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Operational Performance Directorate
Ageing, Disability and Home Care
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**Family &
Community Services**
Ageing, Disability & Home Care



Older men and
Home and Community Care Services:
Barriers to access
and effective models of care.

This study was undertaken by Professor John Macdonald, Mr Anthony Brown and Dr Anni Gethin of the Men's Health Information and Resource Centre, University of Western Sydney.

This research has been undertaken with assistance from Ageing, Disability and Home Care (ADHC). However, the information and views contained in this study do not necessarily, or at all, reflect the views or information held by ADHC or the NSW Government.

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1 STUDY BACKGROUND

1.1 Introduction

This study is about older men who are physically frail or have a disability, and their access to home and community care (HACC) services in NSW. The aims of the study were to find out:

- The social and support needs of older men with physical limitations
- Attitudes to services and barriers to access: why older men with physical limitations are not accessing home support services, centre based respite, transport and social activities to the extent expected, and
- Effective models of care: ways of successfully engaging with older men to increase their utilisation of services and involvement in centre based and supported activities.

Service providers across NSW have expressed concern about the relatively low numbers of older men using HACC services. Part of the response to the issue has been to seek to better understand the problem. As such, Ageing, Disability and Home Care (ADHC) commissioned this study with HACC Program funding. The study was undertaken by researchers from the Men's Health and Information Resource Centre (MHIRC) at the University of Western Sydney (UWS).

The focus of this report is on the challenges older men face in accessing community aged care. However, it in no way detracts from the challenges older women face in similar situations. It is important to acknowledge that each gender faces differing challenges as we age[1]. This report does not seek therefore to determine if older men are better or worse off in regard to community aged care than older women.

1.1.1 What we researched: the study parameters

The focus of the study was on men aged 65 and over who require some assistance to remain living independently in their home and community. As a HACC target group these men would be considered 'frail older people'. However, our research found that the term 'frail' is not generally acceptable to older men, nor is it acceptable to many service providers. Accordingly, we have referred to the study population simply as 'older men' throughout this report – with the implication that our discussion relates to older men who would be eligible for community aged care services on the basis of their physical limitations.

Community aged care services are delivered by a wide number of government and non government agencies (NGOs) in NSW. The terminology 'Home and Community Care' (HACC) refers to services jointly funded by ADHC and the Commonwealth Department of Health and Ageing (DoHA). These services are provided in accordance with the *Home and Community Care Act 1985* and the legal agreements between DoHA and the Australian states and territories[2].

The great majority of community aged care services delivered in NSW are HACC funded services. The balance of community aged care is provided under a wide range of funding arrangements (for example, Veterans' Home Care [VHC], funded by the Commonwealth Department of Veterans Affairs). It is common for an NGO to receive service funding from ADHC and one or more other sources.

For the purposes of this research we took the view that barriers to access and successful engagement strategies for older men were likely to be similar whatever the source of funding. Thus the research did not seek to exclude the views of individuals (clients and service providers) across the diversity of funding arrangements.

1.2 Methodology

1.2.1 Overview

This study used a mixed methodology incorporating:

- Analysis of the HACC minimum data set (HACC MDS)
- An online survey to service providers
- Focus groups of service providers
- Interviews with individual service providers
- Interviews with older men eligible for HACC services (both users and non users of services)
- Interviews with carers of older men

1.2.2 Analysis of the HACC minimum data set

“The HACC Minimum Data Set (MDS) is a collection of data about HACC clients (such as their age and living arrangements) and the amount and types of assistance being provided to them through the HACC Program”.[3] Providers of HACC funded services in NSW are required to regularly report on the services they deliver. The analysis of this data set was undertaken by the research company, WESTIR, with the guidance of the UWS researchers. The aim was to determine the level of HACC services being provided to men aged 65 and over, and to determine if differences in service delivery by location and service type could be ascertained.

1.2.3 Online survey

The survey was undertaken to obtain information from service providers. It included questions both about the barriers older men face in accessing services and activities and about models that had been used to successfully engage with this population group. The survey provided a range of insights into the issues faced by older men and service providers to this group; these issues were also further explored in the focus groups.

The survey was delivered via the online survey host, Survey Monkey. A survey link was distributed electronically to providers of community services across NSW (both ADHC and non-ADHC funded) through HACC Development Officers, the project reference group and the Council of Social Service of NSW (NCOSS). Managers of services or programs were invited to complete the survey.

In total, 126 surveys were completed. It is not possible to assess the response rate as it is unknown how many individual services and service outlets received the survey. However, there were sufficient surveys completed to indicate both the significant barriers to service access, and the characteristics of programs that had successfully engaged older men.

1.2.4 Focus groups with service providers

Three focus groups were held with community aged care service providers. These were held at:

- Parkes (central Western NSW)
- Windsor (regional NSW)
- Manly/Warringah (urban Sydney)

A total of 37 service providers participated in the focus groups. Three focus group participants were men, 34 were women: proportions which accurately reflect those of the community aged care workforce[4].

The focus groups were used to further explore the access barriers that had emerged in the survey and to ask survey providers how they had managed to overcome these barriers. Elements of successful programs and services were also discussed.

Data from the focus groups was transcribed then analysed according to the central themes of the research (barriers and effective models of care), with additional issues (e.g. rural services, CALD issues) included if they emerged.

1.2.5 Interviews with individual service providers

Eleven service providers were interviewed by phone or face to face interviews. These were individuals who had a particular professional interest in the client group but who were unavailable to participate in the focus groups. Issues around barriers to accessing services and ways of successfully engaging with older men were explored.

1.2.6 Interviews with older men and carers

Ten older men and three female carers were interviewed for the research. These people were recruited through referral by services and by responding to notices placed in community settings across NSW.

Recruiting older men and carers for the study proved quite difficult, even with the offer of a \$50 voucher to cover costs. The most effective means of recruitment was the direct approach through service providers.

1.3 Ethical aspects

The research was undertaken with careful attention to proper ethical conduct: informed consent was obtained from each research participant and appropriate measures were taken to ensure that participant identities remained confidential.

Each part of the research was approved by the Human Ethics Committee at the University of Western Sydney – with separate ethics applications completed and approved for the each component, namely:

- Analysis of the HACC MDS
- Focus group and interviews with service providers
- Interviews with older men
- Interviews with carers

1.4 Data limitations

The participants in the study were all self selecting and most had a particular interest in older male use of HACC services. Many of the service providers had sought to engage with older men and reflected on their own practice; they reported examples of successful programs and engagement strategies. Whilst this provided rich data, the study did not include service providers who may have had negative or ‘male deficit’ understandings in relation to service provision.

There were difficulties recruiting men who did not use HACC services. We were able to recruit two men who did not use services, however, most of the male interviewees were users of HACC services or other community aged care services. Interviewing more non users may have added greater depth to the analysis of why men sometimes choose not to use services. However, service providers did offer many of their observations as to why older men reject services.

During the study particular issues relating to older men from CALD backgrounds and who reside in rural or remote areas emerged; these are highlighted as appropriate.

1.4.1 Groups not included in the study

The study did not examine issues relating to a number of groups of older men. Those specifically excluded were men with significant cognitive impairment (including dementia) and men residing in residential care.

In addition, we did not examine issues relating specifically to Aboriginal older men, as this was considered to be more properly the subject of a separate study. Similarly, issues relating to older men of diverse sexualities were not specifically examined. It was also beyond the scope of the study to consider issues relating to socio-economic background. However, we acknowledge that wealth and social status can impact on patterns of service usage.

1.5 Project reference group

The researchers were advised and guided by the project reference group, which included the following members:

- Ms Noreen Byrne – A/Manager Research and Evaluation, Evidence Base Development, Business Improvement, ADHC
- Ms Lucy Moore – Senior Policy Officer, Strategic Policy and Planning, ADHC
- Ms Pauline Armour – Community Care Development Manager, UnitingCare Ageing
- Ms Maja Frölich – Multicultural Policy and Development Officer
Policy, Strategy, Communication and Education Unit, Carers NSW
- Professor John Macdonald – Director, MHIRC, UWS
- Dr Anni Gethin – Research Project Coordinator, MHIRC, UWS
- Mr Anthony Brown – Project Officer, MHIRC, UWS

2 DATA AND LITERATURE

2.1 Introduction

Understanding the use of HACC services by older men requires examining existing information about older men, levels of need and service provision. It also requires understanding older men in Australia: who they are, their values, and their strengths and vulnerabilities. In the sections that follow we examine relevant data and provide a discussion of the literature about the nature of older men and how they access services.

2.2 Data: the potential demand for HACC services by older men

'There are fewer older men than older women' is one possible explanation for why older men do not use HACC services than older women. That is, assuming an equal need for services by both genders, lower male life expectancy will equate with lower male service usage.

In the case of HACC services, fewer men could explain some of the difference in levels of service use, however, it cannot explain it all: about 45% of the older population is male, but males are only one third of older HACC service users[2]. In addition, there are certain HACC services that reportedly have a very low uptake by men, for example, centre based respite (see Part 3: Findings).

