

Mr Hastings and St Leonards Learning Report (September 2023)



Hosted by Hastings Voluntary Action and Funded by East Sussex County Council Public Health

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Funded by East Sussex County Council Public Health

and hosted by Hastings Voluntary Action



1. Setting the Scene:

The Hastings and St Leonards Men's Health and Wellbeing Project (Mr Hastings and St Leonards) is hosted by Hastings Voluntary Action (HVA) and has been funded for three years (until June 2025) by East Sussex County Council (ESCC) Public Health.

Evidence shows:

- **There are high levels of health inequality in Hastings and St Leonards** as highlighted in the Chief Medical Officers Annual Report 2021: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005216/cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf
- **Life expectancy for men in Hastings and St Leonards is significantly lower** than the national average: [Hastings borough data and statistics | East Sussex: Joint Strategic Needs Assessment \(eastsussexjsna.org.uk\)](https://www.eastsussexjsna.org.uk/hastings-borough-data-and-statistics)
- **There are three main contributory factors** leading to the gap in life expectancy for men: heart disease; accidental poisoning (drug-related); cirrhosis and liver disease.
- **Many initiatives** have been delivered across the borough with the intention of improving health outcomes for those most in need. **Individually, these have made a big difference** to people who have had first-hand experience of them. However, these initiatives have not led to improved health across the wider population.
- This suggests that **no single action, or organisation, can solve this complex issue** on its own. **A new approach is needed.**

The Project's vision is that: *Men living in the most deprived communities in Hastings and St Leonards are living happier, healthier, and longer lives. They are at the heart of decision making about their lives and thrive in strong, supportive, and well-connected communities, where they can fulfil their potential.*

In the autumn of 2022 a Project Manager, and a Community Development Worker, were appointed to mobilise and encourage collaboration between:

- **Male residents** who have lived experience of needing and / or accessing support around the wider determinants of their health/health and wellbeing and want to be involved in improving outcomes for men in their communities; and **Services and**

community groups which either seek to support men around the wider determinants of their health or have responsibility for other health assets (physical and environmental), that impact on health and wellbeing for men.

This project is using an **Asset Based Community Development (ABCD)** approach which aims to maximise and build on the wealth of assets that already exist in Hastings and St Leonards. The value of this approach is highlighted in '*What makes us healthy? The asset approach in practice: evidence, action, evaluation*': <http://www.janefoot.co.uk/downloads/files/healthy%20FINAL%20FINAL.pdf>

Central to this approach is **exploring the potential of a self-sustaining social movement** for men's health and wellbeing locally. An approach advocated in Health as a Social Movement: https://media.nesta.org.uk/documents/health_as_a_social_movement-sept.pdf

The project is underpinned by a **whole systems approach** which: "... enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change." (Public Health England 2019)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857029/WSA_Briefing.pdf

Through the Asset Based Community Development Approach the project team have worked to:

- Build relationships within the community.
- Build partnerships and relationships between men.
- Build relationships between projects/groups and services.
- Facilitate partnerships between groups and services delivering mens health and wellbeing initiatives/services.
- Reach out to local men and their wider communities (friends, families, and colleagues).
- Learn from the experience of voluntary and community sector groups and projects.
- Hear what men are saying and explore with them what works and needs to change.
- Deliver presentations, and compile reports, that share learning with decision makers and service providers across the system.
- Value and embrace the skills, experience, and abilities of local men.
- Empower men to take the lead in their health and wellbeing journeys.
- Explore with local men what resources are needed to enable the projects work to be sustainable.
- Access resources to enable the project's momentum to continue.

Deficits to strengths. Central to local. Isolation to collaboration. Assuming and prescribing to learning and responding.

During the first year of project delivery (September 2022 to August 2023) we revisited the insight gathered at the project's original development stage (pre/during early stages of Covid-19 pandemic), through the following activities:

- **An online survey and external researcher conversations** with local men.
- **Community engagement** (local men, their friends and families, and group facilitators) through local community groups, service provision and community events.
- **Codesign (led by local men) of a project brand and identity** that speaks to local men 'Mr Hastings and St Leonards'.
- **Working with local men to form a core group of Mens Health and Wellbeing Project Champions.** Sharing skills and experience, developing ideas, and taking action to improve local mens health and wellbeing.
- **In depth conversations, with the Mens Health and Wellbeing Project Champions and Mr Hastings and St Leonards Branding and Communication Team.** Sharing insight into what works for local men.
- **A Men's Health and Wellbeing Forum**, where local groups and organisations working with men, or wishing to increase their reach are encouraged to collaborate, share expertise, knowledge, and resources.
- **Systems engagement** through facilitated workshops, hosted conversations, team meetings, networking events, membership of local partnership/steering groups.
- **Celebration Event** hosted by local men. Bringing together men with wider stakeholders.
- **The Projects Year One Celebration Report.**

This is happening at a time when men's health is on the national agenda, with the Health and Social Care Committee compiling evidence for an Inquiry into Mens Health. The closing date for submissions of evidence was 8th Sept 2023.

<https://committees.parliament.uk/committee/81/health-and-social-care-committee/>

2. Insight Gathered

This Learning Report compiles insight that has been gathered throughout this first year of delivery, identifies cross cutting themes that are emerging, and next steps based on this insight.

- a) **Online Survey:** An online survey was conducted in 2020 and was revised, post the COVID-19 pandemic, in 2023. The survey was promoted widely through local networks, was designed to be quick to complete, and added value to our understanding of what works for men in Hastings and St Leonards.

The survey was live on the project's webpage, from 6th February to 3rd April 2023. It was completed by 134 local men.

- 12% were under 35 years old, 19% 35 – 54 years old and 69% over 55 years old.
- 84% described themselves as heterosexual, 11% gay or bisexual.
- 56% felt they were living with a physical or mental health condition.



The men that completed the survey told us the following around accessing support:

- **Could do with some support:** 31% of men said they could do with some support around **mental health**, 28% around **physical health** and 25% with their **social life**.
- **Have accessed support:** 52% had accessed support (60% of those with a health professional and 18% with a local service or group)
- **The biggest barriers to accessing support:** 66% said not wanting to ask for help, 47% not knowing where to go, 38% not wanting to be a burden. Other reasons included not welcoming to men, lack of time, and motivation.
- **Preferred way of accessing support:** 76% said face to face, 6% telephone, 4% leaflet, 2% signposting.
None of the 134 men that participated identified online as their preferred method.
- They valued the green spaces and coastal areas the town offers, its character, friendliness and the vibrant music and arts scene.

The survey offered useful headline insights early in the projects first year of delivery, and showed sticking similarities to the insight gathered through the survey undertaken in 2020. It was an important promotional tool, raising awareness and prompting conversations around mens health wellbeing. It provided a springboard for the more in-depth insight gathering undertaken across the year.

b) External Researcher Conversations

An external researcher, Dr Lester Coleman, undertook conversations with 18 local men between January and April 2023.

- Nine men were from Hastings, eight from St Leonards and one from Ore.
- Age range was 24-72 years (with an average of 48 years).
- 13 were White-British with the remaining either White-Irish, Asian-Indian, or Black (terms described by the participants).
- 14 described themselves as heterosexual and 4 described themselves as gay.
- 12 men had previous or current mental health issues and 3 of these men were also living with physical disabilities.
- 4 had lived in the area all their life. The rest had moved into the area between 4 and 52 years ago.

