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Fisher, JC, Lawthom, Rebecca, Hartley, Sandra, Koivunen, Emma and Yeowell, G (2018) Evaluation of Men in Sheds for Age UK Cheshire Final Report July 2018. UNSPECIFIED. Manchester Metropolitan University. (Unpublished)

**Publisher:** Manchester Metropolitan University

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# **Evaluation of Men in Sheds for Age UK Cheshire**

## **Final Report**

### **July 2018**

**Commissioned by Age UK Cheshire**  
**2017-2018**

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## Acknowledgements

The research team are incredibly grateful to all the men who completed the questionnaires, the men and their families who took part in interviews. We also thank the community partners who participated in interviews and the Shed co-ordinators who were part of the focus group. Thank you to all the men in the Sheds who made us very welcome.

## Executive Summary

This report is on an independent external evaluation of the Age UK Cheshire Men in Sheds project. A research team from Manchester Metropolitan University between April 2017 and January 2018 carried out the evaluation. The evaluation draws on a mixed-methods study (self-reporting quantitative and qualitative research methods). The self-reported quantitative surveys used were the Warwick-Edinburgh Mental Well-being Scale and the SF-36 survey. We interviewed 19 men who attend the 4 Age UK Cheshire Sheds and 10 family members. Three men volunteered to provide a case diary for the evaluation. We also undertook a focus group with 4 Shed co-ordinators, and 5 voluntary interviews with community partners, and drew on secondary data provided by Age UK Cheshire.

The findings of the evaluation suggest that:

- Men join the Sheds because of a significant life event and facing issues including retirement, loss of a spouse, illness and after diagnosis of a chronic condition.
- Attending the Sheds enhances men's self-esteem and increases their confidence as they engage in meaningful activity, gain a sense of purpose, and share their woodworking skills with other men. Helping others and sharing their knowledge led to feelings of being worthwhile and having something to contribute.
- The Sheds provide a much-needed opportunity for men who have not previously engaged in community activities to socialise and increase their social connectedness. This was particularly the case for men who live alone or who had chronic long-term conditions. It was noted that some men do not usually have the same opportunities for social activities as women and the Sheds seek to fill that gap.
- The Sheds provide a facilitative environment for older men to learn new skills and develop their existing skills with support from the Shed co-ordinators and others more experienced in woodwork. The extensive range of woodworking tools are greatly appreciated by the men and this enables them to develop their skills further.
- This evaluation set out to explore whether the Sheds are meeting the needs of the men who attend. The Sheds do meet the needs of the members. However, we do not know if they meet the needs of the men who do not attend. The Sheds have had limited success in engaging older men from black, Asian and minority ethnic groups. This may be reflective of the demographics of the communities in Cheshire, in which the Sheds are located.

- The Shed co-ordinators are central to the success of the Sheds and their role is integral to future planning. They play an important role in reconciling the men's expectations of what they can achieve at the Sheds and managing issues between the men. The co-ordinators experience some role limitations in terms of managing their wide range of responsibilities. The distance from Age UK Cheshire head offices was viewed as an issue that contributed to feelings of isolation amongst the co-ordinators.
- Attending the Sheds had led to new friendships for some of the men and these friendships generated a sense of belonging. Camaraderie between colleagues was a key theme. It was evident that banter plays a role in facilitating social relationships although not all participants welcomed the banter and swearing.
- The Sheds provide an environment for older men to spend time outside of their homes and this enhances their family relationships and family members' well-being. For those family members caring for men living with dementia or physical and mental disabilities, the Sheds provide a respite.
- The Sheds contribute to the communities in which they are located through making and gifting items that raise funds for charitable activities. Community organisations enjoyed working with the Sheds and felt that the men and co-ordinators were welcoming and keen to support community activities.
- Shed members were divided in opinion over the production and sale of products to generate income to cover the running costs.
- The Sheds provide a compassionate and supportive space for older men to share their health concerns and experiences with other men that is separate from traditional therapeutic interventions. Talking with other men and having somewhere to go during the week contributed to a reduction in feelings of depression.
- Attending the Sheds supports the maintenance of the men's overall health status and physical health statistically. Despite the men who attend the Sheds, having a lower score than the general population in all domains, which assess quality of life, statistically maintenance in these areas was still achieved. The mental well-being scores for men aged 65 years and above were higher than the normative scores for this age group and remained higher six months later, there was though deterioration in mental well-being scores overall. Therefore, it would be of value to consider further, how the mental well-being of men who attend the Sheds can be enhanced.
- The Sheds can provide an opportunity for older men to engage in physical activity, keep mobile and live less sedentary lives than they would if they did not attend the Sheds.

## Introduction

Age UK Cheshire commissioned Manchester Metropolitan University to undertake the evaluation in February 2017. The Age UK Cheshire Men in Sheds project, established in 2008, is mid-way through its second JTI 3-year funding cycle. The Men in Sheds project is one of many initiatives supported and run by Age UK Cheshire that aim to support older adults to age well in communities across Cheshire. The four Sheds run by Age UK Cheshire are located in Cheshire. Three are in Cheshire West (Ellesmere Port, Chester, Hartford) and one is in Cheshire East Crewe.

## Aims of the evaluation

The overall aim of the evaluation was to investigate what works about the Sheds, for whom does it work and in what circumstances. We used the following research questions:

1. To what extent does attendance at Men in Sheds enhance self-esteem and increase confidence for the men?
2. How does attendance at Men in Sheds reduce risk of perceived social isolation?
3. In what ways do the Sheds provide an environment conducive to learning new skills or developing existing skills?
4. How are friendships and companionships facilitated at the Men in Sheds?
5. To what extent does attendance at the Sheds improve social relationships outside of the Shed environment?
6. How can Sheds support the attendees' wider community participation?
7. What are the positive impacts of Men in Sheds on the community in which they are located?
8. To what extent has the emotional and physical health of the men improved as a result of attendance at the Sheds?
9. How have the attendees increased their awareness of depression and anxiety and to what extent does this reduce stigma?

## Background

### Older men – health and well-being

The number of older adults (aged 65 years and over) in the UK is rapidly increasing and this generates challenges for society in how to support people to age well in communities. This is in the context of changes to living arrangements, potential loss of social supports, retirement and decline in physical and cognitive capacities. The ageing-in-place agenda argues that the preferred place for older adults to age is at home within communities, so that they can remain active, independent and socially connected (Wiles et al., 2012). Active and healthy ageing agendas challenge the perception that old age is a negative experience and that older adults can make a positive contribution to their communities (Sixsmith et al., 2014). However, successful ageing in place requires community-based support for older



adults that facilitate social participation, independence, keeping mobile and being active (Wiles et al., 2012).

In the UK, men have lower life expectancies compared to women (Office for National Statistics, 2016) and the number of older adults who live alone in the UK is increasing (Crabtree et al., 2018). There will be one and a half million older men living alone in England and Wales by 2030 (Independent Age, 2014). Older men are more at risk of being lonely and socially isolated (Milligan et al., 2013). The impact of social isolation and loneliness on mortality has been compared to that of cigarette smoking (Holt-Lundstad, 2010) and obesity (Holt-Lundstad, 2015) and increases the risk for cognitive decline (James et al., 2011). Weak social connections, loneliness and social isolation are linked to health and well-being factors, especially for older men who are living alone and not in employment (Jagger et al., 2014). Retirement can be a critical life event that leads to men losing touch with colleagues and friends, leading to social isolation and a decline in physical and mental health (Nurmi et al., 2018)

Older men are less likely to join community groups where they can be social and meet new people and to ask for help (Reynolds et al., 2015) and research clearly highlights the need for gendered health and well-being services for older men as they reach retirement age (Nurmi et al., 2018). With the exception of Men in Sheds, there are limited opportunities for men to engage in community-based social activities (Milligan et al., 2016) and less gender specific support services available for men.

### Older men in Cheshire

For the purposes of this report, we have focused on demographics from Cheshire West and Chester (the area where the four Sheds are located). We draw here on data from the Cheshire West and Chester Joint Strategic Needs Assessment (Cheshire West and Chester, 2018). Twenty one per cent of the population of Cheshire West and Chester are aged 64 years and sixteen per cent of the overall population live in areas ranked as in the top twenty per cent deprived areas in the UK. Life expectancy for men and women is slightly above average for England although there has been gradual decrease in improvement of life expectancy for men, and between 2013 and 2015, men (79.7 years) have a significantly lower life expectancy than women (83.2 years) although the gap is narrowing with increases across deprived and affluent areas. Overall life expectancy at birth is higher for men and women who live in rural areas of Cheshire West than in the more populated localities including Ellesmere Port.