We examined various data sources to see if it was possible to determine the true level of service underutilisation for older males eligible for HACC services in NSW.

2.2.1 Age distribution by sex

Age distribution for people aged 65 years and over in NSW is shown at Table 1. Proportions of men decline for each successive age grouping, from close to half for those aged between 65 and 69, to less than a quarter for those aged over 95 years. Although it should be noted that, overall, men comprise around 45% of the NSW population aged 65 years and over.

Table 1. Persons aged 65 years and over by sex - NSW

Age Range (years)	Males	Females	Total	% Male
65-69	124,959	129,465	254,424	49.1
70-74	100,549	110,352	210,901	47.7
75-79	85,126	102,965	188,091	45.3
80-84	57,086	83,618	140,704	40.6
85-89	26,162	48,365	74,527	35.1
90-94	8,198	21,267	29,465	27.8
95-99	1,426	5,180	6,606	21.6
100 and over	248	809	1,057	23.5
TOTAL	403,754	502,021	905,775	44.6

Source: ABS Census of Population and Housing (2006).

2.2.2 Ageing and CALD backgrounds

Around one in five Australians aged 65 and over are from non English speaking countries[5], meaning that people from culturally and linguistically diverse (CALD) background form a sizable proportion of the older population. A comparatively high proportion of CALD older people are men: 49% as compared with 43% of those born in Australia. In the 65-74 age group of CALD people this pattern is marked, with men outnumbering women[5].

2.2.3 Need for assistance with daily activities

In the 2006 Census, NSW residents were asked if they had a need for assistance with various daily living activities. Between the ages of 65 and 74, there are a slightly higher proportion of women as compared to men identifying a need for assistance. In the older age groups the proportion of men and women needing assistance differs markedly, with much higher proportions of women as compared to men[6].

Table 2. Core activity need for assistance by sex - NSW

Age Range (years)	Males	Females	TOTAL	%Male
65-74	17,524	19,368	36,892	47%
75-84	25,115	41,938	67,053	37%
85 years and over	13,927	39,389	53,316	26%
TOTAL	56,566	100,695	157,261	36%

Source: ABS Census of Population and Housing (2006).

2.2.4 Are older men underserved by HACC services?

Given that lower proportions of men identify a need for assistance, the question arises of whether they are receiving an appropriate level of services. Examining the patterns of HACC service delivery can provide some insight into this question.

HACC services can be used by people who need help to live independently, regardless of age. In practice, the great majority of HACC clients are older people aged 65 years and above; in NSW 79% of HACC clients are in this age group[2].

There is a marked disparity in HACC service use by sex. In NSW, males are just over one third of all HACC clients (see Table 3).

Table 3. HACC Clients by Sex, NSW (%)

Sex	%
Male	35
Female	65
TOTAL	100

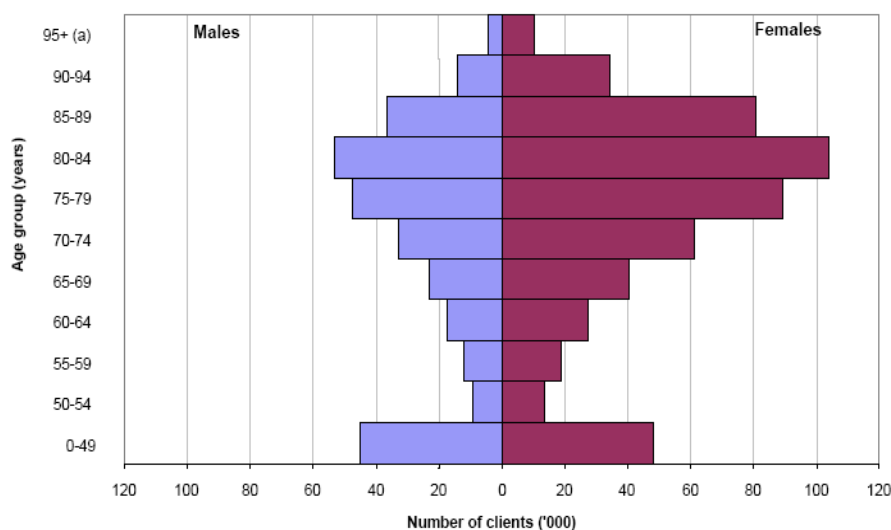
Source: HACC MDS Bulletin 2007-2008

And, as has been shown (Table 2, above) 36% of the persons identifying a need for assistance are men. On immediate face value, this could look like a good match of services to need. However, there are a number of issues to consider. These include:

- The provision of HACC services by age group (i.e. men in particular age groupings may be underserved)
- Levels of unmet demand for assistance (See section 2.2.5)
- Males are less likely than females to state that they need assistance (see Part 3: Study Findings)

HACC service use by age

The service use imbalance by sex is particularly marked in older age groups (see Figure 1). It can be seen that for all age groups over 64 years, female clients substantially outnumber male clients. In the age groups 65 to 74 years the proportion of men using HACC services is around 35%. This compares with the 47% of males who identified as needing assistance in these age groups (see Table 2). So, at the very least, it is possible to see that males in these age groups are not receiving HACC services in proportion to their stated need for assistance (although their need for assistance may be being met in other ways – see sections below).

Figure 1. Age and sex distribution of HACC clients, 2007-08

Source: HACC MDS Bulletin 2007-2008 (a) (The 95+ age group is over estimated)

The disparity between need for assistance and HACC services by sex appears to decrease with age, so that in the oldest age groups, HACC service delivery by sex is close to the stated need for assistance.

2.2.5 Unmet demand for assistance

Not everyone who identifies that they need assistance receives assistance. In NSW, 36% of men and 33% of women aged over 60 who have identified a need for assistance feel that their needs for assistance are not being met[7]. For people receiving partial or no assistance for identified needs, it is apparent that males have particular unmet needs in regard to self care, health care, transport and property maintenance[7].

2.2.6 Are men receiving assistance from non HACC providers?

It is possible that men are not using HACC services as much as demand would suggest because they access support from another source, such as that offered through Veteran's Home Care (VHC), and national aged care programs such as Community Aged Care Packages (CACP) or Extended Aged Care at Home (EACH).

Veterans Home Care (VHC) services are allocated evenly between men and women, with 51% male clients[5]. However, VHC is offered to a very small proportion of older Australians, accounting for around 8% of community aged care services to people aged 65 years and older[5]. Therefore the existence of this service does not account for the substantial differences by sex in HACC service use.

Whilst the other services CACP and EACH offer proportionately more services to women than men, they also provide relatively small proportions of overall community aged care[5].

2.2.7 Are men receiving the assistance they need from carers?

Carers are an important source of assistance for both older men and older women. Whether informal carers are 'filling the gap' in meeting the assistance needs of older men is an important question. Informal care can be provided by partners, or other family and friends. In terms of partner care, male and female partners over 60 offer similar proportions of all informal care, at 23% and 25% respectively[6]; the balance of informal care being provided by non partners.

Essentially, it is not possible to accurately determine from existing data sets the extent to which informal care is meeting the needs of older men which are not being met by HACC services. It is a complex question, because 'needing assistance' and 'having that need met' involve many variables – both for the person needing assistance and the person or agency providing that assistance.

Some of the issues include:

- A person receiving informal care often also uses community aged care: around 73% of Australians using community aged care also use informal unpaid care[5].
- A person's need for assistance may only be partially met, e.g. they may receive the help they need with personal care, but not transport.
- Carers often need assistance themselves, e.g. with respite or home support services.
- In older age, men and women are fairly equally likely to be a carer, and in the oldest age group (85+) men are more likely to be carers than women[8].

2.2.8 Analysis of the HACC minimum data set

To further explore the questions around older male utilisation of HACC services, an analysis was undertaken of the HACC MDS for NSW¹. This data set includes reported episodes of HACC service delivery to clients in a given year.

The analysis of the HACC MDS was able to confirm that episodes of HACC service delivery by sex to people aged 65 years and over, are proportionately one third to men, two thirds to women. This correlates with other analyses of the HACC MDS for NSW[2].

2.3 Literature: the social context of service delivery

2.3.1 Introduction

Ageing is a gendered process. The experience of growing older differs between men and women; events of old age, such as illness or bereavement can have a differential impact depending on a person's gender[9]. Understanding the interaction between gender and ageing can help us to better comprehend how older men interact with services, and work out more effective ways of providing services to this population.

The challenges to masculinity created by ageing is a relatively recent area of research interest[10]. It offers a number of useful insights for those working with older men, for instance in analysing how older men maintain a sense of 'manliness' when confronted with the process of becoming older. In the sections that follow, some of the key aspects of masculinity and ageing are discussed. It must be stressed that the gendered aspects of ageing create both strengths and vulnerabilities for men.

2.3.2 Generational factors

The notion of what it means to be a man differs between cultures and environments – including historical eras. Ideals of being a successful man change over time; the men who are now aged 65 and over grew up and were adults in very different times to the present.

