



# Increasing Self-Awareness & Well-Being:

An Evaluation of a New  
Men's Group at the CUBE

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# Introduction

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Community United Barry 4 Everyone (CUBE) is a community enterprise in Barry, South Wales that was developed using co-production with the local community and professionals. CUBE operates from 'The Gallery' a multi-functional space that offers a 'one-stop' service centre and events setting embedded within a coffee house. CUBE continues to develop using a strong value base with coproduction and restorative approaches at its core, ensuring that the local community feel empowered and real ownership over what CUBE is, what it does, and where it might develop in the future. CUBE recognises the lived experience and expertise that the local community have of their own lives and the challenges they face and so believe that this should guide their practice and service provision for individuals and families.

Children's Social Care Research and Development Centre (CASCADE) at Cardiff University partnered with CUBE between 2021 and 2022 to evaluate the model of practice, the services, and the experiences of the CUBE team and the local community who engage with CUBE (Williams, Bayfield, and Lyttleton-Smith, 2022). One of the Key findings of the report (Williams, Bayfield, and Lyttleton-Smith, 2022: pg 3) stated that "The community have voiced a desire for extended services and must be included in honest discussions about what can be provided and co-produce how to make it happen." It was clear that following the findings of this report further engagement with the community of Barry was needed to understand what new and or extended services they felt were needed to meet their needs.

## CUBE Community Needs

Since 2023 a potential range of needs had been identified with members of the CUBE / Barry community and the CUBE team. It

was highlighted that there were three main demographics of the community that needed further support services and these were identified as:

1. Adult men aged over 25 who due to a complexity of factors do not access services to support their needs including: mental health, self-harm and suicidal ideation, masculinity and identity, parenting, socialisation, neurodiversity, family/partner relationships, cost of living, and employment.
2. Young Adults aged 18-25 who like the above adult men group are struggling with a range of issues, with perhaps a central feature being identity and belonging.
3. Children/Young People aged 10-15 who are also facing challenges and issues outlined above, including sexual identity issues, and due to covid have missed out on 'usual' transition experiences from primary to secondary school. These children/young people are presenting as disengaged from education, family, and healthy prosocial relationships.

Although the CUBE team had observed the needs of these groups, as well as hearing this from the local community, and so were confident that these three groups needed specific support; the values, ethos, and ethics of CUBE ensure that all new provision should be co-created with members of their community to ensure best practice and appropriate service development. Higher Plain Research and Education Ltd, an independent academic working within youth and community practice, facilitated a small-scale engagement to test, challenge, and better understand the needs of the three groups identified. Focus groups and informal interviews were achieved in July 2023 with a diverse range of community members.



A report was written for CUBE by Higher Plain Research and Education Ltd providing an overview of the engagement process and an analysis of the themes from the 18 different focus groups and informal interviews over the two days. This analysis provided some clear insights for potential new projects and needs going forward for CUBE and one the needed services was a men's group for adult men aged 18+.

## Men's Needs in Barry and who access CUBE

During the community engagement several men were spoken to over the two days and some were parents and some were not, but in a relationship. Practitioners, partners of men, and parents (women) also had strong views on the experiences and needs of men in the local community. It was clear that men felt isolated and unable to help themselves and didn't know where to go to get support. It was also highlighted that many men feel that they cannot talk about their poor mental health and overall well-being due to feeling there is stigma about mental health and additionally that men couldn't show weakness and vulnerability as this was not accepted by society and their peers. Men cited anxiety, depression, and emotional dysregulation as the main mental health challenges that experienced. Men explained that due to finding it difficult to talk about their problems and where to go to get support, they would often deal with their poor mental health and well-being in negative ways including getting angry, using substances to numb everything and escape, isolating themselves so no one would know they were struggling, and for some also denying there was anything wrong.

## The Evaluation of the new Men's Group

The new men's group started on September 7th 2023. The men's group meets weekly and over the course of the 10 weeks project engage with a range of themes based on their needs. The third men's group is currently being facilitated at the time of writing of this report in May 2024.

The purpose of this small-scale evaluation of the new men's group at CUBE is to evaluate the experiences and impact on the men who engaged with this provision and gain understanding on the content, approach, process, and impact from the CUBE practitioners that created and facilitated it. By achieving this the evaluation seeks to essentially assess the men's group and what:

1. impact it had on the men and their support needs
2. worked in terms of approach, process, and content in the 10-week programme;
3. could be developed and / or added in future men's groups to support more effective practice
4. learning there is in this evaluation that relates to the wider literature on men's groups within social work and criminal justice settings





# Executive Summary

Men's mental health and well-being is a significant global issue with disproportionality more men committing suicide than women in the UK (ONS, 2023). Men also do not seek help as readily as women due to the control that traditional masculine identities have over men and the stigma of admitting to poor mental health (Gosling et al, 2022; Sagar-Ouriaghli et al, 2019 and Sharp et al, 2022).

The evidence base clearly captures how community-based men's groups can effectively and powerfully support mental health and well-being and are a needed model of practice when reflecting on the challenges in supporting the high rates of men's poor mental health, low help-seeking behaviour, and high suicide rates (Gosling et al, 2022; Oliffe et al, 2020; Sagar-Ouriaghli et al, 2019; Sharp et al, 2022; and Vickery, 2021).

The methodology of analysis for this evaluation used both qualitative and quantitative approaches. The quantitative method used the numerical ONS4 personal well-being measurement tool (ONS, 2018) and captured a starting well-being measurement and an end of project measurement to analyse if there was any 'distance travelled' and increase in well-being. The qualitative method used was focus groups with men who engaged with the men's group and there was also a practitioner focus group. The men's focus group used the CHIME Framework for mental health recovery (Leamy et al, 2011) as a basis and lens for the focus group discussions. The practitioner focus group explored the experiences and reflections on the two men's groups that had been facilitated and the impact it had on the men as well as the process and approach to facilitating the men's group and any challenges they faced as practitioners.

This evaluation report found that the men's group at CUBE aligns and reflects well the best practice highlighted in the available literature and powerfully illustrates the power of an effectively supported men's groups in Barry, south Wales. The impact this project has had on the men that have engaged with it should not be under-estimated. Indeed, all of the men spoke highly of the support they received

from the practitioners and each other as peer. All of the men increased their self-awareness and overall well-being by the end of the 10-week programme. Men who engaged with the men's group at CUBE felt more self-aware, reflective, mindful, and better able to make informed decisions. They were also more able to understand and regulate their emotions and their feelings and act more logically and consciously.

Ultimately, the men who have been part of the new men's group at CUBE felt more responsible and accountable to themselves and for their thinking and behaviours and more educated and empowered to take control over their lives and their futures.

## Recommendations for Future Practice

1. The men's group at CUBE needs to continue as there is clear need within the Barry community
2. The men's group should embed the provision as a part of the side-by-side model of whole family restorative practice
3. The men's group could offer two cohort focuses; one cohort for young men aged 18 to 25 and one group for men aged 25 and over
4. CUBE need to develop an anti-racist approach to engaging men from ethnic minority backgrounds in the Barry locality and meet their needs using the CUBE's founding principle of community co-creation
5. The men's group should seek funding to create a sustainable provision for this impactful and needed support service
6. The findings of the report and model of men's group practice has high relevance in policy and practice contexts for many sectors including; criminal justice, youth justice, social services, education, and health settings. This work should be shared across such professional and academic network and forums.



# The Emergence of Men's Groups & the CUBE approach

To support understanding of the emergence, impact, and need for men's groups a brief overview of the literature on men's groups within social work and criminal justice settings will be provided. Following this a brief overview of the CUBE approach to their new men's group provision will be provided.

