

Capacity building in indigenous men's groups and sheds across Australia

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Capacity Building in Indigenous Men's Groups and Sheds in Australia

Abstract

This article presents an investigation into capacity building, at the community level, in Aboriginal and Torres Strait Islander Men's Groups and Sheds. As safe men's spaces, Men's Groups and Sheds represent an ever-growing social and, health and well-being community service across Australia. The study is qualitative and employs 'yarning circles' (focus groups), semi-structured interviews and observations to gather data from 15 Groups/Sheds involving 45 men from urban, regional and remote communities. We found that capacity building is primarily about securing relationships between Group Leaders/Shed Co-ordinators and Government services. Capacity building establishes links to services such as Centrelink, Medicare, Department of Housing, Probation and Control, and positive outcomes such as Indigenous men securing housing and Centrelink payments. Capacity building results in better health outcomes and, educates and empowers men to improve their social, cultural, emotional and economic well-being. It helps men to better connect with family and community. The current research paves the way for countries worldwide to explore the conceptual and empirical approach of capacity building applicable to other Indigenous [and non-Indigenous] Men's Groups/Sheds.

Key Words: Capacity Building, Community, Men's Sheds

Introduction

Men's Groups and Sheds are fast becoming known as one of the largest men's community services in Australia. The 'Shed' holds an important place in Australian male culture and is a vehicle for providing primary health care, and promoting good health and emotional well-being in men (Misan 2008; Ballinger, Lyn et al. 2009; Ormsby 2010). Men's Sheds include a place specifically for Aboriginal men which can house a range of facilities and services including men's clinical services, places for discussions and education, 'cooling off' places, group meetings, and recreation, training and work activities (Arney and Westby 2012). Indigenous men's groups can play a valuable role in

addressing family violence, suicide and other social and emotional wellbeing issues (McCalman, Baird et al. 2007). Ultimately, Men's Sheds offer government and health services an avenue to facilitate the delivery of primary health care services for men (Misan 2008).

Community capacity building has emerged as an important element in effective health promotion practice (Hounslow 2002; Simmons, Reynolds et al. 2011), whereby building capacity will influence the quality of health services provided. Verity (2007) contends that the notion of community capacity building as a health promotion practice emerged in the 1990's and has been described as 'exciting', 'empowering' and 'significant'. There is no one accepted definition of 'capacity building' due to the fact it is an abstract and multidimensional concept (Merino and Carmenado 2012). Nevertheless, characterisations range from a 'means to an end', where the purpose is for others to take on programs; an 'end' in itself, where the intent is to enable others, from individuals through to government departments, to have greater capacity to work together to solve problems; and 'a process', where capacity building strategies are routinely incorporated as an important element of effective practice (Hunt 2005; Verity 2007). According to Hunt (2005) the capacity development of Indigenous communities appears to be a means to an end (the delivery of services) rather than a process important to sustainable socio-economic development for Indigenous Australians. Nutbeam (1998) explains capacity building, in health promotion, as an activity directed towards enabling people to take action. Thus, health promotion is not something that is 'done on or to people, it is done with people, either as individuals or as groups' (p. 28). However, there is no clear strategy in the literature about how this can be achieved. This research focuses on how Men's Groups/Sheds provide an avenue whereby capacity building, as a management practice, can be achieved in the context of Men's Groups/Sheds.

In this article, we examine three key research questions (1) what are the needs of Indigenous men in Men's Groups and Sheds? (2) how does community capacity building, as a management practice, work in Indigenous Groups and Sheds? and, (3) in what ways does capacity building impact on Indigenous men's health and well-being outcomes? To

examine these research questions we adopt a qualitative case study approach through ‘yarning circles’ (focus groups), semi-structured interviews and observations.

A search of the literature has revealed there are few studies conducted on capacity building as a management practice in Indigenous Men’s Groups or Sheds. Therefore, our paper contributes to the literature in three ways. First, this is one of the first papers to examine community capacity building as a management practice in Indigenous Groups and Sheds; second, we argue that Men’s Groups and Sheds provide appropriate settings to engender conducive environments for capacity building; third, we contend that capacity building maximises men’s opportunities for better health and well-being outcomes.

