take on this challenging but rewarding work. Care facilities interested in forming a men's group can use the experiences and learning that TOMNET has demonstrated through its years of professional engagement with older men. Our skills and knowledge are there to be shared by way of this manual and in conversation with us.

Our hope is that you will embark on this venture and discover the satisfying benefits that accrue to everyone involved.

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# The History of TOMNET

## Phase 1: The Beginning

Toowoomba Older Men's Network Inc. (TOMNET) originated in 2001 as a pilot project entitled "Prevention is the Only Cure" to address suicide prevention among older men. This funding allowed for the employment of a qualified part time Coordinator for 30 hours a week to oversee the establishment of the network.

TOMNET chose a life enhancement approach that would embrace all older men without exception. By contributing to a man's quality of life through connecting and interacting with his peers, TOMNET became an appropriate suicide prevention strategy – and much more.

The program identified the vulnerability that men experience in older age, in particular the risk of social isolation and the often compounding factors of mental illness, physical illness and the death of a spouse which may contribute to feelings of depression, loss and a sense of worthlessness. For many men, older age places restrictions on their ability to connect with their community. Retirement combined with feelings of redundancy and marginalisation, loss of a driver's licence, ill health, mobility issues and a disconnect with friends and family who move away, can all place many men in a high-risk situation for loneliness, anxiety and suicide. It also became evident that men come face to face with the reality of their own mortality and end of life issues as they age.

This funding continued for a period of eighteen months and ceased in September 2002, during which time TOMNET grew to support a membership of over thirty-five men. Following the cessation of funding there was a period where the Coordinator continued as a volunteer consultant for a further fifteen months. During this time the members identified the purpose, philosophy and processes required to consolidate the network to ensure its future sustainability. These three aspects of community development have underpinned the character and culture of TOMNET and are still evident today.

## Purpose and philosophy of the network

The purpose was to provide a social and support network for older men regardless of their circumstances.

TOMNET adopted a community development approach under its original auspice of The Older People's Action Program (TOPAP). This enabled it to develop its own character and personality in an autonomous fashion. The philosophy was based on valuing and acknowledging older men as both contributors to and recipients of the network.

As stated in Kenny (1999), *"From a community development perspective, the purpose of community organisations is to help groups of ordinary people to gain control over their lives"* (p.172). This understanding underpinned the foundation of TOMNET.

The drop in centre was fundamental from the start but developed organically rather than intentionally. Men would turn up, get a feel for the social environment and linger. They would 'hang about' waiting for something to happen, initiate or respond to some interaction.

The following principles of community work as described by Kenny (1999) below, were adopted by TOMNET and developed over time into the model that still operates today. Each principle is explained below:

- No hierarchy, no fixed internal authority
  - \* Whilst a part time coordinator guided the group's early direction and developmental process, his authority came through his professional 'know-how' rather than from a particular hierarchy or structure of authority.
- Equality in decision making
  - \* Decision making was a collective activity that reflected a truly democratic spirit and equality.
- Everyone being welcome to participate
  - \* From the outset, members were invited and expected to participate as much or as little as their interest and circumstances allowed.
- Encouragement of spontaneity
  - \* Members were encouraged to express their individuality, to share their life experiences and wisdom for the benefit of the individual and the group.
- Flexibility and assertive solution to problems
  - \* The paradox was that encouraging greater flexibility resulted in the group progressing to a constant and preferred way of doing things. Assertive interactions were encouraged, nurtured and modelled to prevent or replace either aggressive or passive behaviours.
- Equality in power, status, tasks and responsibilities for all
  - \* TOMNET from the beginning became a leveller of men where everyone engaged in a manner of shared activity and responsibility.
- Agreement is by consensus
  - \* Despite diverse views held passionately, a genuine democratic process prevailed and underpinned the principle of majority rule. The common good over-ruled individual differences.
- Agreement that everyone has something to offer, to share their skills and contribute to others.
  - \* Every member was valued as a unique individual and worthy of recognition and respect. Their capacity to contribute to the group through a process of giving and receiving was considered to be beneficial to all concerned.

## Process

The process provides opportunities for participation, ownership, empowerment and self-determination both individually and collectively with a focus of “older men supporting older men”.

### Phase 2 - Consolidation

In 2004, without the assistance of qualified staff, the inaugural members incorporated the network and secured a venue to manage their growing operations. Following a successful application in October 2004, one-year funding through a philanthropic source was obtained. As a result, the men employed the services of another qualified Coordinator.

During this period, the members were instrumental in establishing six men’s groups in high-risk communities throughout South-West Queensland. In September 2005, TOMNET was successful in obtaining one-off funding grants through the Queensland Department of Communities to further their business operations and outreach services. As a direct result of this funding, TOMNET retained the services of their Coordinator which guaranteed the continuation of the office/resource centre and further expansion of outreach services into high-risk rural communities. In November 2008, TOMNET received recurrent funding from the Department of Communities, commencing 1st July 2009 for a period of three years. This funding is to maintain TOMNET activities in the Toowoomba region only.

### Phase 3 – Sustainability

#### Community Connections Project

In November 2006, TOMNET secured three-year project funding through the Federal Department of Health & Ageing under the National Suicide Prevention Strategy, ending on 30 May 2009.

The funding for the project titled “Community Connections – Phase 1” directly enabled TOMNET to further develop and implement more effective and innovative responses to reducing suicide among older men and further consolidate a coordinated regional network which stretches to Pittsworth, Oakey, Crows Nest, Inglewood, Tara, Roma, Millmerran, Clifton, Dalby, Goondiwindi, Kingaroy, Mitchell and Injune.

In 2009, TOMNET was fortunate to receive a further two-years funding through the Federal Department of Health & Ageing under the National Suicide Prevention Strategy, ending on 30 May 2011. Phase 2 of the Community Connections Program continues to implement successful suicide prevention outcomes adopted in the first phase and further expand on the experience, learning and achievements already gained.