Men's mental health is a significant global problem because men hold more negative attitudes to receiving treatment for mental health than women and are much less likely to seek mental health support than women (Gosling et al, 2022; Sagar-Ouriaghli et al, 2019 and Sharp et al, 2022). This is true even irrespective of age, ethnicity, race, or country (Sagar-Ouriaghli et al, 2019 and Sharp et al, 2022). Indeed, globally, men are 1.8 times more likely to commit suicide than women (WHO, 2017) but in western countries this is 3.5 times more likely (Chang et al., 2019).

**In the UK, 74.1% of suicides were men in 2022 and this was over three times higher than female rates**

which is comparable with rates since 2018 (ONS, 2023) and illustrates a strong negative picture of men's suicide.

When exploring why men do not access mental health support it is clear that a dominant reason is due to the influence of traditional gender and masculine identities and stereotypical roles that are learnt and internalised through socialisation (Gosling et al, 2022; Sagar-Ouriaghli et al, 2019 and Sharp et al, 2022).

**Research highlights how traditional masculine traits of invulnerability, stoicism, and self-reliance do not align well to seeking help and support**

and how negative emotions, expression, and vulnerability are viewed as a weakness when displayed by men (Gosling et al, 2022; Sagar-Ouriaghli et al, 2019; Sharp et al, 2022; and

Vickery, 2021) and so this also acts as a barrier to reaching out to friends (Pirkis, Spittal, Keogh, Mousaferiadis, & Currier, 2017). The fear of acting in socially non-acceptable gendered ways and the potential stigma and judgement for doing so also contributes to men not seeking support for mental health (Levant, Kamaradova, & Prasko, 2014) and that such stigma, labelling, and barriers exist and have prominence within work settings too (Sharp et al, 2022).

Sagar-Ouriaghli et al (2019) share another factor to why men are less likely to engage with support services that relates to how men develop different coping strategies to women with a tendency to 'self-medicate' with substances such as alcohol and drugs. Rutz & Rihmer, (2009) found that men use this as a coping mechanism to alleviate emotional distress and so this also sheds light on why there are higher substance use issues in men (Wilhelm, 2014). Sharp et al (2022) agree and also highlight because men tend to focus on physical symptoms such as irritability and tiredness and their external behaviours like anger and substance use that these behaviours are often not recognised as symptoms of poor mental health. These symptoms are therefore also not always recognised as needing mental health support by friends, family, and even health professionals, leading to lower diagnosis in men as such behaviours can be overlooked (Olliffe et al, 2019).

Jorm (2012) adds another dimension with their research on mental health literacy. Mental health literacy refers to the knowledge someone has of prevention strategies and skills, recognition of mental health conditions, and available treatments for mental health. Jorm (2012) found the level of mental health literacy affected a person's help seeking behaviour and Bonabi et al (2016) concluded that low levels of mental health literacy meant low levels of service engagement and perhaps it is of no surprise that men generally have lower levels of mental health literacy than women (Swami, 2014).



## What works in supporting men's well-being

Sharp et al (2022: p1) state that 'men's mental health promotion presents unique challenges including gender-related barriers and stigmas, which demand novel approaches to prevention, treatment, and management.' They have found that due to this there is an increasing interest on developing approaches that effectively engage and support men in mental health promotion, early intervention, and how such approaches could be embedded within the community (Seaton et al, 2017). Indeed, Oliffe et al (2020) found that

preventative and early intervention community-based health services for men work positively and are an emergent trend.

This is further supported from the research of Gosling et al (2022) who found that community-based men's groups to support depression can be effective. Sharp et al (2022) add that the benefit of supporting men's health is that it also supports the increased quality of life to family members and friends and so has wide-ranging community benefits too. Vickery (2021) agrees and found in their research across south Wales that there was clear importance and significance of the wider family and friendship networks in supporting men in their help-seeking process by challenging the traditional masculine notions of not sharing problems and not showing vulnerability.

A clear element of mental health and well-being promotion and support for men is to destigmatise mental health and normalising help seeking behaviours (Gosling et al, 2022). Sagar-Ouriaghli et al (2019) concluded in their research that to improve the help seeking behaviour in men for mental health support there needed to be interventions that offered positive male role models, educational material to support increase of mental health literacy and better self-awareness to recognise mental health symptoms and own mental health management, as well as appropriate sign-posting to support services. They also advise that interventions needs to use a practice approach that supports active problem-solving, motivational behaviour change, and a focus on developing positive masculine identities including responsibility and strength. Gosling et al (2021) offer further support to

the need to offer a process that redefines help-seeking to positively reflect masculine values and that help-seeking behaviour is both masculine and 'normal.' Sharp et al (2022) adds to the discussion and suggests that men will engage with health services if the provision is designed to meet their 'preferences and interests' and suggest that a gendered approach is needed to both prevention and treatment (also supported by Robertson et al, 2018) and Gosling et al (2022) adds that tailored and individual needs must be met to support empowering practice within men's group provision.

Sharp et al (2022) articulate the need for mental health promotion and support that are embedded within communities and are attached to already established community services and provision. They argue that it is clear that such an approach supports men to feel geographical relevance and a sense of belonging and that the men they will be engaging with are like them, so are relatable, and have similar work, life, and cultural experiences. Gosling et al (2022) agree and found that

men prefer community-based services and that having a sense of and building 'connectedness' was important for men as it created a safe space to explore and resolve identity and internal conflicts without feelings of judgement.

Adding the weight for an embedded community approach for men's support services is Sharp et al (2022: p14) who found when reviewing the evidence that such an approach supports feelings of familiarity, security and safety for men and a 'closeness' that supports an openness for discussion and personal and group development. Gosling et al (2022) also found that if the men's group facilitators had lived experiences similar to those they were supporting then this further enhanced the experience for the men as they knew they were really understood. However, Gosling et al (2022) also points out that lived experience is not essential for supporting a men's group but the ability to have and show empathy and understanding is.