The age cohort of men in our study contains two distinct generations 'The Oldest' and 'The Lucky Generation'[11]. Men of 'The Oldest' generation were born before 1927, and in 2009 are aged 82 years and over. Many men in this generation served in World War II and experienced the Great Depression of the 1930s.

The Lucky Generation are so termed because they consider themselves more fortunate than their parents. They experienced the benefits of the post war economic boom and full employment, but were still substantially influenced by the austere values of their upbringing[11]. They were born between 1926 and 1946, and in 2009 are aged 63 to 81.

These generations have been identified as having values of independence, hard work, stoicism, austerity and resilience[12]; and take "pride in their own prudence and restraint"[13]. They have an aversion to charity and believe that people need to look after themselves and their families. Also, they grew up and worked in an era that was largely pre feminist. Traditional gender role models prevailed, where men were the bread winners and sole providers and women looked after the home[11].

¹ Conducted by the research company, WESTIR – see methodology.

Because of these influences, men of these generations tend to place a very high value on independence and self reliance, see themselves as providers, and to perceive the domestic realm to be the province of women.

2.3.3 Masculinity and cultural diversity

Men born overseas are around one in five of the older male population, and a steadily increasing proportion of older people[6]. Socio-cultural influences affect both ageing and gender – meaning that older men from culturally diverse backgrounds may approach service usage from a different perspective from English speaking and Australian born older men.

Social support is being increasingly recognised as a significant social determinant of health[14]. Older men from cultural minorities can be advantaged in their familial and social relationships[15]. Extended family and closer cultural communities and service organisations often provide CALD older men with a strong support network which can act as a buffer against social isolation and the risk of depression.

Alternatively, it has been observed that there is a prevailing and incorrect belief that CALD communities do not need services, because they will 'look after their own.' Participants in a recent study stated that not only did they have a need for community care services, they were willing to use these services[16].

A CALD background can also create barriers to service usage. Language is an obvious barrier, where lack of English proficiency makes it difficult to negotiate and understand service provision. Cultural expectations about aged care can prevent families from seeking outside support. In many cultures it is considered to be the role of the family to care for elderly people[15]. Other options may not therefore be considered, even if family or partner care is beginning to break down. Similarly, there can be gendered expectations that 'a wife cares for her husband', which may prevent the female partner from seeking support.

2.3.4 The importance of independence

Ageing is often associated with a loss of independence. Maintaining independence is a marker of ageing well for both men and women[17]. Independence is often seen by men as an important part of their masculine identity, and a core value for older men generally[18]. Thus, 'independence' is a critical variable to understand when offering assistance to older men: asking for or accepting help may not be a simple transaction, but may threaten central constructs of an older man's identity. With a largely feminised workforce, careful consideration is needed to work with older men in a way which builds on their strengths and retains their dignity, while finding ways to support them to access services.

Masculine independence should be viewed as a potential strength, and not a problem. For example, in terms of health services, promoting independence has been identified as 'an untapped tool for engaging older men in discussion about their health'[18]. So it can be observed that 'independence' provides an entry point for HACC service providers to older men: the role of services is to support 'masculine independence' in old age. This theme is returned to in our findings, below.

2.3.5 Retirement and the construction of non work related identity

Retirement from work can have a substantial impact on men[19]. It means the loss of a work related identity and the social connections associated with work. For older men, particularly men who have found meaning in their lives outside their home, it can be more difficult to adjust to this new domestic environment. Even in retirement some men still find meaning outside their home, be it in their shed or garden, or in activities away from the house".[20]

Recognising the importance of work and the external world to a man's identity is useful to service providers. For example, an older man can be engaged in conversations about the work he did before retirement, his property, his cars, his garden or his sporting or other achievements. Older men are likely to enjoy activities that have some continuity with the activities they enjoyed in the past.

2.3.6 Older men as carers

Men aged 65 and over are more likely than women of the same age to be carers – for example, in Australia there are 245,000 men and 209,000 women of this age group in carer roles[8]. This imbalance, whilst counterintuitive given different life expectancies, is thought to result from older men being more likely to be living with a partner

than alone, and older surviving men being healthier than older women[8]. A significant proportion of older men are in carer roles, for example, 25% of men aged 75-79 are carers[8]. It is also likely that the number of male carers is underestimated, with some men seeing 'care' as a normal part of a marriage rather than a separate role. Most frequently, older men are caring for their partner. The carer role creates significant responsibilities, and can also create an 'ambivalent situation with respect to masculinity'[21].

Caring is perceived as a traditionally female role, and involves traditionally feminine tasks such as personal care of another and housework. The role can create a difficult situation for an older man's self perception as 'a man.' It also confines him more to the domestic sphere and reduces his opportunities to socialise with other men.

Researchers have observed that older male carers often behave in ways to preserve their sense of masculine self. For instance, they may never describe themselves as a carer, portray caring for a wife as a masculine duty undertaken because of their marriage vows, and emphasise that they are 'in charge'[21]. This should help providers be aware of acting on simple stereotypes of 'masculinity', since the behaviour of this group of older men indicates that masculine identity is capable of changing with circumstances, and in this case demonstrating a development of the caring role.

For service providers working with older male carers, it is useful to be aware of the ambiguities involved with the role. For example, men may prefer to be termed a husband rather than a carer, and to feel like they are the primary decision maker about care related matters (such as respite or additional home support services). Engaging their active participation in such decisions needs to be considered in the training offered to providers.

2.3.7 Health and health behaviours

Patterns of health and health behaviour differ between older men and older women. Compared to women, men over 65 are more physically active, have better self rated health[22] and lower rates of depression[23]. However, older men suffer higher rates of most major diseases as compared to women. Also, in NSW, older men have higher rates of smoking, heavy drinking and lower rates of fruit and vegetable consumption and are less likely to seek medical care[22].

2.3.8 Social connections

Men tend to have smaller social networks and weaker interpersonal connections with family and friends than women[9]. In Australia, male social connections have traditionally been heavily based around work and sporting clubs. As has been pointed out already in the context of social support, older men are therefore more vulnerable to loneliness and isolation than women, particularly if they live alone or have lost a spouse (see below). A lack of social support can also place an older physically frail man at greater risk of institutionalisation – as there are not people to provide assistance and health monitoring.

On the positive side, recent years have witnessed a rapid expansion of the Men's Shed movement, offering older, often retired men, occasions to form new supportive relations with other men[24]; the rapid growth rate is an indication of their positive role in older men's wellbeing.

2.3.9 Bereavement

Bereaved men are more likely to suffer depression, grieve for longer and engage in substance abuse, than women whose partner has died[25]. Loneliness and social isolation are also more prevalent amongst bereaved men. Older men often have less developed social networks than their female partners, and bereavement may mean the loss of a man's main friend and confidant[9].

2.3.10 Older men and service provision

Older men tend to be underserved in the community, and can be less visible to service providers[9]. A number of reasons have been put forward to explain this disparity; these relate both to factors particular to men and factors relating to the way services are provided. Examining the explanations for why older men do not generally access community services to the same extent as older women helps to understand this phenomenon in relation to HACC services.

The most obvious explanation for older men receiving fewer services is because there are fewer men surviving to old age (see Section 2.2.1). For each older age group there is a declining proportion of men. In the oldest age groups which require the most support and assistance, there are greater numbers of women.

Men are also less likely to be aware of the resources available to them and less likely to seek them out. Some communication methods about services (written brochures, newspaper advertisements) are not particularly effective for men; they are more likely to respond to specific outreach, concrete and practical information and information from peers.

A 'male unfriendly' environment is one of the reasons put forward to explain men not accessing health services as much as would be expected[19]. Similarly, community services are configured in a way that is not exactly 'male friendly'. They tend to be very female centred – with majority female workforces and clients. This 'female domination' is particularly evident in community aged care in Australia: 91% of the workforce[4] and two thirds of the clients are female (see above). A feminised environment in community aged care can potentially put off males from seeking help or participating in activities. This is not because professionals in the field would seek to deter men – but simply because older men may feel uncertainty, or embarrassment in moving into an unfamiliar environment. Also, many older men prefer to deal with men[19]. These issues emerged strongly in our research – and are discussed further below.

2.3.11 Service styles that men prefer

Research with healthy older men living in the community identified that men prefer to interact with programs and services that give men the opportunity to:

- Utilise existing skills or knowledge (or learn new ones)
- Make a contribution to others
- Engage in physical activity
- Be with like minded people[26]

In the absence of similar research with men in community aged care, it is reasonable to assume that men would be attracted to aged care services that offered the same type of opportunities. These issues are addressed in our findings and discussion that follow.

3 STUDY FINDINGS

3.1 Barriers to accessing home support services

Home support services include a wide variety of services such as help with personal care, meals on wheels and home visiting (often delivered through Home Care Service of NSW). Service providers were asked what they considered to be the barriers to eligible older men accessing home support services. The five issues most frequently selected by service providers from the Service Provider Survey are listed below (Table 5).

