



The Evaluation of Year One of the Essex Shed Network



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Introduction

This is the report of the evaluation of the Essex Shed Network carried out in July and August 2017 and undertaken by Maldon and District Community Voluntary Service (CVS). Essex Shed Network is funded by the Community Resilience Fund managed by the Essex Community Foundation and staff support is provided by Maldon and District CVS.

The community “Shed” is an updated version of a man’s garden shed. A place where a man feels at home and pursues practical interests with a high degree of autonomy. A community shed offers this to a group of such men where members share the tools and resources they need to work on projects of their own choosing at their own pace and in a safe, friendly and inclusive venue. They are places of skill sharing and informal learning, of individual pursuits and community projects, of purpose, achievement and social interaction. A place of leisure where men come together to work.

Background

Men in sheds

The first Shed in Essex opened in August 2014 in response to the question “Where do you send a man in the community who’s isolated and needs some support?” An information search by Maldon and District CVS showed that whilst there were a lot of groups in the Maldon District, there was not much out there particularly for men. Furthermore research suggests that there will be greater numbers of older men who are living on their own due to bereavement by 2030. Older men are more likely to be socially isolated than women of a similar age due to less contact with family, greater reluctance to join clubs for older people and less likely to ask for support.

Subsequent research led us to the Men’s Shed movement. The Men’s Shed movement started in Australia in 1997. The first Shed was Lane Cove Community Shed in New South Wales set up for ‘shedless blokes’. This small community project marked the start of an international movement providing a community space for men of all ages and abilities. The Australian Men’s Shed movement was officially set up ten years later in 2007 and there are now over 1000 Sheds in Australia supporting around 175,000 individuals.

Essex Shed Network

In August 2014 Maldon and District CVS launched the Maldon Shed, following a year’s work researching Shed projects, looking for a venue, finding funding and looking at policies and procedures around conduct and safety.

The Maldon Shed was the first in Essex however it was the start of much more. In the same year Maldon and District CVS was approached to support the development of Sheds in West Essex and was also awarded funding to replicate the Maldon Shed in other mid Essex locations. It soon became clear

that Men in Shed projects were meeting a need in communities in Essex and were continuing to grow. In response the Essex Shed Network was born.

The Essex Shed Network is funded by the Community Resilience Fund managed by the Essex Community Foundation for three years from April 2016. The Network aims to support people within communities wanting to set up shed projects by providing a central point for help and support and will help sheds to share skills and gain peer support.

The aims of the Essex Shed Network are threefold:

- Increase the number of Men in Shed projects in Essex.
- Improve the sustainability of Men in Shed projects through increased networking, skills sharing and pooled resources.
- Achieve outcomes for individual Sheddors around improved health and mental health, increased peer support, increased social and community contact and decreased isolation.

For more information about the Network visit www.essexshednetwork.wordpress.com

West Essex Sheds

West Essex Sheds is managed by Uttlesford CVS and is a three year project funded by West Essex Clinical Commissioning Group and the Independent Choice and Control Fund from Essex County Council. They manage both the Barnston and Little Canfield Shed and work in partnership with the Essex Shed Network to monitor the impact of Men in Shed's

-----Shed Profiles-----

In it's first year the Essex Shed Network has worked to support and develop sheds in a number of areas of Essex. Location profiles are provided below.

Barnston

Barnston is a village and civil parish in Essex. It is located 2 miles southeast from Great Dunmow and is 9 miles north-northwest from the county town of Chelmsford. Almost two in ten of the population are economically inactive in Uttlesford (18.8% NOMIS 2016).

Chelmsford

Chelmsford is the principal settlement of the City of Chelmsford and the county town of Essex, in the East of England. It is located in the London commuter belt, approximately 32 miles (51 km) northeast of the notional centre of London at Charing Cross and approximately 22 miles (35 km) from Colchester. The urban area of the city has a population of approximately 120,000, (ONS 2011) whilst the district has a population of 168,310. (ONS 2011). Over one in ten of the population (15.4%) is economically inactive (NOMIS 2016).

Cressing

Cressing is a village located in the Braintree district of Essex. In Braintree almost two in ten of the population is economically inactive (19.3% NOMIS 2016).

Hardie Park

Stanford-le-Hope is a town and Church of England parish situated in the county of Essex. The town is within the unitary authority of Thurrock. Two in ten of the population of Thurrock are economically inactive (20.9%, NOMIS 2016) with four out of ten (41.1% NOMIS 2016) retired or long term sick.