“Phase 2 aimed to significantly extend the services available to older men...”



In addition, Phase 2 aimed to significantly extend the services available to older men by bringing together a variety of organisations, key stakeholders and resources to assist in the consolidation of a sustainable and coordinated regional network. Consequently the name of the organisation changed from Toowoomba Older Men's Network Inc to The Older Men's Network Inc, reflecting the broader reach of the regional network. This network has built on the learning from Phase 1 and developed new responses to reducing suicide among older men.

By facilitating the provision of a wide range of support for at risk older men at the emotional, social and physical level, TOMNET continues to establish and promote best practice in this field amongst other stakeholders and across Queensland.

TOMNET continues to be committed to providing older men with the opportunity to benefit from peer support, social activities, to share and care for one another where times and life experiences are somewhat common or understood by their own generation, and the opportunity to gain/regain a genuine sense of belonging in community. Today, TOMNET has become an effective means of social engagement and a pleasant source of health promotion and well-being for older men.

## Phase 4 – Learning about Older Men

Older men are one of the key groups vulnerable to high levels of suicide. The Australian Bureau of Statistics report 'Causes of Death 3303.3', 2007 noted that suicide rates for older men aged 75+ in 2005 were 21.6 per 100,000. In comparison, the rates for older women aged 75+ were 6 per 100,000. Suicide rates for older men steadily increase from the age of 65 onwards.

Older men experience a unique and challenging transition once the work place ceases to be a major part of their lives. The loss of significant relationships in the workplace and the removal of social activities with colleagues can lead to greater isolation. With increasing age can come increasing dependence on others and this dependence can have significant ramifications on a man's desire and willingness to take part in social activities that he might once have enjoyed outside of work.

“Older men are one of the key groups vulnerable to high levels of suicide”

Men in general use their home as their escape from the world and can be less comfortable in mixed social settings once the topic of work is no longer on the agenda. For men who have lost their wives through divorce or death, this time can be especially lonely and the family home can be both a safe place and a prison. Equally important though, is having a place to go where they are not pressured to share their emotions or communicate with women if they don't want to. This is normal and characteristic of older men in general.

## TOMNET's definition of 'older men'

Whilst the organisation originally developed a model based on older men being aged 55 and above, over time this guideline has been amended to 50 years plus. By involving men younger than 55 in the membership and targeting of the group, TOMNET can provide services to men who were 'falling into the gaps' of social justice service provision, particularly in relation to issues caused by early retirement, ill health, divorce and mental illness.

## Understanding men from different generations

The greatest gains in knowledge and understanding that TOMNET has acquired since its inception, has been in relation to two unique generations of men known largely as the Builder generation (1920's -1945) and the Baby Boomer generation (1946-1964). These generations make up the TOMNET membership and thus largely define the type of needs that TOMNET responds to in its outreach groups. Men in care facilities largely belong to the former.

### The Builder generation

The Builder generation include those individuals born between the early 1920's and 1945. They are also known as the Traditionalists and the Silent Generation. This generation was integral to building the nation and have lived through and often actively participated in, some of the world's most momentous events including the Great Depression, World War II, the Korean War, the bombing of Darwin and the dropping of the atomic bomb.

It is a generation with a tradition of hard work, patriotism and frugality. As individuals they are particularly loyal to institutions and respectful of authority whilst being dependable and private people. Based on their life experiences they have learned to deal with difficult circumstances by relying on family and close friends and getting on with life. They would rather do without than rely on others to provide and they are often extremely cautious about the world and suspicious of the technology that is so commonplace in all realms of western society today.

These life experiences have also been influential in fostering a culture of older age in which older men avoid taking the initiative in attending to their needs of health and wellbeing. For example the concept of 'work until you die' is not unfamiliar to many older men in their seventies and eighties who are still working on farms and in industry despite significant health problems. As older men they resist dependence of any sort, prefer to keep their lives private. Hence many older men are reluctant to engage with the health and community sector until things reach crisis point.

These common generational traits extend to the way that older men see themselves fitting into their community as they age. Once they find themselves disconnected from those who once provided support, such as their wives or family members, they do not easily re-engage with new people or activities. However, TOMNET has learnt that many men are responsive to the initiative of others who show interest, care and concern on their behalf, which can lead to them reversing this behaviour.

Messages such as 'You have so much to offer' and 'It's valuable for us to hear about your experiences with this situation' are important to this generation in attempts to re-engage them into social networks.

Provided the person extending the invitation for support gives them the time to develop a sense of loyalty and trust and proves that they are worthy of their respect, re-engagement can often occur.

## Overarching needs of older men

As TOMNET'S work with older men's groups developed, the needs of the men who were the primary focus of each group became clearer. TOMNET found that the men had some overarching, generic needs which were combined with the individual needs that each person brought with him. The more generic needs of older men, as identified by Earle and Fopp (1999) are identified below.

### Involvement

It was imperative that involvement in TOMNET was imbued with a strong sense of belonging. This might have meant belonging to an accessible personal community of friends or to a social support network. Having social interaction or people to share activities with required experience at the giving and receiving ends of interaction and activity. It may have included a mate who was recognised as having a valued place in the dynamics of TOMNET. The nature, level and extent of involvement remained an individual and personal matter.

### Satisfaction

This arose from meaningful and purposeful involvement in TOMNET. It implies pleasure and a sense of fulfilment, without which it would flag and falter. Whilst satisfaction varied from time to time it essentially remained as an important motivational factor.

### Autonomy

All sorts and conditions of men have been represented in TOMNET. Unique knowledge and skills are recognised and used with a sense of freedom to determine one's own actions. The flux of change also impacted on the nature and quality of interpersonal relationships. Nevertheless this was an acceptable feature of members where they could simply be themselves, be valued for whom they were – warts and all, with their peculiar imperfections and blemishes.