### Men's Sheds

Men's Sheds is a global programme that is rapidly growing within the United Kingdom. The programme originated in Australia in 1998, and there are now Sheds in Canada, Denmark,

New Zealand, Australia, Kenya, Ireland and the UK. Sheds are typically located in workshop-type spaces or large sheds in community settings and provide opportunities for older men to connect with others through engagement in hands-on activities. Wilson et al. (2015) developed typologies of Men's Sheds building on the work of Hayes and Williamson (2017) and Sheds can be classified in five ways:

Occupational skills: formal workspaces for maintaining, learning or regaining skills

Health: the focus is on improving health outcomes and provision of health support

Recreational opportunity: focus is on a space to spend leisure time and the workshop element is secondary.

Social opportunity: provision of social opportunities and social support for the men

Mixed: education and community activities

The Age UK Cheshire Sheds can be classified as providing occupational skills and social and recreational opportunities.

There is increasing national and global academic literature on Men's Sheds particularly from Ireland, Australia and Canada (see for example: Carragher and Golding, 2015; Mackenzie et al., 2017; Nurmi et al., 2018; Reynolds et al., 2015). The majority of research to date has been undertaken in Australia and Canada.

## Methodology

All four Sheds that are managed and run by Age UK Cheshire (Chester, Crewe, Ellesmere Port and Hartford), were included in the evaluation. In order to evaluate what works, for whom and in what circumstances, and to meet the aims of the evaluation, we undertook a mixed-methods study focussed on 3 key strands: Strand 1 – the attendees at the 4 Sheds; Strand 2 – family members and; Strand 3 – the wider community in Cheshire (see Table 1). The four Sheds were already operating before the evaluation. Not all of the men who attend the Sheds participated in the study, as engagement was voluntary.

Ethical approval for the study was obtained via the standard channels at Manchester Metropolitan University (Ethics application 1467).

Table 1 provides a list of the research methods used and when and the number of participants.

**Table 1: Research methods, time period when methods undertaken and number of participants**

Method	When	Number of participants
Warwick-Edinburgh Mental Well-being scale (WEMWBS) questionnaire	May and November 2017	57 men (full data for both surveys)
SF-36 questionnaire	May and November 2017	86 men
Semi-structured interviews with men who attend the 4 Sheds	September – December 2017	19 men Chester – 5 men Crewe – 5 men Ellesmere Port – 5 men Hartford – 4 men
Semi-structured interviews with family members across the 4 Sheds	October – December 2017	10 family members Chester – 4 participants Crewe – 3 participants Ellesmere Port – 1 participant Hartford – 2 participants
Focus group with co-ordinators	November 2017	Senior co-ordinator and 3 co-ordinators
Case studies	1 – 3 months (June 2017 – October 2017)	2 Crewe and 1 Ellesmere Port
Community partners interviews – telephone and email	December 2017	5 participants Ellesmere Port – 1 Chester - 1 Crewe - 1 Hartford - 2

## Strand 1: The attendees

### Questionnaires

Two questionnaires were utilised to investigate the impact of Men in Sheds on the physical health and mental well-being of the attendees:

SF-36 – an indicator of overall health status

The Warwick-Edinburgh Mental Well-being scale (WEMWBS) which investigates mental well-being.

The **SF-36** is a set of self-reported quality of life measures. The tool has been shown to be a valid and reliable measure of health status (McHorney et al., 1994; Ware and Sherbourne, 1992; Ware et al., 1993). The SF-36 has six sections, each containing several questions. Each has scaled scores; the scores are weighted sums of the questions in each section. Scores range from zero – 100. The **lower** the scores = **more** disability, the **higher** the scores = **less** disability. Therefore, a score of zero is equivalent to maximum disability and a score of 100 is equivalent to no disability.

The sections are: Physical functioning; Role limitations due to physical health; Role limitations due to emotional problems; Energy/Fatigue; Emotional well-being; Social functioning; Pain and; General Health.

The **Warwick-Edinburgh Mental Well-being Scale (WEMWBS)** assesses positive mental health (mental well-being). WEMWBS is a 14 item scale with 5 response categories, summed to provide a single score ranging from 14-70. The **higher** the score **the more positive a person's mental well-being**. The items cover both feeling and functioning aspects of mental well-being.

The two self-reported questionnaires were distributed to the Men at the following Sheds at baseline and then 6 months later: Ellesmere Port, Crewe, Hartford, and Chester. In total 86 participants completed the questionnaires.

### **Semi-structured interviews with men**

We interviewed 19 men across the four Sheds at the Sheds during site visits. The men self-selected to undertake the interviews and they were undertaken by three members of the research team (Fisher, Lawthom and Koivunen), between September and December 2017. We asked the men to reflect on their engagement with the Sheds including:

how long they had attended the Shed; their reasons for joining the Shed; how they found out about the Shed; their experiences of attending the Shed and the ways in which attendance had impacted on their lives including health, well-being, family relationships); what they did at the Sheds; likes and dislikes about the Sheds and; social connections at the Shed.

The interviews lasted between 20 and 45 minutes, were audio-recorded and transcribed. Fisher undertook a framework analysis of the interviews and Lawthom checked the themes and sub-themes. The participants are referred to using initials for the Sheds (CH – Chester, CR – Crewe, EP – Ellesmere Port and H – Hartford) and a number allocated to the man. Table 2 provides participant information.

Most of the men that we interviewed attended the Sheds at least 2 days per week and many attended for the full four days that the Sheds are open. They had attended the Sheds between 4 weeks and 10 years with 5 years being the average length of attendance. All of the men who took part in the evaluation were White British.

**Table 2: Men interviewed**

Participant	Proximity to shed	Travels to Shed	Marital Status	Age
CH1	5 miles	Bus	Married	65 - 69
CH2	15 miles	Car	Widowed	70 - 74
CH3	1 mile	Car	Married	80 - 84
CH4	2 miles	Car	Widowed	65 - 69
CH5	2 miles	Bus	Single	45 - 49
Cr1	1 mile	Mobility scooter or walk	Married	55 – 59
Cr2	2 miles	Lift from father	Single	40- 44
Cr3	1 mile	Bike	Married	60 – 64
Cr4	2 miles	Car	Married	75 – 80
Cr5	5 miles	Bus or lift from wife	Married	70 – 74
EP1	2 miles	Car	Married	60 – 64
EP2	2 miles	Car	Married	65 – 69
EP3	1 mile	Car	Married	70 – 74
EP4	1 mile	Walk	Married	65 – 69
EP5	2 miles	Car	Married	65 – 69
H1	1 mile	Car	Married	75 – 79
H3	7 miles	Car	Married	65 – 69
H4	3 miles	Car	Married	40 – 44
H5	6 miles	Car	Married	65 - 69

### Case studies

The purpose of this method of data collection was to gain an insight of the men's experiences of attending the Shed. We asked the men to describe what they were doing in the Shed and their thoughts about the Shed, including any events and observations. The research team provided the men with a Dictaphone, notebook and a camera, as options for recording their experiences. Three men kept a diary, aged 43, 60 and 77 years, and they had been attending the Sheds for over a year. These were kept for between one and three months. Two participants used a dictaphone, and one wrote their diary by hand. The recorded diaries were transcribed, and the handwritten diary was typed up. The diaries were analysed by Koivunen using Framework analysis and checked by Fisher. Case studies are referred to using CS and a number allocated to the participant.

### **Focus group with Shed co-ordinators**

In November 2017, Fisher undertook a focus group with three of the Shed co-ordinators and the Senior Shed co-ordinator (all employed by Age UK Cheshire). The focus group took place at Ellesmere Port Shed. At the time of the focus group, one of the Sheds was without a co-ordinator. The co-ordinators have been in post between 3 months and 8 years and 2 have previously been Shed members. They have had previous careers in the police, engineering, telecommunications and industry. The focus group was two hours long and questions to prompt discussion were: what works about the Sheds, for whom does it work and in what circumstances? The focus group was audio-recorded and transcribed. Fisher undertook a framework analysis of the transcript and the themes and Lawthom crosschecked sub-themes. The participants are referred to as FG1, FG2, FG3 and FG4.

Key themes that we identified were the significant contribution that the co-ordinators make to the management of the Sheds and the need to consider future proofing of the Sheds (funding and appealing to a younger audience of men). Further, the co-ordinators noted that the Sheds are different: the amount of space within each and the approach to fund-raising.

The Sheds meet the needs of the men who attend through providing an intervention and a space that enables men to connect with others, to keep active, enhance a sense of self and because they are hybrid workspaces that replace previous employment spaces.

### **Strand 2: Family members**

We interviewed 10 family members of men who attend the Sheds. The men identified a family member (convenience sampling). Fisher and Koivunen contacted the family members and interviews took place in person or by telephone. The interviews took place at the family members' homes or in a venue local to them. The semi-structured interviews explored a range of areas:

what their family member thinks about attending the Shed; their views on the family member attending the Shed; what the man did pre-Shed attendance; what they did while the man attends the Shed; engagement with the Shed; benefits (including health) for the man of attending the Shed; views on or concerns about the Sheds; impact on the man of attending the Shed; and advice to other families about the Sheds?