Little Canfield

Little Canfield is a village and a civil parish in the Uttlesford district of Essex. Almost two in ten of the population are economically inactive in Uttlesford (18.8% NOMIS 2016).

Maldon

Maldon is a town on the Blackwater Estuary in rural Essex. The area is predominantly white (98.1% ONS 2011) with an ageing population. Over a fifth of the population (20.1% ONS 2011) is aged 65 and over. Under a third of the population (28.4% ONS 2011) are economically inactive with a fifth (20.7%, ONS 2011) retired, chronically sick or disabled. The Shed is open for a morning and an afternoon session on a Wednesday and a morning session on a Monday and a Saturday. It accommodates a maximum of 8 Shed members per session.

Pier Avenue

Clacton-on-Sea is the largest town in the Tendring peninsula and district in Essex. It is a seaside resort. Nearly three in ten of the population of Clacton are economically inactive (27.7% NOMIS 2016), with four out of ten (44.1%, NOMIS 2016) retired or long term sick.

Rayleigh

Rayleigh is a market town and civil parish in the District of Rochford in Essex. Nearly two in ten of the population of Rochford (18.5% NOMIS 2016) are economically inactive.

Southminster

Southminster is a town and electoral ward on the Dengie peninsula in the Maldon district of Essex in the East of England. It lies about three miles north of Burnham-on-Crouch and ten miles south-east of Maldon. Nearly three in ten of the population of Maldon are economically inactive (28.4% NOMIS 2016).

Thundersley

Thundersley is a district in the north of the Castle Point Borough, in southeast Essex, England, about 35 miles east of London. Two out of ten of the population in Castle Point are economically inactive (23.2% NOMIS 2016).

Methods

A mixture of methods was used to carry out the evaluation both qualitative and quantitative.

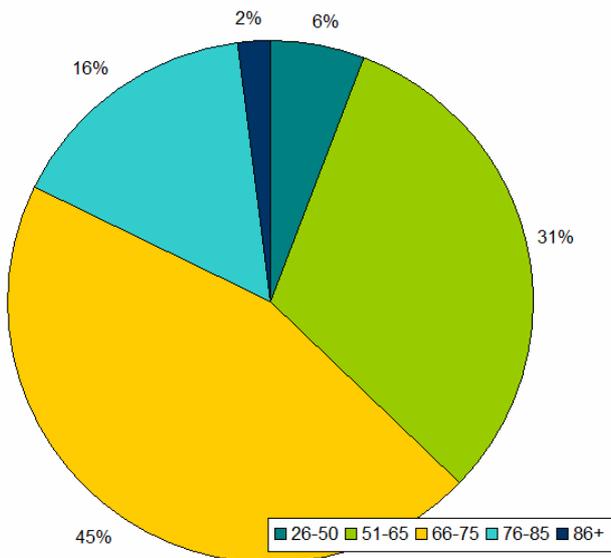
They were:

- A baseline monitoring form was used to collect information on Shedders who had recently joined, whilst a similar follow up monitoring form was used to collect information on those who had been with a Shed for 6 months or more. Both electronic and hard copy forms were used to collect data. Data collected includes; age, gender, employment status, disability, whether live alone, involvement in the community, feelings of loneliness or isolation, confidence, ratings of day to day physical and mental health, level of activity, frequency of visits to GP/ health professional. Baseline statistics were collected on 51 Shed members whilst 25 responses were collected during the follow up.
- Seven case studies of 'shedders' undertaken after 6 months to gauge more in depth experiences of working at the Shed. Questions included; Demographic data on age, disability, living status etc; a repeat of some of the baseline questions e.g. confidence ratings, feelings of isolation etc; and open questions on frequency of attendance, expectations and whether they have been met, your reasons for coming to the Shed, your experiences of the Shed' the impact that it has had on your life? E.g. home, social life, physical and mental health. What aspects of the Shed do you value the most? What aspects of the Shed do you value the least? Has attendance at the Shed helped you think about or address aspects of your own health and well being? Has the Shed raised awareness of other services?

----- Participant characteristics: Baseline -----

51 participants gave demographic details about themselves as part of the baseline monitoring questions. All were men (100%). They ranged in age from 26 – 86+ years old, (see chart below). Four out of ten participants (45%) were aged between 66-75 years.