Table 5. Home support services: main barriers to access

CLIENT ISSUE	RANK
Feels he can manage himself	1
Feels embarrassed to ask for help	2
Unaware of services available	3
Prefers that partner assists him	4
Unaware of eligibility	5

Source: Service Provider Survey. n= 126

The barriers were explored in greater detail with service providers through open ended questions in the survey, focus groups and interviews, and through the interviews with older men and carers. The views expressed are discussed below.

3.1.1 Feels he can manage himself

'I'm just fine, thank you' is an attitude encountered quite often by providers of home support and family members of older men (sometimes expressed more vociferously, e.g.: '*Bugger off!*'). Clearly, if a man believes he is 'doing fine', then there is no impetus for him to accept assistance. For example, as one man said: "*I can't see the dirt, it doesn't worry me.*"

However, the rejection of assistance potentially creates a complex situation because a man may subjectively judge that he is coping, whereas service providers and family may have concerns for his well being. Typical concerns include those of social isolation, potential falls, nutrition, and day to day household management.

He can manage himself

One factor recognised by service providers is that some men may be managing quite well by their own estimation. For example, a man might appear to be spending too much time alone, or not to be eating well or to have a house that appears cluttered and unclean – but that is how 'he likes it.' In the view of service providers, if a man has an authentic desire to manage alone and is at no immediate risk, then home assistance is not required – at that point.

To say he is 'not managing' is too confronting

For other men the claim to be 'just fine' can cover a number of other concerns. According to service providers some men fear that if they accept help they will end up in the nursing home. For example, as one manager commented: "*they think it is the first step in the slippery slope to institutional care and death.*"

Acknowledging a need for help can also make a man feel old, incapable and emasculated, and ways of working with men who find it difficult to ask for support are discussed in the sections below.

3.1.2 Feels embarrassed to ask for assistance

Many older men are apparently reluctant to ask for assistance even when others believe they need it. Feeling ashamed or embarrassed about asking for assistance is one of the main reasons for this reluctance. Research participants identified a number of underlying issues that contribute to older men not wanting to ask services to assist them.

Generational factors

Independence, self sufficiency, stoicism and resilience are some of the core qualities in generations of men over 65 (The Oldest and The Lucky Generation – see Section 2.3.2). These qualities can make it difficult for men to ask for assistance outside of a serious crisis: ‘help seeking’ is not a behaviour with which they are comfortable or familiar. One manager made the comment: *“I think the generation of men who are over 65 years of age at present have been brought up to be self sufficient and see asking for help as a weakness.”* Another summed up the generational attitude as: *“you look after yourself and your family, you don’t ask for anything.”* And it often was a case of *“you made do with what you had”* – meaning that people of this generation expect to manage with their own financial and personal resources.

Similarly, men of these generations often have particular expectations about the marriage institution, namely that husband and wife care for each other, literally ‘in sickness and in health’. This issue is discussed further below in relation to men preferring their partner to care for them. It can also mean that men will not seek help in their own caring roles, regardless of their own frailty; for example one worker commented: *“he won’t ask for help with caring for his wife – when he got married that’s what he signed on for.”*

It was noted that the qualities of self sufficiency and independence can be even more marked in rural men; living from the land, often in very harsh conditions, meant an even higher level of self reliance was required.

Pride and sense of self

Related to the generational values is the strong sense of pride in many older men. This issue was mentioned above, where older men can be reluctant to ask for assistance, because to do so would confront their sense of who they are as a man and their capabilities. And many older men do not actually consider themselves old! Service providers commented about the issue of pride:

“It’s not a ‘manly’ thing to accept service, it shows signs of weakness.”

“I think a lot of it has to do with pride - men of that generation don’t seem to ask for help - I went and gave a talk to the local RSL Sub-Branch, spoke to over 100 men, some who live by themselves and none of them rang me later on although all said that the service was worthwhile and a good idea.”

Pride is also a factor in accepting certain services. Anything that appears to be charity can be rejected by some men. Also, if a man does not see himself as old, he is unlikely to want services that are ‘for old people.’ According to one older man, to accept aged care services is tantamount to admitting: *“I am old, I can’t do what I could do when I was younger.”*

Embarrassed about receiving personal care

Some men are embarrassed about another person providing their personal care, and would normally prefer that their wife or other family member perform these tasks. This can particularly be the case for certain cultural groups, where it is inappropriate for an unrelated woman to touch a man. Alternatively, some men are averse to receiving personal care from men, and would prefer a woman to perform these tasks.

Don’t want to deal with women – particularly younger women

Most home and community care workers are women. Some older men can find talking with and accepting services from women difficult – especially much younger women. As one worker observed: *“they find it hard to have younger women coming into their homes and trying to organise them.”*

3.1.3 Information: unaware of services available/unaware of eligibility

An information barrier exists when a man is unaware of the services available or unaware of his eligibility for services. In the view of providers, the barrier is not often one of lack of information: community aged care services are widely publicised, for instance through national and local papers, community newsletters, notice boards and

through local information sessions, such as those run by Veteran's Affairs. Information is also readily available through telephone or internet contact with services, for example, by calling the local neighbourhood centre. A number of reasons were identified as to why older men were not accessing this information.

Older male communication styles

Many older men prefer to find out information through direct means, such as through a partner, friend or acquaintance. They are less likely to read written sources of information. In the view of one worker: *"men don't read things on notice boards or in newsletters so much."*

It was also observed that men can also need time to consider information – 'to let it sink in'. Therefore if faced with a choice 'do you want it or not' may feel pressured and default to rejecting a service.

Less likely to seek out information directly

Managers also observed that older men did not appear to independently seek out information about services as much as older women. This was seen to be a result of a number of factors. 'That's women's business' was an attitude observed by service providers, in that anything to do with domestic or personal services can be seen as the province of women; or as one worker noted: *"they will use the services if their wife makes the call and arranges it."*

The realm of human service provision can be confusing and strange for older men, particularly for those who have seldom dealt with such services. There can be a wide array of acronyms and service providers, and unfamiliar territories to negotiate. For example, one manager said: *"it's not like taking his car to the mechanic or getting a tradesman around, where a man feels fine telling the guy what is wrong and what needs to be fixed."*

For CALD older men, the difficulty of seeking services can be exacerbated by language barriers and dealing with an unfamiliar culture. Service providers reported that for CALD men without family or community access points it was very difficult to work out where even to begin in accessing services, or indeed that such services are available.

3.1.4 Prefers that his partner assist him

Many physically frail men prefer that their wife or partner assist them. Understandably, it is usually preferable for a man that intimate tasks such as help with toileting or showering be undertaken by his partner. More generally, a man's partner may have always done the domestic tasks such as cooking, cleaning and washing – so that in essence there is no change in the couple's roles in this regard. One service provider made this comment: *"they've always had a division of labour - she does the cooking and cleaning, there isn't really a change there."* In many cultures, a gendered division is very strongly delineated – for example one worker observed that: *"in Indian culture, it is expected that the spouse needs to look after the husband."*

Service providers did not consider 'partner care' an issue of concern, provided both partners were reasonably happy with the arrangement and the level of care was adequate. Where problems do occur is when a man's partner is no longer able to care for him properly (for example, develops dementia or becomes physically frail themselves) or when the partner becomes physically and mentally exhausted and needs a break.

Elderly wives can become distressed with providing daily care, and may seek respite care service support that is not agreed to by the man. At times, men can view the suggestion of using a respite service as a threat to his remaining at home with his wife. In these situations the couple needs sensitive support to ensure that the needs and concerns of both partners are met.

3.2 Barriers to participating in day programs and activities

Home and community care providers offer a range of day programs and activities for frail older people. As a HACC service type these are termed 'centre-based respite' or 'transport'. They can involve structured centre based programs' or more informal outings or activities. Service providers were asked what they considered to be the main

barriers to men accessing these types of activities. The five most frequently mentioned issues are listed below (see Table 6).

Table 6. Main barriers to participating in day programs and activities

CLIENT ISSUE	RANK
Client does not want to participate in organised activities	1
Client feels activities are not interesting for men	2
Transport	3
Client does not know about activities	4
Client prefers to go to a commercial venue (e.g., pub or club)	5

Source: Service Provider Survey. n= 126

These issues were explored in greater detail with service providers in the survey, focus groups and interviews, and through the interviews with older men and carers. The views expressed are discussed below for each issue:

3.2.1 Client does not want to participate in organised activities

Almost half of survey respondents indicated that not wanting to participate in organised activities was a barrier to older male participation in the day programs and activities offered by home and community care providers. Analysis of this issue showed that there were a number of underlying components to this barrier.

Some men just don't want to do social activities

Some men prefer their own company or that of their partner, or visits with friends. The idea of participating in group activities is simply not appealing. As one worker observed: *"they didn't do social activities before they retired, and they are not interested in them now"*; or, as an older man said: *"we don't often do social activities - my wife and I like to do things together."*

Some men prefer unstructured social activities

For many men, meeting in a park, a cafe or casually is far preferable to attending an organised activity. In a parallel to young men 'hanging out', many older men like to socialise informally with other men, for instance, at the pub or club, in the park playing chess or cards, or in cafes smoking and drinking coffee. Ways for services to facilitate unstructured activities are discussed below.