Background

The Aboriginal and Torres Strait Islander population comprises around 2.5% (517,000) of the Australian population (Australian Bureau of Statistics 2011). Indigenous Australian health status remains well below acceptable levels (van Holst and Clague 2005) as Aboriginal and Torres Strait Islander people are twice as likely as non-Indigenous people to report fair/poor health. The poor health outcomes of Australia's Indigenous people, are also highlighted with lower life expectancy (Aboriginal and Torres Strait Islander males is estimated to be 67.2 years, compared with 78.7 years for non-Indigenous males) are associated with a number of negative factors including lifestyle, living environments and access to health services (Australian Bureau of Statistics 2010; Australian Bureau of Statistics 2011). Indigenous Australians suffer a burden of disease that is two-and-a-half times greater than the burden of disease in the total Australian population. Heart disease is the leading specific cause of the disease burden experienced by Indigenous males, accounting for 12% of the total Indigenous male burden. Type 2 diabetes, anxiety and depression, and suicide are the next three leading specific causes, accounting for another 18% of the Indigenous male health encumbrance (Australian Bureau of Statistics 2008).

Although, socioeconomic outcomes continue to improve for Indigenous people they still remain below those for non-indigenous Australians. In 2008, 31% of Aboriginal and Torres Strait Islander people aged 15 years and over reported high/very high levels of psychological distress. Of this, 21 percent were males, more than twice that of non-Indigenous males. Reflecting the higher levels of distress, hospitalisation rates for mental and behavioural disorders were 2.1 times higher for Indigenous males (Thomson, Midford et al. 2010). Rates were particularly high among those with a disability or long-term health condition, those who had been victims of violence, or who had experienced discrimination (Australian Bureau of Statistics 2011). This rate is more than twice for non-Indigenous people. Building capacity can influence the quality of health services (Hawe, Noort et al. 1997; Nutbeam 1998; Hounslow 2002; Liberato, Brimblecombe et al. 2011; Simmons, Reynolds et al. 2011), in turn, influencing the overall health and well-being of Indigenous Australians.

Capacity Building

There is much discussion, and some criticism, in the management literature about whether ‘capacity building’ is just another term for ‘community development’. Most authors agree that capacity building is an approach to development, not something separate from it (Hunt 2005). Craig (2007) argues that community capacity building is ‘used to describe activities involving work with local deprived communities to promote fuller engagement with social, economic and political life’ (p. 10) and is a narrower aspect of the community development process. Capacity building is also linked to an educational development and empowerment (Labonte and Laverack 2001; Smith, Littlejohns et al. 2001; Verity 2007; Simmons, Reynolds et al. 2011) and strengthening (Makuwira 2007) ‘initiatives such as networks, critical change as desired by individuals and communities’ (p. 10). Baeza and Lewis (2010) contend that empowerment has a positive influence on the health status of Indigenous people.

Taylor (2003) believes that capacity building, in whatever form, should respond to ‘Indigenous community needs through a multiplicity of initiatives, programs and services, which are ultimately aimed at enhancing the sustained ability of Indigenous

peoples to make informed decisions about issues of importance to them' (p. 1). The fact that community capacity building aims to strengthen the skills and abilities of people and communities groups (Craig 2007) is particularly relevant for this research because it is linked to the overall goals and achievements of Men's Groups and Sheds. Men's Sheds are mostly successful in attracting older men that have previously found it difficult to engage through conventional health, employment, education and training initiatives (Golding, Brown et al. 2007). Emerging research suggests that 'community capacity building' can 'support community based empowerment; the development of skills, knowledge and resources; strengthened social relations; support health gains and stronger links between policy environments/communities/organisations' (Verity 2007). Capacity building in Men's Groups and Sheds is also about education and Baeza and Lewis' (2010) research highlights the fact it is about re-modelling the learning process to capitalise on 'life skills'.