Age range of baseline participants



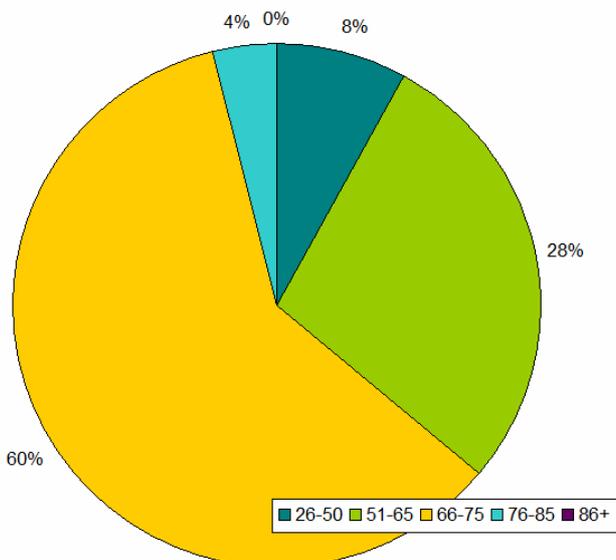
Four out of ten participants (41%) said that they had a disability. The most commonly reported disability was having a long term health condition (24%).

One quarter (26%) of participants reported that they live on their own.

----- Participant Characteristics: Follow up -----

25 participants gave demographic details about themselves as part of the baseline monitoring questions. All were men (100%). They ranged in age from 26 – 85 years old, (see chart below). Six out of ten participants (60%) were aged between 66-75 years.

Age ranges of follow up participants



One third of participants (33%) said that they had a disability. The most commonly reported disability was having a long term health condition (21%).

One out of ten (16%) participants reported that they live on their own.

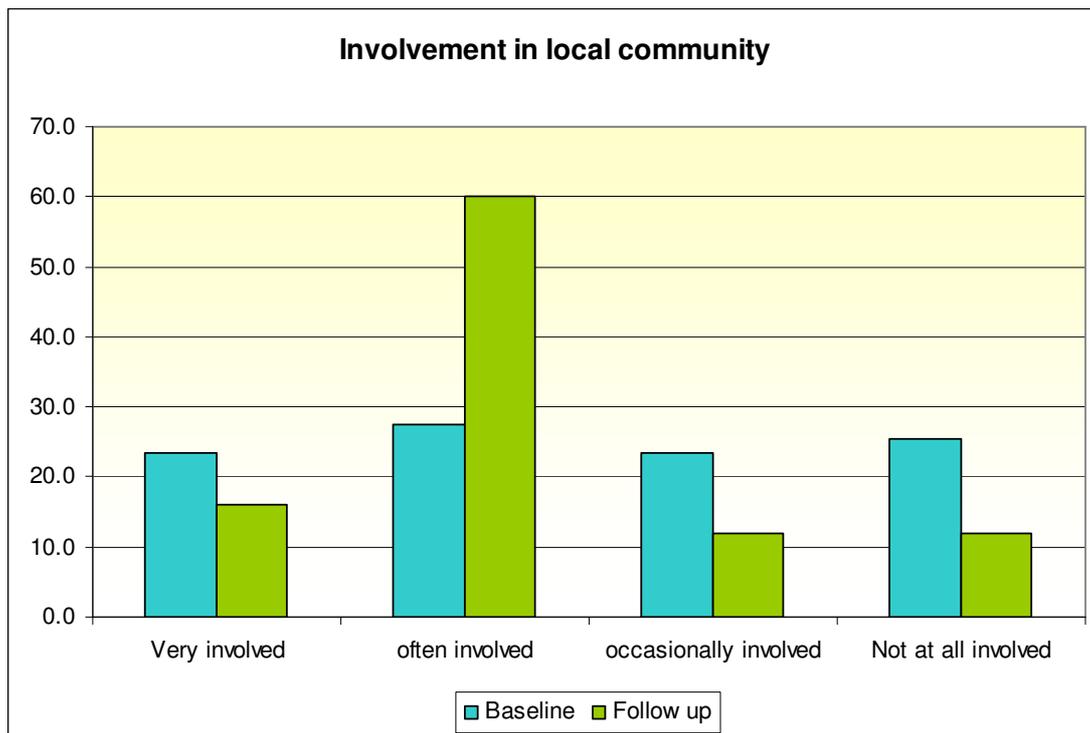
Findings

Involvement in the community

In the baseline questions, over one quarter of respondents (n = 13, 26%) reported not being involved at all in the local community, under one quarter (n = 12, 24%) reported being occasionally involved, over one quarter reported some involvement (n = 14, 28%) and under one quarter (n = 12, 24%) said that they were highly involved in their local community.