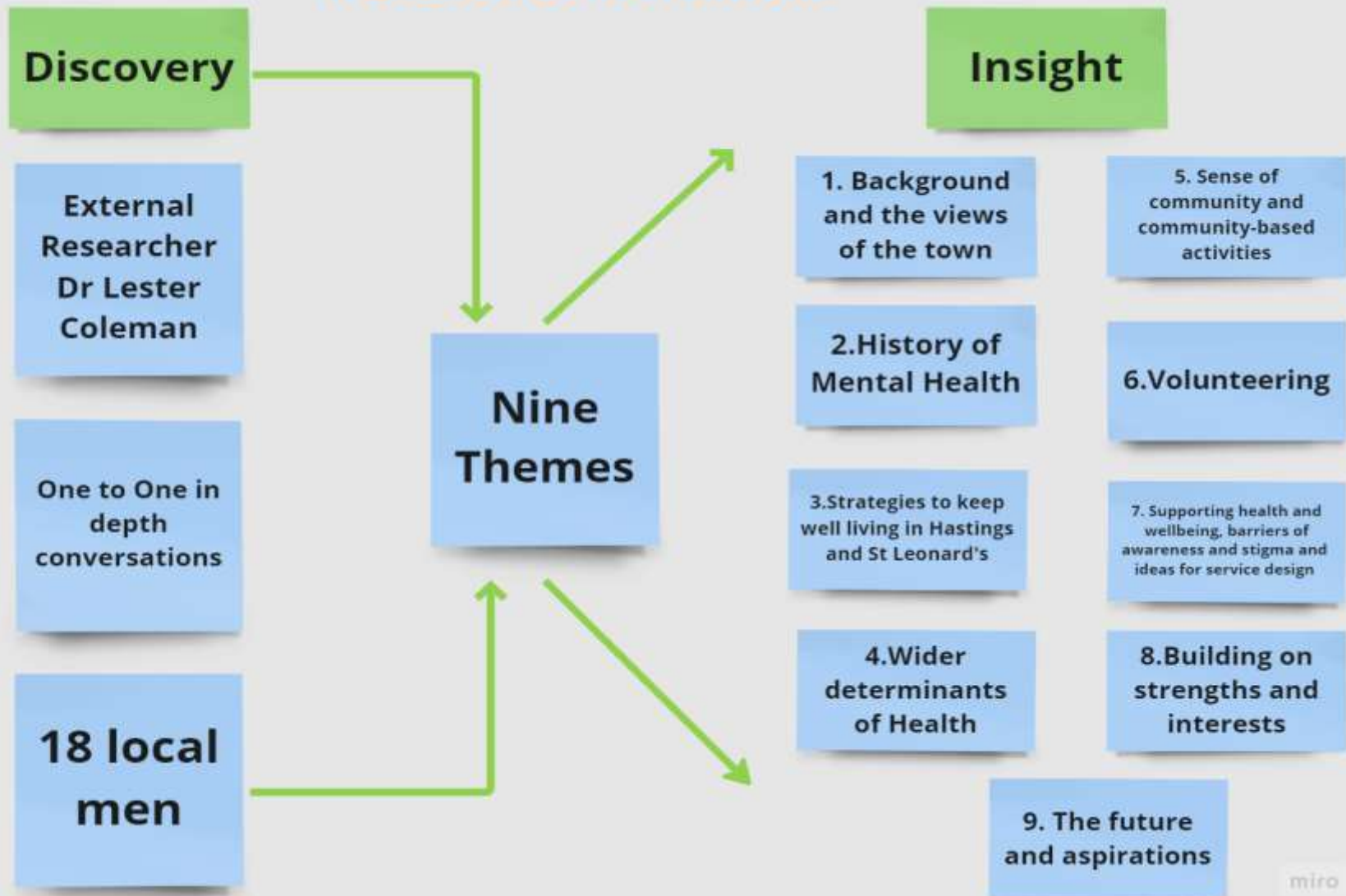


Nine key themes and fifteen recommendations were highlighted in the report produced by Coleman Research and Evaluation Services. A summary of these are included as **Appendix 1** at the end of this report and **Figure 1 below**, shows the key themes identified.

Dr Lester Coleman, of Coleman Research and Evaluation Services can be contacted at: colemanresearch@hotmail.co.uk

Figure 1

Research Conversations



c) Community Engagement.

Throughout this first year of delivery the project has undertaken extensive stakeholder engagement, gathering in-depth insight, and a deeper understanding, of what matters to men locally regarding their health and wellbeing and sharing learning with wider stakeholders and decision makers . This has included:

- **Engaging with over 43 individual men** who shared their experience, views and ideas.
- **Working with 13 men, some who codesigned the project brand and others who formed a core group of men’s champions.** Through collaboration and in-depth conversations with this core group of men, deeper insight into what impacts on mens health and wellbeing, and ideas around what works for local men, are beginning to emerge and be explored.
- **Meeting with over 50 organisations and community groups.**
- **Participating in 16 networks and partnership groups.**
- **Contributing to 24 events.**
- **Extending cross sector membership of the Project Steering Group.** Membership mailing list is currently made up of 38 members from across a variety of organisations/sectors.
- **Bringing together a Mens Health and Wellbeing Forum** with 67 members registered on the mailing list. Through quarterly meetings they are sharing their local knowledge, skills, and experience.
- **Learning from the experience of local community groups and organisations** such as Project Rewild (Take Action Man) <https://www.projectrewild.co.uk/takeactionman> who successfully engaged over 80 local men directly in positive outdoor activities and Roots of Return <https://www.rootsofreturn.org/> currently engaging with 50 local men.
- **Hosting a Celebration event** attended by over 150 local men and the wider community (June 2023)
- **Producing a year 1 Celebration Report** capturing the impact of the project and the men who are taking it forward (July 2023) and is available on the project webpage: <https://tinyurl.com/hvamenshealth>
- Submitting evidence to **Inquiry into Mens Health** (Health and Social Care Committee call for evidence Sept 2023. Once published this submission will also be available to read on the project’s webpage.



d) Engagement Across the System

The community engagement has also included significant engagement, and insight gathering, across the multiple system's that impact on men locally including:

- **Participation in networks and partnership meetings** (for example, Hastings Community Network, Active Hastings Partnership, Mental Health Action Group, Hastings Youth Partnership, North East Hastings Health, and Wellbeing Hub Working Party)
- Attendance/presentations at team meetings (for example, Department of Work and Pensions Job Coaches, East Sussex County Council Adult Social Care, Sussex Partnership NHS Foundation Trust)
- **One to one meetings with service managers and frontline practitioners** across sectors
- **Quarterly meetings and regular conversations with project steering group membership** with representation from
 - Public Sector: Changing Futures, Department of Work and Pensions East Sussex County Council (a range of departments), Hastings Borough Council (Active Hastings, Community Safety and Housing Options), NHS Sussex, Rough Sleepers Initiative.
 - Voluntary/ Community Sector: A Band of Brothers, Change, Grow, Live, Hastings Voluntary Action, Men United, Possability People, Project Rewild, Seaview, Veterans Hub.
 - **Workshops and hosted conversations** specifically offering opportunities to engage across the system. These included:

Figure 2, on page 11, highlights the diverse range of engagement opportunities that have been offered.

A Systems Thinking Workshop: Understanding the 'system' to better meet the needs of men in Hastings and St Leonards was held in May 2023. It brought together local stakeholders from across public, community and voluntary sectors. 31 participants registered for the event and 24 attended on the day. Part of the workshop was about enabling participants to contribute towards a refresh of projects system map and share their knowledge and experience around men's health and wellbeing in Hastings and St Leonards. A short report was compiled based on insight gathered.



