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UK MEN'S SHEDS ASSOCIATION

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A REPORT ON CURRENT VIEWS AND EXPERIENCES OF SOCIAL PRESCRIBING IN MEN'S SHEDS

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EXECUTIVE SUMMARY

BACKGROUND

Over 1 million older adults are chronically lonely. Loneliness is associated with a range of negative physical and mental health outcomes. The UK government has invested in social prescribing schemes to tackle loneliness and its associated health impacts. Social prescribing refers people with health problems into community-based support and initiatives to enable group and peer support.

Men's Sheds are one example of a community organisation with involvement in social prescribing and has an overarching aim to tackle loneliness and promote wellbeing. Men's Sheds are friendly, lively, creative places where people can learn new skills, work on projects together or individually, enjoy each other's company and share jokes, stories and maybe even some of the problems and challenges they are facing. The Sheds aim to bring people together, to tackle loneliness through 'making environments', where men (and women) come together in a social space, doing practical activities (e.g., woodwork).

As one of the few community and social opportunities specifically tailored to men, Sheds have attracted the attention of health and social care services professionals, social prescribers and other statutory and voluntary sector agencies who seek to 'refer' their clients to groups and activities that may be able to help them. This project aimed to explore the experiences of 'referrals' to Sheds and the potential impact this may have.

WHAT WE DID

We surveyed 93 and interviewed 21 Shed members from various Sheds across the UK in summer 2021. Our survey asked Shed members about their experiences of joining and being a member of the Shed. Interviews were conducted using Microsoft Teams or Zoom and typically lasted 60 minutes. The interviews further explored experiences in the Shed and perceptions and experience of social prescribing and 'referral' processes. This included positive and negative experiences, concerns and suggestions to improve experiences of social prescribing in Sheds.

In March 2022, we also held an online, cross-nation event "Demystifying Social Prescribing in Men's Sheds", in partnership with Waterford Institute of Technology and Glasgow Caledonian University, bringing together Shed members, national Shed organisatons, academics and social prescribers from the UK and Ireland.

MAIN FINDINGS

- Joining a Shed was often associated with a significant change in personal circumstances. Be that through bereavement, retirement, being unable to work, a physical or mental health condition or diagnosis or moving to a new area. Coming to the Shed for the first time may be a big step after these transition periods.

- There is a unique essence to Sheds that creates a space for men (and women) to mutually share both skills and personal experiences, shoulder-to-shoulder and without judgement.

- One of the aims of Men's Sheds is to reduce isolation and loneliness which potentially makes them an attractive organisation for some social prescriptions.

- Collaboration, and community-focus is needed to build the ongoing productive working relationships with Sheds and to enable social prescribing in Sheds (and any community or voluntary organisation).

- Shed members care deeply about their Shed and fellow members but it is important to recognise that they are not trained health professionals. Their ethos is, "we care but we're not carers".

- A very real concern exists in some Sheds about how increases in social prescribing may impact the dynamics and essence of Sheds, leading to concern and a cautionary approach in engaging.

OVERVIEW OF RECOMMENDATIONS FOR SOCIAL PRESCRIBING IN SHEDS

We would encourage those who wish to make a 'referral' to bear the following points in mind when considering whether a Men's Shed is an appropriate destination for their client:

- Each Shed has a unique space, facilities, admission process, equipment, group dynamics and accessibility. A tailored approach to each Shed will be important.
- Collaborative relationships should be well established with the Shed prior to any referral process beginning. Get to know the Shed(s) in your area, taking time to visit and engage with them to really understand the ethos of each Shed and build confidence and trust.
- It is important to remember that most commonly, Shed members will have come to the Shed for their own personal needs. Shed members are often both volunteers delivering a service and the beneficiaries of the service too. Peer support is central to the Shed experience, but it is important to note that Shed members are not trained health or mental health professionals.
- To help with introductions to a Shed, it may be useful for Shed leaders and those involved in welcoming new members to understand the level of required support, adaptions or needs of the individual being referred, to help improve induction processes and integration into the Shed.
- It may be helpful for the social prescriber (link-worker, community connector etc.) to accompany the referred individual to the Shed in the first instance, particularly if they have additional needs or is unfamiliar with the workshop environment of Sheds.
- Sheds do not regularly make use of referral forms or systems (although individual Sheds are free to develop their own). It is highly unlikely that Sheds would want to take on additional form-filling or administration tasks, that might be a requirement of the referral, unless there were clear benefits to the Shed themselves.
- There may be additional legal, regulatory and health and safety requirements in Sheds and a collaborative-approach (led by the referring-party), to understanding and implementing these requirements is important.