Cross tabulations showed that respondents were less likely to be involved in the local community if they live on their own, had a disability and if aged between 51-65 years old.

In the follow up questions, one out of ten respondents (n = 3, 12%) reported not being involved at all in the local community, one out of ten (n = 3, 12%) reported being occasionally involved, over half reported some involvement (n = 15, 60%) and one out of ten (n = 4, 16%) said that they were highly involved in their local community. (See table below)

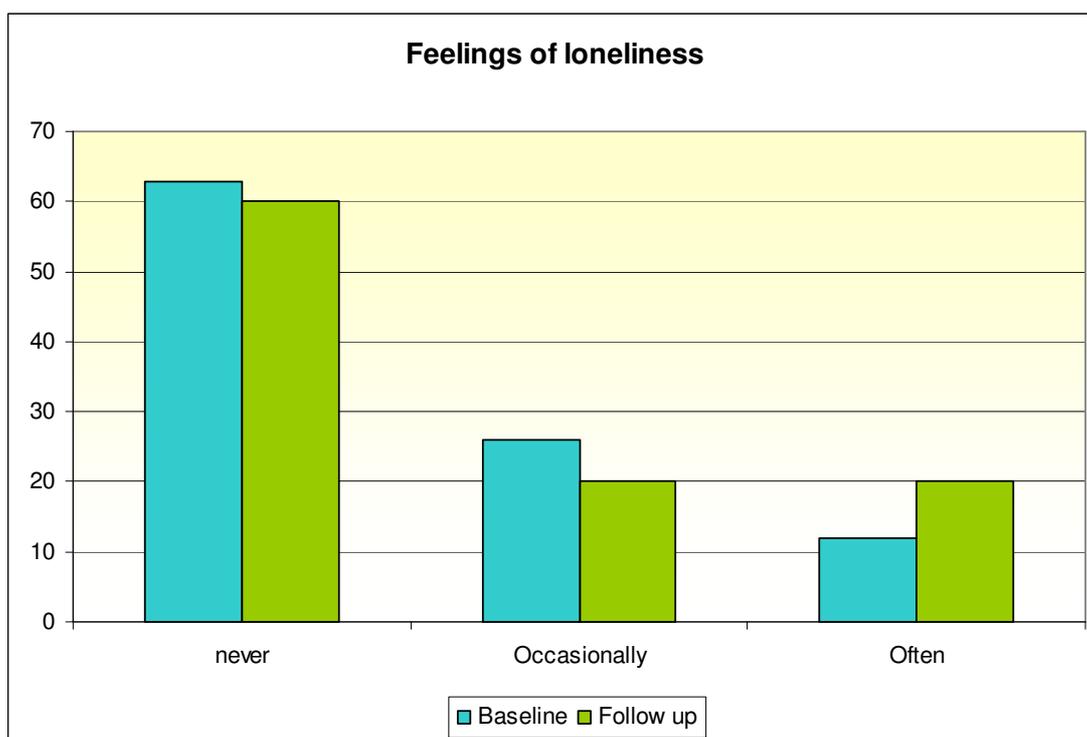


Feelings of loneliness or isolation

In the baseline questions, 1 participant reported feeling lonely on a daily basis (2%), over half of participants (n = 25, 53%) said that they occasionally felt lonely or isolated and four out of ten (n = 23, 45%) said that they never felt lonely at all.

Cross tabulations showed that respondents were more likely to feel lonely or isolated if they lived on their own, have a disability and if aged between 26-50 years old.

In the follow up questions, 2 participants reported feeling lonely on a daily basis (8%), four out of ten participants (n = 11, 44%) said that they occasionally felt lonely or isolated and four out of ten (n = 12, 48%) said that they never felt lonely at all. (See table below).