Liberato et al (2011) and Baeza and Lewis' (2010) research found that community-controlled health organisations (a bottom up approach) are particularly important to promoting health in Indigenous communities, to enable 'culturally appropriate health services (Baeza and Lewis 2010). They provide a better understanding and assessment of the current services and also ensure that services are closely connected to the immediate needs of the community. However, Hunt (2005) found that one of the constraints on Indigenous capacity building is the lack of partnerships with the Indigenous people. Relations between the Indigenous and mainstream health systems need to be further developed and strengthened to provide high-quality, health services (Taylor 2003; Baeza and Lewis 2010). Limited funding is said to be the main issue that restricts the engagement between the two parties (Baeza and Lewis 2010), which is confirmed in this research.

Craig (2007) postulates the concepts of empowerment and development have strong theoretical links to best management practices. Although, various researchers allude to the importance of management practices in community capacity building, the research is scarce. Hunt (2005) states that that the empowerment of individuals and the leadership

and management of communities is important for capacity building, because empowerment leads to individuals exerting control and using their skills and capabilities to take action for development. Effective leadership and management fosters trust and enhances communication strategies between people in communities and between communities and government and where informal networks and partnerships can be developed (Nutbeam 1998). Craig (2007) also notes the connection between community capacity building and organisational management and development, while links are also made specific to new public management (Harrow 2001), public administration and strategic human resource management (Farazmand 2004).

There is also discussion in the literature linked to the government's role in capacity building (top-down), where local communities are required to engage in programs with pre-determined goals and debate about whether the concept should be undertaken more at the community level (bottom-up) (Craig 2007; Merino and Carmenado 2012). Traverso-Yopez, Maddalena, Bavington and Donovan (2012) and Labonte and Laverack contend that the level of commitment for capacity building should function both ways: a political, top-down conviction on what is facilitated and a bottom-up involvement. The two are interdependent and are needed for both parties to achieve their goals. Smith et al (2001) outline the advantage of capacity building processes to be constructing links and connections between community issues and policy players and political arenas. More specifically, Hunt (2005) contends that governments need to communicate and co-operate with Indigenous communities to develop genuine partnerships. Indigenous communities will enhance capacity, particularly where this facilitates greater Indigenous jurisdiction over matters affecting Indigenous people, where more flexible funding arrangements can be agreed, and where the structures and processes that are developed are in accord with Indigenous values and cultural systems (Hunt 2005).

Baeza and Lewis's (2010) research found that community-controlled health organisations was particularly useful in providing comprehension and culturally sensitive health services. However, connections between the indigenous and mainstream health systems need to be further developed and strengthened to provide high-quality health services. This point is

also reinforced by Taylor (2003) who stated that the collaboration between Indigenous communities and government is crucial for development and sustainability of positive health outcomes.

Method

We employed a qualitative case study methodology to investigate management capacity building approaches in Men's Groups and Sheds. Healy and Perry (2000) argue that a case study approach, with triangulation of several sources of data, will provide valuable insights into a single phenomenon such as capacity building. The investigation provides an understanding of Indigenous men's needs and how capacity building, at the community level, can influence men's health and well-being outcomes.

To protect the identity of the Groups and Sheds we identify them only as 15 Groups and/or Sheds from urban, rural and remote regions in Australia and pseudonyms have been used in the reporting of the results. Before presenting the voices of the men of the Indigenous Groups and Sheds we acknowledge the Traditional Owners of the lands where the Men's Sheds are located.

Each time we (the researchers) addressed a Men's Group or Shed we began by stressing how important it is that the perspectives of the men members are heard, understood, recorded and their stories told. We aimed to learn more about the perceptions of the men and how the Men's Group/Shed provides them with an avenue to achieve something as individuals and as part of a community. We wanted the men to know we value their contributions and hope to help them make a difference in the future. We conducted 'yarning circles' with 15 groups and 45 men from urban, regional and remote communities and present the data as the 'voices' of the men we had the privilege of talking with.

