

# Place and wellbeing: shedding light on activity interventions for older men

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## **ABSTRACT**

In the United Kingdom, one in five of the population is an older man, many of whom live alone. Loneliness and social isolation is a growing issue for many of these older men, one that has been associated with elevated blood pressure, poor physical health, increased mortality and mental ill-health, including depression, suicide and dementia. Lone dwelling and social isolation have tended to be viewed largely as issues affecting older women due to their greater life expectancy (LE), but the LE gap between men and women is closing, presenting new challenges for the health and wellbeing of older men. This is not unique to the United Kingdom. Yet whilst inclusionary social spaces and supportive social ties can be important for enhancing physical and mental wellbeing amongst older people, evidence suggests that lone-dwelling older men can experience greater difficulty in accessing effective social support, relative to older women. Understanding those spaces of communal activity that are likely to be successful in promoting health and wellbeing amongst older men is thus important if we are to improve their quality of life. In this paper, we draw on research with a ‘Men in Sheds’ pilot programme in the United Kingdom, to illustrate how everyday spaces within local communities might be designed to both promote and maintain the health and wellbeing of older men. In doing so, we aim to offer insights into how Sheds, as created and gendered spaces, may not only engage older men in ways that help to maintain their perceived health and wellbeing, but also provide sites within which older men can perform and reaffirm their masculinity.

**KEY WORDS**—older men, Sheds, health and wellbeing, therapeutic landscapes.

## **Introduction**

In a recent European Union report on *The State of Men’s Health* in Europe, White *et al.* (2011: 92) noted that, ‘As we move from an industrial base to a post industrial society, it would seem that many men are struggling to cope with problems relating to their mental and emotional wellbeing as well as their physical health’. They further note that not only are many of the indicators relating to social exclusion a growing issue for older men, but that

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in an ageing society, this presents particular new challenges for their physical and mental wellbeing. In England and Wales, over four million men are over the age of 65; of this group, more than 25 per cent have symptoms of depression severe enough to need treatment (Men's Health Forum 2010: 4). Older men are also more likely to experience loneliness and social isolation than older women, and this has serious health implications, making it more likely that they will develop illnesses that reach crisis level and need hospital care (Shapiro and Yarborough-Hayes 2008; WRVS 2012). Social isolation, loneliness and stressful social ties are associated with elevated blood pressure, poor physical health, poor diet, increased mortality and mental ill-health – including depression, suicide and dementia (Luanagh and Lawlor 2008; Cacioppo *et al.* 2011). Indeed, Iliffe *et al.* (2007) maintained that the magnitude of health risk associated with social isolation and loneliness in older adults is comparable to that of cigarette smoking.

Yet, as a recent United Kingdom (UK) report noted, older men, particularly those who are bereaved, divorced or who have never married, are more likely than older women to be excluded from wider social relationships (Ruxton 2006). Further, lone-dwelling older men can experience greater difficulty in accessing effective social support relative to older women. Not only do they find it harder to make friends late in life, but many are resistant to participating in community-based social groups that are often dominated by, and primarily geared towards, older women (Men's Health Forum 2012). As Ruxton (2006) notes, in the UK, activities such as dance, cooking, arts and crafts and so on are widely regarded as 'women's activities' and are therefore rejected by the majority of older men. And while activities such as Tai Chi and language learning do attract a few men, they are still female dominated. Older men, he suggests, are far more attracted to *those activities that have a practical outcome*. In addition, it is also well recognised that older men use fewer community-based health services than women and are less likely to participate in preventive health activities (Suominen-Taipale *et al.* 2006; White *et al.* 2011). Hence, understanding those spaces of communal activity that are likely to promote inclusion and wellbeing successfully amongst older men is important if we are to improve the quality of life of the growing numbers of socially isolated older men.

In this paper, we report on one such response – the 'Men in Sheds' pilot programme run by Age UK. Drawing on data from a recent study of the pilot programme, we illustrate how everyday spaces within local communities might be designed to both promote and maintain the health and mental wellbeing of older men. In doing so, we consider the extent to which these kinds of gender-specific spaces might help to address the difficulties of engaging older men in communal social activities and, in doing so, provide sites in which older men might perform and reaffirm their masculinity.

## Therapeutic landscapes – inscribing gender and the everyday

Gerontologists within the sub-domain of environmental gerontology have made a substantial contribution to our understanding of how older people experience and create meaning for themselves within different environments and what this means in terms of ageing well (*see e.g.* the recent edited collection by Rowles and Bernard 2013). Those working in the field have sought to understand the individual and contextual factors involved in the making and remaking of places in order to understand, and improve, the interrelationship between older people, places and wellbeing (*e.g.* Lawton 1977, 1980; Peace, Holland and Kellaher 2005; Twigg 2000). But while there is consensus within the gerontological literature that both personal and environmental resources contribute to ageing well, the role of key elements of the immediate environment, including the home, public and community environments, remain largely overlooked (Wahl, Iwarsson and Oswald 2012). Further, Schwarz (2012) suggests development of environmental gerontology could be greatly aided by increased integration of concepts and practice. Here, we seek to go some way toward addressing these issues by considering a community-based intervention through the lens of the geographical concept of the therapeutic landscape – a concept that embraces the notion that certain environments promote health and wellbeing (Gesler 1993). These landscapes are not necessarily ‘natural’ but can be created. Importantly, particular places are said to support the construction/maintenance of identity, and can act as the location of social networks, providing settings for therapeutic activities. This is based on understanding how environmental, societal and individual factors work together to preserve health and wellbeing. Therapeutic landscapes are thus concerned with complex interactions that can include the physical, mental, emotional, spiritual, societal and environmental (Williams 1999).

