



**An Evaluation of the  
*ManMade Family*  
Programme  
May 2016**



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## Acknowledgements

This study was commissioned by Family Action to understand the impact of the *ManMade Family* programme and the potential for *ManMade* to be delivered more widely.

The researchers would like to thank Terry Rigby, Louise Hudson and Estelle Lord for their support and contributions to the evaluation.

Finally, we would like to thank the *ManMade* participants for sharing their stories so honestly for the study. We wish them all the best with their onward journeys.

Tessa Horvath, Renaishi, May 2016

The *ManMade* Programme was designed, developed and delivered by Forward for Life and Common Unity, who utilised additional associate workshop support input from BloomIn' Health and Cruse Bereavement Care Birmingham.



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## Executive Summary

**The *ManMade Family* programme successfully supported men to be able to talk more openly about their emotions, to build their confidence and self-esteem, to know where to go for help and to support others in the community. This was achieved through an eight week workshop programme which includes peer discussion, information sharing and self-reflection on a range of health and wellbeing topics, underpinned by person centred facilitation approaches.**

This report presents findings of an evaluation of The *ManMade Family* programme, delivered in Sandwell from February – March 2016. *ManMade* is an eight week programme of workshop sessions designed to support and empower unemployed men to take care of their own mental health and wellbeing. It was developed by Forward for Life and Common Unity in response to high levels of poor male mental health and suicide, associated with gender identity. Five men took part in this programme, which was more explicitly focused on supporting men with caring responsibilities.

The key findings from the evaluation are:

- There are many areas of good practice which should be built in to a standardised *ManMade* model:
  1. A person centred facilitation approach
  2. A combination of facilitated informal discussion, provision of information by subject experts and experiential activities
  3. An awareness of how gender identity affects mental health.
- There were challenges in recruiting a sufficient number of participants for the programme, suggesting a need for ample lead-in time to develop referral pathways and to ensure the value and content of the programme is communicated to referrer agencies and potential participants effectively.
- Participants benefitted from sharing experiences with other men from similar backgrounds and ages, suggesting that *ManMade* programmes should be tailored to different groups.
- The programme supports men to increase their understanding of mental health, themselves and others; to be able to discuss personal issues with others, and to be more aware of services and support networks. Accumulatively these supported participants to develop greater self-confidence and self-esteem and to supports in the community. Future evaluation should measure these outcomes.



## Introduction

*ManMade* is an eight week programme of workshop sessions designed to support and empower unemployed men to take care of their own mental health and wellbeing. The programme was first established in Dudley in 2015 as a pilot, engaging unemployed men via a partnership with the Work Programme.

The programme targets men with common mental health problems such as anxiety, stress, depression and is intended to be preventative, giving men the skills and information to manage crisis situations.

Following learning from the pilot in Dudley, the programme was amended and delivered in Sandwell. This time, it was delivered through a partnership between Family Action and their local partner children's centres. Five men took part in the programme.

Renaissi was commissioned by Family Action to evaluate the programme exploring its impact and the potential for the programme to be delivered on a wider basis through Family Action. The study used a multi-methods approach, consisting of:

- A review of project documentation
- Interviews with project staff
- Interviews with *ManMade* participants
- Analysis of data measuring changes in self-reported anxiety, depression and wellbeing

## About the programme

There is an association between masculine identity and high rates of mental ill health and suicide amongst men, especially amongst middle aged men<sup>1</sup>. Idealised masculine identity is associated with traits such as strength, aggression and restricted emotions and self-reliance<sup>2</sup>. As such, men may feel unable to talk about their emotional lives, or to seek help for mental health problems.

Employment, and ability to provide for family, is associated with idealised masculine identity, and experiences of unemployment can lead to feelings of

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<sup>1</sup> ONS 2013

<sup>2</sup> Levant et al. 1992. The male role: An investigation of norms and stereotypes. *Journal of Mental Health Counselling*, 14, 325-337



failure and low self-worth for not adhering to ‘masculine standards’<sup>3</sup>. It may be a period where men are particularly vulnerable to suicidal ideation and behaviour.

The *ManMade* programme takes a targeted approach with unemployed men aged 20-60 to improve their resilience and coping skills, reduce health risk behaviours (including smoking, alcohol and substance misuse, violence, self-harm and suicide), improve their mental health and reduce risk factors for mental illness.