The focus group method is the closest way of describing 'yarning circles'. Focus groups are a form of group interview involving several participants and a facilitator, with a focus on the interaction within the group and joint construction of meaning (Miles and

Huberman 1994). ‘Yarning circles’ create culturally sensitive environments within which researchers are able to establish relationships and encourage discussion among the leaders and the men members of Groups and Sheds. The purpose was to explore factors that impact on men’s participation in Men’s Groups and Sheds activities and ultimately their health and well-being. We conducted semi-structures interviews with Leaders/Co-ordinators of Men’s Groups/Sheds and some men who were willing to talk with us one-on-one. Lofland (1984) suggest interviews advance the validity of findings in social sciences. Therefore, interviews were considered an important method of data collection during the visits to Groups and Sheds. Interviews with Leaders and Co-ordinators were conducted as and when the participants were available. Observations took place each time we met with a Group or entered a Shed; the length of time spent with each Group/Shed varied from forty five minutes to one full day. During this process we had to continually ask ourselves what and how we would observe, and give consideration to truthfulness (Lofland 1971; Lofland 2006), and simultaneously remain culturally sensitive (Seidman 1991).

Data Analysis

The qualitative data were analysed using NVivo, following the steps of thematic content analysis outlined by Weber (1985). A coding framework was generated from the literature encompassing Indigenous men’s needs and capacity building as a management tool, with independent coding by two researchers to demonstrate the reliability of the coding framework (Carmines and Zeller 1975).

Findings

Themes in the data revealed the need for community engagement, the main issues that impact on Indigenous men and the support groups provide, how Groups and Sheds are pivotal avenues for capacity building, and the ways in which Groups and Sheds provide opportunities to make a difference to men’s overall health and well-being.

The need for Indigenous men to connect with community groups (Men’s Sheds)

In the 'yarning circles' the need for Indigenous men to work together in a community environment was highlighted '*.....men's groups are about asking for stuff.....it's always about women talkin emotions.....men sheds are good stuff.....but it's about how we get men into it.....we need to encourage them.....for us fellas it's sharing stories*' – (Gilbert). '*We all got same the issues.....fighting for recognition.....we share deep issues.....they [Government departments] think we just goin to piss up [in a group]*' – (Douglas). Collins explained '*grief is one of the biggest issues in our community.....when we get men's groups together we can deal with grief.....you got to understand our culture.....we need support groups for men*' and Patrick articulated the need for stimulus amongst Indigenous men '*we need to be strong together.....instead of sending our brothers to prison...send em to trainin programs in the Shed....don't need others meddlin in their affairs.....we need to be strong together*'.

Issues that impact on Indigenous men

Each of the groups shared stories about analogous issues relative to a general lack of support for Indigenous men '*.....men kicked out of home don't have anywhere to go....they've got no support*' – (Darwyn) and '*when you a man you don't have a home unless the woman say so.....you got to be a woman to get a house...then you have to have kids...a man won't get a house....he can earn money and go home and if she says out....you have to get out*' – (Lawson). The stories frequently highlighted the differences between men and women '*sometimes it's the woman harassing him.....why can't men put an AVO on her....it don't work that way.....Aboriginal women play on it....they know the system well*' and '*AVOs are problems for Aboriginal men.....women got it all over them....if he doesn't do the right thing in the eyes of the woman he done...women get everything*' – (Kendal). When women are in trouble '*.....fella had problems with his missus.....she gets the counsellor...she gets the support....he doesn't*' – (Gerard).

When Indigenous men are subjected to criminal checks the men explained '*....they [authorities] tell you you're a bad person....then you think (bleep)....I'm bad....I'm feelin it's not worth tryin....all I want is to forget the past....get a job...get everything right with the family*' – (Joe). But it was evident the men are not considered for jobs because '*it's*

only after we complete a course we're told we can't work because of our criminal records' – (Sam) and 'Government departments won't employee locals....they bring in their own people' – (Alex).