Some men like organised activities, just not the ones on offer

One worker observed that the problem was not so much with 'organised activities' *per se* but the types of organised activities being offered. That is, the available organised activities are sometimes not particularly interesting to men. Also, it was noted that for men who have had professional occupations or positions of high level responsibility, *"attending 'day care' can seem like a step down."*

Some men like organised activities, but don't want to feel like the only man

Whether an activity is perceived as being of masculine interest can also depend on the number of men participating. 'A lunch', for instance, is not an intrinsically gendered activity, but can seem like a 'ladies lunch' if there are no or few men attending. Feeling like the only man or being significantly outnumbered by women was identified as a substantial barrier to male participation in day programs and organised activities. That is, even if a man might enjoy a particular activity, he may feel uncomfortable being with a group of women or being expected to socialise with women. Examples of typical comments made included:

"Most of the men who have been offered to attend day care are not comfortable being in the same setting with a majority of women (for cultural reasons as well)."

"These men didn't socialise directly with women, other than their wives and families."

"We do have a gender segregated society – just like at a BBQ with the men drinking beers, and women talking in the kitchen."

3.2.2 Client feels activities are not interesting to men

“Men generally don’t want to do craft or play bingo” and “they don’t want to go to a flower show or see quilts”; and “having lunch with a lot of old women is not very appealing.” Service providers observed that day programs and activities have tended to cater for female interests more than masculine interests. Some men do enjoy playing bingo or participating in crafts - including men we interviewed. However, it would appear these men are in the minority.

Older men tend to prefer different activities to older women. This observation is consistent with the gendered leisure patterns of younger people; for example, leisure studies have shown that men tend to prefer sports, physical activities, doing things with their hands and socialising with other men. Most men prefer ‘blokey’ activities, usually in the company of other men (see below).

3.2.3 Client does not know about activities

Lack of information about activities is a barrier to men accessing day activities and programs (as it is with home support services). Clearly if men do not know about an activity, then they cannot choose to participate.

3.2.4 Transport

Transport can create serious difficulties for physically frail or disabled older men. Service providers identified transport as a significant barrier to men participating in day programs and activities – they also identified a number of components within the ‘transport barrier.’

A lack of appropriate transport

At the simplest level, a lack of transport options can prevent older men from getting to activities. If they have no access to a car, then they must use an alternative form of transport. Some older frail men can walk shorter distances or move around with mobility aids or a wheelchair. However, these are only practical options for those living in close proximity to facilities or public transport routes. For others, they are dependent on family, friends, community or volunteer transport.

Service providers indicated that community and volunteer transport is often offered to older men who participate in organised activities. Where there could be an issue is for men wanting to participate in community activities at different times or locations.

Physically accessible transport

For men who are very frail or at risk of falls, getting in and out of some vehicles is difficult or impossible. Whilst some community vehicles are fully accessible, issues were noted with volunteers’ cars and with private and public buses.

Self esteem and transport issues

In the view of some service providers, masculine self esteem can be strongly attached to driving and independence, for example, one manager observed that: *“losing the license can be a major psychological blow to a man.”* Accordingly, some men who can no longer drive can find it very difficult to become a person who is now collected and driven around.

Rural areas and transport

In rural areas, transport difficulties tend to be exacerbated. Some of the factors identified included: walking to activities is not realistic, a need to travel long distances, lack of family nearby, lack of volunteers, and the cost of petrol. Also, ‘sea and tree changers’ may move to a rural locality whilst they are still driving – not planning for the time when they no longer have access to a car.

3.2.5 Client prefers to go to a commercial venue: pub or club

Pubs and clubs are venues heavily frequented by older men. Clubs, in particular, often have excellent physical access, their own transport service, and activities older men like to do. They also offer relatively cheap food and

alcohol. Service providers indicated that older men would often prefer to go these kinds of venues, rather than participate in day programs in a community centre or organised activities.

The perception was that these venues offer a valuable resource to older men, and as such, do not create a problematic barrier. In fact many service providers incorporated visits to pubs and clubs in their activities for men.

3.2.6 Other barriers

Other barriers to male participation in day activities identified by service providers and older men, included:

- Health concerns – if a man is feeling unwell he may not want to attend
- ‘That’s for old people’ – men not feeling old or wanting to identify as old
- Man is a carer – he may not want to leave his wife
- Language barrier
- Financial – feeling that the activities or respite are not affordable
- Continence concerns

3.3 Engaging with older men: effective models of care

Many services are using strategies to engage older men to use home support services or participate in community activities, for example, 66% of surveyed services had developed specific strategies.

We asked services, older men and carers what had been particularly effective in encouraging men to accept home support services or to participate in activities.

3.3.1 Directing the approach through the family or friends

It was observed that for some men, the default position can be to reject home support services and say ‘I don’t need it’. In such instances it can be effective to work with the man’s family or friends to talk with him first about home support services. Also effective is having an older man who has successfully used services and can articulate the benefits talk of his experiences, e.g., at Senior’s Week talks, or as a peer mentor or volunteer.

Using peer contact can be particularly effective: if one man is using services, it appears more likely that his friends will be open to the prospect.

One of the carers we spoke with expressed frustration that home support services had not worked through the family. This woman’s father in law had been very hostile at the prospect of strange people entering his home, but, in the carer’s opinion, he would probably have been persuaded by family members to accept care.

“Workers need to be proactive in finding the men in need of services. Men will sit back and wait for someone to help. Once you speak to the men, they are usually keen to receive services.”

“Once one man starts using it, the others will. They’ll use it if their mates say it’s ok.”

“I was on crutches and I ran into an old friend at the shops – she told me about ‘Caroline’s’ service. I would not have found out about it otherwise.”

“Service operators need to go to where men are in their comfort zone to inform them. e.g. I started in this service as a female men’s worker with only one client on books. I went to local pubs and clubs to let them know what we were about and to ask them what they wanted. This approach has worked.”

3.3.2 Direct delivery of information

Men often prefer to receive information about services directly. That is, rather than reading about a service on a notice board, or in a newsletter or brochure, they will be more likely to use a service if they receive direct information and encouragement from a service provider, friend or family member (see above).

3.3.3 Taking the time to establish a connection

'You need to take the time to get to know him and to hear his story' was a point made repeatedly by service providers. Developing a connection was seen as highly important in encouraging older men to accept services. Service providers could develop the connection by treating the initial assessment more as a conversation and an opportunity to get to know the man and his history; *"these men have had extraordinary lives,"* was one comment.

In rural areas in particular, a family or social connection with a man, no matter how distant, can reportedly provide a starting point for developing trust, and a man accepting services.

3.3.4 Exploring underlying issues when men reject services

It was observed that older men can sometimes reject services because they feel they are coping well on their own, despite the concerns of others. Exploring the man's perceptions, and his concerns and reasons for giving this response can be useful. These issues can then be addressed in further discussions about his health and well-being, for example, his not noticing deteriorating state of the house due to increasing visual impairment that needs assessment and treatment.

3.3.5 Linking into existing networks

Related to the direct delivery of information is providing information about services in a familiar setting or through an existing network in which the man participates. Some of the networks service providers used to get men to access services included:

- Bowls and other sporting clubs
- Church and religious organisations
- Clubs and pubs
- Gardening and other interest clubs
- Men's Sheds

3.3.6 Emphasising independence

Independence and self reliance are core values of the older generation of men. These are strengths that can be used by service providers to encourage men to accept assistance. Service providers indicated that men will more readily accept assistance if it is framed as enabling 'independently living in his own home' rather than the first step in ever increasing dependency: *"you need to say it is about remaining independent, not losing independence."*

Older men who were successfully using home support services understood the services from this perspective, for example: *"if you can't cook there is something wrong with you, but having Home Care come in once a fortnight and do the cleaning helps my wife and me."*

3.3.7 Language

The language used to communicate with older men is critical. Men do not want to be made to feel weak or needy, nor do they want to feel like they are accepting charity or taking services from someone else 'who needs it more than they do'.

During this study we were repeatedly told that the terms 'frail' and 'day care' should be avoided. Men are unlikely to think of themselves as 'frail aged' or wanting to go to 'day care' (*'that's pre-school'*).

Also, service providers reported that being clear that HACC services were not charity, was reassuring for some men. Informing men that HACC is a government service paid for by taxes' can help overcome this barrier. Similarly, explaining HACC services as similar to Medicare – i.e. clients pay small portion of the service, but the rest is paid for through the taxation system, was useful information for some men.

3.3.8 Asking older men what they want

“Ask the men what they want” was the suggestion of a number of service providers in relation to encouraging older men to participate in activities. Consulting the men was considered an essential way for services to act responsively and organise activities that men wanted to engage with.