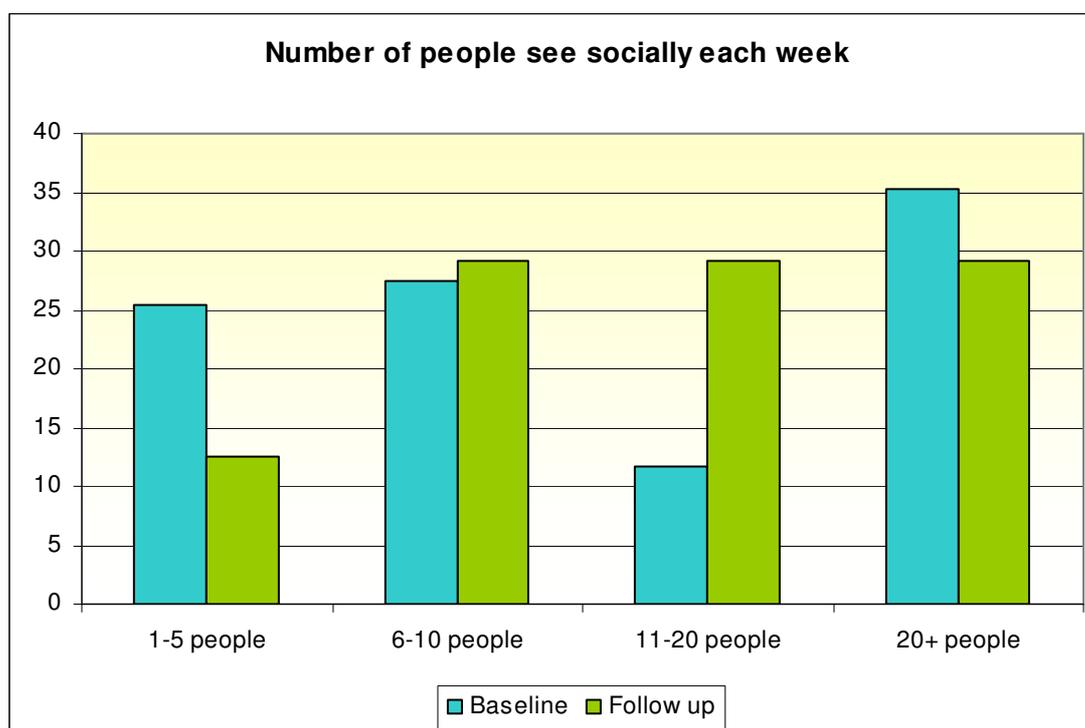


Number of people seen socially each week

In the baseline questions, one quarter of respondents (n = 13, 25%) said that they saw between 1-5 people socially each week, over a quarter (n = 14, 27%) saw 6-10 people socially each week, one in ten respondents (n = 6, 12%) saw between 11-20 people each week, whilst over one third (n = 18, 35%) saw more than 20 people socially each week.

Cross tabulations show that respondents were more likely to see less people socially each week if they had a disability and were aged 26-50 years.

In the follow up questions, one in ten respondents (n = 3, 13%) 1-5 people socially each week, almost three in ten (n = 7, 29%) saw between 6-10 people socially each week, again nearly three in ten respondents (n = 7, 29%) saw between 11-20 people each week, whilst almost three in ten (n = 7, 29%) saw more than 20 people socially each week.