FOR SHED LEADERS, THE FOLLOWING AREAS HAVE BEEN SUGGESTED BY OTHER SHEDS:

- The wellbeing of Shed members should be first and foremost in decision making.
- Each Shed can make their own decision as to whether they choose to accept referrals from social prescribing. A Shed may decide to say no if they feel that they cannot meet someone's needs or do not have capacity.
- The use of a trial period (e.g., three months) to allow the new member to decide if the Shed is the right fit for them before committing to join.
- Informal mentor or buddy systems for new members so that there is a consistent point of contact.

BACKGROUND

MEN'S SHEDS

Men's Sheds (Sheds) are 'making environments' where men (and women) come together in a social environment for doing practical projects. Sheds support their members (sometimes known as Shedders) through shared activities and social relationships, often doing work for community projects. Most Sheds are open to all genders but are predominately occupied by male Shed members. Shed's take a 'shoulder-to-shoulder' rather than 'face-to-face' approach, recognising that many men do not feel comfortable discussing personal matters, mental and physical health and wellbeing. Men are often more reluctant to seek support for mental health or disclose to friends and family (Seidler et al., 2016) and are more likely to use alcohol and drugs as coping mechanisms (Wylie et al., 2012).

There are over 600 Sheds in the UK and many more globally. The UK Men's Sheds Association (UKMSA) supports Sheds in growth and sustainability of the Shed movement. UKMSA aims to reduce loneliness in men (and women), increase wellbeing and support the development of Sheds.

Previous studies suggest that Sheds can impact health behaviours and attitudes of Shed members, through an inclusive environment of practical and social activities (Kelly et al., 2021). A health promotion initiative, 'Shed for Life' was trialled in Ireland (Bergin and Richardson, 2020). The findings raised the important question of whether Sheds ought to be utilised as places for health promotion and social prescribing initiatives. Whilst Shed members felt comfortable discussing physical health, talking about mental health was a concern. Members are concerned about the potential for stigmatising Sheds and the responsibility of peer support that they might be required to take on (Lefkowich and Richardson, 2018). Through this project, we explored how people are introduced into Sheds, including referral processes, such as social prescribing, and how these processes may impact experiences.

SOCIAL PRESCRIBING

Social prescribing connects people with physical or mental health conditions and those who are lonely or isolated, to available support within their community (Cole et al., 2020), through referrals from social prescribing link workers or other health professionals. For example, someone with high blood pressure may be referred to community support for weight, diet and physical activity through a walking group.

Research into the first roll-out of social prescribing in England found a lot of positivity, commitment and support toward social prescribing in the community (Cole et al., 2020), although the experience varied greatly in different areas. The evidence behind social prescribing has been criticised as being non-robust and heavily reliant on qualitative reports (Bickerdike et al., 2017; Pescheny et al., 2020). Updates of the evidence around social prescribing show some indication of decreases in loneliness, improved mental wellbeing, social connections and overall wellbeing (Polley et al., 2022b). The quality of the evidence remains mixed, and there are expected high levels of publication bias, where unfavourable outcomes are reported less. Moreover, in other areas, there is limited evidence, including the potential impact of social prescribing on wider determinants of health (including crime, welfare, spiritual wellbeing and modifiable risks). There is also little available evidence on the long-term impacts (beyond 12 months) of social prescribing, an issue that has also been affected by Covid-19. Any long-term data collected through this period cannot reflect the usual role of social prescribing, as this was a period of crisis management and 'check and support' roles that link workers undertook during this time (Polley et al., 2022a).

As social prescribing is increasingly being rolled out in the UK, it is important to understand how it can impact community and voluntary organisations and the referred individuals. Experiences may be different if you have been formally referred via health professionals compared to coming to the group of your own volition. There are many unknowns about how to promote Sheds as a potential health intervention and how to appropriately 'refer' into Sheds that we aimed to illuminate in this work.

METHODS

In summer 2021, we invited Shed members from Sheds across the UK to take part in an online survey, through the UK Men's Shed Assocation networks. A sub-group of survey participants were then invited to take part in follow-up interviews.

Ninety-three Shed members took part in the survey. We asked them about their demographics, the amount of time they've been with their Shed, how they first found out about the Shed and what their experiences had been like.