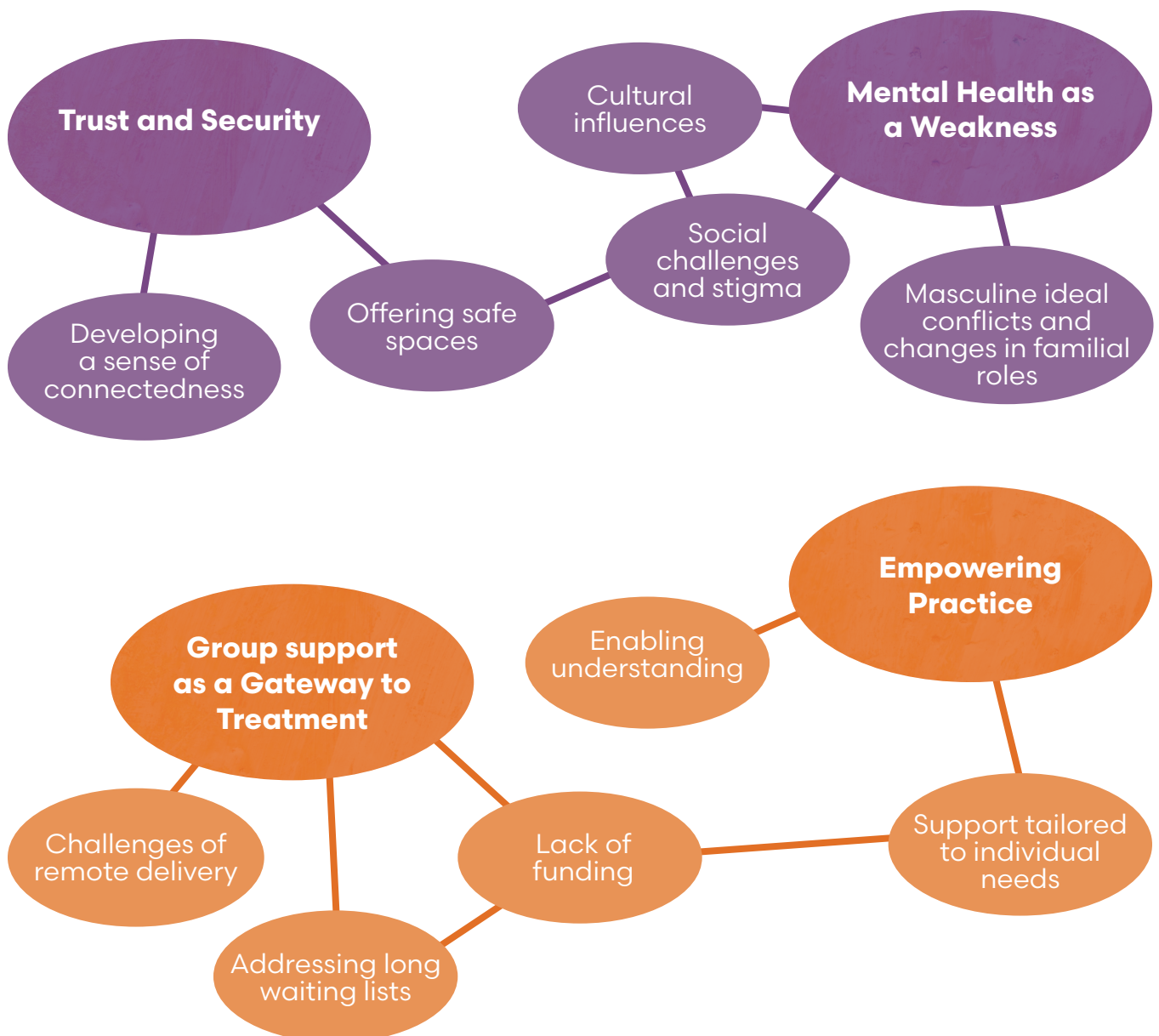
Sharp et al (2022) propose that men's groups to promote positive mental health and well-being should include activities and programmes that



focus on the development of strategies and tools for enhancing well-being with a focus on developing a problem-solving approach and self-management. Indeed, when safe and secure group conditions are supported men want dialogue and in-depth discussion, reflection, and group closeness and they are all important in creating an experience where men support each other 'shoulder to shoulder' in mutual learning. Interestingly, Sharp et al (2022) found that such programmes of activity did not need to be labelled as mental health projects and had the added benefit of not adding stigma and a label to engaging in such men's groups.

When such community-based models of practice are delivered they can reduce risk factors for men including stress, anxiety,

depression, substance use, and social-isolation and increase protective factors such as emotional resilience, self-awareness, self-esteem, and overall well-being and quality of life. These experiences and outcomes are all supported by developing and 'anchoring' mental health promotion to broader and acceptable lifestyle practices (Sharp et al, 2022). Gosling et al (2022) proposes that men's community-based support groups ultimately need to offer and create three main elements to deliver effectively and these relate to developing; empowering practice; trust and security, group support that acts as a gateway to treatment. They capture this as well as the main experiences of men in relation to how they perceive and experience mental health as a weakness in the below figure (Gosling et al, 2022: p26).





## Final Thoughts

Men's mental health and well-being is a significant global issue with disproportionality more men committing suicide than women and not seeking help as readily as women due to the control that traditional masculine identities have over men. Many men still believe that men should not show vulnerability, be expressive and talk about their problems, or even have mental health problems as it shows weakness. Due to this,

men tend to deal with poor mental health with behaviours or symptoms that include anger and self-medication through the use of substances such as alcohol and drugs.

The inability for men to disclose and seek help with their mental health also means that men feel not only angry but anxious, isolated, experience low self-esteem and confidence, and depression, and don't know how to get out of this situation and recover.

However,

It is clear that men's groups based within the community can positively impact on the mental health and overall well-being of the men that engage with them.

Community-based men's groups offer a relatedness for men that makes them feel that they will be with other men that are like them and have similar experiences of life and social cultures. Central to developing effective practice in the delivery of community-based men's groups is creating an environment that is relatable to the men and feels safe, secure, trusted, and one that develops comradery and connectedness between the men and the practitioners facilitating the group. Practitioners who have lived experiences similar to the men who access a men's group is useful as it again offers a relatable person to the men experiencing poor mental health and other challenges but what is more important is being able to show empathy and understanding to the men who engage in the group.

The approach that is most impactful when supporting men in their understanding of their mental health and recovering from it,

and increasing overall well-being, includes developing processes that are; reflective, informal, conversational, problem-solving, and that raise self-awareness, and remodel such behaviours. There is also a need to reframe help-seeking behaviour, as 'normal' behaviour for men that illustrate positive masculine identities. Ultimately, effective practice in men's groups should support empowerment so that the men can better self-manage their own well-being and be able to seek help when they need it.

Community-based men's groups to support well-being are clearly a powerful and needed model of practice when reflecting on the high rates of men's poor mental health, low help-seeking behaviour, and high suicide rates. Gosling et al (2022) also found that more formal services for mental health have high waiting times and so the need for community-based provision is even more essential; however, they also highlight the limited and inconsistent funding for such projects and that this needs to be remedied so men have consistent support to meet their needs.

Finally, the literature reviewed in this section did not include any specific research that supported men from ethnic minority backgrounds due to not being able to locate any. Gosling et al (2022) highlights that there is a lack of understanding and research for men's group that support men from ethnic minority backgrounds and their mental health and well-being. There needs to be more research of such provision and the development of such men's groups using co-production and anti-racist practice.





## The CUBE Approach to their Men's Group: Raising Self-Awareness

CUBE's men's group is tailored, based on the needs of the participants. CUBE have developed a standard framework of topics, and these are then explored and built upon each week, but the sessions are flexible and can be moved around depending on the needs of the participants and the group as a whole. In this way the CUBE model for their men's group offers a framework of themes that are modified and developed in line with the men they are supporting so their needs are effectively met and also that they have ownership over their group. The main aim of the 10-week programme is to support the men to develop greater self-awareness so that they have greater self-agency and develop enhanced personal responsibility and accountability and feel empowered over their own lives and personal growth.

### The Men's Group Framework themes are:

#### Session 1 – Introduction

What is a man? What does it mean to be a man? What would we like to achieve in the next 10 weeks? This session is to break the ice to connect to get an idea of what the group will need to attain the outcomes they want.

#### Session 2 – Responsibilities, choices and acceptance.

What do these words mean to us? Are we responsible for ourselves? Do we make resourceful choices to enhance our life? Do we still continue doing the same thing over and over again expecting different results? Are we able to make changes whilst we don't accept what is or was?

#### Session 3 - Beliefs and values.

What are beliefs and values and how do they contribute to the life we choose to live? Do we hold on to limiting beliefs? If so, I wonder what prevents us letting go? How can we move forward with the beliefs that serve us and how do we become aware that some beliefs no longer serve a purpose.

#### Session 4 - Attachment.

What is attachment? How do we confuse attachment with connection? We've learnt to attribute our sense of wellbeing to things outside of us (teddy bear effect). What are unmet needs and how can we meet our own needs?

#### Session 5 – Emotions

What creates emotions? Do we express them appropriately? All emotions are valid how can we make "friends with how we feel? Do we have to let uncomfortable emotions consume us?