The interviews were audio-recorded and transcribed and then analysed by Fisher using Framework analysis. We asked the family member how they were related to the man and their employment status was discussed as part of the interview. Family members are referred to using a code for the Shed and a number and F to indicate family member.

**Table 3: Family members interviewed**

Participant	Shed	Relationship to man	Employment
CH1F	Chester	Wife	Part-time
CH2F	Chester	Father	Retired
CH3F	Chester	Sister	Part-time
CH4F	Chester	Daughter-in-law	Part-time
CR3F	Crewe	Wife	Retired
CR4F	Crewe	Father	Retired
CR5F	Crewe	Wife	Retired
EP1F	E Port	Wife	Retired
H1F	Hartford	Wife	Retired
H2F	Hartford	Sister in law	Retired

### Strand 3: Wider community

#### Community Partner interviews

We interviewed five community partners who have a partnership with the Sheds. The community partners were identified by the Shed co-ordinators. The interviews explored three key themes: how they were connected to the Sheds and when they first became aware of the Shed; experiences of engaging with the Shed and; views on how well-known the Sheds are and impact on the local community. A total of 5 people were interviewed, 4 by telephone, 1 by email. Interviewees were staff and volunteers from local primary schools, local community organisation, and organisations that help people with disabilities. At least one participant had experience of all 4 Sheds. The interviews were transcribed and analysed by Koivunen using framework analysis. Organisations are referred to as C and then allocated a number.

**Table 4: Community partner organisations interviewed**

Code	Type of organisation	Distance from Shed	How engaged with Shed
C1	Primary school	2 miles	Ordered something
C2	Primary school	3.5 miles	Ordered something
C3	Organisation for people with learning difficulties and physical disabilities	2 miles	Ordered something & collaboration
C4	Community organisation	10 miles	Collaboration
C5	Charity for children and young people with disabilities	7 miles	Ordered something & collaboration

## Shed profiles

Age UK Cheshire runs four Sheds in Chester, Crewe, Ellesmere Port and Hartford. Each Shed has a co-ordinator who is a paid employee of Age UK Cheshire supported by delegates from the group of men who attend the Shed. A Senior Co-ordinator oversees the four Sheds. The project started by Age UK Cheshire in 2008 to address social isolation among older men.

Two of the Sheds are located in industrial units, one is on a business estate in a unit and one is in a former school. During the time-period of our evaluation, 235 men were registered as attending the four Sheds aged between 45 and 92 years.

Information from Age UK Cheshire, the Shed members and the co-ordinators evidence that the Sheds do not attract a large number of men from non-White British ethnic groups. The demographics of the men who attended during the period of our evaluation are representative of the communities in Cheshire in which the Sheds are located.

### Chester Shed

The Chester Shed, located on an industrial estate, is the smallest Shed run by Age UK Cheshire, in terms of size and number of attendees. During the evaluation period, 31 men were registered as attending the Shed aged between 47 and 89 years and one was a delegate.

### Crewe Shed

The Crewe Shed is located in a former school. During the evaluation period, 68 men were registered as attending, aged between 30 and 87 years (four attendees did not provide their age), with four delegates.

### Ellesmere Port Shed

The Ellesmere Port Shed is the largest Shed and located on an industrial estate. The Shed has a woodworking space, and also a small gym, pool table, computers and a social room with computers for the men to use on the mezzanine level. During the evaluation period, 75 men were registered as attending aged between 45 and 92 years (three attendees did not provide their age), and six were delegates.

### Hartford Shed

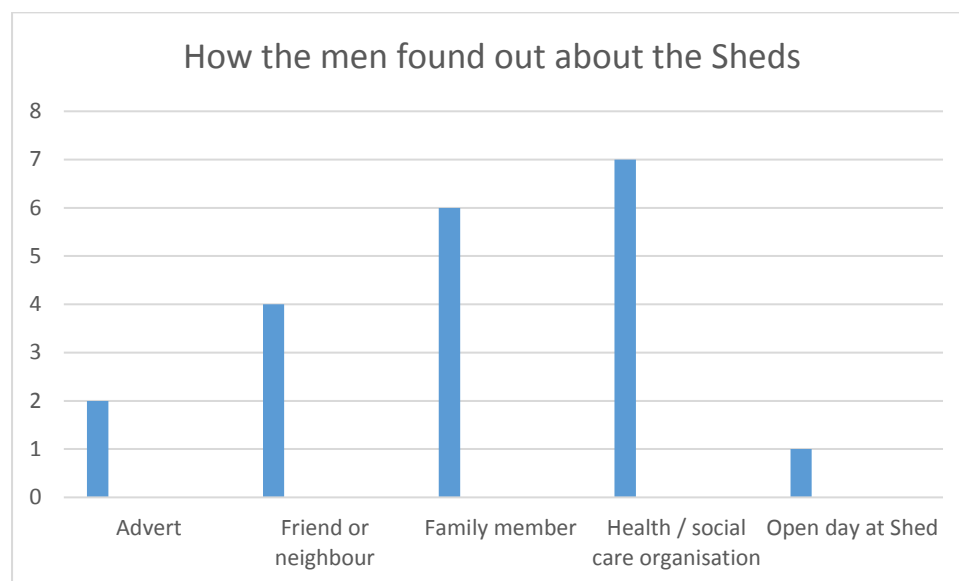
Hartford Shed is located on a business estate in a unit close to Age UK Cheshire Headquarters. During the period of the evaluation, 75 men were registered as attending the Shed, aged between 43 and 97 years (five did not provide their age) and there were six delegates.

### How the men found out about the Sheds

The men who participated in our evaluation found out about the Sheds through a range of sources. Our findings are comparable with the overall information provided by Age UK Cheshire.



**Fig 1: How the men found out about the Sheds**



Men with long-term conditions or needing social support were referred or signposted to the Sheds by health and social care service organisations including the North Wales Brain Injury Service and local authority social care. Other men found out through a serendipitous route, such as seeing a poster or chatting with a friend. Family members (especially wives and daughters) recommended the Sheds to the men, as they were concerned about social isolation, wanted some space away from their spouse, or needed a break from being the only person the man confided in. Personal recommendations or invitations were significant in recruiting Shed members.

## Key findings

The findings from the evaluation are structured according to the evaluation questions. After we have considered each question, we consider the overall aim of the evaluation. All of the participants have been anonymised.

### To what extent does attendance at Men in Sheds enhance self-esteem and increase confidence for the men?

Attending the Sheds provides the men with meaningful activity and through doing this, their self-esteem is enhanced and there is an increase in confidence contributing to feelings of self-worth. All of the men interviewed told us that they had retired as they reached the state retirement age or retired early due to ill health. Retirement is a significant life event that many people do not prepare for adequately and can lead to depression, low self-esteem and confidence. Other significant life events are loss of a spouse or being diagnosed with a chronic illness, and these were reasons given for the men's initial engagement with the Sheds. Generally, the men said that attending the Sheds had given them a sense of

purpose and sharing their skills with others increased their confidence. A case study participant wrote in his diary about how the Sheds made him feel useful:

*Got 3 days off now boo! Never mind it will soon be Monday morning so we can all have a catch up. In a way it's funny because when I went to work I could not wait for my days off but now I am retired I can't wait to go to the Shed because people make you feel useful and we all have a great time. It's a great place go to and if I get stuck doing my projects there is always somebody to help me out just like I help out we all help each other which is fantastic. (CS2)*

Another case study participant described how he enjoyed helping others and that meant a lot to him personally:

*It really gives me a good boost knowing that I have helped somebody in return, and not only just in return but helping people and putting a smile on their face and when they say thank you for helping me, well that is something else that is. That means more than anything in the world. It is not only that, I think I take it more like that because of my disability because I have had a lot of things taken away from me so helping people is good. (CS1)*

Through sharing their skills with other men, the Shed members commented that they felt they had something to offer, particularly when they themselves had a disability or had become unwell. Previous to attending the Sheds, they had started to feel 'a bit useless'. Family members reinforced the men's perceptions of gaining confidence and spoke of the men's pride in bringing home items that they had made and were keen to show the items to the research team. The sister of one Shed member spoke about the confidence gained from using a new piece of equipment:

*If they can suddenly conquer something that they haven't been able to do it does, it builds their confidence up. (CH3F)*

Many of the activities that the Shed members engage in are joint projects for community organisations or for sale to raise funds for charitable organisations and this was an important part of the increase in self-esteem:

*The self-esteem that come from, we are going to do a project, or you are going to do a project and you've done that project and you give it to the client or you give it to the councillor or you give it to the care home or you give it to your wife or your daughter. (FG4)*

Nine of the men we interviewed are delegates and have a volunteering role, and two others were applying to be a delegate. It was evident that these men enjoyed this role and the responsibility that came with it and this had enhanced their confidence and self-worth.