Whilst much work around therapeutic landscapes addresses the abstract and the unique, taking singular, famous and/or one-off events or places such as spas, baths, national parks and hospitals as the focus of concern (*e.g.* Curtis *et al.* 2007; Foley 2010; Gesler 1993), this work tends to ignore the differing scales at which these landscapes occur and are experienced (English, Wilson and Kellar-Olaman 2008; Martin *et al.* 2005), the potential therapeutic qualities of everyday spaces – and the transformations, both positive and negative, that occur in and of them (Milligan and Bingley 2007). A small but growing body of work has begun to redress this gap by seeking to unpack the potentially therapeutic (and non-therapeutic) qualities of everyday landscapes such as the home, community, local woodland, parks and community gardens (Milligan and Bingley 2007; Milligan, Gatrell and Bingley 2004; Williams 2002). Such work maintains that therapeutic landscapes should

be seen through a health-promoting as well as a curative lens. Milligan, Gatrell and Bingley's (2004) study of communal gardening on allotment sites, for example, found that such sites can create inclusionary spaces in which older people not only benefit from the activity itself, but from a mutually supportive environment that can combat social isolation and enhance their quality of life and emotional wellbeing.

While studies of this kind point to the importance of community activity in supporting inclusion and wellbeing amongst older people, the activities themselves tend to be viewed as gender-neutral. With only a few exceptions, the therapeutic landscape literatures tend to ignore the relationship between gender and productive action in constructing healthy spaces (Dyck 2007). In doing so, it fails to consider how men and women might engage with, or perform within, these landscapes in different ways. Hence, we suggest, they overlook the potential significance of gendered spaces for maintaining health and wellbeing. Dyck's work on the production of healthy spaces through the health practices of migrant women in Canada; MacKian's (2008) work on the role of the media in undermining the therapeutic landscapes that support women's empowerment in Uganda; and Love, Wilton and DeVerteuil's (2012) feminist reading of women and drug use in the therapeutic spaces of drug treatment programmes in Canada are rare exceptions. While these papers begin to infuse a gendered perspective to work in this field, it is an entirely feminine one – understanding the relationship between masculinity and the therapeutic landscape remains unexplored.

More broadly there has been little research that has considered the place of gendered activity interventions for older men (Golding 2011). The study of Gleib *et al.* (2011) of gendered social group membership of older people in the UK is perhaps one of the few exceptions – albeit focused within a residential setting. Their work illustrated a clear gender effect in which older men participating in male-oriented social groups exhibited a significant reduction in depression and anxiety, and an increased sense of social identification with others. Hoglund, Sadovsky and Classie (2009) also suggest that older men derive important health benefits through productive activities (characterised as any activities, paid or unpaid, which produce goods or services, creative endeavours, encompassing handicrafts, hobbies, art, musical performance and other activities, or which contribute to the public). They note that gardening and hobbies, in particular, have been linked to greater longevity in older men. Looking at the broader implications of lifelong learning and community engagement for wellbeing amongst older men in the Australian context, Golding (2011) further suggests that the most effective interventions are those that cast older men as co-participants in shared group activities in safe and familiar spaces.

This all implies that gender-specific social groups may prove beneficial in counteracting the effects of social isolation in older men.

In addressing these issues, we thus seek to contribute to our understanding of how and why gender-specific spaces might be important for addressing some of health and wellbeing effects of social isolation amongst older men. We do so firstly, by drawing on the exemplar of the Men in Sheds programme to illustrate how everyday spaces within local communities can be designed to both promote and maintain the physical and mental wellbeing of older men; and secondly, by illustrating the importance of gendered community spaces for facilitating the maintenance of health and mental wellbeing amongst older men. Before doing so, we briefly describe the concept and development of the Men in Sheds initiative.

### **Men in Sheds**

Originating in Australia in the mid-1990s, the ‘Men in Sheds’ initiative is one of the most recent and fastest growing activity interventions in the UK. Sheds can come in a variety of guises and involve a diversity of different activities. Most Sheds are equipped with a range of workshop tools. They can be located in small rooms in local community spaces, converted garages or large industrial spaces. In Australia, where the concept is more advanced, some have even been located in residential care settings (Bettany 2004). Critically, sheds provide a space for older men to meet, socialise, teach and learn new skills and participate in ‘DIY’ or similar activities with other older men. With a focus on communal rather than individual activity, Men’s Sheds are thus diametrically opposite to the commonly held stereotype of sheds as places of isolation, where men go to ‘escape’ and be alone, rather it is the *activity* often undertaken within these Sheds that forms the point of connection. The role of a Shed in encouraging and engaging men in informal adult learning activity is thought to be particularly important (Golding 2011). But the Shed programme also has the potential to improve men’s mental, physical, social and emotional health and wellbeing (Ballinger, Talbot and Verrinder 2009; Fildes *et al.* 2010). Sheds might also provide health-related information and ‘signpost’ men to relevant services. Whilst Sheds may be facilitated by an organising body (in this study, Age UK<sup>1</sup>), which may take responsibility for finding suitable space and co-ordinating activities, it is the older men themselves who decide what form of activities will be undertaken. Hence, in almost all cases, Sheds are tailored to their local context rather than being standardised, and have *members* rather than service users. Sheds can thus be seen as a complex intervention with broad aims to improve health and wellbeing that go beyond alleviating

loneliness or social isolation; but while the Shed concept has existed for some time, published research on the impact of Sheds on the health and wellbeing of older men is limited (Golding 2011).