### Integration

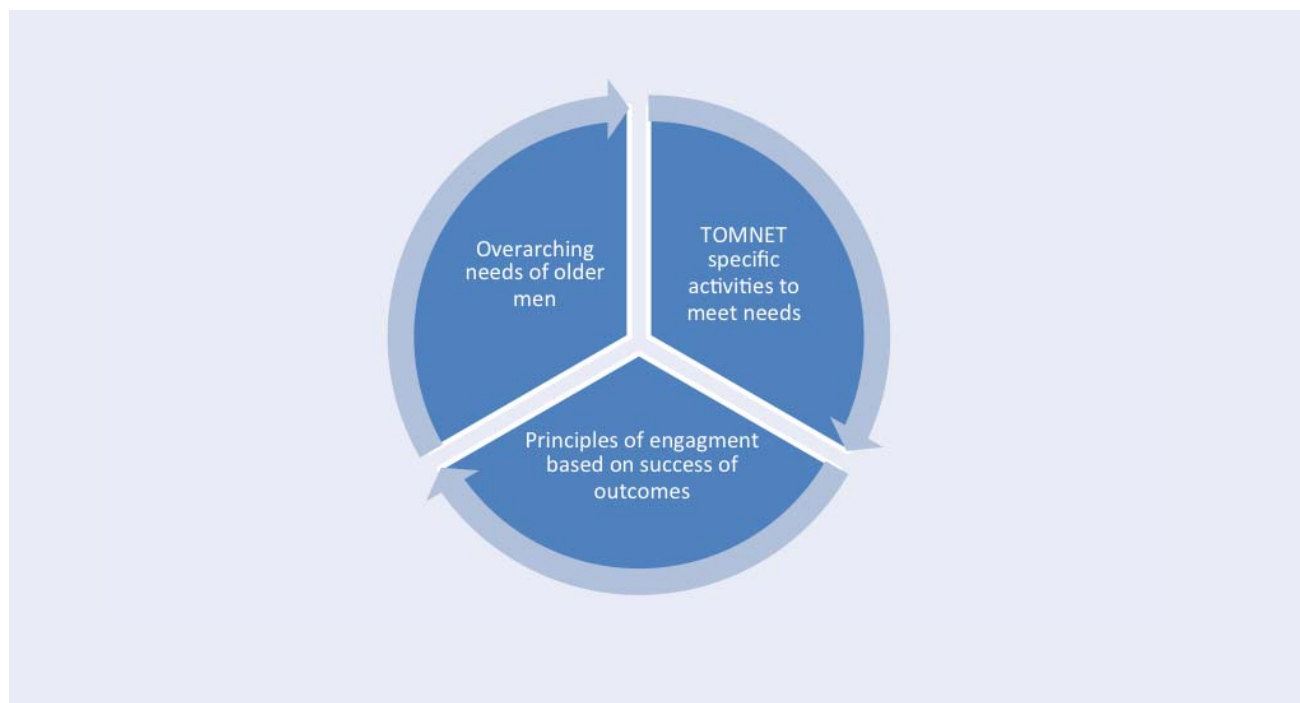
Here again is the importance of a sense of belonging. Integration is both an outcome of mutual belonging and the glue that bound the members together. Integration reinforced a positive sense of self worth. This self worth was obviously beneficial to the individual; it was also of benefit to others impacted by it. It was integration that created and maintained the culture of TOMNET.

## Creativity

Creativity may be related to past pursuits or the expression of more recent interests and aspirations to be pursued. It is about personal challenges, the expression of particular skills and interests and capitalising upon a lifetime of learning and experience. The benefit of hindsight as well as the excitement of discovery becomes the experience of many a TOMNET man.

Using these generic needs as the starting point, TOMNET developed activities which directed the operational aspects of the group. Based on the feedback arising from the activities that were undertaken, core principles of engaging with older men were developed. This process is illustrated in Figure 1 below.

Figure 1



## Getting to the heart of engagement

TOMNET's experiences in working with older men's groups including groups in care facilities has led to a deeper appreciation of how an organisation can best identify engagement areas that matter to older men. Many of these observations are supported by the literature on ageing and represent a glimpse into the opportunities afforded to participants, staff and volunteers, when a superficial approach to engagement is avoided.

### Acknowledge the fact of ageing

To meet the needs of older men we need to learn from them. This is achieved by deepening our understanding of older ageing in general and the experience of ageing in older men in particular. Davenhill states, *"The transition across the later years of life involves mourning, both in connection with that which has been had and lost as well as for those things which may never have been experienced. The capacity to cope with transition, loss and change in later life is rooted in ways of facing loss forged much earlier in life"* (Davenhill, 2004. 4).

A man's life course includes old age. Jung (quoted in Bacelle, 2004, 33) noted however that: *"The afternoon of human life must also have a significance of its own and cannot be merely a pitiful appendage of life's morning..Unfortunately there is not enough meaning and purpose for those who see in the approach of old age a mere diminution of life and can feel their earlier ideals only as something fading and worn...for many people all too much unlive life remains...they approach the threshold of old age with unsatisfied demands"*.

Recognising these experiences for what they are and respecting that every man's journey is his own is part of appreciating that ageing, whilst a universal experience, is not the same for everyone.

### Understanding physical and social health and wellbeing

People working with men in care facilities generally have a good working knowledge of the issues that affect an older man's health and wellbeing. TOMNET volunteers are also well versed in these issues, sometimes through direct experience and at other times through internal education programs. The men demonstrate variable levels of physical health at different times. Heart attacks and stroke are not uncommon and often lead to disability and a loss of independence.

Mental health problems including cognitive impairment and deterioration are common experiences. The social health of the men, while being recognised as essential to other aspects of health, is not always able to be catered for adequately. It is important therefore that a holistic approach to a man's health is taken and in this regard, TOMNET uses a biopsychosocial orientation to care.