### How does attendance at Men in Sheds reduce risk of perceived social isolation?

Experiences of feeling socially isolated previous to joining the Sheds were common in our findings. The need for positive social interaction was a significant theme across the interviews with the men and family members and the case studies, and we consider this in a later section. Attending the Sheds was a key motivator to leave the house and stop 'watching the bloody telly which would drive me round the bend' (CH2). The men reflected on life events that had led to feelings of loneliness such as retirement and death of a spouse. While some had their own work spaces for woodwork at home (garden sheds and garages), they preferred to make things in the company of others and preferred the routine of attending the Sheds.

It was evident that retirement or loss of a spouse led to an increase in perceptions of social isolation for the majority of the men at the Sheds, particularly if retirement had not been planned in advance. They missed the social contact with former colleagues particularly the banter. Sixteen of the men who took part in the interviews were married and in the main, their partners had encouraged them to attend the Sheds because the men missed their work relationships and the couple were unused to spending the daytime together:

*You have guys obviously that come along because they are isolated, but also there are a number of guys that come along who suddenly have found themselves, they have retired and all of a sudden are spending 10 hours a day with the wife and both the wife and the men realise they don't really want to be spending 10/12 hours a day in each other's company..... it is too much so it is a bit of respite from the wife and the man to be able to come to the shed so to put it literally a lot of them are getting away from the wife for couple of hours. (FG2)*

The Sheds provided a hybrid work space that was neither work nor home but with social contact:

*In a way it is like going back to work, you know without the pressure of getting up the 6 o'clock in the morning and clocking on at 8 until 17, they can come in and they there will be someone there to talk to and have a cup of tea and it is something and that is why it works. (FG1)*

Gendered focused interventions was cited as a reason why Men in Sheds was successful at engaging with older men and community organisations and the family members spoke about men having less opportunities to socialise as they age:

*I think obviously it is different for men than women possibly with loneliness and you know. And if they are on their own they're, they don't, there's lots of coffee mornings and things that are sort of geared towards women aren't they and ladies – you know sewing and crafts and things like that – but actually for men there is not a great deal out there and this is one way of getting those isolated lonely men together. (C3)*

Our study found evidence that the Sheds particularly reduced the risks of social isolation for men whose partners had died, were less physically fit or living with dementia or chronic conditions. For some men who were married, the Sheds were part of a range of activities they did during the week, including days out with their family, and other community activities. These participants did not refer to loneliness or isolation but boredom and wanting to have a routine to their days. For the men with a cognitive or physical impairment, the Sheds were the only social activity that they participated in on the days when the Sheds are open and provided necessary opportunities for social interactions and meaningful activity. Family members and the men noted that they would like the Sheds to be open five days per week.

### [In what ways do the Sheds provide an environment conducive to learning new skills or developing existing skills?](#)

The Sheds provide a space for learning and developing practical skills, and an environment for the men to undertake and complete a range of woodworking projects in groups or individually. For the men we spoke with, learning and sharing skills at the Sheds was as not as important as the social aspects but clearly a key factor that appealed to some of the men.

It was evident that for some men they appreciated learning new skills with support from the co-ordinators or other men, stimulating their cognitive abilities through solving problems. They spoke about how they had acquired knowledge and skills in working with wood: The men make a diverse range of items including pens, chairs, benches and musical instruments:

*I make ukuleles and I am in the process of making a banjo at the moment. I make them for the Sheds [points at other men] these are just a couple of my students, if you like. They see me making them and I just taught them how to do it. (EP2)*

The co-ordinators are all experienced in woodwork and it was evident they enjoyed sharing their knowledge and supporting men who were less confident:

*It is great because it is nice to see them because they are showing me what they learnt and then they can pass it on. Before they couldn't pass any of their knowledge onto others so I think they are achieving something as well and that is what I like, that is what I like about the Shed. (CR2)*

Bouncing ideas in a group was a common theme and a more enjoyable alternative to working in isolation:

*I can't work on my own really. I like to bounce ideas off even when I am sat at home working I still have to ring people, I like to chat. (EP5)*

*they can all bounce their ideas around and come up with things. And what one can't do the other one can show them (CH3F)*

Some of the men explicitly stated that they did not attend the Sheds to socialise but to use the extensive range of equipment and to learn new ways of working with wood. They did not have the resources to purchase similar equipment or the space to store equipment at their homes. They appreciated using the equipment to develop their woodworking skills and make different items. The co-ordinators were highly knowledgeable about the large equipment and the men appreciated learning from the co-ordinators and other men.

### How are friendships and companionships facilitated at the Men in Sheds?

The clearest and most significant benefit of participating in the Sheds was an increase in social relationships. The men did not speak specifically about friendships and companionships choosing instead to use the terms colleagues, camaraderie and banter to describe the other men, their relationships with the men and the way they expressed friendship respectively.

The men and their families emphasised the importance of having someone to talk to during the day to improve their well-being. Generally, the men did not continue their friendships outside of the Shed environment viewing their 'colleagues' as work friends. They did go on Age UK Cheshire organised trips to visit exhibitions and the men at the Hartford had a meal together at Christmas.

Being social and talking with others was viewed as important particularly when there were limited other opportunities for men to meet other men outside of Men in Sheds:

*I have been to the Sheds today but it was too hot to do anything so I just sat about talking all day, but I enjoyed the day. (CS3)*

During our site visits, we noted that a number of men attended the Sheds for the social aspect only, and this was raised by a number of the participants:

*I noticed three guys who come in .....errr....yeah, and they were sitting the in the canteen and about an hour later, one o'clock ish they'd just walk out so I said to one of them the lads, and they said oh that's Tom, Dick and Harry and all they come for is to read the paper, have a brew and put the world to rights and that's it, so they were here for the companionship and camaraderie and they weren't here to do stuff or make stuff and there is no requirement for you. (H3)*

When asked about the men's friendships at the Sheds, the family members spoke about feelings of belonging and having a laugh as significant reasons why the men enjoyed attending the Sheds:

*it's the camaraderie you know, I mean I don't know why, I only met a couple of the men but I think it's the camaraderie that he likes, I think he likes to belong do you know what I mean, I think they all think they belong. (CH1F)*

The Sheds are a male space where banter, bad language and practical jokes are a part of creating a sense of community:

*Another good laugh, good chuckle and a bit of mick taking out of everybody. It is part and parcel of being down Men in Sheds, is you know, having a bit of a laugh and a joke and taking the mick out of one another, it is good fun. All good banter. Harmless banter no harm done to anybody, really really good. (CS1)*

Another participant described the practical jokes and a having a cup of tea with others as brew as key parts of the social glue within the Sheds:

*[I had] brew before I started to wound the lads up as usual that's what life is all about when you is all about when you have got a terminal illness but I don't care, make the best while I can you can't beat having a good laugh that what the Shed is all about, bring people together. In all my years of working I have never been so happy sometimes we laugh that much I nearly wet myself we all have a fantastic time if at any time one of us are feeling low the rest of us soon pick the person up that's what the shed is all about helping each other fantastic. (CS2)*

For some of the men, the banter can be an issue:

*But a lot of people can easily take the banter the wrong way. When I first started at the Sheds I got annoyed a few times but I realised you know...I give it out so I have got to learn to take it. So you know that is what it is all about, giving and taking. (CS3)*

Alongside the banter was also the use of swearing. This was contextualised by the men as a way of expressing familiarity with others and a sense of belonging and was seen as what men do when they are in the company of men. Swearing was an issue for a small number of the men particularly those who were younger and they objected to it and the way in which men feel a need to swear in groups.

The co-ordinators and the delegates played an important role in facilitating the connections between the men and welcoming new members:

*We have had a bloke come round today, a new starter. I had a chat with him, well he is not a new starter as such, he is just thinking about signing up. I had a really good chat with him and tried to make him feel welcome. He has got dementia so he was struggling a little bit and he was a bit apprehensive and a bit nervous but I think I have settled him down to think about coming. He is making a beeline for me next time he comes down which has put him at ease because it means he knows someone next time he comes down and we can work on that. I have shown him what I have been doing, had a good chat with him and he seems to be a bit excited about things which is really good. (CS1)*

## To what extent does attendance at the Sheds improve social relationships outside of the Shed environment?

Family members agreed that the presence of the Sheds in the men's lives had improved relationships between them and the men. Generally, family members no longer felt a need to always worry about the men. As one recalled, she had felt like her family member's 'baby-sitter' after his wife died as he was continually telephoning her to talk with her and this has impacted on her own health and well-being. The man's engagement with the Shed had meant that they could return having the relationship prior to the bereavement:

*We are back to having the relationship we always did have. And going out, still spending time together and going out for meals together and things like but I feel less that I'm, become almost his mental, you know having to listen – like his therapist for him really. (CH3F)*

One participant spoke about how her well-being had improved since her family member who is living with dementia started attending the Shed:

*then of course I don't have to worry about him the rest of the week because he is at the Shed. Mentally it's good because he has lost his art of conversation, so if I don't talk to him he doesn't talk back. Oh! It makes me feel 100% better because you know, slowly but surely he get some resemblance of the person we once had back. (CH1F)*

The family members appreciated that the men's outlook and emotional mood was much improved as a result of their participation in the Sheds.