We interviewed 21 Shed members (10 interviews were with Shed Ambassadors (experienced Shed members who take on additional roles to raise awareness of Men's Sheds)). We asked interviewees about their experience and perception of social prescribing (presenting detail about social prescribing if needed). We asked Shed members to explain how new members have been 'referred' or signposted to their Shed and what processes were in place in their Shed to help this. We collected good examples of signposting from other community services into Sheds and we also heard less positive experiences.

All interviews took place online using Microsoft Teams or Zoom, and with consent were recorded and transcribed. The information from the interviews was interpreted and analysed using thematic framework approach (Braun and Clarke, 2006).

This study has been approved by the University of East Anglia Faculty of Medicine and Health Research Ethics Committee (2020/21-110).

FINDINGS

We surveyed 93 and interviewed 21 Shed members. Key areas from the survey and interviews explored the pathways and motivations to joining the Shed, understanding and experiences of social prescribing (both positive and negative experiences). We collated examples of signposting or referrals to Sheds and have generated four case studies based, presented later in this report.

Interview participant quotes have names next to them to help exemplify the range of quotes provided. These are not the real names of the people we interviewed, the names have been changed and participants given pseudonyms to for presentation of quotes.

JOINING A SHED

There were many pathways to and motivations for joining a Shed. Joining sometimes involved an informal 'referral' or signposting by a relative, spouse, friend or via another group in the community, there were some instances described in the interviews of formal referrals via social prescribing referrals routes.

"Well, what happens is we get an email saying they have a specific person they think would benefit from our Shed and then we also we get an email or a phone number or something for them. They've already talked to them about it and we just invite them in to come and have a look down and see what they think. And you know it's amazing how some people, they've all got issues, but when they come in - we have a laugh, a joke most of the time anyway - but it's funny how quickly they feel like they belong." Interview participant (Ray)

Often, joining the Shed was associated with considerable change in personal circumstances. This included bereavement, retirement, moving home, missing a work environment and experiencing a medical diagnosis (e.g., dementia) or a physical injury. Through joining a Shed, members wanted to meet like-minded people, make friends, reduce their experience of isolation, engage more in their local community and 'have a laugh'. Members also felt that being part of the Shed helped them to develop new skills, use tools and equipment, continue or develop their interest in making and mending things and for some, meet their desire to help others and share their own skills.

BEREAVEMENT

"My wife died in September 2016 and a friend suggested that I go to the Shed. I joined up in October 2016 and I have taken on an administrative and funding role with the Shed and have successfully raised money to cover the cost of expanding the Shed to be able to increase our membership capacity. I now feel very comfortable with my life. I have made new friends and many acquittances, which has taken away my previous negative feelings after the death of my wife." Survey participant

"I was dealing with feelings of morbidity and depression following a number of bereavements and was trying to help myself get back to some useful state of health mentally and physically. I tried a number of avenues to help myself including GP, bereavement counselling, mental health counselling, weight loss program. The Shed has been the most beneficial." Survey participant

PHYSICAL ACTIVITY

"I'd had a serious fall. I fell backwards downstairs onto a hard tile floor and I had a fractured skull. A bleed on the brain, concussion and broken ribs and I had problems getting confident again afterwards, it destroyed my confidence, and she took me along to the Men's Shed: "I think you might have a good time. There are some like-minded people there". And it did the trick." Interview participant (Bernard)

"I've been diagnosed with vascular dementia and I just needed to do things to keep me as independent as possible" Survey participant

"After I had a heart attack 5 years ago I was told by the doctors that I would become depressed some weeks later. My wife had heard about our local Shed from a friend and I decided to join. Best thing I ever did!" Survey participant

SOCIAL SUPPORT

"My wife is disabled and I am her sole carer. Both herself and her health support team suggested I join for some well-being time and social networking" Survey participant

RETIREMENT

Retirement could dramatically change an individual's day-to-day routine and busy lifestyle, this can be a considerable transition period. The Shed provided a reason to get out of the house, a way to "get out from under their wives feet" and a sense of purpose and value.

"Having left a full-time and busy job due to retirement, I suddenly had no purpose outside of my family life. The switch was too great and I suffered badly with some sort of depression. I saw a poster for the local Shed and went along." Survey participant

Being part of a Shed helped to create new identities, that were particularly important to people after they had retired, for example.