3.3.9 Taking a restrained approach

Older men can find accepting services less threatening if they are offered just one service at a time. Several service providers indicated they used this approach, for example: *“you don’t offer them everything all at once, you just offer them one service, say some gardening, and then if they like that they are far more likely to think about accepting other services.”*

3.3.10 Using male peers and volunteers

Many men prefer to interact with other men. Services which had male volunteers found that older men responded well to this contact, for example: *“they like to talk to another bloke”*, and *“we find that the men want to talk to the bus driver.”* And as one older man said: *“I like Barry taking me to the appointments, he comes and gets me and we talk in the car.”*

More formal peer support programs can also work well for older men. For example, the DVA has developed a network of peer educators to inform veterans about health and lifestyle issues. This program is effective because the men providing the education have a similar background and risk profile to the men with whom they are working.

Existing models of service delivery do not always take into account men’s preferred styles of communication. Men tend to talk side by side rather than face to face, and may be more used to socialising in groups. Programs that encourage one on one relationships (such as visiting programs) may not appeal to some men – or can be more effective if the volunteer does an activity with the man, such as going for a walk or watching sport or a film.

3.4 Day programs and activities: what men prefer

To successfully engage older men in day programs and activities, both a man’s interests and physical capabilities need to be taken into account. Nearly half of survey respondents (47%) had organised activities particularly for men. We asked the survey respondents, the focus group participants, older men and carers about the characteristics of activities that are preferred by older men.

3.4.1 Unstructured activities

Many older men prefer unstructured activities and socialising. Popular activities are often those that do not require too much of a commitment from men or much external organisation; although the activities might include a competitive element, such as cards or board games. We asked older men and service providers about the types of unstructured activities older men enjoy, and they gave the following examples:

- Talking / catching up with mates: *“most men like to talk with a mate instead of participating in organised activities.”* (Note that men tend to talk side by side rather than face to face)
- Drop in activities – e.g., for a chat and a cup of coffee
- One on one activities – e.g., a walk with someone
- Games – e.g., access to pool tables, bowls and table top games without too much direction so that they can play regularly with local friends
- Access to tools and workshops – ‘to potter around and fix things’
- Watching other people play sport (e.g. at the bowls club, then having lunch afterwards)
- Cards
- Fishing
- Gardening
- Watching sport on TV with other men

3.4.2 An informal location

Men often prefer to spend time in community settings rather than in centres. As one worker commented: *“they don’t feel comfortable coming into the centre, it’s full of women and feels a bit sterile.”* Other workers observed that community based socialising can feel more normal to men and more what they were used to doing in their leisure time. Also, for those men who smoke, a more informal or outdoor setting allows this habit. Some of the locations for older men’s activities/socialising included:

- A cafe next to a park (where the men could sit outside and smoke)
- Parks (informal chatting, playing chess)
- A man’s house (a volunteer held a monthly men’s BBQ)
- Pub and club based visits (or having lunch at a pub)
- Men’s Sheds

3.4.3 Being with other men / and male workers and volunteers

Older men usually prefer to socialise with other men. Service providers had observed that men are far more likely to participate in day programs or activities if they are either ‘men only’ or if there are at least a few other men participating, for example: *“most of the men who have been offered day care are not comfortable being in the same setting with a majority of women (for cultural reasons as well), all of the men have given us input that if they had choices they would prefer and enjoy being in all men day care groups.”*

Also male workers and volunteers usually get a very good response from men. It was observed that men are more likely to participate in an activity if there is a man involved – either as a worker, or as a volunteer (e.g. the bus driver or the volunteer who transports the man).

3.4.4 Activities that engage with existing interests

Successful models of care are ones which create consistency between current care and the men’s life history. This could be through creating environments and/or activities which are similar to individual men’s former employment and community engagement.

“They like activities that have anything to do with machinery or the weather,” was a comment from a rural community worker. The observation was made that many men prefer activities that have continuity with their existing interests – often established in their younger adult years. When men are not so physically capable, they may still enjoy elements of that activity, for example, watching sport rather than playing it, giving advice on how to fix things rather than operating power tools, or caring for a much smaller garden.

Also, although men may tend to prefer less structured activities (see above), many will enthusiastically engage in organised activities that they find interesting. Some of the activities that had been well received by men, included:

- Visits to:
 - Car museum/Train museum/Dam/Weather station/Ship/Brewery/Factory/Farm
- Practical activities:
 - Fixing things/Cooking classes/Gardening/Computers/ Technology classes

3.4.5 Recognises socio-cultural context

“What they want to do is drink coffee, smoke and boil up a kranksy sausage” was an observation of one project worker of older Polish men. Recognising the socio-cultural context of older men was seen as critical for engaging effectively and facilitating activities and socialising that CALD men preferred.

Supporting older men from a CAALD background could require a degree of flexibility – for example, it may not be appropriate for smoking or drinking alcohol within a community centre, therefore other venues needed be organised (see informal locations – above).

3.4.6 Health information and screening sessions

'Men only' health information and health check sessions have been very well received, according to service providers. These have included sessions on common problems of older males concern such as prostate cancer, heart disease and incontinence. The men's health check 'Pit Stop' sessions have also had an excellent response from older males. Female workers usually did not participate in these sessions - 'leaving the men to it'.

These sessions provide an opportunity for older men to ask questions and discuss health anxieties in a safe supportive environment. They are run by male health professionals, usually in a social and lively manner, in contrast to the clinical setting where health problems are usually discussed. Although not a specifically social activity, the popularity of these health sessions supports the view that in relation to organised activities, men prefer those with a 'purpose'.

For the service providers these sessions can provide an opportunity to promote other health promoting services and activities for frail older men – such as gentle exercise, cooking classes or social groups. Also, in terms of getting men to 'take care of themselves', these sessions are consistent with research findings that men are more likely to be engaged with health promotion if vulnerabilities are discussed in a straightforward manner and with attention to the contexts in which men operate[27].

3.4.7 Men's Sheds

Men's Sheds are a very popular facility for men of all ages; they can be found across NSW towns and suburbs in ever increasing numbers. Many of the service providers we interviewed for this research were involved in or in contact with Men's Sheds. Their clients had been involved to various degrees, including regular participation in their local Men's Shed, day visits to sheds or participated in the Men's Shed Day Program.

For men who have liked working with their hands and fixing things, and still enjoy these activities, a shed can be a place he enjoys visiting. For the physically frail or disabled older man, some Men's Sheds can provide good opportunities to participate in practical activities, socialise and offer advice to younger men. Although it was noted that in order to be effective, a shed's organisers need to be supportive of involving older men and the shed needs to be set up with appropriate safety and access. Some sheds can only accommodate a man who has high support needs if his carer is also present.

Shed activities that work well for older men include:

- Modified carpentry and metalwork (taking account of a man's physical ability)
- Fixing toys and repairing household items
- Mentoring younger men
- Watching activities (and commenting/offering advice)
- Management activities
- Socialising with other men

4 DISCUSSION AND CONCLUSIONS

4.1 Introduction

Older men underutilise home and community care services in NSW. In this report we have investigated the 'barriers to access' experienced by older men, and explored ways in which these barriers can be overcome: 'effective models of care'.

4.2 Underutilisation

HACC service providers in NSW have expressed concerns that older men are not accessing services at a level that reflects their need for assistance. These concerns are reflected in available data and in our research. The proportion of older men accessing HACC services is less than proportionate to their population size. Importantly too, the proportion of older men accessing HACC services is also less than the proportion identifying a need for assistance[7]. Particular access problems appear to be experienced by men under 75, male carers and for men in relation to participation in day programs and activities.

The full extent of underutilisation is probably not reflected in the available statistics. It was observed that men are more likely than women to say 'they can manage', even when they could benefit from services.

Underutilisation is also uneven across services. Although we were unable to determine the extent of gender disparity by service type from the HACC MDS, our survey and interviews indicated that some services had less than 20% male clients. Some organisers of centre based day programs and neighbourhood centre activities reported very low, or no male participation.

4.3 The implications of underutilisation

Service providers expressed serious concerns about older male underutilisation of services. For very frail men or those recovering from falls or strokes, not accessing home support services can be a 'one way ticket to the nursing home'. Men can also be at increased risk of a range of problems, including falls, medication problems, poor nutrition and social isolation. One man we interviewed expressed regret at refusing services: he felt that he could have remained in his own home longer had he accepted assistance.

From an equity perspective, underutilisation of services means that men are not being as adequately supported as women in 'ageing well.' That is, when older men are encouraged to accept home support services they usually find that the services meet their needs and help maintain their independence and quality of life – 'when they try them, they like them'. Similarly, older men enjoy the social contact provided by activities and outings when their participation is encouraged and enabled, as reflected on one older man's comment: *"I like going to the men's BBQ, I have a yarn with the old blokes."*

It does have to be acknowledged that from an older male perspective service underutilisation may not necessarily be a problem. Some older men with physical limitations want to manage independently and in their own way. Their standards of living may differ to external measures, and they may prefer to 'keep to themselves'; if these men are not at particular risk, perhaps they do not actually need assistance. In cases like these, service providers have a number of options aside from leaving the man to his own devices. Sometimes, listening to and exploring a man's concerns about accepting assistance can provide an entry point. Alternatively, information can be left with a man, and, if appropriate, contact made again at later date.