*You wouldn't believe the difference in made in CH4's life. Honestly, it is huge the difference in him. So if it's made him that well it would make other people well. (CH1F)*

*I just, I love the Sheds. I love it because it's given him a life and he did, he just sat doing nothing, nothing at all. He just used to sit looking out the window. And then the kids used to bang on the window to him, you know, and it was awful. (CH4F)*

Family members spoke about needing a break from the men, particularly if they were the man's carer. The Sheds facilitated the family members to continue their own social relationships, generate income for the family and maintain their own well-being. One family member was able to take up part-time employment while her husband attended the Shed and this had contributed to the family budget:

*Yeah so I work for [name of organisation redacted] and we work in the office. But [name of man redacted] goes to the Shed so I was left home on my own and when you only have a limited budget you need to work (CH1F)*

Those who were the main carer for a man with health conditions used the time when the man was at the Shed to clean for them. Another family member was able to go to a Zumba

class and maintain her social relationships while her husband who is living with dementia attended the Sheds:

*Errrm, well, I do Zumba on three days, well actually it is two days, it is unfortunate it doesn't run on a Friday, one day I have a coffee with a friend, it enables me to continue what I was doing before he came down with dementia (EP1F)*

The men recognised that their regular participation in the Sheds had improved their relationships with their families.

*I think it has taken some of the pressures of at home because the last sort of couple of months, having my neck condition, my wife and I have been at each other a little bit. And I think that is down to a bit of stress with what is going on and a bit of frustration... (H4)*

How can Sheds support the attendees' wider community participation and what are the positive impacts of Men in Sheds on the community in which they are located?

The community organisations were very positive about the impacts of the Men in Sheds project on their work within communities. Through an outward facing engagement with a wide range of organisations, the attendees of the Sheds were able to contribute to community activities and raise funding for charitable organisations. Being involved with a community and giving something back to the community was important for the men and their families. This was appreciated by the community organisations:

*Yeah, It's been great and you know it's, umm, its' them giving back to us, giving a bit back to their community and that's a feeling of belonging isn't it? (C3)*

*I just, I just think it's a great thing they're doing. It's great for them as a community, they, they're interacting with each other and for their health and well-being and they're helping people in the community. (C5)*

The values of the Men in Sheds project were seen as corresponding with those of community organisation this was a rationale for wanting to collaborate with the Sheds:

*Well a, a neighbour had told me what they did and I thought this fitted in very well with what we do. We engage with the community, we help with the community and although they don't live immediately close to the Shed, they are about 11 miles away, you know it is the same ethos that we wanted to extend so that is how we got involved with them – and why we got involved with them. (C4)*

*They were just approachable, very friendly, came up with ideas, umm I think just basically there was, it was an open door! Do you know? (C3)*

A charitable organisation that supports children and young people with disabilities observed their experience of interacting with the Shed members was very positive and commented



on the positive ways in which the Shed members worked with people with learning disabilities:

*They have had experience working with people with learning difficulties before, just personal experiences which they then brought to our meetings which was lovely. It was very evident that they had had experiences of working with people with learning difficulties before. --- Which is very nice, and isn't that common, yes? (C5)*

To what extent has the physical and emotional health of the men improved as a result of attendance at the Sheds?

Our analysis suggests that attendance at the Sheds has benefits for the men's physical and emotional health. This is from a combination of factors including the ways in which the Sheds provide a place to go during the day, the physical activity that the men engage in at the Sheds and the Shed environment that facilitates social relationships and discussion of health issues. In this section, we draw on the quantitative data alongside the qualitative findings.

### Quantitative Findings

In total 86 participants completed the questionnaires. Fifty-one participants reported some disability with fourteen men reporting having one or more disabilities. Thirty participants had reported physical disabilities, which included cardiovascular problems (heart failure, heart bypass, high blood pressure and angina); respiratory problems (chronic obstructive pulmonary disease); neurological conditions (stroke, brain tumour, myasthenia gravis, migraine and epilepsy), and musculoskeletal problems (osteoarthritis, stenosis of spine, spinal injury, slipped disc, lymphedema and hip replacement). Three participants were diabetic and one participant had visual problems. Sixteen participants reported being deaf. Eight had dementia/confusion or memory loss, 18 had mental health problems (depression and anxiety) and 3 reported having learning difficulties.

Participants who completed the questionnaires had the following age ranges as shown in Table 5.

**Table 5: Age range of MIS participants who completed the two questionnaires**

Age Range	SF36	WEMWBS
	Participant Numbers	Participant Numbers
35-44	1	1
45-54	6	4
55-64	22	15
65 -74	40	30
75-84	13	6
85+	4	1

#### Overall SF-36 analysis and overall scores

There were missing data in several of the SF-36 questionnaires that were returned. Where there are missing data, these questionnaires are analysed, however, the missing data values are given a score of zero (zero is equivalent to maximum disability) (Rand, 2018). The missing data were mainly in the second questionnaire (the 6-month evaluation). However, this could have resulted in the SF-36 scores in the second questionnaire reporting greater disability than may have been present in the participants. Therefore, to check this assumption, we re-ran the analysis with the missing data excluded. However, this made no significant difference to the final scores.

Analysis was undertaken of the total SF-36 scores to investigate if there was a difference in the men's *overall health status* after attending the Sheds for 6 months. The total mean score at baseline was 69.46 and at 6 months it was 67.97. This showed a slight decline. However, on statistical analysis, no significant difference was found in *overall health status*, indicating that maintenance was achieved.

#### 1. SF-36 Physical Functioning scores

Analysis was undertaken of the total SF-36 *Physical Functioning* scores to investigate if there was a difference in the men's *physical functioning* after attending the Shed for 6 months. The mean score at baseline was 66.95 and 64.74 at 6 months showing a slight decline. On statistical analysis, no significant difference was found in Physical Functioning from attending the Shed and 6 months, indicating that maintenance was achieved.

The mean normative score for the general population for males in England for *physical functioning* is 86.3. This is higher than the baseline and at 6 month follow-up for the Men in Sheds (MiS) population. This indicates that the general male population of England has better physical functioning compared to the MiS participants. However, this normative

score includes data from males aged 16 years old and above. SF-36 scores are influenced by age, with mean scores generally decreasing with increased age (Bowling et al., 1999). Therefore, despite the MiS population having a lower score than the general population from the outset, statistically, maintenance in *physical functioning* was still achieved.

## 2. *SF-36: Role limitation due to physical functioning*

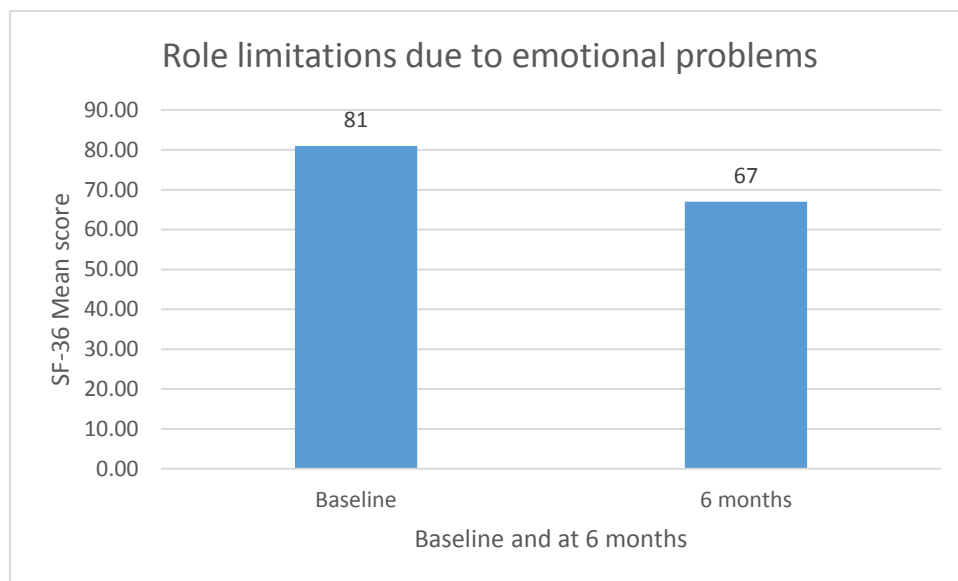
Analysis was undertaken of the total SF-36 *Role limitation due to physical functioning* scores to investigate if there was a difference in the *role limitation due to physical functioning* of the men after attending the Shed for 6 months. The mean score at baseline was 72.87 and 67.34 at 6 months showing a slight decline. However, on statistical analysis, no significant difference was found in *role limitation due to physical functioning* from attending the Shed and 6 months, indicating that maintenance was achieved.