In each of the 'yarning circles' we heard similar accounts of basic existence - *'.....it's just about surviving every day.....men don't have jobs....no money...hard to feed the family...pulled over [by the police] no license...gets a fine...can't pay for it.....go to prison' – (Rosco).* There were numerous stories about legal issues *'.....one fella had an AVO.....didn't go near the family but one of the conditions was he couldn't drink at any pub or club.....he went to a Golf Club and played golf.....had a drinkwalked outside.....got arrested and did 3 months in prison' – (Jimmy).*

'We are handcuffed every day of our lives.....they [Government Departments] tell us what to do.....we help them to tick their boxes.....it's not for our community good' – (Hamilton). One of the other issues that was raised related to Government Departments - *'red tape stops everything.....we get funding we can get things happening....it goes to departments and they stop what should be happening in our own communities' – (Lucas).* In one 'yarning circle' with ten men we heard a story that raised concern *'one white Government woman has ruined our lives.....we were incorporated and had bank accounts and everything.....we got funding for our group.....but she [Government worker] would not support any of our decisions.....broke our spirit.....our group could have been strong'.* Moreover, there were issues raised about the access to Government workers *'we got lots of departments [Government] visit but they always have to leave by 3.00pm to get home by 5.00pm.....they can't work over their time limit.....so we don't get to see someone for months' – (Nicholas).*

'All issues with Aboriginal men.....starts when you're 10 and I've had problems with police all me live and I'm 47.....need to provide kids with education and community support' – (Dean). There was general consensus in one 'yarning circle' with seven men that Indigenous men's issues start when they are young and there was resounding support for Men's Groups and Sheds to be one avenue to make a change.

How engaging with community groups can better support Indigenous men

For men to support each other Marcus told us ‘.....*the best counsellor you can get is your black brother.....men suffer with depression...men black, white and brindle....*’ and Johnny ‘*you're always given your life story to someone.....leave us alone [in our Groups].....we just want to know how to access kids.....stop drinkin.....fix the addictions*’ – (Tom). As we listened to the men it became apparent that they recognised the need to consider situations differently from the past ‘.....*we need to have the same power as women....to do that we need to build our power...not reduce theirs....and we can do that in our groups*’ – (George).

Capacity building in the Groups/Sheds

Five of the Group/Shed Leaders described how they go about building relationships with representatives of various Government services. Danny, one of two Shed Leaders, we found to be very proactive articulated what capacity building means: ‘*Capacity building is about building relationships with the services....working in partnership with Government and non-Government services to achieve the best possible outcomes.....it's about providing service delivery around the social determinants of men's health.....improving peoples knowledge of holistic health by linking them to services that may contribute to their social, emotional and physical well-being*’. He told us, ‘*we're not a housing provider but we provide links to services.....we get men into houses [Department of Housing].....we have more clients than most of the services....in fact they come to us to get clients*’. He mentioned a number of services he has developed a relationship with, which included Family and Community Services, the Centre of Addiction Medicine, the Child Support Agency, Mental Health, Legal Aid and Probation and Control. Danny led discussion in a ‘yarning circle’ with a group of Indigenous men ‘.....*we need men in trouble to be referred to men's groups.....don't send them to prison.....we want to run programs for them in the Sheds*’ but to do that ‘.....*you guys need a relationship with Magistrates*’. The best approach is for Shed Leaders to contact Magistrates and ask them ‘*to come and talk to us...we need cultural programs run out of Men's Shed....makes it better for the Magistrate.....he doesn't have to lock someone up for 6 months....he knows*

the Men's Shed will run programs....send men to the Shed, not to prison'. This is evidence that capacity building with members of the legal sector is important from a 'grass roots' approach.

Ben noted how the Shed he attends helps men gain access to the services '*....housing people come here.....some are livin in a house with 20 others....no privacy....we worry about children starving....parents are playing poker machines...they are a drug for some.....soon as they get the pension it's down them machines*'. Harry, Shed Leader described the day he invited Medicare to visit the Shed '*....the guy [from Medicare] arrived with a big box and we thought no we won't use all them forms....but used every one of them....80 men walked out of here knowing they'd get Medicare cards....now they can see a doctor*'. Whilst this intervention was positive Harry told us the Shed struggles to remain open, mainly due to a '*.....lack of funding*'.

Daniel, a Shed Leader, notes '*.....our community has been dependent on services for thirty years or more.....the Men's Shed is a good tool to start the process of being self reliant*'. He went on to clarify how he goes about change through the Shed '*.....we invite the services here [to the Shed]..... some men didn't even have birth certificates so we negotiated with the service, bought them into the Shed and got the men sorted outsame for men who didn't have a driver's license.....one had been driving trucks for over thirty years.....talked to the Department of Transport.....they organised driving lessons, license tests and even organised for fines to be waived*'. Joe has developed a good relationship with representatives of a number of Government services and they attend the Shed on a regular basis. '*To become self sufficient we have to remove men from the welfare system*' and to achieve this '*we work with the services.....get some of the basic issues out of the way....then help the men find work*'.