#### Session 6 – Confidence

Clarifying what confidence is and is not. What does it mean to be confident? Is it important? What role do our habits create in our state of confidence. What if confidence is secure thinking vs insecure thinking.

#### Session 7 - Perception

How do we perceive the world we live? Is the world unfair or does it contradict our own reality. We create our own reality.

#### Session 8 - Assumptions.

What is an assumption? How can assumptions hinder our thoughts and feelings? What impact do assumptions have? Are they real or an illusion? What can we do instead of assume?

#### Session 9 - Happiness

Is happiness a feeling or a state of mind? What are the contributions to leading a "happy life" do we seek happiness from external sources? And how do we access our internal happiness and make happiness a conscious choice?

#### Session 10 - Recap

Covering anything the group feel they may need to continue moving forward eg; resources and additional support plan going forward if needed

\*Additional topics are added when needed – and some examples below

### Goals and outcomes

What's the difference between a goal and outcome? How can visualising help with our aspiration. Knowing that goals can be tiny steps forward, how can we start working towards what we want by first knowing what we don't want.

### Mindset

The difference between growth vs fixed mindset. How to start developing a growth mindset for our own lives.

# Approach to Evaluation & Research

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The methodology of analysis for this evaluation used both qualitative and quantitative approaches. The quantitative method used the numerical ONS4 personal well-being measurement tool and captured a starting well-being measurement and an end of project measurement to analyse if there was any 'distance travelled' and increase in well-being. The qualitative method used was focus groups with men who engaged with the men's group and there was also a practitioner focus group. The men's focus group used the CHIME Framework for mental health recovery as a basis for the focus group discussions and this is outlined later in this section. The practitioner focus group explored the experiences and reflections on two men's groups that had been facilitated and the impact it had on the men as well as the process and approach to facilitating the men's group and any challenges they faced as practitioners.

**There was a need for using focus groups so that the men were able to share their experiences in their own words**

and this is often called utilising a storytelling approach within social work and criminology (Sandberg & Ugelvik, 2016) and particularly needed when conducting research with vulnerable communities (Gordon, 2020) who deserve and need for their voices to be heard, as they are so often neglected and unheard (Sim & Waterfield, 2019). The space to have such open discussions and not overly-control the dynamic offered a strong element of 'sharedness' in the process and supported needed feelings of comfortableness (Knott et al, 2022), deeper reflection on experiences and a fuller understanding of lived experiences, challenges, and personal growth of the men (Farell et al, 2021).

The ethical guidelines used to inform this evaluation were from the British Society of Criminology (2015) which are respected and used within criminology research in the UK.

Essentially, the methodology and methods used in this evaluation ensured that there was little risk of causing harm to any person involved. The researcher for this project made sure that there was clear informed consent and that all participants remained anonymous and were aware of the right to withdraw from being a participant in the research at any time. The researcher also met the men from each group before facilitating the focus group to ensure that they had met them before. The researcher made both men's groups aware that they had lived experiences that were similar to some of the experiences that the men were dealing with. The men who engaged with the project will also have printed copies of this report being available to them.

This evaluation report captures the experiences from the first two men's groups that CUBE facilitated between September 2023 and April 2024. Two focus groups were facilitated with a total of two men in each group and the age range of the men was 33 to 61 for the focus groups but the age range across both men's groups was early 20's to 60's with most men being in their 30's and early 40's. This is a limitation of the evaluation as gaining only four men's experiences of the men's group does not offer a full and accurate overview of all the experiences of the men who engaged with the project. It will still offer in-depth understandings of their experiences which will provide useful understanding of the men's experiences. However, all of the men who engaged across both men's groups completed an ONS4 personal well-being measurement at the start of their engagement and at the end of the 10-week programme. The complete capture of the ONS4 for all those that engaged across both men's groups will offer a useful quantitative lens from which to understand the men's 'distance travelled' in their well-being and this will compliment the analysis and discussion of the focus group's themes using the CHIME framework. The practitioner focus group included all three of the practitioners that worked on the men's group project and so this also adds another layer and depth to the evaluation of this project.



## Well-Being Capture and Measurement

The quantitative method for this evaluation is a personal well-being measurement approach used by the Office for National Statistics (ONS, 2018). The ONS measures personal well-being using four measures (often referred to as the ONS4), which capture three types of well-being: evaluative, eudemonic and affective experience. This measurement is useful for comparative purposes because it keeps up to date data on the UK population as a whole and for specific regional areas, including Wales. What works Wellbeing (2020; 2021) found the ONS4 a useful and accurate measurement tool for capturing personal well-being for adults and has been used successfully within social care settings. Therefore, the ONS4 has useful applicability to analysing the well-being of men that access the men’s group project.

The ONS4 measures ask people to evaluate how satisfied they are with their life overall, asking whether they feel they have meaning and purpose in their life, and asks about their emotions during a particular period. These measures of personal well-being asked

people to assess each of these aspects of their lives and so CUBE also did this. These measurements were taken at the start of engagement with the men’s group and at the end of the project at 10 weeks.

**Please see below for an overview of the personal well-being measures that the ONS use in their research.**

Measure	Question
Life Satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?

Source: Office for National Statistics



**Table 2: Personal well-being thresholds**

Life satisfaction, worthwhile and happiness scores		Anxiety scores	
Resonse on an 11 point scale	Label	Resonse on an 11 point scale	Label
0 to 4	Low	0 to 1	Very low
5 to 6	Medium	2 to 3	Low
7 to 8	High	4 to 5	Medium
9 to 10	Very high	6 to 10	High

Source: Office for National Statistics

Within the focus groups the CHIME framework was employed as a thematic tool to guide discussion as well as other key themes found within the wider literature that explored why the men were engaging with the group and the challenges they were facing. The CHIME elements discussed within the focus groups explored how the men experience and feel about the: Connections in their life, their Hope and optimism, their Identities, the Meaning they have in social roles and mental health, and also their experiences of choice, control, and Empowerment (Please see below image of the CHIME framework. Adapted from Leamy et al. (2011)).





# Analysis & Discussion

As highlighted within the evaluation approach section the CHIME framework was the thematic tool to guide discussion during focus groups as well as other key themes found within the wider restorative practice literature. The CHIME elements discussed within the focus groups therefore explored men's experiences of how they feel in relation to: Connections in their life, their Hope and optimism, their Identities, the Meaning they have in social roles and mental health, and also their experiences of choice, control, and Empowerment.

This sections of the Analysis and discussion will use the CHIME Framework to illuminate the lived experiences of those who engaged with the men's project as well as use the supporting data from the ONS4 Personal Well-being measurement and illustrate the 'Distance Travelled' for all men who have so far taken part in the men's group and the 10-week self-awareness programme. The ONS4, as highlighted previously, asks people to evaluate how satisfied they are with their life overall, whether they feel they have meaning and purpose in their life, and about their overall happiness and anxiety levels.



## Feeling connected and feeling a sense of belonging

The purposes of the men's group did not include the aim and provision of a social group for leisure but the impact of engaging with the men's group did greatly increase feelings of connection and connectedness between the men and the facilitators. One man shared that 'I had not mates, I left them all in school and then I just never went out. The group changed this. I'm speaking about life, motorbikes, little things, we support each other.' The other man in this group agreed and nodded adding

'I didn't have any male friends or connections but now I do and I'm learning to open up and share, speak again, sounds weird but I used to just not speak really as I was so low in confidence.'

In the other focus group one of the men explained that 'we've got each other's backs here and we were all lacking in confidence and

I was definitely intimidated initially as it was new and unknown but it's great, we all feel so listened to and heard, and respected too, Lisa and Jaimie have been brilliant.'