"I'm a Shed ambassador and I run my own Shed and people go "what's that?" Shed gives a new identity instead of saying I used to be a policeman or in the Navy." Interview participant (George)

EXPERIENCE OF SOCIAL PRESCRIBING

The participants interviewed were aware of and had knowledge of social prescribing, however there was a mixed level of experience with social prescribing in their Shed. Some described "some successes" (interview participant, Murray) where Sheds had several referrals and good links with social prescribing groups in their area. Other participants were not aware of any referrals in their Shed, but they knew their Shed had been contacted by local social prescribers. In some cases, there had been no referrals and no contact with local social prescribers.

Notably, all participants recognised the value of social prescribing and could appreciate why Sheds may be a suitable place for referrals. However, it was agreed that the decision to be involved in social prescribing should not be enforced and should be led by each Shed, enabling them to consider the Sheds unique capabilities and capacity on a case-by-case basis.

"I think social prescribing is a brilliant way of getting other people involved in the Sheds movement. But it has to be acknowledged. It shouldn't be forced on every Shed as a 'this is what you should do.' It's got to be every Sheds decision as to how it works for them." Interview participant (Maria)

"I'd certainly like to have those referrals in place, but it has to be done by the person doing that and knowing that the limitations of the Sheds and the network of Sheds. Because a lot of us are in the same position. It's just trying to manage people's expectations around, you know what we can do. You know, suggesting the place maybe somewhere to attend and not knowing those limitations and then that person to be disappointed with it." Interview participant (Eric)

TERMINOLOGY

The term 'social prescribing' was not always viewed positively and was seen as medicalising the social nature of the Shed and that the word is associated with prescribing someone 'to do' something, when there should be a natural (not forced) desire to join a Shed.

"Basically, that whether you call it social prescribing or social referrals, or social signposting is here or there, I personally don't think you should call it social prescribing, because of the problems with the prescribed words, because prescribe is you must do something. And my belief is that most people in fact 50% of people who have prescribed medicines do not follow the instructions as per the prescription. So prescriptions don't work anyway, but anyway, so social signposting does work." Interview participant (Tony)

POSITIVE EXPERIENCE OF SOCIAL PRESCRIBING

Where there have been positive relationships with social prescribing organisations, with a good understanding of the Sheds needs and capabilities, referral processes have worked well and set a good example for future connections.

"The referrals we get, they've been very good from [community development group]. They've not just chucked people our way, it's the ones that they feel that can get some benefit. So, we don't get problems or stumbling blocks because the people we get is suited to what we are." Interview participant (Ray)

Some Sheds had experienced additional benefits of linking with health professionals to enable health promotion initiatives within their Sheds through the link worker.

"I mean one of the Shedders wanted us to make a coffin, his own coffin. And so, one of the link workers was in the Shed and heard we were making the coffin and she said, well, how many of your Shedders had an end-of-life plan? And I said, well, I don't know - why don't you bring the end-of-life planning stuff in and talk to the guys that are making the coffee? And so, she ended up coming in and talking to six or seven Shedders about the end of last month." Interview participant (Tony)

EXAMPLES OF REFERRALS

Examples of referrals made included ex-service men, young adults, people with autism, terminal illness, people with dementia, post-stroke, people with mental health conditions and informal referrals from relatives and often wives. Moreover, for people who had been referred, participants described how the Shed could enable opportunities to share their skills and knowledge with others, learn from others and gain confidence and support within the Shed.

PARKINSON'S DISEASE

"Someone who'd worked on building sites as the site carpenter for all his working life and he got Parkinson's disease so he couldn't work on building sites anymore. And he came along to the Men's Shed. The first thing was, you know, there's no single working at all. You've got to be at least two people there at all times, so he always got someone there to keep an eye out for him. The other thing was he adored teaching other people. Passing on lots of this stuff that he'd learned through his career. I think that people with a lot of knowledge or skills, it is getting quite rare now. But it's nice to give them the opportunity to pass on that learning – it gives them a lot of rewards." Interview participant (Bernard)

EX-MILITARY

"He found that gap to fill in what was in his life because he was, you know, stuck around his wife and her carers because she had people coming in. She's got very limited mobility. He was living in a female environment. You know, his wife and his characters were all female and suddenly he could go somewhere where he can swear and he can tell a rude joke with the guys and he can mend bikes which he likes doing so you know some of them do work." Interview participant (Murrary)