The mean normative score for the general population for males in England for *role limitation due to physical functioning* is 82.7. This is higher than the baseline and at 6-month follow-up for the MiS population. This indicates that the general male population of England has less *role limitation due to physical functioning* compared to the MiS participants. However, this normative score includes data from males aged 16 years old and above. SF-36 scores are normative score includes data from males aged 16 years old and above. SF-36 scores are influenced by age, with mean scores generally decreasing with increased age (Bowling et al., 1999). Therefore, despite the MiS population having a lower score than the general population from the outset, statistically, maintenance in *role limitation due to physical functioning* was still achieved.

## 3. *SF-36: Role limitation due to emotional problems*

Analysis was undertaken of the total SF-36 *role limitation due to emotional problems* scores to investigate if there was a difference in the *role limitation due to emotional problems* of the men after attending the Shed for 6 months. The mean score at baseline was 80.89 and 66.67 at 6 months.

**Fig 2: Role limitations due to emotional problems**



On statistical analysis, this difference in *role limitation due to emotional problems* was found to be significant ( $p = 0.020$ ), indicating that *role limitation due to emotional problems* had deteriorated at 6 months.

The mean normative score for the general population for males in England for *role limitation due to emotional problems* is 90.4. This is higher than the baseline and at 6-month follow-up for the MiS population. This indicates that the general male population of England has less *role limitation due to physical functioning* compared to the MiS participants.

#### 4. *SF-36: Energy / Fatigue*

Analysis was undertaken of the total SF-36 *Energy / Fatigue* scores to investigate if there was a difference in the men's *Energy / Fatigue* after attending the Shed for 6 months. The mean score at baseline was 59.02 and 60.94 at 6 months showing a slight improvement. However, on statistical analysis, no significant difference was found in *Energy / Fatigue* from attending the Shed and 6 months, indicating that maintenance was achieved.

The mean normative score for the general population for males in England for *Energy / Fatigue* is 67.2. This is higher than the baseline and at 6-month follow up for the MiS population. This indicates the general male population of England has more energy and less fatigue compared to the MiS participants. However, this normative score includes data from males aged 16 years and above. SF-36 scores are influenced by age, with mean scores generally decreasing with increased age (Bowling et al., 1999). Therefore, despite the MiS having a lower score than the general population from the outset, statistically, maintenance in *Energy / Fatigue* was still achieved.

#### 5. *SF-36: Emotional Well-being*

Analysis was undertaken of the total SF-36 Emotional Well-being scores to investigate if there was a difference in the Men's Emotional Well-being after attending the Shed for 6

months. The mean score at baseline was 75.02 and 74.80 at 6 months showing a slight deterioration. However, on statistical analysis, no significant difference was found in Emotional Well-being from attending the Shed and 6 months, indicating that maintenance was achieved.

The mean normative score for the general population for males in England for *emotional well-being* is 79.5. This is higher than the baseline and at 6-month follow up for the MiS population. This indicates the general male population of England have better *emotional well-being* compared to the MiS participants. However, this normative score includes data from males aged 16 years and above. SF-36 scores are influenced by age, with mean scores generally decreasing with increased age (Bowling et al., 1999). Therefore, despite the MiS having a lower score than the general population from the outset, statistically, maintenance in *emotional well-being* was still achieved.

#### 6. *SF-36: Social Functioning*

Analysis was undertaken of the total SF-36 Social Functioning scores to investigate if there was a difference in the Men's Social Functioning after attending the Shed for 6 months. The mean score at baseline was 76.64 and 78.77 at 6 months showing a slight improvement. However, on statistical analysis, no significant difference was found in Social Functioning from attending the Shed and 6 months, indicating that maintenance was achieved.

The mean normative score for the general population for males in England for *social functioning* is 88.8. This is higher than the baseline and at 6-month follow up for the MiS population. This indicates the general male population of England have better *social functioning* compared to the MiS participants. However, this normative score includes data from males aged 16 years and above. SF-36 scores are influenced by age, with mean scores generally decreasing with increased age (Bowling et al., 1999). Therefore, despite the MiS having a lower score than the general population from the outset, statistically, maintenance in *social functioning* was still achieved.

#### 7. *SF-36: Pain*

Analysis was undertaken of the total SF-36 *Pain* scores to investigate if there was a difference in the men's *Pain* after attending the Shed for 6 months. The mean score at baseline was 71.50 and 70.77 at 6 months showing a slight deterioration. However, on statistical analysis, no significant difference was found in *Pain* from attending the Shed and 6 months, indicating that maintenance was achieved.

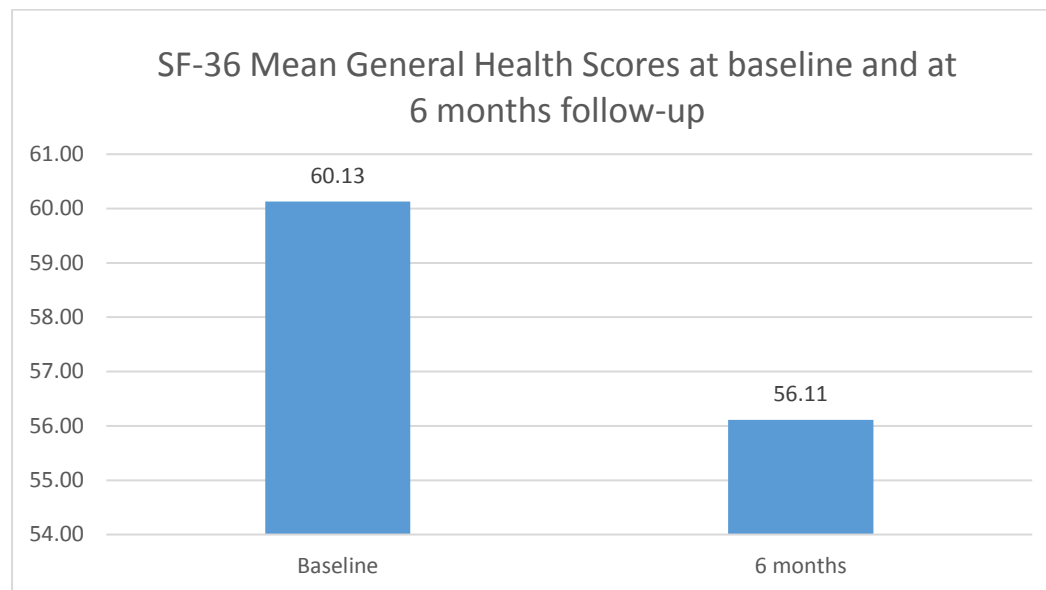
The mean normative score for the general population for males in England for *Pain* is 83.2. This is higher than the baseline and at 6-month follow up for the MiS population. This indicates the general male population of England has less *Pain* compared to the MiS participants. However, this normative score includes data from males aged 16 years and above. SF-36 scores are influenced by age, with mean scores generally decreasing with

increased age (Bowling et al., 1999). Therefore, despite the MiS having a lower score than the general population from the outset, statistically, maintenance in *Pain* was still achieved.

#### 8. *SF-36: General Health*

Analysis was undertaken of the total SF-36 *General Health* scores to investigate if there was a difference in the men's *General Health* after attending the Shed for 6 months. The mean score at baseline was 60.13 and 56.11 at 6 months.

**Fig 3: SG-36 mean General Health Scores at baseline and at 6 months follow-up**



On statistical analysis, this difference in *General Health* was found to be significant ( $p = 0.026$ ), indicating that *General Health* had deteriorated at 6 months.

The mean normative score for the general population for males in England for *general health* is 71.9. This is higher than the baseline and at 6-month follow up for the MiS population. This indicates the general male population of England have better *General Health* compared to the MiS participants.