One of the men shared how the group gave him confidence to feel valued and part of something and this increasing feeling of belonging to something also then supported feelings of belonging within the Barry community. The man explained that the group has

'allowed me to be my real self and I've taken my hood off and I feel more me and so I'm just more comfortable in myself and this group has given me confidence

to speak more out there in Barry, I feel 100% more positive in my community.' The other man also found this and it also perhaps initiated his want to reconnect with old school friends and he stated 'Now I can go out on my own and I don't need my wife with me. I've bumped into some old school mates recently, just out at the shops or whatever and I'd hide before but now I stop and chat and, well it's just really nice. I didn't think I'd be able to do that. I look forward to it now, you know hoping I see them again, who knows.' In the other focus group one of the men explained how the group has supported him in realising he should talk to his friends about his challenges. This man said that 'I know I can talk to a few of my old friends, only a few best mates but I've shut them out before as I thought it was easier than talking about it. I now talk to him because I know he cares and he has been so supportive, really listened and it's just been nice to get it off my chest.'

One of men reflected and summarises the experiences of all the men who were part of the focus groups when he spoke of the inclusivity of the group and how it supported connection between the men and their commonality. The man said that 'it felt really inclusive and the thing I've liked the most is being with a group of guys with issues and we all talk.

Guys don't usually talk but because we all have, I now know I'm not the only one who is lonely and the only one out there with problems

and well, mental health stuff and that. I can't explain how important that's been just sharing it all together and working on ourselves together.'



## Increased Hope and Optimism

The increase in hope and optimism for the men who engaged in the focus groups was really clear and the overall positivity and aspirations for current and future life were passionately expressed. One of the men shared that 'well it's taken a lot to get to here but I'm so much more confident in myself and I can be sociable now and enjoy it. I think by the third session I realised that I was changing and starting believing the group would work.' The other man agreed and found that he was 'more hopeful now and I love life now. My mental health is better and they reduced my medication. I'm going to start volunteering. I'm still getting my head around retirement but I know and believe I have possibilities and life will be good.' Another of men explained that

'well I was in a bad place, I was suicidal and I didn't want to be around anymore but now I'm actually looking forward to Christmas and I'm happy. I never thought I'd say that again.'

Another of the men said that 'I was at rock bottom and I couldn't even smile, I'd lost all hope and I've got that back and I want my life, friends, work, the lot, I want it and I'm on my way.'

There was also a strong theme of how hope and optimism also meant resilience and adaptability to life, or the ability as one man put it that he is 'better able to take life in my stride and know I'm going to be ok.' One of the other men used the phrase that

they had more 'bounce-back-ability and so now set-backs are just that and I have better perspective on life and its ups and downs and so I don't catastrophise everything and get triggered. I know how to deal with life now.'

One man explained how he had found parenting hard and that due to his own trauma he wasn't good at being a dad as he was always angry and anxious but that the men's group has changed this and 'well now I'm so much calmer and I'm becoming a better person and good dad and looking

forward to being a good dad and know I will be.' Although this perhaps is more aligned to the development of positive identities it also illustrates hope and optimism in being a good father and so important to add here too.

To support these personal narratives from the men it can also be seen, using the ONS4 measurement for life satisfaction that life satisfaction has dramatically increased for those that have engaged with the men's group. The starting average life satisfaction score for the men (n=4) was 3.6 and this illustrates a low life satisfaction. Following engagement and support through the men's group life satisfaction increased to an average of 7.63 indicating a high level of life satisfaction and a clear growth in life satisfaction. When comparing these average scores to the Welsh national average from July to September 2023 (the most recent scores available) it shows a positive picture. The Welsh average score is 7.4 for life satisfaction and the men who have accessed men's group have a similar but slightly higher score than the national Welsh average. When comparing this to the UK wide average for October 2022 to September 2023 of 7.48,

the average score for life satisfaction of those that engaged with the men's group for 10 weeks are higher than the national UK average.

This is a significant distance travelled in life satisfaction when the starting average score indicated a low life satisfaction for both groups.

When analysing life happiness using the ONS4 measurement there is an equally impressive distance travelled for those that have been supported by the men's group. The starting average score of happiness was 4.38 which illustrates that there was a low level of happiness in life for those people at the start of their support with the men's group. The increase of happiness in life after support from the men's project after 10 weeks shows an increase to an average score of 7.25.

This is an increase from low happiness with life to a high happiness in life and close to the Welsh national average

(July to September 2023) and the UK average of happiness (October 2022 to September 2023) in life of 7.8.





## Development of Positive Identities

All of the men spoke of how they were 'more themselves now' and some spoke of 're-finding myself from a dark place' and so the men's group supported the men in re-establishing a positive self-identity that included as one man said

**'it's built me back up, my confidence, my self-esteem, my belief I can do life, as I said earlier I have hope and I'm much more positive I can live a happy life. I actually like myself again.'**

Another added that 'I'm still looking for who I am and my identity but I'm doing that and finding out who I am now and what I want to do.'

There was also an understanding from some of the men that they used to not like themselves and were afraid to be themselves and hid what they felt and thought. One man said 'I didn't feel I could be myself, I hated me really, and thought everyone else must too. I've grown in confidence now and I've learnt to just be me and worry about what other people all of the time. I'm so more relaxed.' Another of the men said that 'I don't need to wear a mask as much anymore as I know it doesn't help my recovery. I need to be honest with myself and be me.' The same man also added that

**'I've said I'm a better dad now but I'm just a better person and my partner is happier now too and says how much I've changed. We are a proper family now and we all talk and do things together again. I couldn't see that happening until I came here.'**

However, some of the men also acknowledged that had developed new elements to their identities and as highlighted earlier some of the men felt that they were now able to see themselves being good parents and one of the men said 'I know I'm a good person and worth saving myself and I can be a good dad.' Whilst another man said that he was receiving positive appraisal from social services now and commented that

**'my social worker said I've really changed and I'm less aggressive and angry and much more open and positive'**

and I know that helps me and I'll get my kids back. I'm going to be a good dad.'

Almost pulling all of these narratives together is a quote from one of the men who said 'you asking about identities has made me realise that I've kind of got a lot of identities and this group has helped me in many ways. It's supported me in exploring my past and that's when I realised I'd lost all of my interests and hobbies. I've started fishing again and I love it. I've started mixing music again and playing the piano too. I'd lost all those parts of me and I have them again now. I'm healing myself and am getting back in touch with the things I loved to do before my life went to shit.'

**But it's not just the old me I'm renewing it's a new me, a better me, one that can deal with my emotions and past trauma, and have healthy relationships and a new me that wants a future.**

I can see the other men on their journey too and becoming better versions of themselves too. It's been incredible and I can't thank Lisa and Jaimie enough.'



## Improvement in mental health & social roles

All of the men who spoke in the focus groups reported increased positive mental health and improvements in their social roles.

Some of the men explained that they had increased their ability to deal with their emotions and realise that they were responsible for their decisions and behaviours. One of the men said 'I felt so isolated and depressed that I just hid from everything and everyone and I was just scared of life but now I am able to engage with people and I want to and I understand that I am the only one that can change me, I have to put the work in.' Another man felt that the group had 'supported me in seeing myself in a different way and I'm more positive and confident and this has led to me wanting to have a social life.'

So, for me my mental health improved and as it did I wanted to expand my life as I had no real friends.'

As discussed earlier it was also apparent that the men who were living together in a family were redefining their social roles with partners and their children and that this was positive and empowering process of becoming 'a good dad and a good partner.'