Hosted Conversations: Conversations were facilitated by the Project Team in August and September 2023. The conversations were around key themes from the Projects Systems Map included as [Appendix 2](#).

- Drug and Alcohol Use.
- Housing and Homelessness.
- Education, Training and Employment.
- Crime and Anti-Social Behaviour.
- Relationships and Social Connections.
- Mental Health and Wellbeing.
- Physical Health and Activity.



Conversations lasted 2 hours and brought together local men, frontline workers, and decision makers. Practitioners were encouraged to bring along men who volunteered with, or accessed, their project/service. 36 individuals registered to attend hosted conversations, many joining more than one conversation. A further 25 participants took part in a conversation hosted as part of the September Active Hastings Partnership Meeting. (61 participants in total).

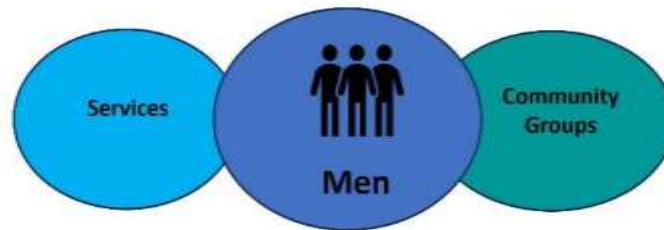
Insight generated from these conversations were compiled focussing around the following questions:

- What brought participants into the room (personal, or professional, experience, journeys, stories, connections, networking, learning).
- What does/could impact positively on men's health and wellbeing locally?
- What impacts negatively or is a challenge locally?
- Which organisations are working around this theme.



A wealth of valuable insight was generated through these conversations and all notes have been compiled into a short report. [Appendix 3](#) highlights cross cutting themes from all conversations.

Figure 2. Community Engagement



Men's Health and Wellbeing Forum, Men's Health and Wellbeing Project Champions, Project Branding/Communications Team

Hastings Youth Partnership
NE Hastings Health and Wellbeing Hub Working Group
Active Hastings Partnership
Mental Health Action Group
Hastings Community Network

Systems Engagement

Meetings, Networks, Forums.

Events, Groups, Activities.

Hosted Conversations and Workshops.

One to one and small group conversations.

Online Survey.

Researcher Conversations.

- A Band of Brothers
- Active Hastings (HBC)
- Adult Social Care
- ADFAM
- Arts on Prescription
- Bohemia Walled Garden
- Care for the Carers
- CFO Hub
- Changing Futures
- Change, Grow, Live
- Craigs Cabin
- Culture Shift
- DWP
- Fellowship of St Nicholas Gro
- Education Futures Trust
- Emerging Futures
- ESRA
- Groundwork South
- Hastings Bike Lab
- Hastings Common Room
- Hastings Heart Community Hub
- Hastings Men's Network
- Hastings Therapy Centre
- Head on Board
- Hollington Community Centre

- Housing Options (HBC)
- Links Project
- Hastings Seniors Men's Forum
- Macmillan
- Making it Happen
- Men's Network
- Men's Shed
- Mind Men's Mental Health Project
- Mindout
- Patient Participation Group Forum
- Primary Care Network
- Progress Network
- Project Rewild
- Possability People
- Quakers
- Roots of Return
- SSAFA
- Samaritans
- Seaview Project
- The Library of Things
- Southdown
- Southern Housing
- St Michaels Hospice
- The Conservation Volunteers
- Xtrax

- Men and Masculinity.
- Men, Mental Health, and Wellbeing.
- Men and Seeking Help
- Community Connections, Social Life, and Relationships.
- Building on Strengths/What Works for Men.
- Service Provision and Collaboration Across the System

- **Drug and Alcohol Use**
- **Housing and Homelessness**
- **Crime and Anti-Social Behaviour**
- **Relationships and Social Connections**
- **Mental Health and Wellbeing**
- **Physical Health and Activity**
- **Education, Training and Employment**

- **Feel:** invisible, dispensable, weak, unheard,
- **Experience:** stigma, being judged, labelled
- **Cope:** masking, banter, drugs, alcohol, smoking, anger
- **Need:** control, pride, respect, value, camaraderie, role models, space
- **Role:** carer, worker, fighter, provider



3. Cross Cutting Themes from community and systems engagement .

Issues surrounding mens health and wellbeing are complex, and as such, it has been challenging to distil and capture succinctly what we are learning in this report.

A wealth of data, and reports, are available to support the emerging cross cutting themes highlighted within this learning report.

For a more in depth understanding of how these key themes have been identified we would encourage you to read this report in conjunction with the projects Celebration Report, Submission of Evidence to the Select Committee on Mens Health, Hosted Conversations and Systems Thinking reports. These are available on the project's webpage or from the project team. A year 2 Delivery Plan has been drafted, based on this insight and learning.

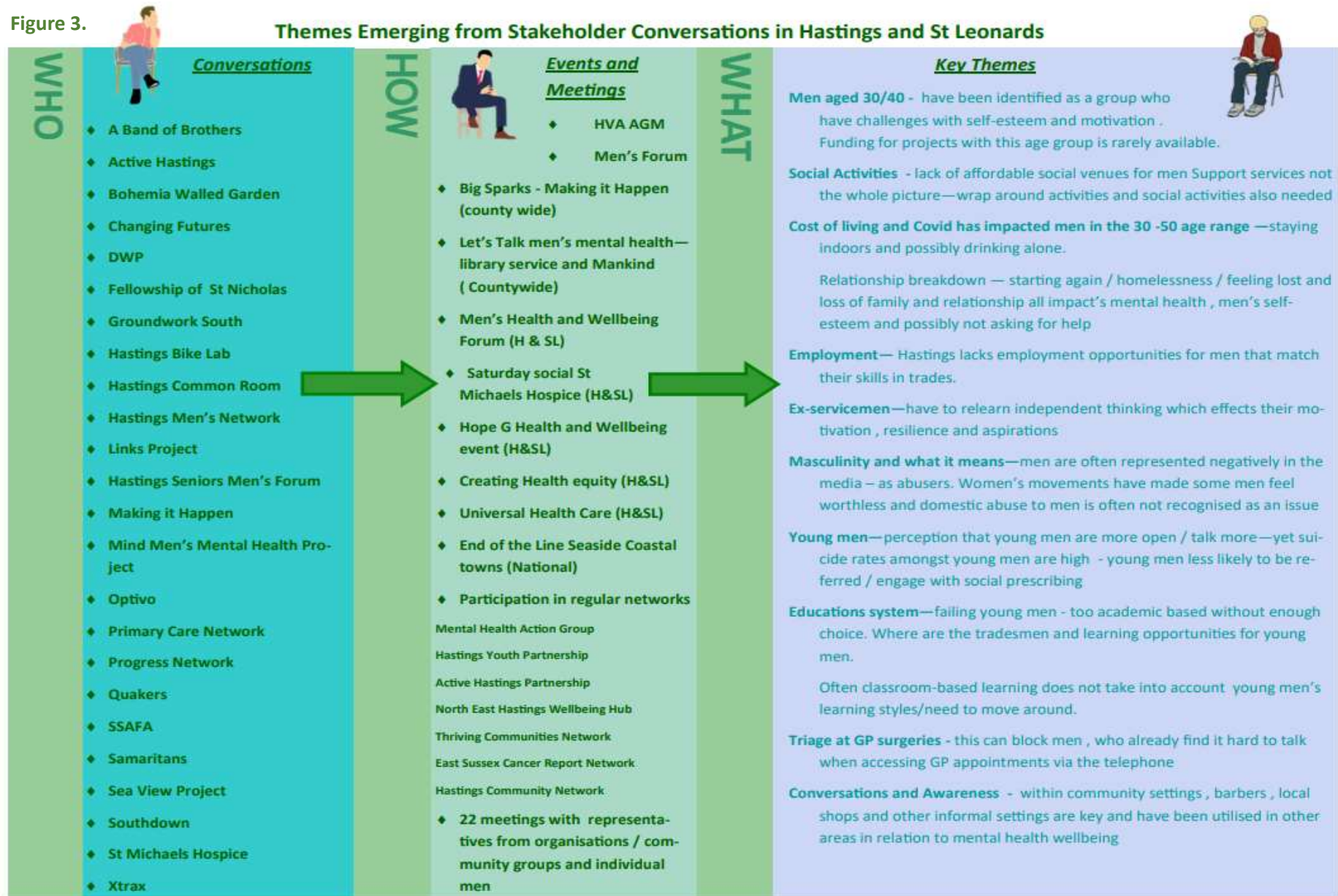
A brief overview of the key themes emerging from engagement with local men, community groups, service providers and decision makers across the system are included below.