## Method

This study aimed to assess the impact and effectiveness of a pilot programme involving three Shed projects set up and run by Age UK. It sought to consider the extent to which Sheds, as a gendered intervention, might be effective in engaging isolated and lonely older men; and their perceptions of how Shed activity can enhance health and wellbeing. Each of the Sheds had been operational for over a year at the time of the study, hence our analysis is based on self-report and perceived health and wellbeing. To do so, the study adopted the following approach:

- An examination of all data routinely gathered by Shed managers and co-ordinators from each Shed, *e.g.* monitoring forms, case studies, as well as assessment and case notes.
- Semi-structured interviews and focus groups with a purposive sample of older male Shed members (N=24 interviews, plus four deliberative focus groups). Participants were asked to reflect on their reasons for coming to the Shed; to describe their experiences of the Shed and the impact that it had on their lives; to discuss which aspects of the Shed they valued most and least; their perceptions of whether Shed participation had impacted on their own health and wellbeing; and whether it had helped raise awareness of other services. In the deliberative focus groups, we presented 'case scenarios' drawn from our preliminary analysis and asked Shed members to consider whether these scenarios accurately reflected their Shed experiences.
- Semi-structured interviews were conducted with the Shed co-ordinators and managers of each project (N=5, one participant was a co-ordinator/manager). Participants were asked to reflect on the extent to which the Shed had met their initial expectations; how they envisaged its further development and sustainability; any tensions or difficulties the Shed projects presented; and what they perceived to be the predominant impact of Sheds on individual Shed members.
- The production of profiles on membership of the Sheds to include such data as: age; ethnicity; previous employment (as proxy for socio-economic status); living arrangement; level of support required by individual (on a scale of 1–3 from independent, *i.e.* low support needs, to high support needs); who provided that support (*e.g.* Shed co-ordinator; volunteer; family carer or other).

TABLE 1. *Interview participant profiles*

Code	Pseudonym	Age	Previous employment
Shed 1 interviews:			
P21	Ted	86	Professional/manager/white collar
P22	Roger	59	Professional/manager/white collar
P23	Bob	82	Trades/manual
P24	Don	79	Professional/manager/white collar
P25	Peter	80s	Trades/manual (boat builder)
P26	Tom	Mid-70s	Professional/manager/white collar (manager food industry)
P27	Bill	Early 60s	Professional/manager/white collar (manager building industry)
P28	Gordon	80s	Trades/manual
Shed 2 interviews:			
P11	Keith	62	Trades/manual
P12	Malcolm	71	Trades/manual
P13	Al	68	Retail
P14	Mick	62	Trades/manual
P15	Eric	66	Trades/manual
P16	Selwyn	73	Trades/manual (coal industry)
P17	Joe	66	Professional/manager/white collar (office-based engineer)
P18	Sam	65	Trades/manual (engineering)
Shed 3 interviews:			
P1	Roy	70	Trades/manual
P2	Raymond	52	Professional/manager/white collar
P3	John	71	Trades/manual
P4	Vince	67	Trades/manual
P5	Cliff	Mid-60s	Trades/manual (carpenter)
P6	Reg	Mid-60s	Professional/manager/white collar (architect)
P7	Adam	Mid-60s	Trades/manual
P8	Ken	83	Professional/manager/white collar

In total we gathered data from 62 participants. Interviews lasted an average of 60 minutes; the deliberative focus groups lasted between 90 and 120 minutes. Table 1 profiles the age and background of those Shed members interviewed; Table 2 gives pseudonyms for focus group participants. Both interviews and focus groups were audio recorded and analysed thematically using the framework approach outlined by Ritchie, Spencer and O'Connor (2003). This approach involves five stages of analysis: (a) familiarisation with the data; (b) identifying and developing a thematic framework; (c) indexing of the data within the thematic framework; (d) development of a series of charts arising from the indexed data; (e) mapping and interpreting of data. All data from the transcripts, monitoring forms, case studies, assessment and case notes were analysed using this framework approach. The reliability of the analysis was assessed

TABLE 2. *Shed member focus group pseudonyms*

Focus group 1	Pseudonym	Focus group 2	Pseudonym	Focus group 3	Pseudonym	Focus group 4	Pseudonym
FG1P1	Jim	FG2P10	Bob	FG3P19	Barry	FG4P28	Richard
FG1P2	Bruce	FG2P11	George	FG3P20	Ken	FG4P29	Larry
FG1P3	David	FG2P12	Andy	FG3P21	Jerry	FG4P30	Steve
FG1P4	Harry	FG2P13	Chris	FG3P22	Bill	FG4P31	Fred
FG1P5	Phil	FG2P14	Davy	FG3P23	Colin	FG4P32	Nick
FG1P6	Doug	FG2P15	Mark	FG3P24	Graham	FG4P33	Greg
FG1P7	Eddie	FG2P16	Paul	FG3P25	Rob		
FG1P8	Henry	FG2P17	Ben	FG3P26	Ian		
FG1P9	Mike	FG2P18	James	FG3P27	Roderick		



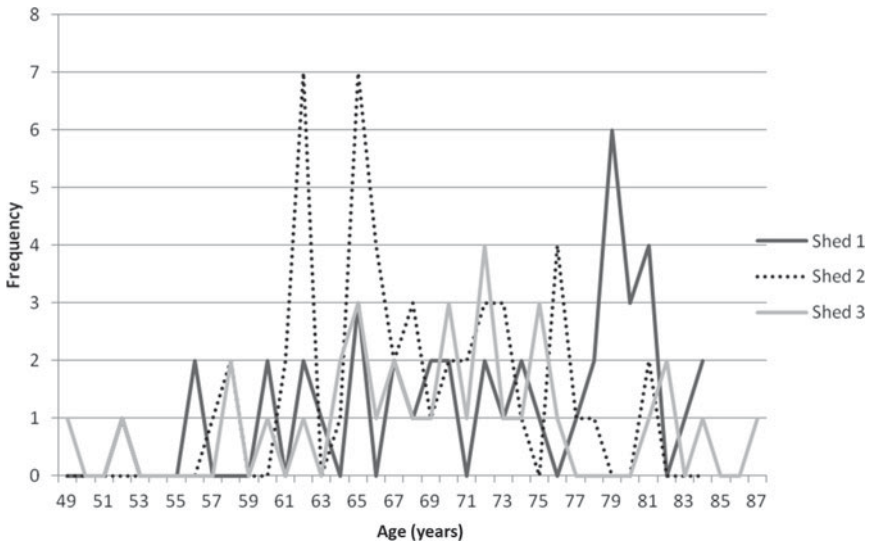


Figure 1. Shed membership, median age and age distribution.