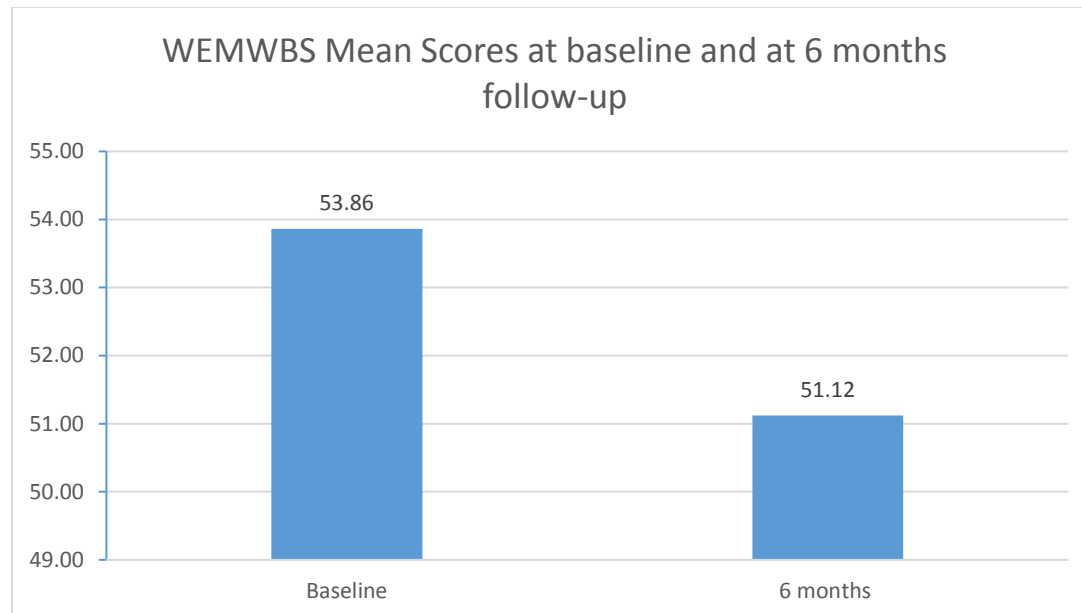
#### WEMBS questionnaires

There were missing data in several of the WEMWBS questionnaires (29 of the 86 questionnaires had missing data for one or more of the questions). Where there are missing data, these questionnaires are not analysed (Warwick Medical School, 2018). Therefore, analysis has only been undertaken on 57 of the 86 questionnaires.

#### WEMWBS scores

Analysis was undertaken of the total WEMWBS Scores to investigate if there was a difference in *mental well-being* after attending the Shed for 6 months. The total mean score at baseline was 53.86 and 51.12 at 6 months.

**Fig 4: WEMWBS Mean Scores at baseline and at 6 months follow-up**



On statistical analysis, this difference in *WEMWBS* scores was found to be significant ( $p = 0.025$ ), indicating that *Mental well-being* had deteriorated at 6 months.

The mean normative score for the general of males in the age range 45 – 75+ for the WEMWBS is 51.72 (Ng Fat et al., 2017). This is lower than the baseline and slightly higher than the follow up scores for the MiS population. This indicates that the MiS participants had higher mental well-being compared to the general population of England at baselines but this had reduced at follow up to just below the normative values to 51.12. However, when the mean scores were calculated based on age range, the age group from 35 – 44 and 45 – 54 were well below the normative mean at baseline (47 and 43.75 respectively) and follow up (41 and 43.5 respectively). Whereas the men from the age of 65 and above had mean scores before baseline and at follow up higher than the normative data for these age groups. Thus, demonstrating higher mental well-being for this age range that remained higher at follow-up. Consequently, it appears that mean scores of men in the lower age groups have negatively skewed the results. The lower mean scores in the younger age ranges could be because of the higher number of physical and mental disabilities that were experienced by the men who are attending the Sheds that may not be reflected in the same proportion in this age group in the larger population.

**Table 6: WEMWBS mental well-being mean scores for Men in Sheds compared to normative data for England**

Age range	MiS baseline score	MiS follow-up score	Norm score in England (Ng Fat et al., 2017)
35 – 44	47	41	51.2
45 – 54	43.75	43.5	50.8
55 – 64	51.6	46.2	51.7
65 – 74	55.03	53.5	53.2
75+	60.43	57.29	51.7

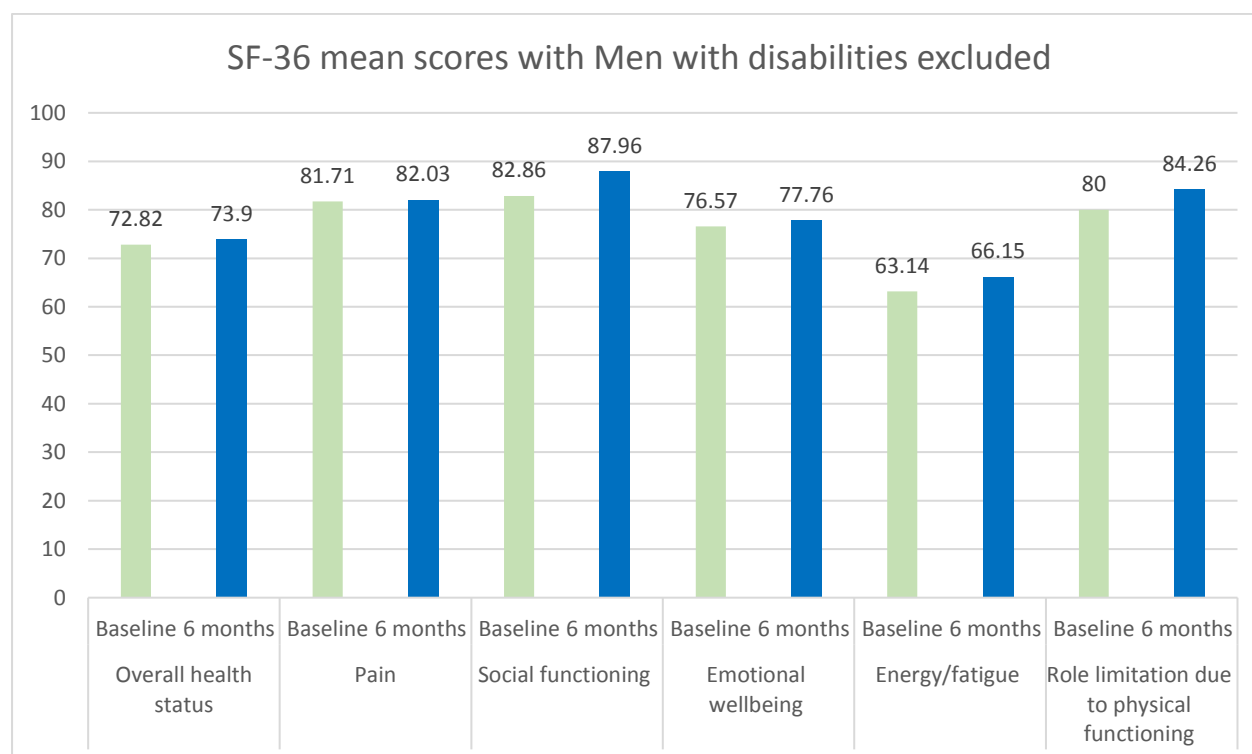
*Analysis of Men without reported disabilities: SF-36 and WEMWBS*

As a number of Men reported disabilities and disabilities are known to effect quality of life and mental well-being (Barnett et al., 2012; Public Health England, 2014), it was decided to re-run the tests with the Men with disabilities excluded to see if this had influenced the results.

Following analysis, differences from the original findings were found with five of the eight components of the SF-36, with the overall total of the SF-36 now demonstrating improvement in quality of life. The SF-36 total *overall health status* mean score at baseline was 72.82 and 73.90 at 6 months. The mean *Pain score* at baseline was 81.71 and 82.03 at 6 months. *Social functioning* had a mean score at baseline of 82.86 and 87.96 at 6 months. *Emotional well-being* mean baseline score was 76.57 and 77.76. *Energy/fatigue* showed a mean score at baseline of 63.14 and 66.15 at 6 months and *role limitation due to physical functioning* showed a baseline mean of 80 and 84.26 at 6 months. Although these all demonstrated positive findings, on statistical analysis only *social functioning* showed a significant improvement ( $p = 0.047$ ). WEMWBS also showed a small albeit non-significant improvement in positive mental well-being with a baseline mean of 54.65 and 54.74 at 6 months.



**Fig 5: SF-36 mean scores with Men with disabilities excluded**



### Discussion of questionnaire findings

The SF-36 questionnaire, consisting of eight categories was used to measure the Men's quality of life. Following analysis, 6 of the 8 categories (limitations due to physical health, energy/fatigue, emotional well-being, social functioning and pain), were shown to have no significant difference between mean scores at baseline and at 6 months follow-up. This suggests that maintenance of these components of quality of life had occurred over this period.

Two of the categories, general health and role limitations due to emotional problems did show a small but significant reduction in scores at baseline and 6-month follow up. Thus, indicating some deterioration in quality of life related to these components.