The approach is based on the New Economics Foundation’s Five Ways to WellBeing<sup>4</sup> which suggest that mental health needs and vulnerabilities to suicidal ideation are best addressed via a holistic approach which includes internal resilience tools, self-care skills and knowledge of services.

The programme seeks to:

- Provide a safe and supportive space to express feelings and learn about mental health
- To empower men to better understand themselves and their own mental health
- To equip men with the skills, tools, information and options to manage their mental health and wellbeing
- To develop a peer support network for men

### **Partnership model**

The programme was delivered in Sandwell by a partnership of organisations:

- Forward for Life and Common Unity designed, developed and delivered the programme, drawing in additional associate workshop support from Bloomin’ Health and Cruse Bereavement Care Birmingham to deliver particular thematic sessions
- Family Action Children’s Centres in Sandwell hosted the programme, providing room space, making referrals to the programme, and publicising the programme amongst local agencies
- Specialist partner organisations were drawn in to run sessions on particular themes

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<sup>3</sup> The Samaritans: Men, Suicide and Society

<sup>4</sup> <http://www.neweconomics.org/projects/entry/five-ways-to-well-being>



## **Programme design**

The programme comprised of eight weekly two hour workshop sessions, covering the following themes:

- Introductory workshop to give an overview of the programme and identify aspirations
- Wellbeing: ways to support personal wellbeing
- Mental health awareness and stress management: spotting the signs and supporting self and others
- Loss: bereavement and supporting self and others
- Confidence building and positive behaviours
- Assisting life: spotting the signs and supporting others
- Physical health and wellbeing: physical activity, nutrition, self-determination and substance/alcohol mis-use awareness
- Round up and recognition: self-care and next steps

The themes were ordered so that the more sensitive and challenging areas followed a period of trust building, following learning from the *ManMade Dudley* evaluation. Participants were also encouraged to keep a journal during the course for their own personal reflections, in-between sessions.

Across the different workshops, the content of the sessions included the following:

1. Open discussion on the theme where the men are encouraged to share their feelings and opinions and listen to others
2. Experiential activities to learn about themselves and others
3. Information on the topics, including mental health processes, facts on levels of mental health and suicide and helpful coping mechanisms (such as talking)
4. Information on services designed to support men with mental health needs, and how to access them

## **Approach**

Findings from interviews undertaken for this study, suggest that the sessions are underpinned by the following approach to delivery:

- Person-centred facilitation approaches to create a safe space for peer discussion
- Active encouragement of respect amongst participants for others' opinions
- Actively challenging masculine stereotypes which are linked to poor mental health



- Focusing on ways that men can support others with mental health needs, as well as themselves

## The Participants

Five men took part in the programme. Three of the men were aged 28 – 50, and two were under 21. The two younger men left the programme mid-way through due to personal circumstances and another found work during the programme and consequently could not continue.

All the men were unemployed at the start of the programme. The three men aged 28 – 50 had children, with two being single parents, and the other also being the primary care giver. This affected their employment situations as the men required work which was flexible and part time to fit with caring commitments.

The men reported personal challenges such as low confidence, previous traumatic experiences and alcohol mis-use.

## Successes and Challenges

This section looks at the successes and challenges of the Sandwell programme.

### Programme Structure

#### Referral challenges

The men came to the programme via referrals from staff at the school their child attended, Sure Start, and through connections with the Children's Centre itself. This suggests that previous familiarity with the Children's Centre and its staff may have been a factor in encouraging men to take part.

Overall nine referrals were made to the programme, although only five men attended, with two completing the course. This may suggest a need to over-subscribe the course given the high drop-off rate. However it may also highlight a need to consider how referrals are made: both the relationship between the referrer and the participant and how the programme is communicated to them.



### **Similar backgrounds**

The group included a diverse age range and both facilitators and participants reflected that this presented challenges in focusing the sessions due to the different life stages and experiences of participants. Whilst there were opportunities for inter-generational learning, overall participants felt that they got the most from discussion with men with similar life experiences and identities.

*“25 and over is better as you feel you can talk to them better. They’re not messing about.”*

*“There was a guy who had a similar background to me. I was talking to him outside and we’ve had a similar thing more or less. So to know someone else who’s gone through the same as you it was helpful because you know what they’ve been through and they know what you’ve been through.”*

### **Approach**

#### **Person centred facilitation**

Participants valued the non-judgemental and relaxed approach of facilitators. They noted that they made eye contact, listened to them, encouraged them to share their opinions and listen to others, and validated their efforts as care givers. This approach made the men feel welcome, recognised and enabled them to express their opinions and feelings. As a result they looked forward to coming to the sessions each week.