Notes: Number of participants: Shed 1, 48; Shed 2, 50; Shed 3, 37. Median age: Shed 1, 73.8; Shed 2, 68; Shed 3, 69.5.

by the full research team in data workshops at key stages of the study and checked for validity with Shed members in our final focus groups.

Ethical approval for the study was obtained from Lancaster University Research Ethics Committee and from the Age UK research project steering group. To preserve confidentiality, all data presented in this paper have been anonymised.

### Shed profiles

The Appendix provides a brief overview of the setting in which each Shed is located and the activities undertaken. Each Shed had a paid co-ordinator who played a key role in overseeing the day-to-day running of the Shed, facilitating Shed activity and supporting frailer Shed members who may need one-to-one support (such as those with early stage dementia or physical limitations). Each co-ordinator was employed four or five days per week (four days in Sheds 1 and 2 and five days in Shed 3).

Figure 1 illustrates the total number of members per Shed, their median age and the frequency of age distribution. Ages varied between 49 and 87 years, although only six members were under 60 years of age (two of whom experienced chronic ill-health, the remaining four were long-term unemployed). With nearly six years of difference between the median ages

of Shed 1 and Shed 3, the latter Shed had a significantly older age profile than the other two Sheds, with a higher number members in their late seventies and early eighties.

All three Sheds aimed to target lone-dwelling, lonely and socially isolated older men from deprived areas, though success in achieving this varied. Sheds 1 and 2 recruited just over 30 per cent of older men from this target group; in Shed 3 almost 50 per cent of its membership lived alone. Referrals due to loneliness and social isolation came either through general practitioners, social care referrals or through other services operated by voluntary-sector provider organisations (including Age UK). Some older men also self-referred. Loneliness or social isolation was thus dependent on the definition of the referrer. In most cases it referred to lone-dwelling older men with limited or no social networks, but also included those living with spouses/partners, but who were isolated through having early stage dementia or other chronic or disabling health conditions, or having a care-giving role that reduced their ability to socialise outside the home.

In part, the aim of targeting older men from deprived areas was met by the locations in which the Sheds were situated; to gain a more nuanced understanding however, we also gathered data on the prior employment of all Shed members across the three Sheds as a proxy for relative affluence in retirement. We acknowledge that this can only be viewed as an approximation, but we also felt it would be useful in gaining a better understanding of the background of the sorts of older men who were drawn to the gendered space of the Shed. The six-point scale used in constructing [Figure 2](#) was adapted from the UK Census scales.

As [Figure 2](#) illustrates, the majority of Shed members had previously been employed as manual skilled workers, for example, boat-builders, engineers, mechanics, carpenters and other building tradesmen. However, we also found a higher than anticipated number of Shed members who had previously worked in managerial and professional positions, ranging from a former senior executive of a publishing company to senior managers in industry, architects and teachers. This suggests that whilst, as might be expected, Sheds appeal largely to those whose working lives had involved some form of manual work, it also holds appeal for some older men who have formerly held more managerial or professional positions.

The remainder of this paper is structured around three core themes emerging from our data:

1. Unpacking the appeal of Sheds for older men.
2. Assessing the potential therapeutic effects of Shed activity for older men's health and wellbeing.
3. Understanding the importance of Sheds as gendered spaces.

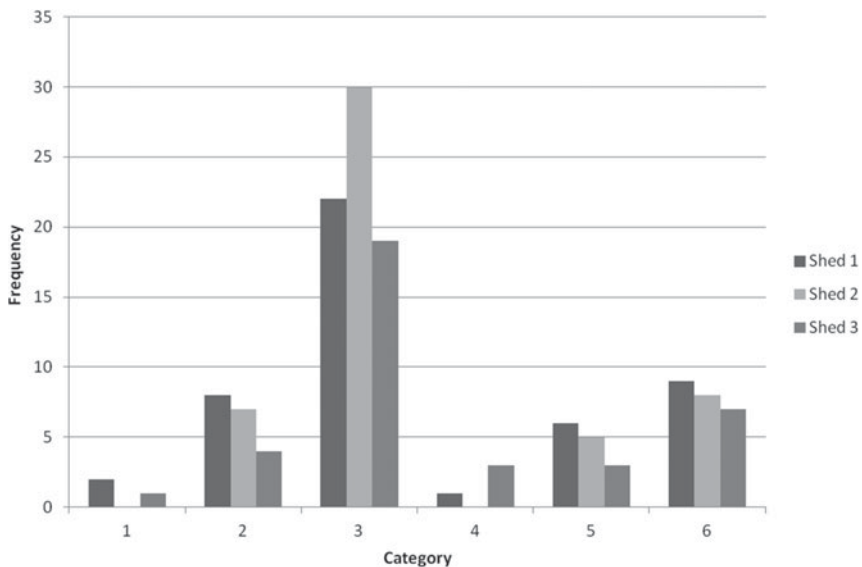


Figure 2. Previous employment of Shed members by Shed.  
 Notes: Category 1, long-term unemployed; 2, manual unskilled; 3, manual skilled; 4, administrative/clerical; 5, managerial; 6, professional.