"[Name], who was under rehab, in a wheelchair, he's very open and he said he was suicidal because he saw all his team die and he had guilt as well and so now he doesn't have use of his legs. but his brain is so sharp you know brilliant. So, he was under rehab for a year and then they said why don't you try the Shed? He came to the Shed." Interview participant (Amelia)

TERMINAL DIAGNOSIS

"Someone has just joined, literally this week he's joined and his prognosis is not good, so he has a year to live, and he knows it so he came in with his wife and you know – exactly the same - he doesn't want to be treated any differently. He's a nice guy. He's just making something like a box that he's gonna post to where his family live as a reminder, as a memorial, a reminder of him when he passes." Interview participant (Maria)

CONCERNS ABOUT SOCIAL PRESCRIBING

There were multiple negative reports of experiences of referrals into Sheds that had left the participants viewing social prescribing with caution. Often this included cases where a referral had been made without prior consultation with the Shed, the Shed were not made aware of additional needs or when new members arrived without their link worker or someone to assist them in their first few sessions.

"The trouble is the carers came in and to our surprise, they left this chap with us. Then they went outside sat in the car, and for two hours and left. And we didn't think that was good enough. It put pressure on us as individuals. We're not trained carers and we felt really uncomfortable, so we had to say we don't think this is gonna work. It's too dangerous." Interview participant (William)

"I think a lot of Sheds have learned by things going wrong, have learned when they've had a phone call from social services or a social prescriber or somewhere and said we're sending or we're referring somebody over, is that OK? And then that individual has then needed more support, and it's whether or not they've been able to provide that additional level of support. And often it's when something has gone wrong, or three months down the line. One of the Shedders turns around and says I really don't want to be supporting [name] every time I come in 'cause I'm not getting on with my own stuff, and I'm not actually finding I'm enjoying the Shed anymore because all I'm doing is looking after [name] every time he's here." Interview participant (Maria)

IMPACT THE DYNAMIC OF THE SHED

Some participants were particularly concerned about how referring people to the Shed may impact the dynamic of the Shed, with some Shed members arguing that new members should come to the Shed of their own accord and that arriving through a referral route may impact the motivation of the person referred and the enjoyment of existing members.

"I don't want it to destroy our Shed" Interview participant (William)

"I do think that referrals are not a good idea. I think if people want to come to the Shed, they should come themselves. There's nothing wrong with social prescribing telling people about this place but not referring them on. Not saying 'we've got somebody here, we'll send them' because you're going to spoil, no, you could possibly spoil members' enjoyment... it's going to be too much of a worry. You're going to take enjoyment away and people are going to be thinking 'I can't go there and relax and have a laugh and mess about and help people because that bloke will be there again and it's worrying me'." Interview participant (Esther)

RESPONSIBILITY

There were several areas associated with social prescribing that concerned the Shed members about the level of responsibility or accountability involved, including health and safety, space and accessibility and procedural or administrative burden.

HEALTH AND SAFETY

Health and safety of individuals in the Shed was a serious concern across interviews and participants recognised the responsibility of the Shed to ensure safety of their members. There were unfavourable experiences of new members with dementia, for example, being dropped off and left unsupervised at the Shed, with experiences of the individuals leaving the Shed and getting lost. Moreover, the workshop nature of Sheds created additional areas of risk when using tools or machines unsupervised (and recognising that there were no existing structures to enable supervision of every person when using machines). This created tension and concern for the Sheds, necessitating them to review their approaches to new memberships.

"And it will be difficult for us to assess people 'cause again, we're not medically trained… The problem is if you've got somebody who thinks he can use equipment and we've got no means of assessing whether or not that's true or not. That's where the danger is. It would be difficult for us to, you know, we would be seen as some nasty sort of autocratic organization if we started laying down laws to individual people when they thought that we're being unreasonable." Interview participant (Ethan)

SPACE AND ACCESSIBILITY

There were concerns raised about the accessibility of the Shed spaces, recognising how this may limit people with mobility difficulties to make use of these spaces. Where space was limited, this also impacted how Shed members viewed the inclusion of social prescribing link workers attending with new members, because there would be two additional people taking up the limited space.