Figure 3 below highlights emerging themes as reported in January 2023.

Figures 4 -7 (pages 17 -20) illustrate emerging themes from insight gathering across year 1 of the project's delivery.



Figure 3.



Men and Masculinity: Men tell us that **traditional views of men**, and what it means to be a man, **still prevail** both consciously and unconsciously (the notion that men need to be strong, in charge, the provider and protector). This narrative around men's roles and masculinity impacts directly on their engagement in conversations about their health and wellbeing. It can be a barrier to asking for help or giving away control to someone else to 'sort things out'. More often **men feel they should be the ones to 'fix things'** for others. **Men can feel dispensable** in a world where gender roles have changed. With social media surrounding us all, the impact of this is a particular issue for **young men, some of whom are looking for role models in their day-to-day life**. They need support from an early age to find their place in the world.

The diversity of local men, their cultures, lifestyles, needs, wants, experiences, and expectations must be recognised, explored, respected, and valued. This cuts across all the insight gathered and was specifically highlighted by the LGBTQ + Community. **Figure 4 highlights how men and masculinity cuts across all other themes identified.**

Men, Mental Health, and Wellbeing: Men say that **mental health is the biggest taboo**, and that alternative language needs to be found to promote services, support, and encourage men to engage. Many men have become more **isolated since the pandemic** with relationship breakdown, loss of employment and/or secure housing and community connections impacting on their mental health. **Drug and alcohol use** is often a coping mechanism to deal with wider issues that are impacting on men's lives. **Figure 5 explores this further.**

Men and Seeking Help: Statements like '**men don't seek help**' and '**men don't talk**' are **simplifying a complex issue, are judgemental and need exploration**. Given the right environment (space, time, and respect) men do talk. Men tell us that when they ask for help, they feel like they have been beaten by the issue. It takes a long time for a man to admit some help/ support might be needed. When help is sought the response needs to be positive and timely. They feel they have to show emotions, cry, shout or get angry, to be heard. This can be received negatively by those whose support they are seeking. **Figure 6 highlights some of the underpinning issues identified.** Men do seek help however this may not be through traditional NHS routes. They often seek out support from other men within their communities and through groups that meet around shared interests and activities. This leads to a long-lasting sense of purpose and fulfilment, that impacts on positive longer-term health and wellbeing benefits for men. Hastings and St Leonards have a vibrant voluntary and community sector that has recognised the need for men to flourish in alternative ways.

Community Connections, Social Life, and Relationships: Men tell us that they are often anxious about **joining new groups or activities**. They like to know what is expected before joining a group. **Clear explanations and a 'shop window'** on social media can be helpful. Men recognise that traditional places where men meet (e.g. working men's clubs, and smaller local pubs) are diminishing and its cheaper to drink at home. However, this means social connections are reduced. Many men are not aware of the wide range of opportunities available in Hastings and St

Leonards. Most information is now available online which is not accessible to all. **Men need, and want, diverse opportunities**, not just those traditionally considered 'men friendly' (e.g. competitive activity, traditional male sports). Local environmental, arts based, and therapeutic activities in non-clinical settings are popular and beneficial for local men. **Figure 7 adds more insight to this theme.**

Building on Community Strengths and What Works for Local Men: Men are best placed to know what approaches are needed to reach other local men. Mechanisms are needed that enable mens voices to be heard and service providers encouraged to see the benefits of hearing and acting on what they say. Local green spaces, and access to the coast, are often mentioned as key assets of the town. Local projects that make use of these assets are popular with local men. Environmental, walking and cycling opportunities should be optimised and the benefits of the wide range of local community lead initiatives recognised.

We have heard, and seen, how these groups have their own support/ health and wellbeing infrastructure which men value and are engaging with. They respond to the issues that arise from living in challenging circumstances. They are delivered face to face in welcoming and safe environments and focus on shared interests. Men who may not access a regular dentist, health professional or housing support services etc. gain mutual support from people that they trust. Signposting and referrals are made by local service providers from across the voluntary, community, and public sectors.

Men are keen to be involved in this project and are proud to be leading the way. They respond positively to the project's strength-based, Asset Based Community Development (ABCD) approach. They want to share their experiences and collaborate on things that matter to them. They are coming forward with a wide range of ideas to reach out to men currently not engaging and often described as 'hard to reach' by services.

Hastings and St Leonards has a vibrant voluntary and community sector and a wealth of experienced and committed practitioners across sectors. Short-term funding leads to recognised, and trusted, projects closing/changing and experienced/respected practitioners changing roles or leaving the area. This can be confusing for men who have built up trusting relationships with specific projects or practitioners. Something that is particularly relevant in the context of what men have told us about the challenges they face accessing services, and the time it takes for them to engage and accept support. Valuing, and sharing, the wealth of learning we have locally around what works was identified as a key asset which is often over looked. Continuation funding for valuable projects is key in sustaining mens health and wellbeing.

Asset Based Community Development approaches, and the importance of respecting the lived experience of local men, is an ongoing theme in conversations across the system and with local men. Listening to men's ideas of how to develop new initiatives, while sustaining what they value and identify as working well, is repeated in all settings. The need for earlier conversations about continuation funding, support for smaller

community groups to measure the impact of their delivery and funding that increases in line with inflation were key discussion points. **This has been captured in Appendix 3.**

Service Delivery and Collaboration Across the System: Local men, service providers and decision makers alike, all recognise the need for a more joined up, collaborative approach, to improving men's health and wellbeing and increasing their access to preventative services and community activity. One key element of this is increased sharing of health-related information between services, removing the barrier of men having to tell their stories repeatedly and therefore increasing engagement and improving men's experiences of accessing services.

There is recognition that men, and the practitioners who support them, currently find it difficult to know what's available locally and how to navigate the system.

Hosted conversations reinforced how all parts of the system are interconnected with similar themes, positive and negative factors arising time and again. Mental health, drug and alcohol use, housing, crime/anti-social behaviour and community connections and relationships impacted on all areas of the system and local service provision. **Appendix 3** captures a sense of what was shared in hosted conversations in the words of conversation participants.

It is acknowledged that since Covid it is more difficult to build trusting relationships across sectors/organisations as there are less opportunities to meet face to face. This is making collaboration more challenging. There have also been changes in how services are delivered since the pandemic, and discussion around 'the new normal' and the impact this is having on men's access to services and support is a consistent theme.