The Warwick-Edinburgh Mental Well-being Scale was used to measure the Men's positive well-being. An analysis of mean scores at baseline and 6-month follow-up showed a significant reduction in mean scores over this period. Thus also, indicting some deterioration in mental well-being over this period.

It is worth noting that 59% of men reported some disability with 16% reporting more than one disability. Most of these disabilities are classed as chronic long-term conditions (Global

Burden of Disease Collaborators, 2016). Chronic conditions are known to have no cure and be progressive in nature (Department of Health, 2012). Therefore, maintenance of components of quality of life such as, physical health, energy, emotional well-being, social functioning and pain, could be seen as a positive finding. Especially as these are common symptoms associated with chronic conditions (Public Health England, 2014).

When the tests were re-run with the men who do not report any disability to see if the disabilities had influenced the results, there was a difference in findings between the original scores. Six of the eight components of the SF-36 showed improvement in quality of life scores with a significant finding for social functioning. The overall health score for the SF-36 was improved and the WEMWBS also showed improvement in positive mental health although these were both not significant therefore suggesting that they had been maintained over this period.

Twenty-one percent of men reported having mental health conditions namely depression and anxiety and nine percent dementia or confusion. Depression and anxiety have been linked to physical health conditions (Barnett et al., 2012) and are common feature of pain (Lelliott et al., 2008). They are also known to fluctuate over time with frequent relapses in symptoms due to personal circumstances (Linton and Shaw, 2011). Therefore, the timing of when the questionnaires were undertaken may have influenced the results.

### Qualitative Findings

The self-reported qualitative findings illustrated that the men perceived the Sheds as having a positive impact on their physical health through giving them somewhere to go to and being active, rather than being sedentary at home watching the television. Many of them spoke about watching too much television prior to attending the Sheds recognising that that this was unhealthy behaviour:

*A fair majority of the guys live on their own and so it is a big benefit, particularly in the winter where they would just be sitting in their house watching tele, vegetating. (CR1)*

*well keeping my mind active you know, you know I was sitting there watching the bloody telly which would drive me round the bend in the end and it keeps your mind active, keeps your body active keeps me active I've got artificial joints in my hip, in this leg, they failed, I've got two dodgy hips, another knee that's waiting for replacement and a lower what do they call it your lumbar spine, I've got a problem with that so it keeps me mobile when I sat in the house all these problems I've got would probably cease up and make them a damn site worse. (CH2)*

The Sheds provided a space for physical activity through working in and walking around the Shed. The Ellesmere Port Shed has a small gym. Although most of the men travelled to the Sheds by car, several of them used public transport or cycled and kept active through moving around the Sheds:

*Some of them come on a bike, they cycle, some of them walk to use, they got the actual physical activity when they are there as well so they are not sat in an armchair all day they are actually, if they had a whats it that counted their steps they would probably be amazed at how much movement they do during the course of the day so. (FG1)*

Physical health was not as significant issue as mental health in any of the interviews with the men or family members. When speaking about depression and other mental health issues, social relationships with the other men were a key reason given for improved emotional and mental well-being.

Many of the men attending Men in Sheds have long-term health conditions that have an impact on many aspects of their everyday lives, and the Shed helps them to cope with and overcome these:

*Plenty of brews and laughs at the Shed helps me out of my health problems be lost without going. Can't wait till tomorrow. (CS2)*

The Shed members recognised the links between being a Shed member and maintaining their health and well-being and were keen to narrate their own and other men's stories of recovery from physical and cognitive health conditions:

*I can't talk for everybody but talking for myself it saved me from an early grave because if I hadn't been able to come here I'd have been stuck in the house all day doing nothing and I probably would have done myself in, I was in a right state and this was good for me yeah... (CH2)*

*Seeing guys who come along who are in a bit of a bad state and when and within a matter of a few weeks they are different people all together, that gives me a lot of pleasure. (CR4)*

The men's participation in the Sheds facilitated their health and well-being through informal discussion of health issues in a workshop environment. They told us that informal conversations with other men provided health information and a space to share health issues:

*But then you find out – what are you all doing with it. And then you have a joke, this is prostate cancer, that is somewhere else, But then you find out there is other people that have had this. It's a common thing, you shouldn't be ashamed talking about it. (H1)*

## How have the attendees increased their awareness of depression and anxiety and to what extent does this reduce stigma?

The Sheds provide a facilitative and supportive space for the men to talk about health issues and share experiences. Generally, the men commented that they felt more able to discuss mental health issues in the Sheds than at home or in other social environments and expressed that it was easier to talk about 'embarrassing' things while engaged in woodwork activity.

We were not aware of any health and social care professionals attending the Sheds to discuss mental health so any awareness of mental health was informal rather than formal. The men and their families did not speak specifically about an increased awareness of depression and anxiety but they did use the term depression in talking with the research team and this suggests that the stigma around this term may be reduced. The men also talked about recognising they have mental health issues that they needed support with and this was through attending the Sheds and talking with others:

*No, but that is my background and that is part of the reason I come here because I recognise and have suffered with mental health issues and you know I have, I recognise now that if I do nothing about it I am only going to get worse. So I have to do something. (H4)*

Some of the men spoke freely about their experiences of mental health as this man documented in his diary:

*Men in Sheds doesn't half boost you up. Like I have said before, the best medicine anybody can have that is down in the dumps, suffering with anxiety like myself and suffering with depression like myself. It doesn't half give you a good lift, makes you feel good. So roll on going down to the Shed later on today. (CS1)*

A family member suggested that being able to talk with other men had helped her brother with his depression:

*it's talking with others that has sort of helped him. Seeing other people that have got more problems or bigger problems have put his own in perspective. A lot of the men in the sheds have lost wives and things, but they handled it differently. I think it's made him, sort of put things in order in his mind. Definitely, definitely lifted his depression. Definitely. 100% the best thing ever..... I think he's opened up more about feelings than he has ever done in his life. (CH3F)*

A Shed member also suggested that attending the Sheds had helped with his mental health:

*It has helped me with my depression and the men down there have helped me, very good friend, I've made some very good friends and we get on really well, so like a big happy family. (CS1)*

## Recommendations

Our findings illustrate that Men in Sheds is broadly reliant on a single source of funding alongside an individuals and overall project fund-raising initiatives (for example, sale of pens and chairs via individuals or at community events). Generally, there was a mixed reaction to the perception of targets. Clearer communication in the Sheds around the community value of fund-raising and the economic drivers for income generation is suggested.

There are some excellent inclusive practices evident in the Sheds that are inter-generational and across skill abilities. The younger men spoke about not feeling that Men in Sheds was available for them to join as it was for older men. On joining the Shed, they commented on how welcome they were made. We suggest that the branding and marketing of the Men in Sheds project could be amended to encourage younger men to join.

There was evidence of awareness of how to foster a positive support framework around inclusivity and disabled people. However, there were mixed views across the Sheds about the additional support needed by men with physical impairments, and whether this could be provided within the Shed environment. With the exception of the Chester Shed, it was evident that the Sheds were accessible for men who needed a wheelchair. Doors had been widened and the benches made more accessible. Accessibility and inclusion were not viewed as a barrier for men with cognitive impairments. We suggest that accessibility and acceptance of disabled men is something that could be discussed further with the Shed members and co-ordinators.

While physical health status was maintained across the six months of the quantitative data collection, there was some deterioration on mental well-being and role limitations due to emotional problems. Seasonal variation (the follow-up questionnaires were completed in the winter) may have influenced the results. However, further consideration may be needed in relation to how the mental well-being of the men who attend the Sheds can be enhanced. This may need ongoing support or additional mechanisms to be put in place to support the Men's mental well-being.

Widening membership across black, Asian and minority ethnic (BAME) communities is a priority for Age UK Cheshire. However, the membership is linked to geography and current demographics. Age UK Cheshire may wish to consider working with BAME organisations and groups to ensure that the promotional materials and pathways into the Sheds have a cultural lens and are welcoming to diverse groups of older men.

The current referral pathways are more successful when linked to health and social care organisations and engaging in further mapping of stakeholders would ensure that the Sheds could meet the needs of older men in their communities.

Shed members were divided about the amount of swearing that took place in the Sheds. The senior co-ordinator and Shed co-ordinators may wish to discuss this with the men and agree a protocol.

The evaluation was undertaken when all four Age UK Cheshire Sheds were already up and running and the overall project was established in 2008. While we incorporated a six-month follow-up for the questionnaires, we did not have baseline information about the men's health and wellbeing before they attended the Sheds. We would suggest that any future Sheds have an evaluation built in at the outset so that impact can be measured from when the men start attending the Sheds.

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Faculty of Health, Psychology and Social Care,  
Manchester Metropolitan University, 2018