"Although we have 4000 square feet, 30 guys doing serious work there, there's not a lot of spare space and one of the problems with people being prescribed to them, a lot need support. And what we've said is, well, we're not becoming their carers. So, if they need support, they need to come with that support, which is a bit of a problem because that means you get 2 for the price of 1." Interview participant (Murray)

PROCEDURE AND ADMINISTRATIVE BURDEN

Some participants described concerns about formalised social prescribing referrals and how this would impact the informal nature of the Shed.

"Some social prescribing schemes want you to fill in a ream of paper. They want you to be on a database of organisations who will accept clients who will support them, who will say they've been for how many hours this week? We've never wanted to go down that route because we are a membership group. We've always tried to keep it as informal as possible and that works for us as a Shed." Interview participant (Maria)

WE CARE BUT WE'RE NOT CARERS

An overarching theme of the interviews was that Shed members are not formal care service providers and although they do care, they are not carers. Sheds do offer a place for support, but their very nature defines them as a place where their members are also using the space as an 'escape' from their usual day-to-day responsibilities.

"Nobody minds generally helping out and doing bits and pieces to help someone. But they can't do or won't do it all the time because they're in there because of their own reasons, and it may be that they've got a partner at home who or someone you know living with them who's got the similar sort of things and they just want to get out and have a break from it. They don't want to go from caring at home to caring in the Shed environment." Interview participant (Eric)

"That men are a caring organization, but we are not carers, we do not have the staff expertise or training to be carers. So, anyone with any disability can be a member of the Shed, but only if they are safe on their own. There is no problem where someone with eyesight issues can't be a member of the Shed, but they would have to understand that they don't move round unguided. The headline issue is safety for the person and for other people around." Interview participant (Bernard)

Shed members had previous experiences of the Shed feeling like a 'dumping ground' and that referrals had been 'thrust upon them with an illness or a disability' Interview participant (Esther). Shed members are not trained to care for people with additional needs (and the impression was that they would not want to be trained). Shed members did not want to feel 'responsible for something we don't know what we're dealing with' Interview participant (Edward). For some, it appeared that not knowing what additional needs a referred individual had created an extra level of concern and caution towards the approach.

"I do believe that social prescription works, but I don't think it works very well when it's formalized. I think that's because there are other agendas at work. And it's difficult to connect a very almost rigid, a very formal agenda into the into the sort of laissez-faire world of Men's Shed." Interview participant (Murray)

"They see us as a means to an end, but they're not interested in the effect on us." Interview participant (Murrary)

CASE STUDIES

The four case studies are designed to complement thematic analysis by illustrating typical scenarios derived from the interview data. The case study vignettes were created to illustrate pertinent issues, and are anonymous and composite, use fictitious names and are based on a blend of stories derived from interviews which shared similar features.

JAMIE

Jamie, a young man with autism, who was not in education or work, arrived at his local Men's Shed after a referral via his GP who had suggested it to his parents as something which might benefit him. This Shed had good links with the social prescriber at local GP practice ("we are known about in the local surgeries [...] It's on their radar"), who was also a member of the Shed committee, and as such had good understanding of the Shed itself.

Jamie attended his first sessions at the Shed alongside his father. He was warmly welcomed by a Shed member who made an effort to spend time chatting with Jamie and his Dad, talking through the alternative activities he could try when he felt ready, and asking him what he might be interested in.

At first the Shed environment was quite overwhelming for Jamie: "He kind of almost hid in the corner. And if it got too noisy he had to go." However, over time, and with the gentle encouragement of other Shed members, Jamie began to feel better able to participate: "The lads were really good with him, they talked to him and he started to come out of himself a little bit."

With the support of the Shedders, Jamie adapted and began to find a niche in woodwork: "He became quite adept at the lathe which surprised him and us, and he did very well and his confidence increased enormously." Over time, his father no longer needed to accompany him and he began arriving independently at the Shed every week.

Jamie eventually stopped attending the Shed because he found employment. Though sad to see him go, members were delighted to have played such an integral role in his journey towards independence: "If it hadn't have been for the building confidence that he got through being in the Shed he wouldn't have got a job, so that was a good outcome. It's a good way to lose people."

Learning points

- Good local-level working relationship with prescriber/referring body, including an understanding of the nature of and capacity of the individual Shed to support the person who is referred
- Unique and transformative setting that Men's Sheds can provide
- Inclusion of a transition period whereby accompanying carer was in attendance while a new member settled in
- Welcoming and sensitive support from existing Shed members
- A range of activities available at the Shed and gentle pace of integration - 'making it work' for the individual.