This approach means takes into consideration the man's physical health and functional capabilities, having realistic expectations of his capacity and facilitating in appropriate ways to engage and involve him in activities given his health. With reference to the psychological health of the men, both cognitive and emotional levels of functioning are considered. Social health remains variable both for the individual and across the cohort of older men. Maximising appropriate social interaction is essential in providing meaningful activities for older men.

### Addressing loneliness

Experience tells us that loneliness can occur in families, among friends and carers and even while experiencing loving care and attention. This is particular pertinent to men in care facilities. For some, loneliness may be self-imposed resulting from self-centredness, retreating from others and the effort required in relating to another. The individual's focus may be on self-reliance, sometimes with a sense of superiority, a belief that the man himself possesses all the necessary resources of goodness, wisdom and understanding, for example, and that what others can offer him is of little value (Cohan 1982).

However it is also known that solitude, the up-side of being alone, can be a desired emotional achievement for many. According to Zachary (1998) solitude can be a source of confidence, dignity, self-preservation deserving of appreciation or even admiration.

Whatever the older man's disposition – dependent or independent – the nature of his loneliness or solitude needs to be addressed with sensitivity, acceptance and understanding. But as Hess (2004, 26) reminds us, "the pain of being alone is fundamentally related to being alone with oneself and what we feel to be inside us, be it predominately persecutory, critical and aggressive or loving, supportive and forgiving".

### Reflecting on the past

Reflecting on a man's early life can be both painful and pleasant. There are likely to have been occasions of foolishness and wisdom where some of life has been wasted and other areas found highly worthwhile. The older man may have oscillated between all sorts of polarities. Whatever the reflective focus older age can bring, attention is turned from the external elements of the past to the internal elements of the present.

Cicero (45 B. C.) argued that the quality of old age depends on the quality of experience in younger days. It is this quality of experience and not the fact of ageing that give the individual his character in his later years. Cicero emphasized the need to train both mind and body to "glide gradually and imperceptibly into old age" (Bacelle, 2004, 35). Some men achieve this while others struggle to come to terms with the transitional ageing inevitability.

## Maintaining relationships

Old age could be described as one crisis or challenge after another. The relationship with people around an older man may be the only anchor in a swiftly shifting world he has. (Evans 2004.45) Anchorage in line with other older men may be extremely important, hence the supportive role that older men's groups can play in establishing new relationships or maintaining existing ones.

Opportunities for older men to make new friends and relationships may diminish as does their interest and energy associated with such niceties (Shah and De, 1998). However, ongoing attachments may confer special meaning simply because they continue (Thompson, 1993). As Bowlby (1980) stated, meaningful attachments to others are "the hub of human existence" and their importance does not change regardless of age.

Especially in old age the absence of a partner or significant other combined with the disintegration of the usual reciprocity and support and dependence, can be difficult and even be intolerable. Replacement attachments become important even though the former gap may never be filled.

## Managing anxiety

A common response to anxiety in old age is adopting the fight or flight path; that is, run from the situation causing the anxiety or confront it. The more severe anxiety is and its general association with loss of one kind or another can increase the need to be supported. A natural response is to seek attachment, or even cling to another, despite often a reluctance to do this at times of vulnerability. The support provided by having other older men to share worries with can reduce the hold that unspecified fear may have over a person and his life.

## Addressing depression

Although depression is not caused by old age it nevertheless exists in many older men. Clinically depressed people often withdraw from others, and by detaching themselves increase their morbidity and even increase the risk of suicide. Suicide ideation and behaviour often increases where the person believes that no one else will suffer at their death and that they will no longer be a burden to others.

There is a mistaken view that depression is an inevitable or even "normal" part of older ageing. This is despite the fact that as life is approaching the end, older people have weathered all that life has thrown them and have successfully navigated their lives to the present. They can, in the main, reminisce without becoming depressed as they look back on their joys and sorrows.

## The needs of older men in care facilities that can be met by a group

The range of needs which can be met by the formation of an older men's support group is enormous and includes:

- the group is brought to them for their convenience without having to leave the facility
- chance to gain or regain a sense of mateship in a safe environment
- increased social opportunities for lonely or isolated men
- opportunities to communicate with others and make friends
- participating in new activities and challenges
- opportunity to share personal stories and hear from others
- development of new roles in the group
- development of new social networks or expansion of existing ones
- information and discussion on common health issues experienced by older men in a supportive setting
- freedom to speak and act without needing to moderate actions or behaviour in an all male environment
- tackle mental health issues such as depression and anxiety by having a purpose and a function to perform
- achievement of new goals and motivation to get up in the morning and be active.

## The difference between a TOMNET support group and a health support group

The TOMNET model of support does not fit the definition of total self-help group or the definition of total support group. The TOMNET model is a hybrid model of different group purposes and outcomes (Kuntz, 1997). TOMNET's purpose is the giving of emotional and social support as well as information to men with a range of common problems. Unlike other support groups, membership is not exclusive to men with one common problem.

Health support groups tend to focus on common health issues such as depression, alcoholism, cancer or mental health issues as the focus of the group's support as well as the membership. TOMNET however is a support group inclusive of all older men and all of their concerns related to being an older man. Whilst the provision of information generally focuses on older men's issues, of which health is one core concern, the group does not exist purely to give emotional support on only health issues, financial issues or social isolation issues.

Schopler and Galinsky (1995) suggest that a continuum model with self-help groups at one end and psychotherapy groups at the other is one way of making sense of the broad range of support groups and their functions. In this continuum, support groups sit somewhere in the middle. TOMNET can be located at any point along the continuum depending on when the organisation is talked about or what particular activity the group is engaging in.



## Making the support group a success

The TOMNET environment is conducive to men who are usually reluctant to talk about personal and significant events in their lives by being welcoming and encouraging participation in the development and delivery of services by the men themselves.

For older men it is important that the process of identifying a group, choosing to access it and engaging with it over time, is not hurried and respects their choice to become involved when they are ready to do so. Taking the time to establish trust and build relationships is a high priority. Since the inception of TOMNET, the model which has been developed has explored the different methods of successful engagement with older men with the findings incorporated into this manual to benefit the community and older men in the future.