*“They’re good people. They don’t judge you. You can talk to them as though you’ve known them for years.”*

*“In the first session I came to scope it out. It was relaxed and nice and that’s why I came back each week. If you don’t feel comfortable you ain’t gona go”*

#### **Challenging gender roles**

Implicit in the approach, is a challenge to negative self-views which may arise from taking on non-traditional gender roles. By validating the roles the men took as care givers, and by creating a space where the men could talk about their experiences of vulnerability without judgement, facilitation supported men to feel comfortable in the group and to talk more openly about themselves.

*“He said looking after your kids is just [as important as going to work]. It made me feel more relaxed straight away”*



### **Expertise and passion**

Participants felt that passion and expertise for the subject matter was conveyed by the facilitators, including the external partners. This in turn sparked their own interest in the subject, leading men to want to learn more about it.

*“What I’ve learnt through the course, understanding suicide of men, it just makes me think why is this happening. I would love to go more in-depth in it.”*

### **Activities**

#### **Space to talk**

Participants valued the informal, discursive style of sessions, as this gave them the opportunity to express their opinions and feelings, to learn from others, and develop peer networks. This validates findings from the first *ManMade* evaluation which found that more structured activities were less well received.

*“If it’s a stiff environment you’re not gonna talk. It’s really relaxed.”*

#### **Space to reflect**

Participants found the reflective activities insightful, supporting them to learn about themselves and others.

*“It was about how you perceive it. What you perceive isn’t wrong, but you see the bigger picture”*

#### **Journal keeping**

Participants valued the opportunity to keep a reflective journal. One in particular found that this helped him to remember and consolidate what he learnt from the sessions.

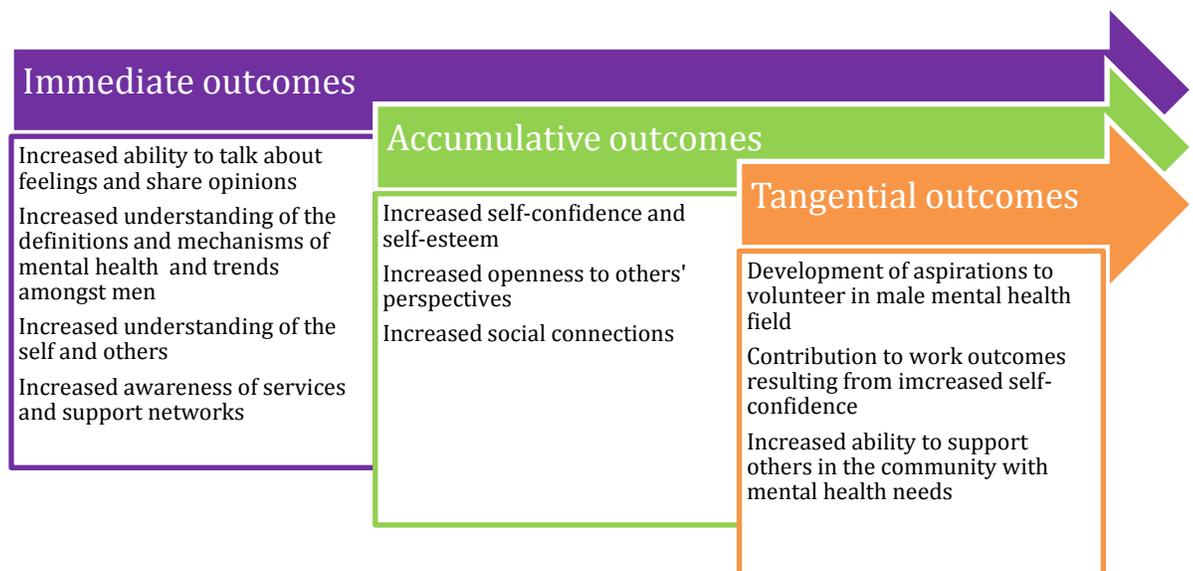
*“It’s really useful. It makes you think about it again, and gets you looking forward to the week after.”*





## Impact of the programme

Qualitative findings suggest that there are immediate outcomes related to the specific activities of the programme, accumulative outcomes in how the men take forward the learning from the course and build on the immediate outcomes, and some additional tangential outcomes which are not the explicit aim of the course but may result or be informed by participating. The outcomes are as follows:



### Opening up

The most consistent and significant immediate outcome for the men who were interviewed, was feeling more able to talk about their feelings with others. This was realised through both the practical experience of talking with men in a group, and through messages conveyed by facilitators that it is beneficial to talk about your problems.