HENRY

Henry was referred to the Shed via his GP surgery, following a head injury, which had affected his cognitive functioning. The Shedders had little information on the context of the referral beforehand and were unprepared for the level of support needs encountered.

A few weeks in, Henry began displaying volatile and abusive behaviour, which the Shedders felt unable to handle, including one upsetting episode where "He turned violent, really violent. A lot of people were worried. Where he was standing, there's a lot of hammers and stuff behind where he was standing shouting at people. People were worried he was gonna start slinging stuff around the Shed."

As a result of this, some members stopped attending, fearful for their own safety, and concerned about the implications of having to manage the disruptive behaviour. The Shed temporarily closed while the matter was considered and Henry was asked to terminate his membership: "We couldn't have any conflict there 'cause our members are vulnerable."

This was not an easy decision for the Shed to make, balancing their wish to include and support new members who need additional support against their own capacity to be able to offer the level of help required. This was also juxtaposed alongside the risk of undermining the established healthy dynamic of the Shed: "It's a really horrible dilemma… We're not proud of it, but it was a for the benefit of the majority […] There's a lovely mutuality about the [Shed] and we don't want to be doing mental health nursing."

The situation prompted the Shed to review their entire membership process, incorporating an application that includes signing up to core values (e.g., no abusive behaviour, or attending under the influence), and exploring what other services were available to signpost to for members who they felt unable to support. A probationary period was also introduced: "They come as a guest for a few weeks where they are assigned someone to look after them and help them and guide them and at the end of that period there will be a discussion about whether they should progress to full membership. It needs to be right for them as well."

Following this experience, the Shed have become wary of social prescription. However, they were prepared to consider engaging with referrals in the future if they felt assured that social prescribers could put an effective screening process in place, combined with a full understanding of the nature of and capacity of the Shed itself: "If [link worker] would visit the Shed, they would need to participate to understand the ethos and the flavour of the Shed; and they would have the big responsibility of screening potential members, we might be prepared to help, but only after discussion […] all of us have a social conscience, we would not want to not help somebody. We do. But there are going to be extreme cases which we are not qualified to help with and it's only the link workers who can do that screening process."

Learning points

- Shedders are not formal care providers
- Careful and difficult balance to be made between supporting new members and maintaining healthy dynamic of Shed for existing members
- The Shed was compelled to learn and evolve in a reactive way – in response to situation which impacted very negatively on members
- The need for established joined-up working relationships with social prescribers to mitigate against problems, and to ensure the match works both for the Shed and person referred.

RICHARD

Richard, a 32-year-old veteran, was first referred to the Shed through his rehab facility. "He was in the bomb squad, and he was in a wheelchair, all of his team had died in Afghanistan." When Richard first joined the Shed, one or two members of the Shed were briefed about his background by a member of staff from the referring rehab facility. Richard "suffered severely at times with PTSD and [was] welcomed with open arms."

Richard "was very quiet" when he first joined but he started working on small projects and was quickly recognised as being very useful and showed a lot of potential to the other Shed members. Richard started to feel that he was "doing useful things as well as contributing to the Shed".

The other Shed members were kind to Richard and included him in their light-hearted jokes and workshop banter. Quite soon, it looked like Richard could be a good supervisor in the Shed and was enrolled on other courses to train him to do so.

At this Shed, it was quite common that their members were "largely retired men… and ex-service people… people who've left the military and [were] finding the transition into civilian life somewhat difficult". The Shed had a good "understanding and connection" with their local referring organisation and they knew that "if at any time they had referred someone who wasn't right, we'd be able to ring them and say so".

For the Shed members, it was clear that Richards confidence had grown, "just doing one thing leads on to another, leads on to another achievement and [his] confidence is growing and it's really nice that we're part of their journey as they're progressing."

Learning points

- Sheds are welcoming places for support and rehabilitation (including for veterans) and could enable wider support system through relationships developed in the Shed, as desired.
- The natural essence of Sheds that can enable light-hearted 'banter' and camaraderie among members.
- The unique and transformative setting that Men's Sheds can provide.
- Welcoming and sensitive support from existing Shed members.
- A good working relationship with referring organisations, who understand the nature of the Shed and includes the Shed feeling that they can say 'no'.

GEORGE

The Shed received a call from a social prescriber about referring 'George', a man in his mid fifties, with dementia, to the Shed. The Shed were initially very cautious about accepting the referral.