### Unpacking ‘Shed appeal’ for older men

Given the difficulties of engaging older men in more traditional forms of organised social activity, it was important to gain an understanding of why and how Sheds acted as a gendered therapeutic space for older men and what drew them to engage with Shed activity in the first place. For many, this was linked to a period of significant change in their lives, *e.g.* following illness or bereavement. As Jim commented:

My wife died, and I used to sit at home and look at the wallpaper, and I didn’t feel like there was much more than that. And . . . I had a bit of an illness and finished up with the social worker taking an interest in me. And she told me about Men in Sheds . . . And it got me out of the house. It got me to meet other people.

For others it was due to life changes brought about by retirement, such as the loss of the routine activity that characterised their working lives, having a continued sense of the job satisfaction and social contact that they had enjoyed whilst working. This placed importance on finding activities to replace work in retirement. As Roy notes:

Job satisfaction when you go home. That’s the main thing. That’s what you used to get when you was at work – if you made something. . .

Met the blokes. I thought to m'self, 'Well this is it. That's what you miss when you're at work.' – Or when you retire. It's the banter ... We'd downsized from a four-bedroomed house to a one-bedroom flat, so I lost me garage and what have you.

The above excerpt also highlights a second 'pull factor' that was frequently raised – that of property downsizing. For some this was due to a reduction in income or a desire to release capital to supplement income, for others it was the desire to relocate to a home that was more 'manageable' in size as they became older; but in all cases, this resulted in a loss of those spaces within the home where DIY activities formerly occurred.

A key feature of Shed activities that set them apart from Shed members' former working lives, however, was the absence of pressure to perform, produce or compete – as this brief interview excerpt demonstrates, this was something that most Shed members clearly did not wish to reinstate from their working lives:

The majority of people had busy working lives where there were targets and production lines – and they don't particularly want it in retirement. (Gordon)

The lack of pressure to perform was important to all Shed members but particularly those who either had recent health problems, or who had higher support needs. It also facilitated the return of Shed members who had been ill, enabling them to return without feeling any pressure to participate actively. As Jim noted:

It's the activity without any pressure. You do as much as you want to do ... We all find our own level and we work or don't work ... When I have been coming, if I don't feel up to it, I don't do very much.

Whilst undertaking the research, we observed numerous occasions in which Shed members would simply sit or stand and chat – often with tools in hand but not actively engaging in DIY activity. Manifest through a sense of camaraderie and comradeship, this provided an important social milieu that contributed to Shed members' social inclusion and wellbeing. As Raymond put it:

It's the comradeship in this place, that I feel accepted and ... it's a sense of being part of a real community.

But while banter, humour and conversation were important, it was the workshop activity itself that provided the catalyst for this social interaction, and a vital component of the social milieu. Following Golding and Foley (2008), this reflects the notion that women communicate face-to-face, whilst men communicate 'shoulder-to-shoulder'. Indeed, Roger comments:

I think because someone's looking at a bench and working at a bench and there's a conversation going around, I think things come out unconsciously, verbally, ... that

they wouldn't verbalise otherwise. The workshop activity, I think, is a vehicle for a conversation and integration.

Hence, for some older men, it is the workshop activities within these therapeutic spaces that are the *catalyst* for social interaction that they might otherwise find difficult or uncomfortable.

### **Sheds as gendered therapeutic landscapes?**

The literature on Shed activity is limited, and with only a few exceptions, of low quality. That which does exist has tended to focus on the educational aspects of Shed activity through continued learning, the sharing of knowledge and gaining of skills. While this is a key aspect of Shed activity, our study focused on the potential impact on both the physical and mental wellbeing of older men. This is important not just because of the health risks associated with lone-dwelling older men, but also because there is a significant body of evidence that demonstrates that men with a similar level of disadvantage to women not only experience poorer health outcomes (Evans *et al.* 2011), but that men's health-seeking behaviours are significantly worse than those of women (Barreto and Figueiredo 2009; White *et al.* 2011). This was epitomised by Bruce as he commented: 'Men keep saying "I feel fine" and then they drop dead!'

Our participants perceived the Shed activity to be impacting on their physical health in two ways. Firstly, they noted that older men can find themselves falling into a sedentary lifestyle as they become detached from the daily routines and structure of their former working life. A period of illness can have a similar effect. Shed activity was thus seen to stimulate greater levels of physical activity:

It has got me moving again. I'll tell you, I was getting [to be] a 'couch potato' . . . I used to sit and watch telly and see what films were on and moan that they're being repeated. But now – I don't watch the telly much during the day. (Al)

Secondly, Shed members focused on the actual physical activity of the Shed work. As Malcolm noted:

. . . it keeps you fit as well . . . You're working and you're active, and that's good for health, I suppose.

### *Health awareness*

Sheds also offer a site through which both formal and informal health awareness messages can be channelled. Some Shed managers in this study, for example, sought to encourage greater health awareness amongst older men through organised visits by professionals working in health promotion.

Some Shed members, such as Cliff, commented that, as a direct result of these visits, they had altered their dietary and/or health behaviours:

Also another lady [came] . . . Last week she got me in there and she gave me a diet sheet of what I could eat 'cause I want to lose 4 stone . . . And we've had a stroke thing come here. A lady talked about strokes.

Indeed, this particular Shed has since set up its own weight-loss initiative called 'Shed weight' to encourage Shed members to adopt healthier eating and lifestyle practices.