*"It helped me open up about my problems, because I do find it hard to talk to people and this course has helped me."*

### Building confidence and perspective

The accumulative, short term outcomes were closely related to the immediate outcomes of the course. Two of the participants reported that they felt more



confident as a result of the course, relating this to an increased ability to talk about themselves.

*“It made me more confident in myself. Being able to talk. To be myself.”*

The men also reported having a broader perspective on life due to having greater awareness of the levels of poor mental health amongst men, and having considered other’s perspectives through the course.

*“I’ve learnt to take other people’s point of view into account”*

### **Supporting others**

Increased understanding of the issues and awareness of services enabled men to support other people in their lives. They felt able to identify the signs and offer support to friends, colleagues and family who may have been experiencing mental health problems. Although the participants didn’t disclose feeling better equipped to support their own mental health, it is evident that they have the information to know where to go.

*“Last week I gave a leaflet to my friend. It helped me to see the signs, maybe he isn’t okay. I just said to him if you don’t feel you can talk to someone you know, give them a ring. Before I wouldn’t have dreamt about asking, let alone giving someone something”.*

### **Changing futures**

Although this *ManMade* Programme was not explicitly designed to support men with obtaining work, one of the men did find work during the programme, and suggested that confidence he’d build on the programme was a contributing factor. For others the programme has informed their future aspirations to make a contribution in the field of male mental health.

*“[the course] made me feel more confident in myself so it did help a lot, as well as work experience”.*

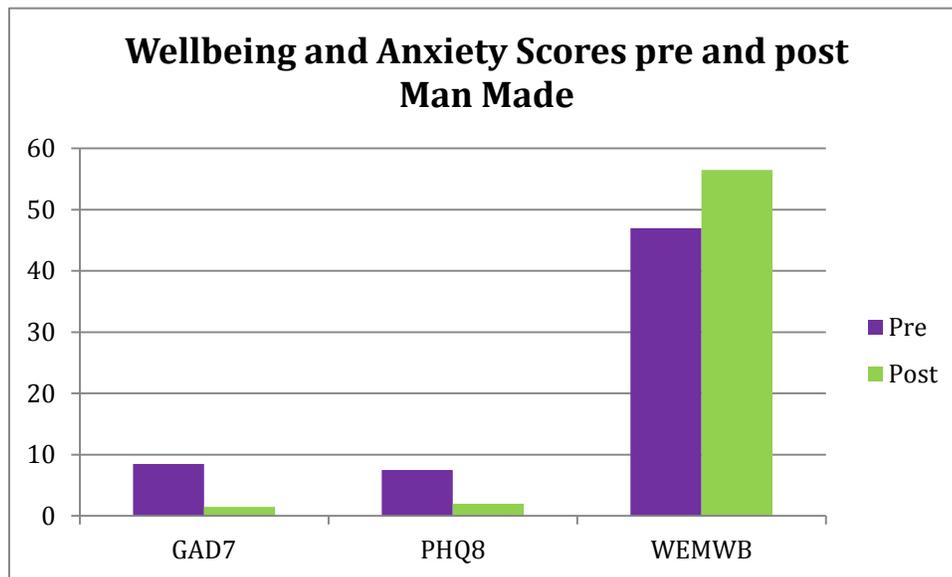
Alongside the qualitative data, quantitative data was collected to measure changes in participants’ wellbeing and levels of anxiety and depression. Data was only complete for two participants, as three did not complete the programme. The scores show a positive impact for these two participants.



The Generalised Anxiety Disorder Assessment (GAD-7) was used to measure anxiety. Both participants reported a reduction in anxiety from ‘mild’ (average 8.5) to very low scores (average 1.5).

The eight-item Patient Health Questionnaire depression scale (PHQ-8) was used to measure depression. Overall, the average scores for the two participants who complete pre and post scores reduced from 7.5 to 2.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was used to measure mental wellbeing. Scores demonstrate an increase in wellbeing, from an average of 47 to 56.5.



The following case studies provide further illustration of the impact of the programme:



## Case studies

Tom is single dad with two young children. Three years ago he used to drink heavily to help him through a difficult and abusive relationship. He found it difficult to talk about the abuse.