The Shed had previous experiences of people with dementia in the Shed, this had included one instance when a wife of someone with dementia had been encouraged to get their husband to try the Shed so they could have some respite. However, the wife dropped their husband at the front door and said "I'll pick you up in a couple hours, I'll do some shopping… She went back and her husband was nowhere to be seen," as the husband had walked away from the Shed and was lost. The Shed members were understandably very concerned about this incident and about the responsibility placed on them: "Yes, we agreed that we're we are a caring organization, but we're not carers."

After this, the Shed adopted a policy that someone with additional needs must be accompanied by another person (friend, relative, carer, for example). However, this did impact the number of people who could fit into the small workshop space and sometimes meant others missed out.

In the past, the Shed members had felt like their Shed had been viewed as a "social club, sit down with coffee and natter" type of place. Previously they'd had calls with social prescribers where they'd explained that a person attending needs to be able to "be aware of his surroundings and to be able to keep himself out of danger."

Things were working better for the Shed now as it was felt that referring groups had a better understanding of "what Sheds are about" and could more appropriately refer people in.

When it came to 'George', the social prescribers knew him well and could comfortably say that he was in the early stages of dementia and was looking for a place for company now that he was no longer able to work. George would be accompanied by a support worker to the Shed, and it was suggested that George and the support worker come at a quiet time, in the first instance. This meant that George could see what was on offer at the Shed and get to be familiar with the space, without lots of noise.

George and the support worker both became members of the Shed and attended regularly. George could help with some woodwork projects and often told jokes to the group. He really enjoyed having a space to have a laugh with other blokes.

Learning points

- There are important health and safety considerations when referring to Sheds and the safety of all members is paramount.
- Shed policies may be adapted to suit the referral process each individual Shed may choose to take. This is an individual Shed decision.
- Shed members care deeply but they are not formal care providers.
- Social prescribers with a good relationship with the Shed and a good understanding of what the Shed can offer, and the needs and abilities of the person they are referring enables more effective referrals.

SUMMARY

Through our survey (93 Shed members) and interviews (21 Shed members) we heard the valuable and unique space that Sheds provide, particularly as an inclusive space for men. Often, people came to Sheds at a time of significant life adjustment, such as through retirement or bereavement, and the Shed provided a place of solace, giving purpose and meaning to daily life.

Sheds will have a high appeal to some social prescriptions, as they offer a unique approach to supporting the social connectedness of (particularly) men, in a shoulder-to-shoulder way, with reported multiple benefits to their members. Be that through sharing or learning skills, being valued, having purpose, 'banter', male company and inadvertently supporting each other in a uniquely male way. However, we know that most Sheds are run entirely by volunteers and Shed members will be attending the Shed for their own personal reasons and have expressed concerns at taking on additional pressures and responsibilities that may come with welcoming referrals through social prescriptions.

We did not interview anyone who had been referred through social prescribing schemes into the Shed, more often individuals had found out about the Shed themselves, through their communities or had been recommended to attend by a relative or spouse. Because of this, we cannot speak to the true experience of what being 'referred' to or introduced to a Shed through a social prescribing scheme is like. We did hear the experiences of existing Shed members who reported cases of 'referrals from a range of backgrounds, who had considerably benefited from the Shed. However, in some Sheds, these have been very difficult experiences of referrals from organisations. This had left a very real concern in some Sheds about how social prescribing may impact the natural essence and dynamics of Sheds. We have exemplified the examples of both positive and negative experiences of social prescribing or referrals in Sheds into four case studies with key learning points. More research is needed to understand the experiences of people who are introduced to Sheds through social prescribing pathways.

Based on our findings and feedback from the UKMSA Health and Wellbeing Advisory Group, we have created two sets of recommendations for social prescribing or referrals into Sheds. One for Shed Leaders, and one for organisations wishing to make a referral to Sheds. As with any community or voluntary organisation, building good relationships with the group is key. And for Sheds, it is important that they are able to each make their own informed decisions about accepting referrals in Sheds. The findings from this report provide a detailed overview of this project, outlining methods, detailed results, the main findings and recommendations.

Men's Sheds create a unique space for men to support and share both skills and personal experiences in a shoulder-to-shoulder approach. There are mutual aims between social prescribing and Sheds to reduce loneliness and social isolation. There have been some good practice examples of social prescribing in Sheds, but many concerns exist, and further evaluation is needed to enable a collaborative and community-focused relationship in the future.

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