While this formal approach clearly has a positive impact on older men's health behaviours, we also found evidence of health awareness-raising through informal health talk amongst Shed members themselves. Members frequently shared experiences and information about health and ailments, providing reassurance and advice to one another. Indeed, a number of participants noted that it was easier to talk about men's health issues both in the absence of women, and also in the absence of younger men:

I think age is a thing involved there too [regarding discussion of health issues] because we're not in an environment where there are young men around . . . We're in an environment where we're all over 60, so I mean we all know that we get issues of one kind or another so I think that makes it a little easier to talk about. (Bob)

Further, while the evidence suggests that men are poorer at talking about health issues and emotions than women (White *et al.* 2011), as Mike's comment suggests, the Shed provides an environment in which men may find it easier to broach health matters with their peers:

Us men are immortal! We never get ill! But the thing is we do get ill. We do have problems that we sometimes keep quiet—just muddle through. Whereas in the workshop environment you start to see these guys struggling with a bad shoulder, [or] something else and you can say, 'Have you had a test lately?' and it seems to click in their minds that 'Mmm, I ought to do that'. And that's what it's all about.

This view was reiterated by many Shed members, suggesting that as a gendered activity targeted at older men, Sheds may provide a particular [therapeutic] space in which they feel at ease discussing health and health-seeking behaviours. Hence, over and above the continued learning and educational opportunities that Sheds can provide for older men, these spaces also perform an informal awareness-raising function that may help to reinforce more formal health messages, encouraging older men to seek screening or treatment.

Within the space of the Shed, most participants noted a preference for this informal approach to health talk above that of more formal targeted health promotion. Indeed, some suggested that too much focus on formal health promotion within the Shed setting could even alienate them.

This became evident in participants' general responses to interview prompts about the health benefits of Shed activity—prompts which were often diverted by the participants toward other benefits of Shed activity—such as comradeship or helping others (*e.g.* the local community, voluntary or charitable organisations). So whilst there were clearly some overt health-promotion activities taking place within Sheds, there was also evidence of what we refer to as 'health by stealth'. That is, the *indirect* promotion of healthy behaviours through informal channels. Given the weight of evidence that older men's health-seeking behaviours are worse than those of older women's (Suominen-Taipale *et al.* 2006; White *et al.* 2011), we suggest that the provision of gendered activity spaces that encourage both direct and indirect approaches to health promotion may be a useful mechanism for improving the health behaviours of older men.

### *Wellbeing and cognitive stimulation*

Where Sheds had been successful in recruiting members from their core target group of lonely and isolated older men, they appeared to provide a supportive environment that had a positive impact on the men's wellbeing. Cliff, for example, noted having felt depressed and isolated following his wife's death—coming to the Shed had helped him to cope with this particularly difficult time in his life:

Last year my partner died. And I didn't know what to do with myself all day. I was just walking around going to the shops. And then I see an advert saying that anyone with time on their hands come up here . . . So I come up and it's the best thing I ever done, come up here. It's well important to me. Otherwise I don't know what I would have done.

For others, like Bob, it was perceived to alleviate isolation through the provision of an important connection to other older men with whom they can socialise:

It gives me somewhere to go. Keeps me busy. Keeps my mind off of that [health problem]. Because I've got nothing outside it, you know. So in that way it's a lifeline, you know. I come here I meet normal people, and I just feel better for it.

The work not only provided enjoyable cognitive stimulation through the problem-solving challenges that arose from Shed-work, but for those who defined themselves as being lonely or socially isolated, the social aspects of the Shed were seen to provide important mental stimulation that not only kept their minds active, but helped them regain lost conversational skills. As Roy poignantly comments:

What I did find though was I was losing words. Not dementia—you know, the words that you normally use in a conversation. You think, now what was that word?

You forget that word, you know. And it's coming back now because you're chatting and you're using it you know.

Cognitive stimulation was particularly pertinent for those Shed members with early stage dementia. Though the numbers of Shed members with dementia were relatively small, these men, and their family carers, noted that Sheds offered a 'lifeline' – a therapeutic space where activity provided a much valued sense of self and personal accomplishment that had otherwise been diminished by their illness. As one Shed co-ordinator noted:

There are several Shed members who experience memory loss, and dementia or Alzheimer's . . . The fact of being wanted, and of making a real contribution to something, feels really important not just to the men, but also to their wives . . . Today, Peter and I worked on a small oak shelving unit, . . . and literally five minutes after we put it out for sale, we watched it sold. We then worked on an oak aspidistra stand, which, on her return, Jan [Peter's wife] persuaded Peter to buy for her. Peter was visibly delighted at both events and Jan was clearly just as pleased. One of the retail staff came in to thank Peter for his work, and the whole thing felt quite significant, in terms of the time Peter had spent in the Shed, and as a counter to the frustration which he carries concerning his illness.

For older men with physical and cognitive limitations, the experience of the Shed as a therapeutic space appeared to be experienced differently to that of members who were more physically fit and mentally able. Those with dementia had a limited ability to benefit from the social aspects of the Shed as they often found it difficult to engage in the conversation or 'banter'. 'Arthur' (who has early stage dementia) noted on three occasions during his interview that he rarely interacted with other Shed members; a view was reiterated by others with dementia in this study. But whilst memory problems may limit access to the social milieu and 'banter', these older men still gained a sense of achievement and self-worth from their engagement with Shed activity. In some ways this may be seen as more akin to traditional occupational therapy, but crucially, it takes place within an inclusive environment that does not seek to segregate Shed members by dis/ability. As David commented:

I think it's also important to recognise that those that are in need have a relationship with people that are not in need.

Shed members with early stage dementia or other disabling conditions, however, can require almost one-to-one attention from the co-ordinator, so limiting the number of individuals with disabling conditions that a single Shed session can accommodate. There was also a suggestion that in cases where the co-ordinator was absent, some (but by no means all) of the more able-bodied Shed members felt some discomfort and anxiety about looking after members with high-level support needs. For some this was expressed



as a health and safety concern, for others it was a desire to engage with older men of similar levels of ability to their own. As George comments:

I think people should be ... reasonably fit and active to come here ... It's for reasonably fit people and reasonably mentally fit as well. That's my view.

The differing views expressed here by Shed members in relation to older men with lower levels of physical or cognitive ability has important implications for the wider inclusionary and therapeutic potential of Sheds that need to be carefully thought through.