In their own time, older men come to acknowledge their need for support while also recognising that they are still capable of making a contribution to the wellbeing of their peers and the wider community.

It has become apparent that the camaraderie that exists within the membership is characterised by genuine sharing, caring, giving and receiving. This is underlined by the fact that men are allowed and encouraged to become involved at any level of the organisation, giving as much or as little as their circumstances, interests and skills allow.

In TOMNET's experience, it is a combination of all these factors which makes for a successful social and support group for older men. Without these factors, the culture of TOMNET would not be sustained.

“The meetings are interesting. There is a lot of reminiscing. We are all about the same vintage although I'm a bit younger than most (age72). We can relate to days gone by especially the blokes from the country. I can even remember stories about my father's days. Yes, most of us seem to be on the same track.” Rob

## 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.



# Stages Involved In Forming A Group



The partnership between the care facility and TOMNET is developed in three stages.

## Stage One: Preliminaries

An intention to investigate commencing an older men's group at any residential care facility must first take into account the unique environment in which care facilities operate.

Bound by rigorous standards and legislation, these facilities must balance the individual and specific needs of their residents against the broader organisational needs of the facility itself. In order to operate, the facility must fulfil a significant number of legal, government and health and safety requirements, making the decision to introduce a new group from outside the organisation, not as simple as it might first appear.

Therefore gaining an understanding of the environment in which the care facility operates is important. You may need to consider:

- The community in which the facility operates – are there many facilities in the area or only one or two? The fewer facilities the more likely that staff may be under pressure to manage a wide range of health needs in residents and they may fear the additional workload that an extra group could bring. Conversely they may be grateful that volunteers have come into the facility to engage with residents that they do not have the time to speak with for any length of time.
- The organisational environment – is the facility a well-established and well respected entity? Can you be assured of a professional approach towards your volunteers from management and staff?
- The staff – will staff be given time within their working day to assist your volunteers to pick up residents and take them to the group, or are they expected to do this in their own time? The more onerous the responsibility on the staff to assist, the less likely it is that they will support the additional workload.
- The residents – are there sufficient older men in the facility to make the group worthwhile? Setting a minimum number for a group helps the volunteers feel that their time is being used productively. Staff may agree that the group is worthwhile if it engages a number of their older male residents rather than just two or three.

Once you have undertaken some preliminary investigation into the likelihood that the facility may be interested in your proposal for a support group it is time to make appointments with the key decision makers.

## The first meeting

Before attending this meeting, take with you:

- Relevant brochures about your organisation if you are operating as part of, or being supported by one. These brochures should explain the organisation's philosophy, culture, mission and activities so that the care facility can see who it will be engaging with.
- A Service User Charter to describe how your organisation upholds the rights of older men and the responsibilities you take in working with them.
- A draft partnership agreement such as a memorandum of understanding. If you want the relationship to be successful, document each party's rights and responsibilities in getting the men's group off the ground and supporting it into the future to avoid disagreements and confusion down the track. A plain-speaking written agreement will make it clear to everyone what assistance is being offered and for how long. It may also include a clause about when to review the partnership and under what circumstances it might end.

It is important to establish in the minds of the staff of the care facility that your volunteers will have allocated tasks and responsibilities and that any equipment, venue or time that is offered will be managed appropriately.

- Describe any physical support that is being offered to the older men's group by the care facility or by your organisation.
- The roles and responsibilities of your organisation to manage the group, review the success of the group and report on progress.
- The roles and responsibilities of the care facility to manage the group, review the success of the group and report on progress of the residents.

During the interview with the key decision maker, make sure you gain an understanding of the facility's policies and procedures. You also need to be comfortable with the organisation's physical, social and emotional environment as you are putting volunteers into it with the intention that it will be ongoing. Some volunteers may only want to assist for a limited period of time so a twelve month commitment is a good starting point.

Leave a draft partnership agreement with the care facility for them to review in detail and ask them to make any suggestions in relation to the content to ensure that they have fully committed to the group.

## What does a partnership agreement look like?

At its simplest, a partnership agreement could be a letter which outlines:

- A short explanation of the purpose of the older men's group and what it hopes to achieve.
- An outline of the key roles and responsibilities of the volunteers of the older men's group and the staff of the care facility, for example
  - \* who coordinates the group
  - \* who is the key contact within the care facility
  - \* where the group will be held and how often
  - \* how many staff and volunteers will be attending the group
  - \* who will promote the group
  - \* who will transport residents if this is required
  - \* who is providing refreshments

When you are both satisfied with the contents, print off a final version and have both decision-makers sign and date it. Each party retains a copy.

For a sample partnership agreement see Appendix 5.

## The follow-up meeting

If there is interest in pursuing the idea of a support group, suggest that you meet with care staff to exchange information about the proposed group, encourage their questions and debate, discuss plans for how it might operate and receive their input and cooperation in the planning of it. The more commitment you gain from staff now, the more likely it is that you will find them happy to work with you as the group progresses.

If there is agreement that the group can proceed, promote the men's group within the facility through word of mouth, newsletters, notices and brochures. With the facility's permission you may take some volunteers and doorknock the residences where older men live to introduce yourself and leave a brochure about the group.

“A lot of blokes can't get out, they're pretty lonely and don't get visitors so maybe my visits can be of help. I enjoy what I do.”

Lindsay

## Stage Two: Engaging the Men

Congratulations! Your group for older men has been approved and your volunteers are eager to start identifying men who may find the group a useful support and a source of mateship and interaction.