Services are under significant pressures leading to less time, and flexibility to explore the wider issues impacting on men they are supporting. Focussing on the presenting issues and missing opportunities to mitigate future crisis. Information sharing is not always possible or, taken into consideration when decisions are made in these situations, due to competing agendas.

Men are often not classed as 'vulnerable' and present at times of crisis rather than when things begin to go wrong. If they also have prior history of criminal activity, drug and alcohol use or are a former prisoner for example, landlords and some services, may not want to engage with them. Neurodiverse men may not be diagnosed and/or may find it difficult to engage with the services they need. It was said that men with a dual diagnosis can sometimes seem like 'nobody's problem'.

There is an appetite to learn from what men are sharing through this project's insight and build collaborative relationships moving forward. Making small changes that could make a real difference to men's day to day experience and their health and wellbeing moving forward.

Figures 4 – 7 are included in pages 17 – 20 that follow. Figure 8, on page 21, gives an overview of where insight for each of these themes was gathered.

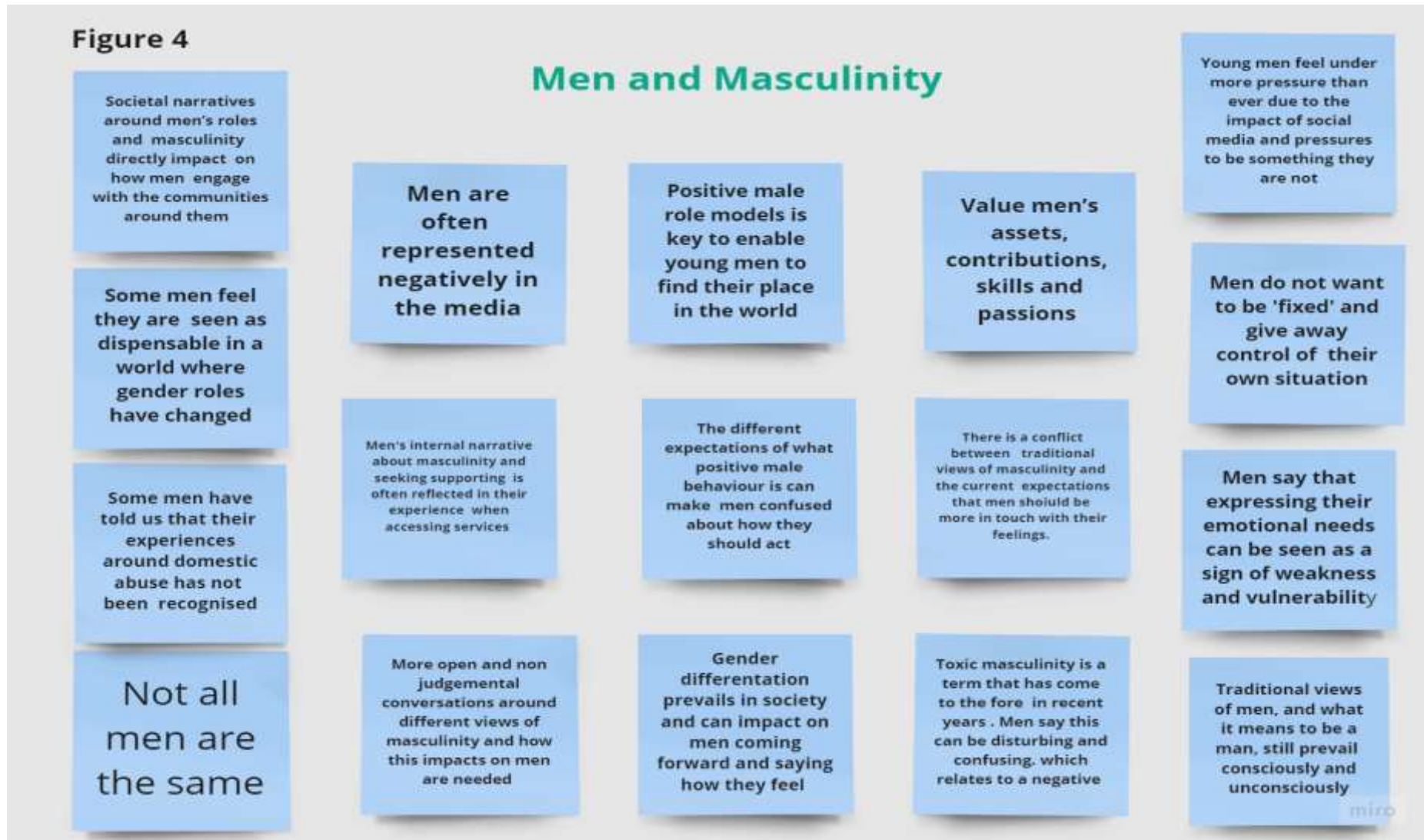


Figure 5

Men, Mental Health and Wellbeing

What Works

| | | | |
|---|---|---|---|
| A speedy response to any concern and good follow up on any options offered | Accessible links into services | Men with lived experience is key in building relationships and connections around mental health | Men respond well and prefer face to face engagement |
| Need a positive response to initial call, connection | Standing alongside men and hearing what they are saying | Making use of local natural assets and Hastings vibrancy, sea and green spaces | Activities and groups in non pressured environments |
| Walks and walking for wellbeing easy to attend and can walk alongside each other and talk | No pressure to perform just turn up | Space to explore wellbeing and mental health within caring and supported environments | Follow men's lead they are the experts on their own mental health |
| Clear Expectations of service requirements | Mutual support between men in non clinical settings | Joined up approach of services | Mental health support delivered around activities |
| Not fixing men but giving men options and tools | Mental health support is needed but not advertised that way | Health by stealth | Men will engage in spaces that feel safe |

Learning Points

- Men not asking for help is a complex and multi layered issue that links many factors
- Alternative language for men's mental health services should be considered
- A speedy and positive approach when men come into contact with services
- Not fixing approach but providing options
- Male role modelling and peer support
- Different approaches in delivering clinical support

Barriers

| | | |
|---|---|--|
| Mental health the biggest taboo for men | Big step to walk into a room full of strangers | Masking and hiding what's going on. |
| Men feel Struggling could be seen as a weakness | When men ask for help they feel like they have been beaten by the issue | Men Not asking for help until it's a crisis |
| Clinical mental health language can deter men seeking mental health support | Men's mental health concerns not being heard | Self-worth and social anxiety |
| Stigma for men around mental health | Drug and alcohol use is often a coping mechanism to deal with wider issues that are impacting on men's lives. | Young men are less likely to be referred to/ or access social prescribing |
| Past negative experiences of seeking help will impact on men's behaviour | Men feel women's mental health is acknowledged more in the workplace than men's | Men feel that their experience around mental health and anxiety often not recognised and prioritised |

Figure 6

Men and Seeking Help

What Works

| | | |
|--|--|--|
| Men don't want to be 'fixed' | Men want the tools to fix themselves | Starting the conversation early give young men the space to talk in school |
| When help is sought a response needs to be positive and timely | Make use of opportunities that arise to talk with men (hospital, job centre etc.) | Initial conversations at primary care triage a valuable opportunity to engage with men |
| Male friendly venues | Appropriate language and approach | Men will seek help in the right environments that work for them |
| Male workers and peer support | Reaching out to where men are | |
| Meet men where they are comfortable | Men respond well in non traditional settings | |