In terms of mental health there were men who was a variability of experiences and most of the men felt lonely and isolated with some having a diagnosis of depression whilst others had severe anxiety. Many of the men were on medication to support their mental health condition and those that were and were part of a focus group stated that their medication had been reduced as a result of participation in the men's group. One of the men said

'I was on strong med's and they'd zonk me out and I'd be good for nothing, just a zombie really, not really me just numb but they've been reduced and I feel more alive and I have developed strategies to help my mental health and I don't feel as low, depressed or anxious. It's been life changing.'

A less spoken about element in the focus groups to developing self in relation to mental health was how the men had started to deal with their mental health conditions in positive ways. A few of the men spoke of how

'I used to just bury all the pain with drugs and booze and so I never dealt with it and of course it didn't help it just made me more depressed and anxious.'

I don't do that now, it's a waste of time. I'm done with that. I'm happier talking about my problems and finding ways to deal with it. This group has given me tools for life, tools to help myself.'

When analysing and discussing the men's experiences of growth and development in meaning to self and positive mental health it is useful to also focus on how worthwhile the men believed their lives were at the start

of their engagement and after the 10 weeks programme with the men's group. At the start of the men's group the average score for how worthwhile life was for the men was 4.13 which illustrates a low score of believing that the things they do in their lives were worthwhile. Following the men's group programme of 10 weeks the average score increased to 8 capturing positive distance travelled and high belief that the things they did on their lives were worthwhile. The average score of 8 is also higher than the Welsh national average for July to September 2023 of 7.8 and the UK national average for October 2022 to September 2023 of 7.74. This is significant because

the men who were supported by the men's group programme have increased their low belief in having a worthwhile life to a high belief they have a worthwhile life which is a hugely positive distance travelled in only 10 weeks.

When analysing the men experiences and evaluation of anxiety levels over the course of the men's group a similar positive picture is found. The average anxiety score for the men's group at the start of measurement using the ONS4 was 7.5 which indicates high anxiety.

Following 10 weeks of support the anxiety felt by the men had greatly reduced to an average anxiety score of 2.5 which reflects a low anxiety score.

When comparing these averages with the Welsh national average from July to September 2023 at 3 and the UK national average from October 2022 to September 2023 at 3.2

it is really positive to see that the men's group average score is a lower average score than both Wales and the wider UK.

Again, this is significant when so many of the men stated that dealing with high anxiety was one of the most challenging aspects of their daily lives and really indicates that the 10-week programme of focusing on enhancing self-awareness is effective at supporting emotional regulation and using logical thinking when dealing with emotions.





## Feeling more in control and empowered to make choices

When reading through the analysis and discussion of this report it is evidently clear that the men found that they were better able to help and support themselves and had developed tools to better understand their feelings and work on how they acted and reacted to their feelings and challenges they were facing. This illustrates that the men felt increasingly empowered throughout the 10-week programme and felt more in control in their lives to make informed life choices due to their increased self-awareness and self-agency.

One of the men reflects all of this well when he summarised the programme of activity and the men's group as 'Before I was at a loss, felt no control, and I'd given up as the only help I got was to take pills and then I was on a waiting list to see someone but no bloody point as took ages and still waiting. Since coming here I just feel 100% more in control of me and I feel more myself.'

The topics we discussed through the 10 weeks has just helped me make sense of me, my life, and what I need to do to feel better, more healthy in my head, and have healthy relationships.'

Another of the men said that the group had 'Helped me reflect on myself and my past and actually deal with it and move on, slowly but I'm moving forwards.'

Talking to other men and being supported to think differently by Lisa and Jaimie has, well honestly, it's saved my life I think.'

In the other focus group one of the men echoed similar personal development and said that 'I've grown massively, nothing worked before, including counselling but now I can identify what's going on in me and use the tools I've learnt for positive change. It's like I can find my own final piece of the jigsaw and complete me, I can now go one and make the bad, good.' In the same focus group, the other man agreed and for him he described the whole programme as a 'learning journey, I've learnt so much and I'm so much more self-directed now and wanting to learn more about myself. I didn't have any idea really how my anxiety and depression was affecting me and how

I was always in fight or flight mode and on edge, ready to react. I slow things down now, think, reflect, and use my rationale and logical thinking more often.'

You used the word 'empowered' and yes that's it, I feel more empowered and I'm healing and recovering.'





## Practitioner Perspectives of the Men's Group

A focus group was facilitated with the men's group practitioners so that their experiences and observations were captured of: the challenges men were facing; the focus, approach, and process of the 10-week programme; the impact they observed in the men; and professional challenges and learning.

All facilitators for the project were part of this focus group which was made up of the two main facilitators who were present for the large majority of sessions and another facilitator who supported two of the sessions.

### Men's challenges and experiences

The practitioners explained that the men who participated in the men's groups all faced and experienced similar challenges in their lives with some variability across the two cohorts.

It was felt by the team that common to all of the men was poor mental health with high levels of depression and anxiety.

There was also a high incidence of trauma with childhood trauma being the most common experience within family relationships.

Many of the men felt that their previous trauma was largely responsible for their current challenges with mental health.

Another common feature of the men was feelings of loneliness and social isolation with limited or non-existent social networks meaning no friendship groups and for some very limited family connections. Again, practitioners communicated that many of the men said that this was due to their past trauma and their inability to get over it causing them not being able to function well with other people and that had caused friendships and family breakdown and those that were parents and or within a family were struggling within those relationships. Another commonality across both cohorts of men's group was negative feelings of self with low self-esteem, low confidence, low self-image, and that something was wrong with them.

The CUBE team also stated that some of the men also struggled with managing their emotions in a healthy way and there were

some that when triggered, felt threatened, or felt conflict or rejection acted out in angry and aggressive ways which had destroyed previous relationships and for some was currently risking the end of current relationships. The Men therefore explained that they didn't know how to express themselves as they were so emotion driven. There were also a few examples where men explained that because they were men they felt that

'men don't and can't cry and we aren't meant to talk'

and so fitting in to society's norms of what it means to be a man was a barrier for them in seeking help previously and also why they found it difficult initially within the men's group to talk openly and honestly. It was also highlighted how a few men left the group perhaps due to this factor and felt too uncomfortable sharing their challenges in a group dynamic.

The practitioner team also highlighted how some of the men who were within a family were currently experiencing intervention from social services due to assessed risk of children living with their family. In these instances, one of the main causes for intervention by social services was the use of substances (legal and illegal) and the risks this posed to the children in the family home.

Substance use (legal and illegal) was also highlighted as a way that some of the men had dealt with their poor mental health, isolation, and friendship and or family breakdown or difficulties.

Finally, the team at CUBE stated that due to all of the discussed issues most of the men who had so far accessed the men's groups were not in employment, education, or training and that those that did currently have employment were off on long-term sickness due to mental health.

The focus, approach, and process of the 10-week programme

The overarching aim for the 10-week programme for the men's group is to increase self-awareness by realising the principle of personal responsibility and accountability for own choices in life.



Ultimately, the programme of activity is about empowerment and increased self-agency.

There are also objectives to support the healthier management of self in respect of emotional regulation and control and healthy communication within social networks. One practitioner said that 'The hope is that men move towards an; I have the power and awareness and I'm responsible and accountable for me and I can make changes to help my personal growth.'

The practitioners also outlined that

the approach is one that creates 'safe challenging' and was 'quite direct, but honest, fair, and asked questions of the men.'