Since taking part in the *ManMade* programme it has helped him to build his confidence and to acquire a better understanding about depression and mental health. The sessions have enabled him to *“open up about my problems, because I do find it hard to talk to people and this course has helped me”*. He found the facilitators to be encouraging taking a non-judgmental approach that made him feel comfortable and relaxed.

While he was not able to complete the course as he found employment, the four sessions he had attended were really useful: *“every week was good because I could get everything out”*. The session on grief and loss was *“the best one – understanding how grief creeps upon you and just hits you like that for no reason”*. In that session he was for the first time able to talk about how he felt when his dad died.

Generally he had a positive experience, but felt that the programme would be strengthened by having programmes for specific ageas and backgrounds.

The programme has supported him in opening up and to meet people who have had similar experiences. *“It has been a good course. Being able to talk. To be myself. I would recommend this course to a lot of men because it does help you.”*

John is a single dad with two young children. He is a full-time carer for his son. It has been difficult for him to find a job that fits around his caring responsibilities.

At the time of attending the programme his confidence was low. In the first couple of sessions he was quiet, speaking when prompted to. The facilitators helped him to relax, *“they make it easier for you”*. For him the sessions involved learning to not bottle things up and to appreciate different perspectives: *“no ones’ wrong and no ones’ right but everyone’s got a view.”*

The topics covered in the sessions were empowering as it helped him to better understand himself and to be better informed about issues concerning grief and mental health. He kept a journal of what he got out of the sessions to not forget what was covered. Through these sessions he has been able to spot signs of distress in others and offer them support.

Compared to other programmes where he would quickly lose interest, often attending only one session as he found *“they told you instead of asking you”*; the *ManMade* programme was different. He felt it was a relaxing environment, with the opportunity to talk openly and to be listened to: *“when they talk to you there’s a lot of eye contact and you know they’re actually listening”*.

*“ManMade helped – it has made me more confident.”* Through this programme he has learned to be more assertive, to be able *“to stop and listen and then make up your mind”*. More importantly, *“I never used to talk. I talk a lot more now. If I do get a job interview I’ll be better for it because I’ll be able to talk to them more, and not be so nervous.”*



## Conclusions and recommendations

1. Participants' experiences of the programme suggest many areas of good practice which should be built in to a standardised *ManMade* model. These are:
  - **A person centred facilitation approach** based on non-judgement, respect, listening, validation of lifestyles which deviate from traditional gender roles, and asset based activities
  - **A combination of facilitated informal discussion, provision of information by subject experts and experiential activities** which enables participants to learn from each other, facilitators and themselves.
  - **An awareness of how gender identity affects mental health**, so that messages are built in which challenge low self-esteem associated with gender identity and the style of communication and delivery takes account of the challenges men may face in talking about their feelings

The Theory of Change in appendix 1 provides a frameworks for both testing and developing aspects of the programme to ensure it is as effective as possible.

2. The number of participants completing the course was low, reflecting challenges in finding participants for the programme. This **suggests a need for ample lead-in time to develop referral pathways and to ensure the value and content of the programme is communicated to referrer agencies and potential participants effectively.**
3. The diverse age range in the group was considered a challenge for focusing the sessions, whilst the commonality of experience between some of the participants was effective in supporting men to feel less isolated. These suggest **that future *ManMade* programmes should be tailored for specific men with similar backgrounds and life experiences.**
4. Participants are encouraged to have respect for each other, to understand different perspectives, and to consider how they would support others. Whilst this study did not explore this in-depth, **further evaluation might explore:**
  - **The extent to which widening perspective supports positive wellbeing and mental health**
  - **The implications for community outcomes as participants are equipped to reach out to others**



5. Although both the qualitative and quantitative data samples were very small, they overwhelmingly suggest that the programme has a positive impact on the participants' understanding of mental health and of themselves and others; their ability to discuss personal issues and to discuss topics in groups; and their awareness of services and support networks. Accumulatively these supported participants to develop greater self-confidence and self-esteem, and an increase in wellbeing and a decrease in depression and anxiety. **Going forward, impact data collection could be strengthened as follows:**
- **Although the quantitative tools used demonstrated positive change, it may be useful to measure the outcomes identified from the qualitative findings, to accurately capture the impact of the programme (e.g. increased ability to talk about the issues)**
  - **Amalgamating data from different *ManMade* programmes may provide the opportunity to undertake more meaningful statistical analysis**



# Appendix 1: Theory of Change

This Theory of Change was developed as a basis for further testing and developing the delivery model.