4.3.1 Identifying older men who are likely to experience difficulties accessing services

Not all older men experience barriers to service use. The men least likely to experience difficulties accessing services are those who are already familiar with services and/or have clear access points to services – for example, men who were involved in service provision as workers or volunteers are much more accepting of services, as are

men who access services through their partner, a hospital social worker or other family or friends. There are also older men who will never access services, and will refuse whatever approaches are made to them. Services need to be respectful of the man's decision, and see if there is an appropriate time to re-engage if circumstances change, such as an admission to hospital.

In between these groups of older men are another group of men who experience some barriers to accessing services, but not insurmountable barriers. If services are to improve access to older men, it is the middle group – those who experience moderate barriers to accessing care, who are the optimal target. Drawing from our research, it is possible to show the general characteristics of men by the degree of difficulty they have in accessing services (see Table 7).

Table 7. Degree of difficulties in accessing services by characteristics

Degree of difficulty in accessing services	General Characteristics
None or very little	<ul style="list-style-type: none"> • Has used and liked services before • Volunteered/worked in community services, church, neighbour aid • Partner or family member organises assistance • Accepts services organised through the hospital
Moderate	<ul style="list-style-type: none"> • Unfamiliar with community services • CALD background and not connected to CALD organisations • Living alone • Widowed • Small social networks • Unsupportive family • Carer of spouse or other family member • Living in rural area / isolated property • Oldest group – living independently for a long period
High	<ul style="list-style-type: none"> • No family /or estranged from family • Very private and reserved personality types • Highly independent

4.4 Home support services and older men: towards effective models of care

'Masculine deficiency' is one explanation we expected might arise to explain why men do not access services. This was not the case. Overwhelmingly, the service providers we talked to had reflected on the complexity and socio-cultural factors involved. Older men were not portrayed as deficient, but as independent, self reliant and having lived 'extraordinary lives.' Barriers to access were seen largely as a consequence of an inadequate fit between older men and the way home support services tend to be provided.

The values and formative life experiences of older men are from earlier eras. They are also men with masculine identities shaped by their history, culture and dominant models of masculinity. There is diversity in any group of people. But as a group, older men will put a very high value on independence, managing themselves, competence, privacy, prudence and not asking for help - unless essential. They are probably unfamiliar with the domestic sphere; they are less likely than women to have accessed social support and health services for their families. They usually have little social contact with women apart from their partners and families. Men from minority cultures can have particular difficulties due to languages and the even more marked delineation of gender roles.

HACC services are delivered by a very wide variety of agencies. Overall, it is a highly feminised environment, the vast majority of workers are women, and two thirds of older clients are women. Receiving services is dependent on

self or professional referral and ‘an assessment’ of an older person’s need for services. Workers in the sector can be low paid and very time pressured; not being able to meet the demand for services is a common experience.

Despite the challenges faced by services, agencies are actively working to improve the fit between HACC services and older men. Our research interviewees were skewed towards workers and managers with a strong interest in making services more accessible to men. They were able to offer insights into effectively engaging with older men.

Essentially, successfully working with older men means respecting the fact they grew up in different eras, value being highly independent, are less likely to find out about services by themselves and generally find using services more difficult than women. It also means having some understanding that a sense of masculine self can be particularly threatened by the ageing process; accepting ‘help’ can be profoundly threatening, especially help from younger women and unfamiliar services, or services that look like charities.

Ways of working around these barriers included developing a personal connection (rather than being an anonymous service), being respectful and non invasive of their privacy. Services had also adapted the way they distributed information about services to be more ‘men friendly’. Table 8 summarises the key barriers that older men face, and ways in which services have overcome these barriers.

Table 8: Key barriers to older men accepting services – and effective models of care

BARRIER	MODEL OF CARE (AND EXAMPLES OF PRACTICE)
Information about services	<ul style="list-style-type: none"> • Direct approach to men, e.g.: <ul style="list-style-type: none"> ○ Make an appointment to see him in his home ○ Through clubs, pubs and cafes • Communicate in direct ways, e.g.: <ul style="list-style-type: none"> ○ Shake hands ○ Ensure the man can hear what is being said ○ Ask what he wants ○ Answer any questions frankly ○ Be clear and detailed about the service and costs • Ensure written information is clear and straightforward • Use telephone follow up where appropriate • Provide information through the family • Run information sessions on issues of male interest (and provide HACC information at these) • Use peer contact and referral (‘if one man is using a service, then his mates will’) • Referrals through GPs and hospitals
Services seeming anonymous and unfamiliar	<ul style="list-style-type: none"> • Develop a personal connection, rather than being a ‘voice on the telephone’ • Meet with the man in his home, take the time to talk to him about his experiences during an assessment • Emphasise local connections – e.g. ‘I am from service X, based in ‘name of town or suburb’
Language that concerns or denigrates older people namely: <ul style="list-style-type: none"> • Assessment • Frail • Client • Day care • Older or Senior • Carer 	<ul style="list-style-type: none"> • Use of alternative language and expressions, for example: <ul style="list-style-type: none"> ○ Invite a man to register, rather than say ‘you are going to have an assessment’ ○ Day club or social club is preferable to ‘day care’ ○ Don’t describe men as frail ○ If a man is a carer to his wife, he will probably prefer to be referred to as her husband

Table 8 (cont.): Key barriers to older men accepting services – and effective models of care

BARRIER	MODEL OF CARE (AND EXAMPLES OF PRACTICE)
Concerns about loss of independence, fears of 'ending up in the nursing home'	<ul style="list-style-type: none"> • Emphasise that services are about supporting independent living and keeping people in their homes longer. Give practical examples of how accepting assistance enhances independence • Explore the man's concerns – e.g. if he rejects services, respectfully ask why he does not want the services • Initially, only offer one service, e.g. 'perhaps you would like someone to do your mowing?' • Mention other older men using services or use peer referral • Leave information for the man to review, and follow up later to see if he is interested
Concerns /embarrassment about dealing with women	<ul style="list-style-type: none"> • Take time to develop a personal connection • If possible locate a male worker or volunteer
Service appears like a charity	<ul style="list-style-type: none"> • Emphasise that the service is 'government funded' and paid for from taxes, and that some contribution is usually required

4.5 Participation in day programs and activities: towards effective models of care

"Where are all the men?" was one question asked by service providers in relation to day programs and activities. It reflects an awareness of the often very low levels of male participation. Increasing male involvement was seen as an important challenge by service providers, and one that many had addressed or were keen to develop.

Some of the barriers to older men participating in day programs and activities are similar to those that prevent older men from accepting home support services. These barriers included information not being disseminated in male friendly ways and language issues (use of words and terminology that older men can find denigrating or feel that don't describe them).

It must be acknowledged that some older men do not want to do organised activities. They either prefer to socialise in other settings, or prefer their own company or that of close family and friends. For these men, barriers to access are not an issue.

For those older men who might like to do activities, or for whom a day program might be of interest (and provide much needed respite for his carer) our research identified specific barriers to participation. The main barriers were that the offered activities were not very interesting to men, were too structured and that the other participants were mainly women. Lack of transport to venues can also prevent older men from participating in activities – although this is not necessarily a gendered barrier.

Many of the service providers we spoke with had recognised that men and women tend to prefer different activities and had developed men's groups and specific activities for their male clients. Table 9 outlines the barriers to men participating in day activities, and highlights the key principles underlying effective models of care.

Table 9: Key barriers to older men participating in day programs and activities – and effective models of care

BARRIER	MODEL OF CARE (AND EXAMPLES OF PRACTICE)
Activities offered do not appeal	<ul style="list-style-type: none"> • Consult with men as to what they like to do • Provide activities of more masculine interest, e.g.: <ul style="list-style-type: none"> ○ Fixing things / construction ○ Competitive board games and indoor sports ○ Visits involving: sport, machinery, weather, fishing, gardening etc ○ Health information seminars ○ Cooking classes ○ Computer skills / technology classes

Table 9 (cont.): Key barriers to older men participating in day programs and activities – and effective models of care

BARRIER	MODEL OF CARE (AND EXAMPLES OF PRACTICE)
Organised activities do not appeal	<ul style="list-style-type: none"> • Support the development of unstructured activities, e.g.: <ul style="list-style-type: none"> ○ Coffee morning in a local cafe ○ Lunch at a local pub or club ○ Activities in a park – chess set, boules etc ○ Develop a ‘men’s space’ in a centre – (with outdoor access for smoking) ○ BBQs at a centre or volunteer’s house ○ Informal walks with a volunteer or worker
Information	<ul style="list-style-type: none"> • Provide information about activities in direct, straightforward ways – e.g. <ul style="list-style-type: none"> ○ Call the man and remind him ○ Fliers with very straightforward text (and no clip art or fancy borders) ○ Put information on a business card ○ In community languages – as appropriate
Transport	<ul style="list-style-type: none"> • Adapt vehicles to enable travel by physically frail men • Inform men of the exact nature of the service, its costs, where it will stop, where it will take him • Use male volunteers where possible/preferred • Respect that he probably drove for many years, e.g.: <ul style="list-style-type: none"> ○ Ask the man to give directions, advise on parking and negotiating traffic (if he would like to/as appropriate) ○ Talk about the vehicle, and what he used to drive
Day programs/respite does not appeal	<ul style="list-style-type: none"> • Provide men only day programs/ or men’s days (if possible) • Have men’s activities incorporated into day programs • Ensure the environment is male friendly – include magazines of men’s interest, newspapers, outdoor areas/gardens

4.6 Conclusion

Supporting people to age well is a key principle of community aged care. Principles of access and equity hold that *all* older people will be able to access this care as needed – that is, the ideal is that all older people can access the support needed to remain living independently in their homes as long as possible, regardless of gender, socioeconomic background or culture. Thus, that a sizable proportion of the older population, *viz* older men, find community aged care services difficult to access, is grounds for concern.