### **Sheds as gendered spaces**

A core objective underlying the Shed programme was the desire to develop an intervention that would be attractive to older men and which would provide a gendered space in which lonely or socially isolated older men could benefit from social interaction with their peers. As indicated above, though this was the primary target group for the Shed interventions, by their very nature, they are a hard-to-reach group, hence in reality each Shed comprised a mix of members, some of whom were more socially engaged than others. Critically, it is perhaps this mix of engaged and socially isolated men that perhaps makes it easier for the disengaged to integrate with others within the Shed.

Our analysis also suggests that for older men it is the provision of an activity, often of a type that resonates with the male-based occupations or social activities that they engaged with during their working lives, that is important. As Jim comments:

I went to a boys-only school. I was in the Navy which was exclusively men then. I worked in the [production] industry since I left the Navy and that was mainly men ... and I wonder if part of the reason I'm comfortable with blokes is 'cause I was most of the life I've been with blokes and I don't know if that's similar for other people or not?

Indeed, for many Shed members, the fact that Shed projects were specifically male-oriented spaces was the key to their attraction. Pointing to differences between the ways that men and women interact and socialise, the following sums up the view of a number of some participants:

My experience is men don't communicate as well as women and it's easier to communicate in an all-male group for many people, than it is in a mixed-gender group. (Roger)

The gendering of these Shed spaces was also evident in the ways in which they were laid out by the men themselves. As illustrated in [Figures 3 and 4](#), Shed interiors replicate and facilitate the performance of a form of



Figure 3. View of interior layout of Shed 2.

male work environment reminiscent of the sorts of industrial workshops many of these participants would have been familiar with during their working lives.

Whilst work on constructions of masculinity stretches back to at least the 1970s (*see* Smiley 2004 for an overview), most work focuses on masculinity as constructed by young and working-age men. Research on how age and gender constructions jointly influence older men is limited, hence as Thompson notes, ‘the blueprints of older men’s masculinities remain hazy’ (2006: 634). Some theorists have suggested that older men express a ‘diminishing masculinity’ compared to that of younger men – one that is often rendered invisible in their everyday lives. Indeed, commentators such as Gutmann (1987) and Sinnott (1986) have argued that age outweighs gender status, leading to a gender convergence towards androgyny in later life. Such conceptions strip older people of their identities as gendered, sexual beings and are to be strongly resisted. Others argue for the performance of different forms of masculinities in later life, ones that are defined by norms of sociability; a ‘busy’ rather than a performance-related work ethic; and connections with others rather than acts of individuation (Ekerdt 1986; Thompson 2006). Viewed through this lens, masculinities in older age are more focused on activity and relational concerns than the



Figure 4. View of interior layout of Shed 1.

victories and achievements older men used to define themselves as younger men. These constructions of masculinity are more akin to the forms of masculinities expressed in this study. Indeed, many Shed members noted that the masculinity expressed within these spaces, and through their relationships with other Shed members, was qualitatively different from the performance of the more hegemonic forms of masculinity they strived to attain when younger (Connell 1995). This is illustrated in the following focus group excerpt:

Bruce: By the time you are 70 you don't want to impress anybody ... [Friendships with other men are] ... completely different. If you had been doing this 30 or 40 years ago I'd be trying to impress you with who I am. Now I don't give a hang.

Jim: There's no competition. There's no rat race. There's nothing to prove. And people come here in relaxed fashion doing that which they are able to do.

Hence while Sheds provide a space in which older men can perform a masculine identity that may be otherwise absent from their everyday lives, it was evident that within the Shed setting, peer relationships did not exhibit a need to demonstrate the 'competitive edge' characteristic of the performance of hegemonic masculinity. So while standards of masculinity may not remain stable over the lifecourse, they do not (as suggested by Gutmann 1986 and Sinnott 1986) disappear.

As a predominantly male space, Sheds provided a setting in which some older men felt more comfortable talking freely about health or emotional

matters than they would have done had women been present. Some maintained that the atmosphere in the Sheds would not suit women, particularly with regard to the roughness of banter, and language. Others, however, indicated that providing women members engaged with the *concept* of the Shed itself, the Sheds would work with women present. Critically, even amongst those at ease with the notion of women Shed members, it was with the proviso that women conform to the forms of masculinity being played out within the Shed.

Yet as discussed earlier, where significantly differing levels of ability are evident, even within the gendered landscape of the Shed, multiple masculinities are still being played out as some older men performed traits of a hegemonic masculinity that sought to exclude those who did not (or could not) aspire to these so-called normative ideals.

### **Concluding comments**

We started this paper by drawing attention to the impact of social isolation and loneliness on the rising numbers of older men across Europe, and in the UK in particular, and the risks this presents for their health and wellbeing. But while there is widespread agreement about the importance of community activity for supporting inclusion and wellbeing, provider organisations find it difficult to engage older men in generic non-gender-specific social activities. This then raises important questions about the form and structure of social activity interventions designed to alleviate social isolation and whether gender-specific activities, such as Sheds, may offer one solution for counteracting the adverse health and wellbeing effects of social isolation particularly amongst older men. Importantly, it was the practical ‘hands on’ element of the intervention and the opportunity to participate in an activity that brought the camaraderie of the workplace, without the pressure to perform, that appeared to appeal to these older men. Shed activity, of course, will not appeal to all and thus should be seen as only one option in a range of interventions designed to meet the needs of socially isolated older men. By their very nature, lonely and isolated older men are a hard-to reach group, and even such targeted interventions will find it difficult to recruit in any significant numbers. This, of itself, raises the need for more effective mechanisms for identifying isolated older men in the first place.