Learning Points

- Enabling men to 'fix themselves'
- Speedy and positive response when men seek help
- Encouraging more men into frontline roles
- Language and approach male friendly
- Awareness of our own responses when men seek help

Barriers

| | | |
|---|---|--|
| Men showing strong emotions can be received negatively from those they are seeking support from | Men can feel beaten by an issue when they reach out for help | Men can feel judged or blamed by statements like why dont men seek help |
| It can take a long time for a man to admit some support or help might be needed | Men say they have to show strong emotions when asking for support - cry - shout or be angry to be taken seriously | Isolated men especially not likely to look for support |
| Telephone Triage and GP appointments can block men, who already find it hard to talk | Men feel its hard to be taken seriously at GP | Don't put men on the spot and focus directly on what is wrong |
| Men's past negative experiences of seeking support can impact on how they perceive support | Triage at point of contact needs to be sensitive as men already reticent about asking for support | Men often don't seek support until it is crisis point |
| | Men are less likely to consider themselves as carers so dont ask for help | Men's language and behaviours could be misinterpreted |
| | Men are less likely to be encouraged to enter the caring/community professions | Women are often on the front line of services |
| | | Takes a long time for men to ask for help |
| | | Men sometimes feel they are not heard when they ask for help so give up asking |
| | | Men's expectations of support services can be low |
| | | Very difficult to see GP at the moment |
| | | less male workers |

Figure 7 Community Connections , Social life and Relationships

What Works

| | | | |
|---|--|--|---|
| Build on strengths | Diverse opportunities | look for positive's | support family friends and buddies |
| Men are best placed to know what works for them | Interest based activities | Informal meetings, groups activities | Information available in a variety of formats |
| Conversations in community settings | having someone or something to care for | Focus on what's going well and share experiences | Men do talk when the environment is right |
| Knowing what is expected prior to attending a group | Not isolated projects but a joined up approach | Better information of what's available | Mutual support in a shared setting |
| Calendar of activities for men - men's network all in one place | access to activities that motivate to get out | Feel vaued and respected and needed | Shared interest will encourage connection |

Learning Points

- Informal, safe male friendly environments
- Diverse interest based activities
- Clear informal expectations
- Joined up thinking around promotion and delivery
- Sharing of local skills and knowledge
- Building on what works

Barriers

| | | |
|--|---|--|
| Lack of affordable activities | Cost of living and Covid has impacted men | Not knowing what is out there for men |
| Getting through the door a big challenge | Traditional male venues have diminished which leads to isolation | Staying indoors and possibly drinking alone |
| some men face challenges with self esteem and motivation | Stereotyped assumptions around what men want/need | Relationship breakdown - starting again |
| Men have expressed they get missed in funded projects | Men's work life balance timings , venues responsibilities transport etc. | Men may not want to join groups |
| Most information is online which doesn't reach everyone | Pub's places to talk but that also seems to be diminishing - cheaper to drink at home - but no social connection. | Working men's clubs in the past were a great connecting place for men - now disappeared. |

Figure 8 below shows the key themes from this insight gathering and the sources where they were highlighted.

Figure 8. Table of Cross Cutting Themes

| Theme | Source | | | | |
|--|----------------------------|---|---|------------------------------------|---|
| | Online Survey (134 men) | Researcher Conversations (18 men) | Project Champions, Branding/Communications Team (13 men) | Community Engagement (400 +) | Engagement across the System (200 +) |
| Men and Masculinity. | | ✓ | ✓ | ✓ | ✓ |
| Men and Mental Health and Wellbeing | ✓ | ✓ | ✓ | ✓ | ✓ |
| Men and Seeking Help. | ✓ | ✓ | ✓ | ✓ | ✓ |
| Community Connections, Social and Life and Relationships | ✓ | ✓ | ✓ | ✓ | ✓ |
| Building on Community Strengths/What Works for Local Men | | ✓ | ✓ | ✓ | ✓ |
| Service Provision and Collaboration Across the system | ✓ | | ✓ | ✓ | ✓ |
| <p>The diversity of local men, their cultures, lifestyles, needs, wants, experiences, and expectations must be recognised, explored, respected, and valued. This cuts across all the insight gathered.</p> | | | | | |

4. Next Steps

A year 2 delivery plan has been drafted considering:

- Insight around the experience of local men gained through an online survey, external researcher conversations and extensive project team engagement with individual men, community groups and through local events.
- Insight around how the system that surrounds local men currently engages, and the potential for collaboration gained through team meetings, partnership groups and networks, system thinking workshops and hosted conversations.
- The codesign of a new project brand and ongoing work with the team of local men who are taking their work forward.
- The bringing together, and continued engagement, with a group of local men who are forming the foundation of Mr Hastings and St Leonards. Building on their passions and lived experience.
- Learning around an Asset Based Community Development (ABCD) approach to engaging men, and working across the system, in Hastings and St Leonards. The power of conversation
- Recognition of ‘ripple effects’ already being seen.

| | |
|--|---|
| <p>The Year 2 delivery plan will include actions around:</p> <p>1. Development of Mens Movement (Mr Hastings and St Leonards):</p> <ol style="list-style-type: none"> 1. Community engagement and awareness raising 2. Actions and collaborations identified, designed, and led by local men . 3. Legacy and Sustainability of ‘what works’ that can be continued beyond the life of this project. <p>2. Influencing Systems Change :</p> <ol style="list-style-type: none"> 1. Stakeholder engagement, and awareness raising across the system. 2. Embedding collaboration across voluntary, community and public sectors to improve mens health and wellbeing. 3. Encouraging conversations, and mens champions, within organisations 4. Enable sharing of learning between local men and the system that impacts on their lives. <p>3.Enhancing Project Impact and Learning :</p> <ol style="list-style-type: none"> 1. Oversight and Governance 2. Communication (with local men and across the system) 3. Evaluation and Learning (insight) | <p>Actions are underpinned by key themes from local insight:</p> <ul style="list-style-type: none"> ● Men and Masculinity. ● Men and seeking help. ● Men, Mental health, and wellbeing. ● Community connections, social life, and relationships. ● Building on community strengths and what works for local men. ● Service delivery and collaboration across the system. <p>Actions identified will be led by:</p> <ul style="list-style-type: none"> ● Local men (Mens Movement) ● Project Team (Community Development Worker and Project Manager) ● Wider stakeholders/partners (Learning Partners, Steering Group etc.) |
|--|---|

A wide range of actions for the coming year have already been identified by the men involved in Mr Hastings and St Leonards.

They take the view that conversations are a valuable and accessible way to reach local men, encouraging them to come forward and share their personal experiences. These are some of their ideas to build momentum:

- Production of an Infomercial made by local men for local men.
- Mr Hastings and St Leonards Pod Casts, website, social media presence and physical information space - ensuring there are safe, and accessible, places for local men to access information and make connections.
- Mobile Mens Room and Roving Sofa – taking Mr Hastings and St Leonards out into the community. Meeting men where they are and where they go.
- Publications produced by local men, that talk to local men – sharing experiences.
- Increasing the network of Men’s Champions within the community, organisations, and workplaces.

Mr Hastings and St Leonards are keen to ensure the Mr Hastings and St Leonards Brand is recognised, is raising awareness of mens health and wellbeing, and increasing the number of conversations happening within the community, organisations, and service provision.

The delivery plan actions will continue to be responsive to what we are hearing from local men throughout the year, building on their interests, skills, and passions.

Appendix 1: Exploring the views, experiences, strengths, needs, and aspirations of targeted men to help inform a systems approach to improving health outcomes and life expectancy for men in Hastings and St Leonards.