- If you have not already done so, ask the facility for a list of male residents including those in independent living units associated with the facility. The men do not have to be living alone; many spouses will appreciate that their male partner has found a new social group to interact with.
- Create a team of volunteers to make initial visits to men of the facility and promote the group. Residents will be curious to know when and where the group will be held, what it might involve and what the expectation is on them when they attend. As many older men find it difficult to trust new social engagements, particularly when hosted by men that they don't know, it can be easier for them to refuse an invitation rather than face their fear of the unknown. The more information you can provide in a leaflet or face to face, the more comfortable the older man will become with the idea. A sample letter of invitation can be found at Appendix One.
- During the visit, personally invite the older man to attend an information/meet and greet gathering to gauge the level of interest in attending the first men's meeting. However don't rush or pressure a decision. Leave the offer open with a friendly smile and remember that many older people take some time to make a firm decision about trying something new.
- At the initial meet and greet gathering, reiterate information about your organisation and the purpose of the partnership between the facility men and the volunteers. Ask for questions and talk about any other groups you have seen like this and some of the things that happened within them. Whilst not every detail needs to be nailed down, many men will want reassurance that you have some sort of plan for the time that you are all together.
- With those men who are interested, hold a 'round table' discussion where facility men and the volunteers share ideas about the content and processes of the meetings in general. Details such as time, location, duration, frequency and format of the meetings should be determined to put some certainty and planning into the process.
- Appoint a team of volunteers who agree to consistently meet with the facility's men's group for a period of twelve months after which their involvement may be reviewed with a possible change in volunteers. One older resident had a clear reply to the question of what is the worst thing that TOMNET could do to the group when he said, 'Don't turn up!' The need for consistency and certainty is very important to older men who come to rely on the friendship and camaraderie that eventuates from these meetings. To have a volunteer 'mate' not turn up when the resident has trusted that he will be there is highly disappointing for the resident and potentially doing more harm than good.

- Ensure that the partnership agreement specifies whether your volunteers will supply refreshment or the facility will. Having something to eat with a tea or coffee helps to relax residents and make the meetings more of a social occasion.
- Keep attendance registers and any other noteworthy information by recording each meeting in an exercise book or folder. Remember that you should be reporting to your own organisation and/or the facility anything that is of personal concern to a volunteer in relation to the physical, social or emotional state of the resident. You also may want to follow up those residents who miss a meeting to ensure that nothing has happened to disturb or upset them and they do not need some sort of additional support.

“Just getting together is good. It means having a talk – men’s talk. It is a chance to connect with other blokes and get away from the wife for a while”. Alan

As with any support group where there is an opportunity to talk to others about common concerns, be they emotional, physical, social or a combination of these, some men can find it quite overwhelming after everyone goes back home. Therefore having volunteers and facility staff who are alert for the crises that can occur when older men become aware of their deeply buried worries or past hurts, is vital. Training for the volunteers in managing these situations is a responsibility of the volunteer’s organisation, but the facility has a key role to play here too.

Facility Staff may be unaware of the subtle signs of depression, grief, isolation and suicidal behaviours that place an older man at greater risk of harm. They may be too busy to pay attention and attendance at the group does not necessarily lessen this risk; it can in fact increase it, simply due to the long pent-up emotions that are being released. Before and after each group, care staff and the TOMNET coordinator discuss any man who may need follow-up attention. This is done informally and the staff person processes the occasion according to facility protocol.

Where required, follow-up referrals should be made on any matter of concern to appropriate facility personnel or your own staff after discussion with facility personnel. Outside referrals may be necessary to grief and loss counsellors, psychologists or health professionals. This is the responsibility of care facility staff.

## Stage Three: Ongoing Activity

- All groups benefit from having at least one person nominated as the key point of contact and the organiser of the interactions. Where possible, appoint a skilled volunteer to coordinate and manage the facility Men's Group in collaboration with appropriate facility personnel. This person may work with the facility to resolve small issues, make decisions about things that happen on the meeting days, arrange who will do the tasks needed to ensure the group is organised each meeting day and to report back to the organisation regarding the progress of the group. Other volunteers may also enquire about how to become involved in the group.
- A volunteer coordinator may also provide advanced notice of further meetings or activities including guest speakers or special interest information. He should be assisted in this endeavour by other willing volunteers and perhaps by facility staff. Keeping the men engaged and looking forward to the next meeting is critical to keep attendance and support flowing for the group.
- Where appropriate, one-to-one visits between a facility man and a visiting staff professional from your organisation, such as a counsellor, community support worker or health worker may take place. Make sure that this type of arrangement is captured in your partnership agreement so that both parties know in which situations an approach may be made. Before undertaking the visit, ensure that it has been approved by your organisation's manager and/or appropriate facility personnel.
- Where necessary, the volunteers may assist facility staff to bring men to the meeting and return them to their quarters after the meeting. Facility staff often appreciate the assistance and making the offer increases the likelihood that sufficient men are able to attend the meeting to make it worthwhile.
- Encourage as much participation in the group as possible and continually foster the notion of group ownership and a sense of belonging. Find out what the men would like to do and who they would like to hear talk to them. Often just sharing stories with one another about their life is a great way to build relationships with others.
- Ensure that ongoing regular communication between the volunteer organisation and the facility takes place because of multiple changes that inevitably take place within such a program.

“It's the fellowship I enjoy. It takes us out of our rooms. We get to know one another and pick up something interesting about other fellows like what they have done in the past. The main thing is that we get to talk to one another.” Ron



## Stage 4: Reviewing the men's group

Once the group is up and running, the final step is to work out how to maintain it over the longer term. There is always a danger with any new group that if interest should wain, only a small number of original participants will be left to hold it together. This won't necessarily achieve the original outcome which is to grow a men's group for the benefit and support of older men in the care facility.