Within the Sheds, it is also worth noting the important role played by the co-ordinator in supporting those older men with higher-end support needs. Whilst it seems clear these older men can gain much from Shed membership, without a paid co-ordinator or specially trained volunteer

Sheds are unlikely to be able to support their specific needs, hence limiting their ability to participate.

Our research also suggests that though there are clearly some challenges for Sheds as created therapeutic spaces, they do nevertheless represent gendered landscapes in which older men can perform their masculinity, and which hold real potential for the maintenance of their health and wellbeing. Critically, in a wider societal landscape that tends to de-sex older people, stripping them of their identity as gendered and sexual beings (Milligan, Gatrell and Bingley 2004; Thompson 2006), we argue that activity interventions such as Men in Sheds offer a particular non-threatening social space in which older men from across the class divide can feel free to perform, express and reaffirm their sense of identity as men – and in doing so contribute to their sense of self and wellbeing. This said, it is important to recognise that this particular age cohort of older men is one whose lifecourse experiences have been shaped by particular work, social and political contexts, and that will have impacted on their attitudes and willingness to engage with particular forms of social and communal activity. Successive generations of older men may hold very different views on the forms of intervention most likely to meet their needs.

Finally, in its engagement with the therapeutic effects of local community spaces, this paper adds to the small, but growing, body of work on therapeutic landscapes that engages with those ordinary and everyday spaces that are not natural, but which can be designed to promote health and wellbeing and to serve a preventative function. Importantly, it is not just the Shed activity itself, or the formal health promotion that occurs within these spaces, that perform that preventative function, but also the informal ‘health talk’ that occurs between older men within these spaces. Our paper also adds to the even smaller body of work that has begun to recognise the importance of understanding the relationship between *gender* and the therapeutic landscape. By taking a masculinity lens to this evaluation research, we add new insights to the relationship between place, health and older men that have the potential to address some of those thorny issues around how to design spaces that are more effective at engaging older men and improving their health-seeking behaviours.

Despite these insights, it is important to draw attention to the limitations of the study. Firstly, the analysis is based on time-limited retrospective study, in the sense that all three Sheds had been operating for more than a year before the research was undertaken. As a consequence, we were unable to measure any ongoing change to Shed members’ health and wellbeing, so any reference to improved health and wellbeing is based on self-report. Secondly, as a relatively small study, we were unable to engage with those

who initially joined the Sheds, but failed to return. We are therefore unable to say with any certainty whether any specific characteristics (socio-economic or other) may be attributable to ‘Shed leavers’ or elaborate on those aspects of Sheds that may have been non-therapeutic for some older men. A robust longitudinal evaluation using validated quality-of-life tools is thus needed to provide evidence of any ongoing health transformations of these gendered landscapes and to increase our understanding of what facilitates and constrains the development of successful activity intervention for older men.

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### **NOTE**

- 1 Age UK is one of the largest charitable organisations in the UK that works to improve the lives of older people through information and advice, campaigns, products and research (<http://www.ageuk.org.uk/about-us>).

### **Appendix: Shed profiles**

#### *Shed 1*

Shed 1 is located in a small town in the North West of England in a county that is the second most sparsely populated county in England. Approximately 24 per cent of its population are aged over 65 (Cumbria Intelligence Observatory 2012). Though not one of the most deprived areas in the country, the life expectancy gap (8.9 years) between richest and poorest males in this town is the highest in the county.

The Shed is located in a fairly small room at the back of a warehouse, selling refurbished furniture for Age UK, that is within walking distance of the town centre. It is equipped with a range of woodworking tools, benches around the outside and an ‘island’ bench. A sink and tea/coffee-making facilities are available. Shed members mainly focus on refurbishing furniture for resale in the warehouse, but also bring in their own woodworking projects. Unfinished projects are stored in a large container outside to maximise space. The Shed has trialled an intergenerational project with young people who have been excluded from mainstream schools.

The Shed runs morning and afternoon sessions four days per week and accommodates a maximum of six Shed members per session. Shed members generally attend for one or two sessions per week.

### *Shed 2*

Shed 2 is located in a rural ex-mining community in the East Midlands with high levels of unemployment. The population is predominantly white British (99%). Around 38 per cent of the population are economically inactive with 22 per cent of the population either being retired, chronically ill or disabled (Office for National Statistics 2012).

The Shed is large and located in a warehouse on an industrial estate that is not easily accessible without transport. It is equipped with a range of woodworking tools and has benches around the Shed. A sink and tea/coffee-making facilities are available. Shed members mainly make garden furnishings such as bird boxes, garden ornaments, wooden troughs and plant holders. Some products are made to order, others are sold at monthly 'stalls' within a general goods store in the town centre.

The Shed runs morning and afternoon sessions four days per week, accommodating a maximum of six Shed members per session. Shed members generally attend for one or two sessions per week.

### *Shed 3*

Shed 3 is located in an inner-city location in South West England which incorporates an area of extreme deprivation (Office for National Statistics 2012) with a relatively high proportion (26%) of Black and Ethnic Minority (BME) populations (mainly Black African). It has an above-average proportion of unemployed working-age populations. Eleven per cent of the population are aged over 65, and pensioner households make up approximately 20 per cent of all households.

The Shed is in a rented room in a community centre and is very small. It is equipped with a range of woodworking tools, benches around the outside and an 'island' bench to maximise space. A sink and tea/coffee-making facilities are available and lunch can also be taken at the community centre. Shed members make garden furnishings such as bird boxes, garden ornaments, wooden troughs and plant holders, but also take on community projects when asked, *e.g.* a hen house for a local school, a stage extension for a community drama group, *etc.*

The Shed runs morning and afternoon sessions four days per week and operates on a 'drop-in' basis, hence numbers per session vary. Though physically much smaller than Shed 1, it can accommodate five

Shed members per session with access to bench space and two more (maximum) without access to bench space.

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