Report for East Sussex County Council - Dr Lester Coleman - Coleman Research & Evaluation Services (July 2023)

Nine key themes emerged:

1. **Background:** Both positive views (e.g. seafront, events and activities within the town, and the rich history) and negative views regarding the town (e.g. crime, safety, transport infrastructure, poor for cycling, lack of community in places)
2. **History of Mental Health:** A total of 12 out of the 18 men had current or previous mental health concerns and used this experience to share strategies or activities that had helped. For some, the health issues also extended to physical conditions that limited their everyday life.
3. **Strategies to keep well living in Hastings and St Leonards:** For many, keeping well was undertaking some form of exercise and having a focus and keeping busy. This may be walking along the seafront, making a point to go out every day, or 'people watching' across town.
4. **Wider determinants of Health:**
 - Most men were generally happy with their housing situation, although there were some exceptions due to lack of space and disrepair.
 - Most men had positive comments about their neighbourhood with a sense that people 'looked out for each other'. However, there were some exceptions, with regards to concerns over the anti-social behaviour of some residents.
 - There was a mixture of people employed, unemployed and looking for work, and unemployed and not looking for work. This had a strong impact on income which limited people's options to join in activities or hobbies. The cost-of-living crisis has made this heightened.
 - Typically, men had a handful of friends, with some wanting to meet more to counter isolation. For those recently moving to the area several had lost friends and were keen to meet new ones. Most lived with a partner or family with three men living alone.
5. **Sense of community and community-based activities:**
 - While walking was a popular activity, there were also comments about having a 'safe space' for men. This could be a place to meet people to feel more connected within the community. This space need not be a physical building but also as an opportunity to make space to talk. These community spaces were also seen as a route to sharing information to men in an 'informal' manner, so they could pick up information such as housing opportunities, benefits and support for their health and wellbeing.
 - Some community spaces had been tried but were not always suitable, either 'not bloke friendly', 'too flaky' or too many young people.

- A suggested means to attract men to communities was through some types of activity, such as football, snooker or garden work, where men would feel more comfortable and build up trust with each other. Two men talked at length about how they helped to build community networks within St Leonards.

6. **Volunteering:**

- In relation to having a ‘focus’ to fill their free time, 11 men had some volunteering experience. This was thought to be a useful way to meet people.
- However, there were some concerns over how complicated the process of applying was, the lack of follow-up, and feeling depreciated. Volunteering opportunities were mostly through ‘word of mouth’ and it was difficult to know where to look for places to volunteer.

7. **Supporting health and wellbeing:**

Barriers of awareness and stigma - Men mentioned that increasing the awareness of support opportunities was fundamental to improving their health and well-being. A timetable of events across the town that men could participate in was mentioned. Some gave examples of community halls/services closing in their area. The stigma to seeking help was mentioned throughout, with the main conversation style among men being banter rather than having deeper conversations that could include their health and wellbeing.

Men’s ideas - In terms of service design, aimed at better attracting men, there were five main recommendations:

- Services and support being more focused rather than trying to do too much.
- Having more joined-up support services for signposting and learning from others.
- More flexible services to allow them to operate out of office hours.
- Having professionals who are suitably skilled in providing support to men.
- Preferences for single-gender groups.
- Support services need to be tailored to people’s needs.
- Attracting the ‘under the radar’ men (who are less likely to seek support) was a main challenge.
- Offering support where men live (outreach activities) was suggested as a strategy. Although resource intensive, this was thought to potentially attract men who are less likely to use services or feel part of their community.

- #### 8. **Building on strengths and interests (assets):** Financial constraints were the overriding barrier to assets being furthered. Quite often, costs acted as a barrier to extending hobbies or interests. Cycling was mentioned as an interest and source of wellbeing, but poor cycling lanes and traffic were off-putting. Concerns over crime and safety occasionally restricted men to pursue their interests or meeting other people.

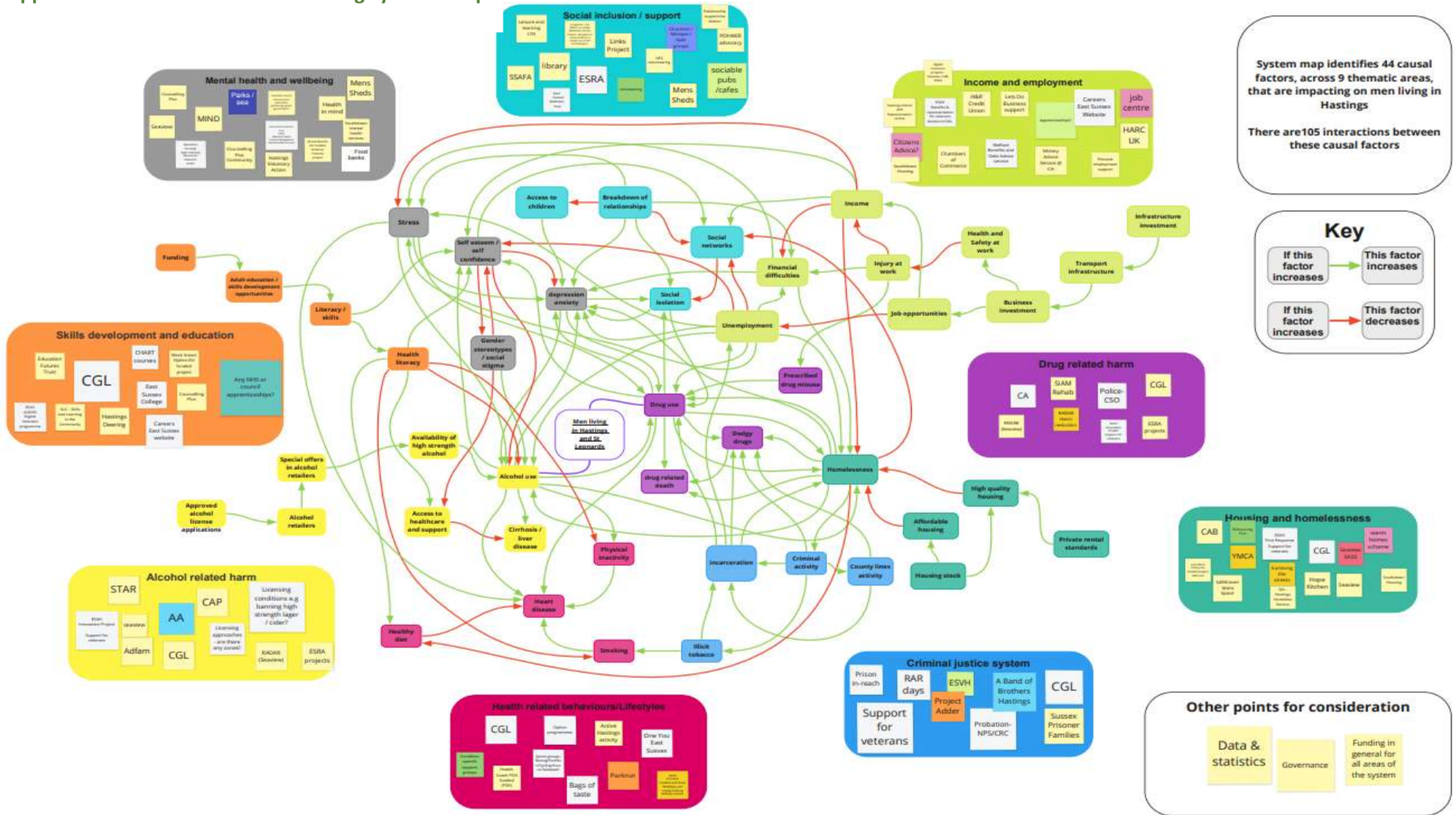
9. The future and aspirations: Every person spoken with was generally positive about the future. Some men had quite specific and personal goals like getting work, moving house, getting fitter and meeting a partner.