The Groups and Sheds that are yet to connect with the services told us '*we need to learn from our brothers*' – (Adam), '*give us the help we need so white women in Government departments understand our culture*' – (Sammy) so that '*our mob can do better.....help our brothers [get off the streets]*' – (Mick). '*Men's groups are the answer*' – (Cam).

Making a difference to men's health and well-being

The impetus for Groups and Sheds to make a significant difference to men's health and well-being is strong because currently, *'zero percent of Aboriginal men seek counselling'* – (Percival). What is needed is someone in a Group or Shed to *'teach us how to recognize when suicides might happen'* – (Stewart) and Garry added *'...white counsellors don't know our culture.....we need to get that certificate....instead of givin a brother a go they say he been to prison we don't want him trained in anything'*. The men told us they did not appreciate the term 'mental health' and that it was *'...better saying social and emotional health.... we can go through a long list....all the addictions.....but we need to work on them'* – (Taylor). The men also said *'Programs for women.....not going to change anything....education won't change anything....we need a National Men's Health Policy.....Federal and State.....we need to be protected'* – (Mason).

All of the men were in favour of Men's Groups and Sheds, in what every form they might take, because *'Men's groups breaking cycles.....costs \$250,000 every year to keep one man in prison.....Men's Shed doing it for nothing'* – (Mason). *'We need to send down to government a voice...someone in workforce who can talk but not someone in the workforce who's white and talks well.....our fellas opinion is just as important'* – (Raymond).

There was evidence to suggest financial planning and advice is important for families - *'it would make a difference to our mob.....young kids.....when they go to the city they don't know how to live independent....don't know how to budget.....don't send them blind....teach them how to survive in the city....can happen in the Sheds'* – (Hyles)

'We want Aboriginal men to be educated as counsellors.....we need a culturally specific program' – (Clarke) and *'we've got to be smart...if we are better educated we can do better for our families'* – (Herbie). One of the men told us a story about his life of abuse and crime and how he has become a pseudo counsellor for Aboriginal men and youth *'I don't want it to happen to others.....we have to strengthen spiritual identity.....we are*

spiritual people.....the Men's Shed has saved me and now I'm giving back and strengthening ties between all community and us Aboriginal people' – (Jordan).

The men talked about how men's groups could help with social and emotional issues, and drugs and rehabilitation. Darcy [Shed Leader] explained *'the space of Men's Sheds are different....here we have high needs people....some just come in to find comfort in talking to other people...they share food and stories. Men become mentors without even knowing it.....helping other with their issues'*. Bailey explained *'.....Men's Shed can be on the river bank....in the park...don't have to be in a building.....when we come together as one we have a strong voice'* and through that voice we help each other *'to overcome our addictions.....stop the smoking.....the drugs.....the drinkin'* – (Alister).

It is also considered important for the men to network *'we need money for our fellas to come together.....see what happenin in other groups'* – (Freddy) and it is imperative *'to guarantee jobs first....get housing...family sorted out....then train.....engage with men'* – (Jack). *'We should have a central place where all little groups...all the little voices...all got the same fears...yarn together and share stories'* – (Randall). The men also talked about how they can go about getting housing when they are in need and engaging with parenting programs to help them better support their families.

Groups and Sheds are also places where men can *'.....encourage others to take health options.....helps them to interact in the families. When you grow up it's what you've eaten all your life.....some kids just eat chips and devon'* – (Bruce). Stephen suggested organising *'.....health days.....coke must be banned..... don't have to be told... that what bought up sugar levels.....get funding for men's health programs and do them in the Shed'*.