“I'm a people person. I'm all for social interaction. Some of the men don't get involved and I feel sorry for them. I like engaging. It's good to meet people and socialise. Others would benefit if they came along. They would get something out of it. I like to stay physically, socially and mentally healthy and the group helps.” Bob

Some of the activities that you can undertake to maintain your men's group include:

- Monitor each meeting and attendance. Follow up members when they do not attend for a while with a friendly phone call. Find out if there is something that is preventing them from returning which the group may be able to assist with.
- Often men will not disclose when they are in a personal crisis preferring to deal with their problems alone. However one friendly call or drop-in visit from a volunteer from the group may be all that's required to offer friendship and support.
- Keep in regular contact with the facility and negotiate changes to the type and level of support being provided if necessary. As groups are a developing system they sometimes require a bit of 'tuning up' to get them running comfortably and smoothly. If you think that something is not working as well as it could, have a chat with someone from your organisation or facility personnel to address the problem.
- Many groups provide their own newsletter on a monthly basis to keep members up to date with what is happening and provide interesting updates and contributions from those in the community. Newsletters are particularly important when men are isolated or restricted in their ability to attend meetings. The newsletter keeps them involved and provides them with an important connection to the rest of the membership.



# Appendix

## Appendix I: Sample invitation

(Logo)

Dear (name)

Re: PERSONAL INVITATION to Meet & Greet

It is our pleasure to invite you to a Meet & Greet morning /afternoon tea to be held:

Date.....

Place.....

Time: from ..... to .....

At the Meet & Greet you will meet men from *(name of your organisation)*. They are keen to make your acquaintance.

*(Facility name)* management and staff and *(your organisation)* are working together to form a men's group where *(your organisation)* fellows will join *(Facility name)* men on a regular basis for a yarn and social interaction.

We hope you will come along and learn all about what is proposed for a *(Facility name)* men's group and also take the opportunity to make suggestions about how the group might function for those who are interested in it.

The proposed group may or may not be "your cup of tea" but please come along and be informed about the proposal. There is no obligation to attend or continue to be involved further in any way.

Should you have any questions about the Meet & Greet gathering please contact *(Facility contact person)* on *(Phone number)* or *(your organisation)* on *(phone number)*.

We look forward to meeting you,

Yours sincerely

(Name)

(Position)

## Appendix 2: Attendance register

An Attendance Register or a Register of Meetings is an important document to maintain for your group meetings. This register can be used to keep track of people who may turn up to one or two meetings but then not show for a while. You may want to follow them up to see if they are having trouble getting to the group or if something has happened which has affected them attending. Attendance Registers are also important for workplace health and safety so that you know who is in the building if you need to evacuate the building due to fire or other health threat. At the end of the meeting the number of participants is totalled up at the bottom. By recording this information you are creating a living history of the development of your group.

Many groups use an A4 size exercise book ruled up into columns. The date and time of the meeting is written at the very top. Here is a sample:

Name of Participant	Signature	Contact Phone Number	Apologies Received

## Appendix 3: Different structures for the men's groups

Each of the men's groups currently operated by TOMNET and the care facility are structured to suit the needs of the men and the facility. The different structures are outlined below. See Appendix 4 for the method used to monitor and record each group for evaluation and reflection purposes.

### **Nubeena Community Care.**

This group meets on the second Tuesday of each month from 10.00 – 11.30am. It includes men from an adjacent residential, NuMylo. The meeting starts with morning tea (not too close to lunchtime) followed by a guest speaker and general discussion. The morning tea is provided by TOMNET and served by care staff. Resident group members are increasingly taking responsibility for talks in addition to visiting speakers. Meetings are held in the central complex because of the comparative large number of men in wheelchairs or using walkers. Currently a TOMNET staff member coordinates these meetings with a view to a volunteer coordinator being appointed soon to be appointed.

### **Yukana Retirement Village**

Meetings are held from 2.00pm – 3.00pm in the Fellowship Room on the last Monday of each month. Similar activities as those stated above take place with afternoon tea being provided by the men themselves and served by the volunteer visitors. Whereas the Westhaven and Nubeena groups are physically structured with a presenter out front with an audience, Yukana men prefer a "round table conference" approach to the meetings. Discussion and "show and tell" are highly valued. Increasingly the members are telling their stories and this form of reminiscence works well for these fellows. Also like the other groups, talk amongst the men often exceeds the allocated meeting period.

### **Lourdes Home for the Aged**

On the fourth Thursday of each month the Lourdes men's group meets from 11.30am-1.00pm. TOMNET volunteers do the BBQ cooking using supplies from the Home. This is simply a social occasion with no external guest or internal speaker. The volunteers serve the members, many of whom need assistance. The social interaction through talking among the members and volunteers is the primary objective of the meeting. This is a fairly rigid routine and is quite different from other care facility men's group which are somewhat flexible in what they do and how they do it.

### **Westhaven Retirement Community (RSL)**

The group meets on the first Thursday of the month from 1.30 – 3.00pm. There is usually a guest speaker, question time and general discussion. Afternoon tea is provided by TOMNET and served by the volunteers. A TOMNET/Westhaven coordinator has been appointed who organises the meetings in consultation with TOMNET staff and the Westhaven men. Volunteers also help those residents with mobility problems to attend the meetings. Meetings are held in the community hall within the complex.

## Appendix 4: Recording and monitoring of the men's group

To assist in the 'hands on' operation of the various residential care facility groups, TOMNET has found it useful to keep records of the particulars of each group and update these records at each monthly meeting. This not only helps the volunteers keep track of what is occurring in each group, it gives the organisation important and valuable information on the acceptance of the group by the men and the care facility.

As every men's group should be reviewed regularly to see what might need changing or improving, the monitoring of the men's group and recording of certain statistics will help provide an overall view of success.

The following headings may be adapted to suit your particular group and can be recorded in a notebook for ease of taking to each meeting.

1. Contacts of key personnel such as Manager and Life Style Coordinator.
2. A map of the residential complex including meeting place.
3. Updated list of male residents and regular attendees.
4. Record of attendance per month and annual total.
5. Record of TOMNET visiting team and their attendance.
6. Record of guest speakers, their topics and relevant comments.
7. A layout of preferred seating configuration at the meetings.
8. Special notes for reflection, planning and evaluative purposes.