The team explained that they understood that the men all wanted control in their lives but usually tried to achieve this in negative ways and so the project was about supporting a process that developed a healthy way for the men to feel control and empowered in their lives. All of the practitioners agreed that this was achieved through supporting and developing reflective practice through informal group discussion and the active challenging and questioning previously highlighted. The notion of sharing power and achieving joint decision making with the men in agreeing their focus for personal growth and development. However, when the practitioners felt that the men needed to be challenged because they were not understanding or acknowledging the context then the safe challenging and direct approach was used but in a non-judgemental way. Finally,

the team highlighted that they all have a range of lived experiences that related to the experiences of the men that accessed the group and that they felt this was an important element to the success of the project.

The team also acknowledged that there were both male and female facilitators and that this was an intentional element of the project as it supported a real-life reality of the men's lives in their families, community and wider society and a need to be able to build positive and healthy relationships with women and girls.

When exploring what the 10-week programme offered and covered the main driver was that although the programme had a syllabus or topic structure it was flexible to meet the needs of the men who engaged. The overview structure of the 10-week programme has already been highlighted above but when discussing the themes that the men needed it included a high variety of subjects. The themes that the men explored, discussed and or learnt about included: self-worth, confidence, self-awareness, understanding emotions, understanding how the body and the mind worked, social connectedness, feeling isolated, breathe work and mindfulness, responsibility and accountability, hope and aspiration, physical exercise and health, employment. Ultimately, the CUBE team described the programme as a 'needs-led flexible toolkit with a loose syllabus that used reflective practice.'

### Impact observed in the men

The team all agreed that 'every man that participated took away something positive.' There was consensus that the impact on the men varied but even in the 'worst-case scenario' that the programme had for some men 'planted a seed for change' and 'at best, and I think this was for most men, it gave the men greater insight and self-awareness to help themselves.'

There was also discussion on how the group gave the men a connectedness and solidarity where it was clear friendships had formed and even role models were found. The team spoke of how the men clearly felt secure and safe space which was a new experience for them and that they could see, feel, and heard how the men felt positive in being able to express themselves, listen to others, and really feel heard and supported. One of the team said

it was so positive to hear the men 'telling stories openly and being given permission to just be who they are and show their vulnerability.'

Another team member agreed and added 'it was great to witness the kindness between the men and the comradery.' In conclusion to this discussion theme the team agreed that it was powerful to observe the men develop such empathy, emotional intelligence, and genuine caring of their small community of members. One of the team explained that an older member had bought a hot wheels

miniature car for a younger member of the group because he had said he collected them when he was younger and how that had meant so much to the younger man and you could see the connection and bond they had.

The practitioners also said that they could see that some of the men had really learnt that it was ok and 'normal' to feel angry and were told that 'every emotion is welcome' but how that anger was acted out was important and that there were appropriate and non-appropriate ways of angry behaviour. Some of the men had therefore learnt how to be more responsible and accountable for their actions and learnt to regulate their behaviour in response to their feelings using the tools and techniques that they had learnt during the 10-week programme including breathe work, mindfulness, physical exercise, knowledge of the body and mind and how it reacts to stress and trauma, and using reflective practice to learn from all of the new knowledge and skills.

### Professional challenges and learning

Both of the main facilitators had not worked directly with each other before in a co-facilitation role but knew each other well otherwise. The initial challenge that both faced was worrying that they would work well together as both had not co-facilitated before and so were used to being the sole lead in a project or working with a group of people. There was also an added dynamic for one of the facilitators where there was apprehension that they would be able to work to the same high quality of their colleague and so a little bit of an 'imposter syndrome or inferiority issue.'

One of the facilitators explained they had some pre-start of programme worries and even in the early first sessions of the first cohort were worried that they were not using appropriate language and terminology with the men. Their worry was that because they are from a professional social services background they felt that they may have been speaking too 'complicated' for the audience. However, they concluded that this was not the case and felt they related well to all the men and this was further supported by the other facilitators. Indeed, one of the facilitators said that 'I'm completely proud of both of you.' The facilitators concluded that the first cohort of the men's group was still 'very much a learning phase for us all' and that 'by the second cohort we knew what we doing more and it really flowed.'

In terms of next steps for the men's group, at the time of the focus group the team had just started the third cohort and this was slightly different in that the men participating were all younger men aged in their early 20's.

The team reflected that they could already see that this programme could be a really positive early intervention project for younger men aged 18 to 25.

The issue of needing ongoing funding to ensure continuation of the men's group was raised and how this was clearly a needed service within the Barry community. It was also agreed that the men's group could and would be a useful addition to the Side-by-Side model of practice which is a whole family restorative approach to supporting families experiencing difficulties including engagement with the criminal justice service, youth justice service, education, health, and social services.





# Conclusion & Recommendations

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Men's mental health and well-being is a significant global issue with disproportionality more men committing suicide than women in the UK (ONS, 2023) and men do not seek help as readily as women due to the control that traditional masculine identities have over men and the stigma of poor mental health (Gosling et al, 2022; Sagar-Ouriaghli et al, 2019 and Sharp et al, 2022).

This evaluation report has also found mirrored experiences and challenges to those identified in the literature for the men that access the men's group at CUBE in Barry, south Wales. Many of the men initially believed stereotypical masculine norms that men should not show vulnerability, be expressive and talk about their problems, or even have mental health problems as it shows weakness and men should be strong and 'not cry' which reflects the literature clearly (Gosling et al, 2022; Sagar-Ouriaghli et al, 2019; Sharp et al, 2022; and Vickery, 2021). Due to this, the men that participated in the men's group tended to deal with poor mental health with behaviours or symptoms that included anger and self-medication through the use of substances such as alcohol and drugs again captured strongly in the wider research (Rutz & Rihmer, 2009; Sagar-Ouriaghli et al, 2019; and Wilhelm, 2014). There was also discussion from the men's group that they felt unable to seek help or disclose their mental health and common to a lot of the men was feeling not only angry but anxious, isolated, experienced low self-esteem and confidence, and depression, and didn't know how to get out of this situation and recover (Gosling et al 2022; Sharp et al, 2022). The men in the group also shared that until now many hadn't talked to friend or family (Pirkis, Spittal, Keogh, Mousaferiadis, & Currier, 2017). Some of the men spoke of mainstream health support but felt it was not effective and so their issues were not understood and again this reflects themes captured within the literature on misdiagnosed of men's mental health due to lack of understanding on male mental health behaviours such as anger and self-medication through substance use (Oliffe et al, 2019). It was common in the men's group that until

engagement with CUBE that they did not know how to help themselves with their challenges and a lot of these were to do with mental health and well-being and so reflected low mental health literacy common amongst men (bonabi et al, 2016; Jorm, 2012; and Swamia, 2014).

However, it is clear that men's groups based within the community can positively impact on the mental health and overall well-being of the men that engage with them (Seaton et al, 2017; Sharp et al, 2022; and Oliffe et al, 2020) and this evaluation of the men's group at CUBE powerfully captures this and again adds weight to the literature in this area. Sharp et al (2022: p1) state that 'men's mental health promotion presents unique challenges including gender-related barriers and stigmas, which demand novel approaches to prevention, treatment, and management.' It is fair to state that from the evidence within this evaluation report that the CUBE men's group offers such gender-specific support in an innovative and novel with-member-led approach with their flexible 10-week self-awareness programme.