Discussion and concluding comments

This article presents preliminary evidence for Indigenous Men's Groups and Sheds to engage in capacity building at the community level. Five out of the 14 Groups/Sheds actively engage in building relationships with representatives of various Government

services and other organisations. Of those five, two well-established Sheds have each developed in excess of fifteen department/organisational relationships. The results for these two Sheds are outstanding because the Co-ordinators report they manage more than fifty cases every week. Men (women and families) connect with the services, find housing and jobs, reconnect with their families, and improve their lives. Therefore, these Sheds provide evidence of the outcomes of capacity building as a management practice.

Fundamentally, all of the Groups/Sheds we visited aim to support Aboriginal males, but they also support women and children, and non-Aboriginal people. It was evident the main focus is to improve peoples lives. However, we found that some of the Groups/Sheds struggle to build the skills [and perhaps the motivation] to build relationships with the services. Some Groups have had difficulties with representatives of certain services and this has resulted in 'giving up'. Nevertheless, as talk developed throughout the 'yarning circles' men members expressed their support for capacity building. The men understood that connecting with the services could change their lives for the better. Clearly, this establishes the need for a bottom up approach to capacity building (Liberato, Brimblecombe et al. 2011), whereby links and connections between community issues, policy players and political arenas can be developed (Smith, Littlejohns et al. 2001). We also recognise the need for a top down approach, from the Government and many departments, but for the purpose of this study it was outside the scope of what we set out to achieve.

The needs of Indigenous men in Men's Groups and Sheds are highlighted by the fact that Aboriginal and Torres Strait Islander men have the poorest health of any group within the Australian population and are arguably the most disadvantaged. The poor health outcomes of Indigenous males include lower life expectancy, Type 2 diabetes, anxiety and depression, and suicide (Australian Bureau of Statistics 2008). With Indigenous males experiencing psychological distress more than twice that of non-Indigenous males Groups and Sheds provide men with the opportunity to come together and yarn about their personal and group issues and seek the medical help they need. Thomson et al., (2010) report that Indigenous men have previously been deprived of their provider role

and lost their well-defined, meaningful roles with authority and status. In turn, this diminishes the status, self-esteem and sense of purpose of Indigenous males. This has had profound implications for their health by engendering high levels of alcohol abuse, self-harm and violence. Men's Groups/Sheds are contributing to filling this gap by giving men a safe space to come to and discuss their social, family and health issues. Because Men's Groups/Sheds are successful in appealing to older men they provide an alternative to engaging with conventional health, employment, education and training initiatives (Golding, Brown et al. 2007). The Men's Groups and Sheds provide members with easy access to health information and services and it is the capacity building approaches of the Group or Shed Leader that makes the difference.

Capacity building, as a management practice, was evident in Sheds where Leaders and Co-ordinators are proactive. This was manifest in the Shed where one Co-ordinator has actively built relationships with representatives of numerous Government departments and helped many Shed members [and men and women] to connect with the services. It was also evident where a Co-ordinator contacted Medicare and, planned and carried out a Shed function where 80 Medicare cards were issued. These examples also epitomise the fact that certain Sheds essentially provide various Government services with clients.

We argue, further research is needed in Men's Groups and Sheds. Given the measurable outcomes of this study we recommend feasibility studies, on the approaches to capacity building in Indigenous Groups/Sheds and the relative outcomes, carried out within urban, regional and remote regions across the country. Also, whilst the current research explored Indigenous men's needs in Men's Groups and Sheds, it was not the purpose of this study to present a comparison of the groups. Hence, more in-depth research is needed to better understand the issues, and any differences in issues, for Indigenous men. The Government might also consider this research to re-think the delivery of some services; a new model of delivery may see certain services moving from high-rise buildings to adopt a more pragmatic approach.

In sum, capacity building is about educating men and empowering them to make changes to their lives; to better connect with family and the community. The impact of capacity building on men's health and well-being outcomes is positive, with the increase of their knowledge and access to health services, such as Centrelink, Medicare, the Department of Housing, and Probation and Control. Thus, capacity-building in Indigenous communities is a way of addressing the gap between Indigenous and non-Indigenous people's social, economic, cultural and political developments and aspirations (Makuwira 2007). Finally, this article has argued that Men's Groups and Sheds provide conducive settings to develop capacity building as a community management practice to maximise men's health and well-being outcomes.

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