Fifteen recommendations were identified:

1. **Build on the positive aspects of Hastings** that men were proud of such as the sea, the numerous activities and events, and the rich history of the town.
2. **Address issues that may prevent people from being more engaged** in the town through fear of safety and crime, anti-social behaviour of local residents, and poor and irregular public transport.
3. **Continue to invest in activities to build a sense of community.** While some men said that people 'looked out for each other', some community centres had closed. There were some examples of where a sense of community had been built (such as the seven streets area of St Leonards), proving this can happen more widely.
4. **Recognise the challenge of a changing community** between men brought up in the town and people moving to the areas from mostly London or Brighton.
5. With exercise and 'keeping busy' seen as a positive coping mechanism and a boost to mental health, men often mentioned the **benefits of walking and cycling.** Improving cycle lanes and controlling road traffic flow could encourage this activity.
6. **Trying to help men find employment** is significant, as this serves as a gateway to pursue activities and interests that they may not be able to do at present due to lack of money.
7. **Invest in strategies to help men meet other men.** Most men had a handful of friends, although some had no friends (living locally). All men were interested in connecting with others.
8. **Consider an informal safe space specifically for men to meet other men.** This space does not have to be a physical building but could be around an activity that allows conversation.
9. **Some community spaces need to be more 'bloke friendly', 'less flaky'** and could be built around activities where men would feel more comfortable and trusted.

10. **Raising awareness of groups and activities for men** is required as once known, they are a source of making new friends.
11. Several men had experience of **volunteering**. As mostly connected through 'word of mouth', there is a need to raise awareness of opportunities, **simplify the application process and make volunteers feel appreciated**.
12. Specific to improving **mental health and wellbeing, the challenge remains to address the stigma of seeking help** and enabling men to have deeper conversations alongside the usual banter. This may be harder to address than raising awareness of support opportunities which was a further recommendation.
13. An additional challenge is to attract the 'under the radar' men who are less likely to seek support. **Offering support where men live (outreach activities)** may be more effective than trying to encourage men to visit a support service.
14. To attract men to use services when needed, men suggested that they need to be: **more focussed rather than trying to do too much; having more joined-up support services for signposting and learning from others; being more flexible services to allow them to operate out of office hours; having professionals who are suitably skilled in providing support to men; understanding a preference for single-gender groups; and that support services need to be tailored to people's specific needs**.
15. While men had several interests they would like to build on, recognise that most are limited by the costs involved. **Offer men more free or subsidised activities or hobbies**, for example, community gardens or activities in the park. Having set times and days for activities was thought to be more accepting for men.

Appendix 2. Mens Health and Wellbeing Systems Map



Appendix 3. Hosted Conversations and workshops across the system - **Housing and Homelessness, Mental Health, Crime and Antisocial Behaviour, Physical Health and Activity, Education, Training and Employment, Relationships and Social Connections and Drug and Alcohol Use.**

| Positive Impacts/What Works. | Negative Impacts/Barriers/Challenges |
|---|--|
| <ul style="list-style-type: none"> • Motivational talks – lived experience. Role models. • Someone to believe in you – to walk by your side. • Exploring/understanding early experiences and life transitions. • Prevention and Early Intervention. Putting the work in earlier – before it gets destructive. • Once connected to a service , getting support often things fall into place. • Young men given the space to talk – able to share their story. • Health Literacy and IT Literacy, rights. • Work in schools around life skills (money, tenancy, rights, realistic expectations). • Space to think differently – focus on the man inside Male friendly spaces. • Permission to focus on self. Being in a room with others can be enough. • Harm reduction. Understanding, guidance, support, trust, knowledge, training, hope. • Understanding impact on family, friends, community. • Get involved – work, activities, training, volunteering. More upskilling opportunities. • Knowing what's out there (practitioners and local men). Word of mouth powerful being seen. • Diverse opportunities locally - green spaces and seaside. Interest based. • Challenge the narrative around masculinity – media, organisations, community. • Mens voices being heard – get back to the why? Dads need to be heard. • Focus groups, consultations: Listening, hearing, and DOING! • Building on what men say works – funding for local projects that make an impact. | <ul style="list-style-type: none"> • Negative role models, social media hit on mental health. Unrealistic expectations. Danger of issues posted never going away. • Men often not seen as vulnerable by provision. Services under so much pressure. • Over the last decade less focus on mens issues. Women's Strategy, Me Too Movement, encouraging women to be more active etc,– • High risk males (criminal history, drug or alcohol use etc) services and landlords often won't support. • Life changes, history, transitions, moving to an area - trapdoor to fall through. • Early years, triggers in wider family and society. Experience of care, veterans, prison leavers, reoffenders etc. • Trauma is often at the heart – drug and alcohol use. • Addiction consumes your life – a full time job. It's a life over product. • Dual Diagnosis can seem like it's nobody's problem. • Men feel unloved and unloving. Experience fear, stigma. • Attitudes towards men (views around masculinity). Focus over the last decade has been on women. • Pressure on young men to be everything to everyone – feel scared – asking them to be something they're not. • Neurodiversity, long diagnosis time. Can be drawn to substances. Can struggle to access services and opportunities. (noise, light, distractions) No diagnosis an issue with older men. |

| Positive Impacts/What Works. | Negative Impacts/Barriers/Challenges |
|--|---|
| <ul style="list-style-type: none"> • Better use of corporate memory – what we have learned over the years around what works. • Collaboration across the system - better relationships between colleagues across sectors. • Tenancy sustainment, floating support, supported accommodation, resident councils, mediation. • Local Authority prevention strategies, home visiting, training for landlords and tenants. • Understanding the drivers of community safety – communities feel, and are, safer. • Wrap around support. Good relationships and trust across agencies. • Men experiencing a lot of grief – focus on what give them joy which can be difficult. • Whole community and asset-based approaches –community ownership. Peer led. • Family, friends, community connections, support networks. • Men are more open for change than we thought. • Address Language (descriptors), promotion, opening times, transport, location (much on seafront). Encouraging a balance between work and life | <ul style="list-style-type: none"> • Scarce resources or finding the resources that are there. Is the money going to the right services? Male pride, not wanting to ask for help. Fear of failure – how it will look. • Cutbacks at community level – in past more community workers – community coppers etc. • Mistrust of the system. People walk by and don't report ASB. • Impact of Covid – anxiety, isolation, people's attitudes/assumptions about disabled people. Trigger for past issues. Big impact on men. • Not knowing what's out there and Navigating the system. Not everyone tech savvy. Masses going on but never joined up. • Homelessness and insecure Housing. Rogue Landlords. • Low paid jobs, no big industry, changes in the job market, high housing costs. • Services not joined up – men don't want to keep telling their story. • The new normal is the way it is (health, community, employment). • Men often don't want to talk to their families or access services. • How to reach men who are not reaching out. • Self-medication – not able or willing to seek help. |
| <p style="text-align: center;">The diversity of local men, their cultures, lifestyles, needs, wants, experiences, and expectations must be recognised, explored, respected and valued.</p> <p style="text-align: center;">Vision for the future that's positive for men.</p> | |