The literature on supporting men's well-being also highlights the need for community-based men's groups that offer a relatedness for men that makes them feel that they will be with other men that are like them and have similar experiences of life and social cultures (Gosling et al, 2022). Central to developing effective practice in the delivery of community-based men's groups is creating an environment that is relatable to the men and feels safe, secure, trusted, and one that develops comradery and connectedness between the men and the practitioners facilitating the group (Gosling et al, 2022; and Sharp et al, 2022). When reflecting on the impact and experiences of the men who participated in the men's group at CUBE there were strong notions of connectedness to own community, feelings of safety, security, trust, and empathy within the group and with the practitioners supporting it, and a process that was inclusive, men-led, and where they felt listened to and really heard. Again, all of the findings in this report directly align with the current research and understandings on best practice within community-based men's group support for well-being.

The literature found that in men's groups for mental health and well-being if practitioners had lived experiences similar to the men who access a men's group it is useful as it



again offers a relatable person to the men experiencing poor mental health and other challenges but what is more important is being able to show empathy and understanding to the men who engage in the group (Gosling et al, 2022). The men's group in CUBE also offers practitioners with similar lived experiences who also clearly offer empathy and understanding for the men when referring back to the analysis and discussion of the men's focus groups.

The literature also proposes that the approach that is most impactful when supporting men in their understanding of their mental health and recovering from it, and increasing overall well-being, includes developing processes that are; reflective, informal, conversational, problem-solving, and that raise self-awareness, and remodel such behaviours (Gosling et al, 2022; and Sharp et al, 2022). There is also a need to reframe help-seeking behaviour, as 'normal' behaviour for men that illustrate positive masculine identities. Ultimately, effective practice in men's groups should support empowerment so that the men can better self-manage their own well-being and be able to seek help when they need it (Gosling et al, 2022; Sagar-Ouriaghki et al, 2019; sharp et al, 2022). Men's community-based groups for mental health not only work within 'response' to mental health contexts but also can be effective as preventative and early intervention support (Oliffe et al, 2020; Robertson et al, 2018; and Sharp et al, 2022). This report highlights all such processes identified as needed within the literature are used within CUBE's men's group and this is clearly evidenced from the men's narratives of their experiences, the overview of the 10-week programme of raising self-awareness, and from the perspectives of the CUBE practitioners. Interestingly, the discussion with practitioners also highlighted a future development to include the men's group as part of the side-by-side whole family restorative model of practice which is a prevention and early intervention support project and so also reflects the understanding of how men's groups can be more proactive in their approaches within community settings. Adding to the appropriateness of CUBE wanting to develop the use of the men's group as a part of the whole family side-by-side model of practice is the research from Sharp et al (2022) and Vickery (2021) who both found that men's groups have wider benefits to the families, friends, and community of the men who engage in such groups.

The discussed literature near the start of this report and this conclusion have captured how community-based men's groups can effectively and powerfully support well-being and are a needed model of practice when reflecting on the high rates of men's poor mental health, low help-seeking behaviour, and high suicide rates (Gosling et al, 2022; Oliffe et al, 2020; Sagar-Ouriaghli et al, 2019; Sharp et al, 2022; and Vickery, 2021). It also seems accurate to state that

the men's group at CUBE aligns to all of the included literature and powerfully illustrates all of the currently known best practice in this space and should be commended on its high-quality support and empowering process and impact.

This report agrees with Gosling et al (2022) that due to formal services for mental health having high waiting times the need for community-based provision is even more essential and so ongoing funding in this area of practice is needed.

Finally, the literature found did not include any specific research that supported men from ethnic minority backgrounds due to not being able to locate any and it is also true that the men's group at CUBE has not currently supported any men from an ethnic minority background. Gosling et al (2022) highlights that there is a lack of understanding and research on men's group that support men from ethnic minority backgrounds and their mental health and well-being. There needs to be more research of such provision and the development of such men's groups using co-production and anti-racist practice.



## Recommendations for Future Practice

- 1.** The men's group at CUBE needs to continue as there is clear need within the Barry community
- 2.** The men's group should embed the provision as a part of the side-by-side model of whole family restorative practice
- 3.** The men's group could offer two cohort focuses; one cohort for young men aged 18 to 25 and one group for men aged 25 and over
- 4.** CUBE need to develop an anti-racist approach to engaging men from ethnic minority backgrounds in the Barry locality and meet their needs using the CUBE's founding principle of community co-creation
- 5.** The men's group should seek funding to create a sustainable provision for this impactful and needed support service
- 6.** The findings of the report and model of men's group practice has high relevance in policy and practice contexts for many sectors including; criminal justice, youth justice, social services, education, and health settings. This work should be shared across such professional and academic network and forums.

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# APPENDIX 1

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## CUBE Men's Group Pilot Project Well-Being Sheet

### Capturing your feelings on your life

I would like to ask you four questions about your feelings on aspects of your life.

There are no right or wrong answers.

For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

#### Life Satisfaction Overall

How satisfied are you with your life nowadays?

#### Worthwhile Overall

To what extent do you feel that the things you do in your life are worthwhile?

#### Happiness Overall

How happy did you feel yesterday?

#### Anxiety

On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?

# APPENDIX II

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## CUBE Men's Group Project Consent Form

### Overview of the project and evaluation

This CUBE Men's Group Project is a pilot project that has been developed in a response to the needs highlighted from the CUBE and wider Barry community.

We need to make sure that we evaluate the project and your experiences of it. We would like to see how you rate your own well-being throughout the project and discuss with you your experiences of the project by using a short set of four questions and small group discussions, called focus groups. We will ask you the four questions at the start of the project, in the middle, and at the end of the project. The focus groups will be facilitated at the end of the first 12 weeks of the project.

The reason we are doing this is to make sure we have delivered a positive and successful project to you and to find out where we might improve the project if it were to be delivered again. We will also share this project and your experiences of it so we can help and support others to deliver similar projects so we can all better understand what can work in such men focused projects.

Your names will not be used in any of the project reports or any of the subsequent sharing of this project findings and impact.

Thank you so much for being involved in this project and we hope you enjoy it!

## Member details

**Member name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

### **Ethnicity (please circle):**

**A.** White • English/Welsh/Scottish/Northern Irish/British • Irish • Gypsy or Irish Traveller • Any other White background please write in

\_\_\_\_\_

**B.** Mixed / multiple ethnic groups • White and Black Caribbean • White and Black African • White and Asian • Any other Mixed / multiple ethnic background, please write in

\_\_\_\_\_

**C.** Asian / Asian British • Indian • Pakistani • Bangladeshi • Chinese • Any other Asian background, write in

\_\_\_\_\_

**D.** Black / African / Caribbean / Black British • African • Caribbean • Any other Black / African / Caribbean background, write in

\_\_\_\_\_

**E.** Other ethnic group please write in

\_\_\_\_\_

### **Please read the following so you understand what you are giving your consent to:**

- 1.** I confirm that I have read and/or listened to and understood the given information about this 'CUBE Men's Project' and I give my consent to take part in all aspects of the project.
- 2.** I give my consent to be involved in any evaluation activities but understand that I have the right to decline if I want too at any time.
- 3.** I understand that the evaluation / research collected by CUBE and Higher Plain Research and Education our research partner will be made anonymous unless I am specifically asked for consent for it to be made public.
- 4.** I consent for the data collected from me to be used in future research and reporting by CUBE and Higher Plain Research and Education our research partner.
- 5.** I am aware that the information I supply to CUBE and Higher Plain Research and Education our research partner will be kept in accordance with general data protection regulations (GDPR). This includes all electronically held information that will be in password-protected documents, on a secure computer hard drive with up-to-date antiviral software. All paper documents are stored in a metal lockable filing cabinet. Your personal data will be held for up to 6 months after the end of the project, at which point it will be destroyed in accordance with GDPR protocol.

**Signed by member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed by Project Team lead or Researcher:**

\_\_\_\_\_

**Date:** \_\_\_\_\_





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