To  
find out more  
about The Older Mens  
Network Inc or to join your  
group to the Network, contact the  
TOMNET Centre on  
(07) 4638 9080 or email  
[tomnet05@tomnetinc.org](mailto:tomnet05@tomnetinc.org)

## Appendix 5



Partnership Logo

## **PARTNERSHIP AGREEMENT**

**BETWEEN**

**ORGANISATION 1**

**AND**

**ORGANISATION 2**

## THE ORGANISATION 1 AND ORGANISATION 2

### PARTNERSHIP AGREEMENT

#### **Vision**

To identify and connect with at risk older men living in community and residential care settings using meaningful peer support networks that ORGANISATION 1 are responsive to and reflective of individual need and reduce the risk of suicide in these settings.

#### **Mission**

To improve the physical, mental, emotional and social wellbeing of isolated older men living in community and residential care settings.

To support the staff of community and residential care settings to identify and refer at risk older men within their work environments and recognise their essential contribution to successful interventions for older men.

#### **The principles of collaboration inherent in this partnership arrangement are:**

- A commitment to mutual respect and trust between the partner organisations.
- The use of clear communication methods to share information regarding the partnership and any joint projects, for example by attending regular meetings and participating in the Steering Committee.
- To engage in consultation with each other on issues that arise during the partnership project and come to an agreed response.
- A shared understanding of the vision and the mission, which guides and underpins all strategies and engagement with older men.
- That relationship building between staff, volunteers and older men is both the tool and the outcome.
- That older men living within the community and residential setting can bring significant value to other older men living in the facility once the opportunity is provided.
- To use volunteer older men to work with the clients in community and residential care wherever possible and recognise that peer support networks (i.e. older men supporting older men) bring a significant level of mateship and personal connection to this generation.
- That the partnership exists for the sake of the clients and not for the existence of either or both agencies.



- That the partnership arrangements including this agreement will be reviewed annually until the funding ceases in June 2011 or sooner if required.

## **The goals for the partnership for 2010 -2011 are:**

1. To improve the social connections for older men in community and residential aged care facilities by using volunteer older men to develop sustainable men's groups.
2. To increase awareness of older men's issues for staff of community and residential care facilities in Toowoomba and therefore reduce the likelihood of suicide by older men who are at risk.

## **The strategies to meet this goal are:**

### Strategies for Goal 1:

1. To establish a men's group in the residential facility using ORGANISATION 1 volunteers and staff.
2. To support participation of older men from the community and residential care facility to attend regular meetings of the men's group.
3. To link older men with other older men in a peer-support network in order to establish friendships and community connections.
4. To make the groups sustainable by recruiting volunteers who will provide ongoing support to the continuation of the men's group under the ORGANISATION 1 umbrella.
5. To develop a model of best practice and collaboration on the establishment of men's groups in residential aged care facilities that will be written into a manual for future distribution.

### Strategies for Goal 2:

1. To identify and determine the learning and development needs of staff within the community and residential care facility in relation to older men's issues.
2. To provide free training by ORGANISATION 1 professional staff to the staff of the facility on a selection of topics related specifically to older men.
3. To provide opportunities for staff to discuss and consult with ORGANISATION 1 staff on specific needs of their older male residents in relation to their social and emotional wellbeing.
4. To develop an evaluation and feedback process relevant to participants to measure the value of the training outcomes and their understanding and usefulness of the content.

### **The quality criteria for assessing the deliverables of the partnership are:**

- The content of the training is based on current knowledge and research on older men's issues and is fully referenced.
- Training provided by ORGANISATION 1 has been tested with several older men's groups and feedback has been incorporated into the current version.
- Findings and research gathered during the project will be made available to other residential facilities to increase community awareness of issues for older men.
- The trainers, counsellors and volunteers involved in the project are qualified for the roles they undertake and are supported with ongoing training in suicide prevention, issues for older people, grief and loss and supporting people at risk of suicide.
- The ORGANISATION 1 program is based on the Commonwealth's Life is For Living Framework.
- A Steering Committee oversees all aspects of the ORGANISATION 1 Community Connections project of which this partnership is a key outcome. The Steering Committee consists of experienced professionals in the aged care, community development and government arenas.
- The model is designed for sustainability based on the availability of ORGANISATION 1 volunteers who will continue to provide support and experience in the maintenance of older men's groups after the project and partnership ceases.

### **Performance Measures:**

1. Three training sessions per annum provided on older men's issues to community and residential staff of the facility.
2. The evaluation of each training session and at the end of the partnership in June 2011.
3. Focus group surveys to provide feedback on the value of the older men's group to their sense of wellbeing and social connectedness.
4. Feedback gathered from core staff of the partnership to assess the process and outcomes of the goals for the partnership after twelve months and at the end of the partnership.

### **Roles and Responsibilities of the Partner Organisations**

Organisation 1 agrees to:

- Deliver three free training sessions per annum on older men's issues to community and residential staff of the facility and to others by invitation.
- Provide catering for the three training sessions for all participants.

- Establish and facilitate one men's group in the residential facility and operate it fortnightly using ORGANISATION 1 resources and training material.
- Provide the necessary resources to establish and support the men's group for the life of the partnership including catering, guest speakers, clean up, provision of four volunteers to each group and professional counsellors to assist with identification and support of at risk older men.
- Share the intellectual property arising from the establishment and support of the residential men's group with other residential facilities over the course of the project.

## Organisation 2 agrees to:

- Provide a venue on-site at the residential facility for the establishment and continued operation of the men's group.
- Allow community and residential staff to provide transport for community based older men and support those in the residential facility to attend the fortnightly men's group.
- Encourage and support community and residential staff to attend the free training on increasing awareness of older men's issues.
- Promote the men's group as a shared approach to managing the risk of suicide in older men.
- Refer older men who have been identified as at risk to ORGANISATION 1 for further follow up and support.
- Identify the male partners of female residents who may spend many hours in the residential and encourage them to attend the men's group.

b

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of ORGANISATION 1

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of ORGANISATION 2

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