Indeed, people are concerned. ADHC, HACC service providers, other community aged care providers, older men, their carers and families – all can see that HACC services are not always fitting very well with how some older men operate and with what they want.

For the current generations of older men, accessing help can be difficult; it can be threatening, and accepting help can feel like a loss of independence. Community aged care is usually a very unfamiliar concept and involves moving into highly feminised environments. Community social activities for physically frail older people are mostly female dominated, and day programs are often run with few or no men attending.

Quite possibly, the next generation of older ‘Baby Boomer’ men will not experience the same degree of difficulty, and will be ‘demanding every service under the sun’ and perhaps setting up their own men’s day programs groups and activities. However, the issue now and for coming decades, is the current generations of older men; the

youngest of these generations could still be alive in thirty years or more. Adapting services to their needs is of pressing importance.

Our study has shown that many service providers across NSW are meeting the challenge of opening up HACC services to older men. Many of the people we spoke with had adapted the way they offer services – and in ways that respected men and ‘where they are at.’ Many providers understand that men respond well to personal contact, respectful direct interactions and framing HACC as ‘preserving independence’. Concerns were expressed that moves to centralised service allocation, would create further barriers for older men.

Services are also offering men’s activities, and outings for men that interest men, incorporating ‘Men’s Shed’ concepts into day programs, and running seminars on older men’s health. Older men have said they like these initiatives and are clearly responding well to having choices.

Services are, however, are under no direct obligation to be more ‘men friendly’; it could in fact be construed as yet another demand on a very stressed workforce. Whilst there is an argument for more resources for HACC services to improve access and equity by gender, we argue that services need to look at the gender mix of their clients, particularly the number of men attending day programs and activities.

If a community aged care service has less than thirty five percent older male clients, it is cause for reflection. Services are funded to deliver services to HACC eligible people in their community. Hence services can ask: where are the older men in the potential client population? What efforts need to be made to reach these men? How can the service offer activities of masculine as well as feminine interest? How can the environment for activities be changed (e.g. to a different venue, or to be more male friendly)? How can a centre be made more welcoming to men?

Asking these kinds of questions is what underlies a service becoming more inclusive of men. Then, as service providers have shown, there are effective ways of addressing the issues and engaging well with older men to accept HACC services and to participate in activities.

As men’s health researchers, we see a need for regular reporting on older male participation by service type and activity type. This will enable the measurement of progress towards greater gender inclusivity. Most of all, we would like to see the experiences and learning of ‘male friendly’ services shared across the community aged care sector. We are confident that by sharing the principles and practice of ‘effective models of care’ for working with older men, combined with encouragement and adequate resourcing, will work well for services, and be welcomed by older men and their families.

4.7 Recommendations

On the basis of this research investigating older men and HACC services in NSW, the following recommendations were developed.

For community aged care service providers, it is recommended that:

- A review is undertaken of the gender balance of clients by each service type. Where less than 35% of clients are male for specific services, then services should develop ways of engaging more older men.
- A review is undertaken of communication strategies and styles to determine if they are inclusive of both genders.
- Male only activities are incorporated by services where appropriate, such as male day programs or special events of male interest.
- Male workers and volunteers are targeted for recruitment.

For Ageing, Disability and Home Care, it is recommended that:

- Services are actively encouraged to improve access to HACC services by older men.
- The document 'Older men and community aged care: models of service delivery' is distributed to community aged care services across NSW.
- Training seminars are developed and offered to services to assist in developing engagement strategies for older men and male friendly models of service delivery.
- Support and encouragement is offered to community aged care services in recruiting more male workers and volunteers.
- Regular monitoring and evaluation is undertaken in relation to issues around older male access to HACC services in NSW.
- Additional research is undertaken to investigate the needs of older men who are carers, given the numbers of older men in carer roles and their particular support requirements.

REFERENCES

1. Russell, C., *Gender and ageing*, in *Longevity and social change in Australia.*, A. Borowski, S. Encel, and E. Ozanne, Editors. 2007, UNSW Press: Sydney. p. 99-116.
2. DoHA, *HACC MDS Annual Bulletin 2007-2008*. 2009, Department of Health and Ageing: Canberra.
3. DoHA. *Governance: HACC minimum data set*. 2009; Available from: <http://www.health.gov.au/internet/main/Publishing.nsf/Content/hacc-mds.htm>.
4. NILS, *Who cares for older Australians? - A picture of the residential and community-based aged care workforce*. 2007, National Institute of Labour Studies, Flinders University: Adelaide, SA.
5. AIHW, *Australia's welfare: The seventh biennial report of the Australian Institute of Health and Welfare*. 2005, Australian Institute of Health and Welfare: Canberra.
6. ABS, *Census of population and housing: New South Wales (State)*. 2006, Australian Bureau of Statistics: Canberra.
7. ABS, *Survey of disability, ageing and carers*. 2003, Australian Bureau of Statistics: Canberra.
8. ABS, *A profile of carers in Australia*. 2008, Australian Bureau of Statistics: Canberra.
9. Kaye, L. and J. Crittenden, *Principles of clinical practice with older men*. *Journal of sociology and social welfare*, 2005. **32**(1).
10. Arber, S., K. Davidson, and J. Gin, *Changing approaches to gender and later life*, in *Gender and ageing: Changing roles and relationships*, S. Arber, K. Davidson, and J. Ginn, Editors. 2003, Open University Press: Buckingham. p. 1-14.
11. ABS, *A picture of the nation: the statistician's report on the 2006 census*. 2006, Australian Bureau of Statistics: Canberra.
12. Consedine, N.S. and A. Skamai, *Sociocultural considerations in aging men's health: implications and recommendations for the clinician*. *Journal of Men's Health*, 2009. **6**(3).
13. Mackay, H., *Generations*. 1997, Sydney: Macmillan.
14. Macdonald, J.J., *Environments for health: A salutogenic approach*. 2005, London: Earthscan.
15. Markides, K.S., et al., *Ethnicity and minorities*, in *Encyclopedia of Gerontology*. 2007, Elsevier: New York. p. 532-538.
16. Sedger, R. and D. Boyde, *Project report on the study into the needs of carers from CALD communities in the Nepean area*. 2008, Nepean multicultural access project and Strengthening community links for people with disabilities in the Nepean area: Sydney.
17. Stephenson, P.H., et al., *A methodological discourse on gender, independence, and frailty: Applied dimensions of identity construction in old age*. *Journal of Aging Studies*, 1999. **13**(4): p. 391-401.
18. Smith, J.A., et al., *"I've been independent for so damn long!": Independence, masculinity and aging in a help seeking context*. *Journal of Aging Studies*, 2007. **21**(4): p. 325-335.
19. Macdonald, J.J., A.J. Brown, and J. Buchanan, *Keeping the balance: older men and healthy ageing*. 2001, NSW Committee on Ageing: Sydney.
20. Macdonald, J.J., *A population health approach to men's health*. *NSW Public Health Bulletin*, 2001. **12**(12): p. 313-315.
21. Ribeiro, O., C. Paúl, and C. Nogueira, *Real men, real husbands: Caregiving and masculinities in later life*. *Journal of Aging Studies*, 2007. **21**(4): p. 302-313.
22. Population Health Division, *The health of the people of NSW: Report of the Chief Health Officer*. 2008, NSW Department of Health: Sydney.
23. Mackinnon, A., A. Jorm, and I. Hickie, *A national depression index for Australia*. *Medical Journal of Australia*, 2004. **181**(7 Suppl): p. S52-S56.
24. Ballinger, M., L.A. Talbot, and G.K. Verrinder, *More than a place to do woodwork: a case study of a community-based Men's Shed*. *Journal of Men's Health and Gender*, 2009. **Vol. 6**(1): p. 20-27.
25. Grant, E. and M. Potenza, *Textbook of men's mental health*. 2006, Arlington, Virginia: American Psychiatric Publishing.
26. Hall, C., et al., *Keeping the thread: Older men's social networks in Sydney, Australia*. *Quality in Ageing*, 2007. **8**(3): p. 10-17.
27. Monaem, A., et al., *Engaging men in the health system: observations from service providers*. *Australian Health Review*, 2007. **31**(2): p. 211-217.