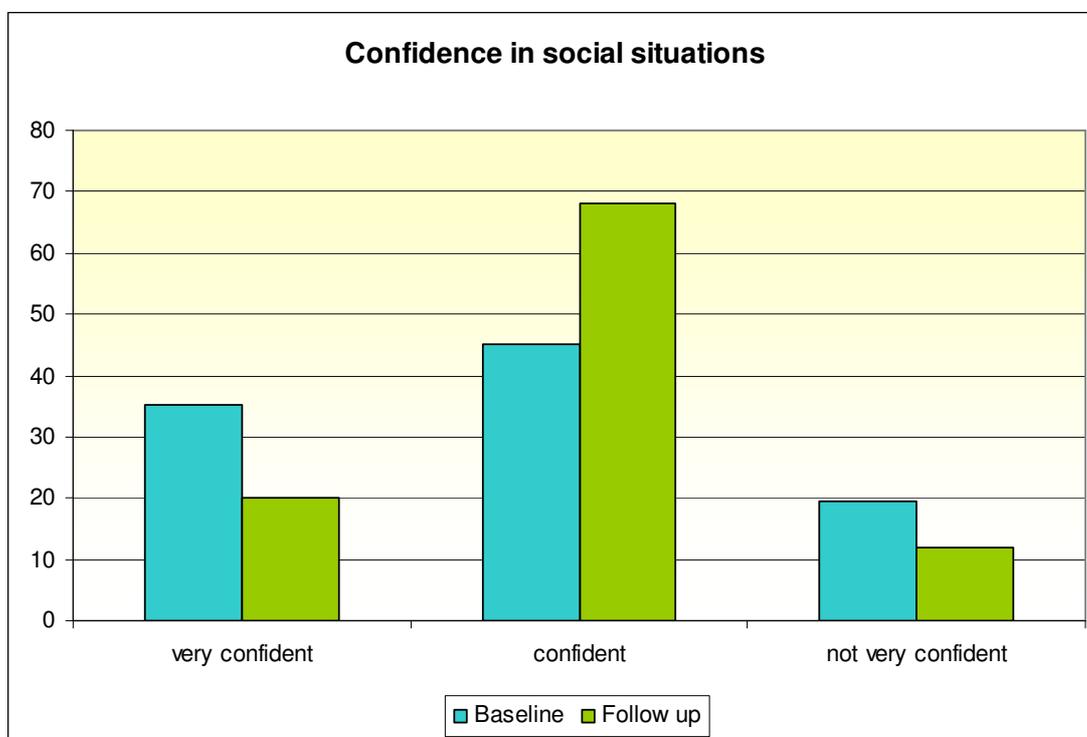


Confidence in social situations

In the baseline questions, over one third of respondents (n = 18, 35%) said that they were very confident, four out of ten respondents (n = 23, 45%) said that they were confident, whilst a fifth (n = 10, 20%) said that they were not very confident.

Cross tabulations showed that respondents were more likely to be not very confident if they were aged 26-50 years, and if they have a disability.

In the follow up questions, one fifth of respondents (n = 5, 20%) said that they were very confident, over two thirds of respondents (n = 17, 68%) said that they were confident, whilst one out of ten (n = 3, 12%) said that they were not very confident. (See table below)

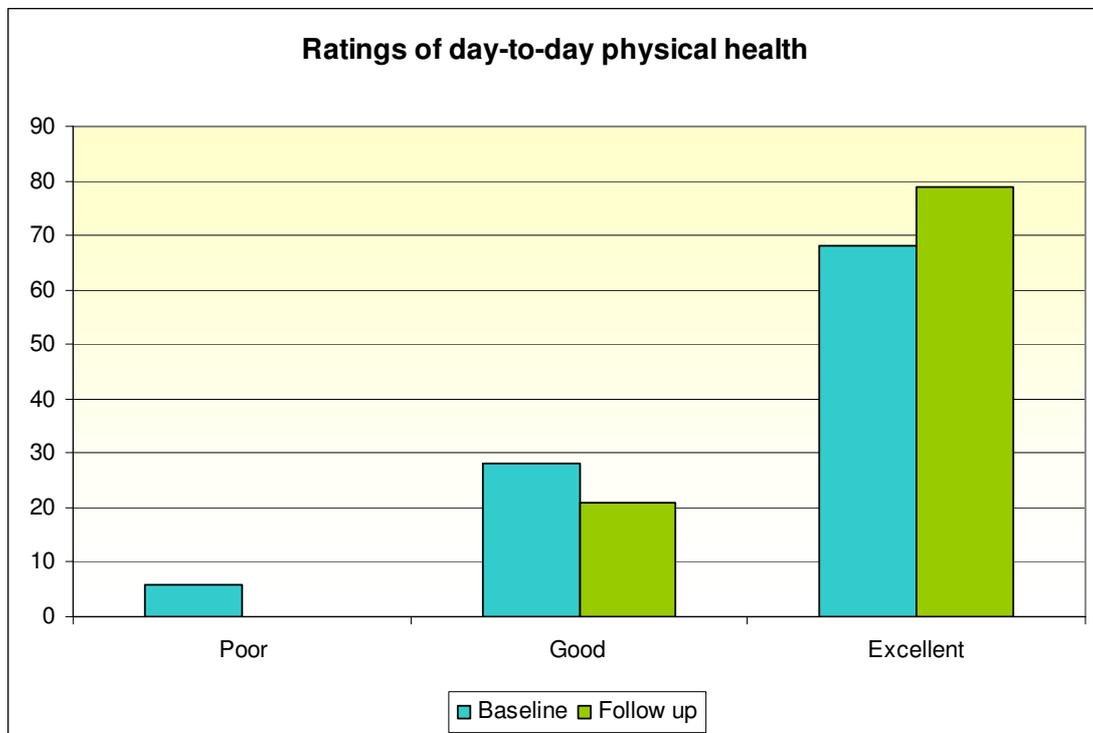


Day to day physical health

In the baseline questions, under one in ten respondents (n = 3, 6%) reported poor day to day physical health, over one quarter (n = 14, 28%) reported good day to day physical health and over two thirds (n = 34, 68%) reported excellent day to day physical health.

Cross tabulations showed that respondents were more likely to report poor physical health if they had a disability.

In the follow up questions, no respondents reported poor day to day physical health, one fifth (n = 5, 21%) reported good day to day physical health and over three quarters (n = 19, 79%) reported excellent day to day physical health. (See table below).

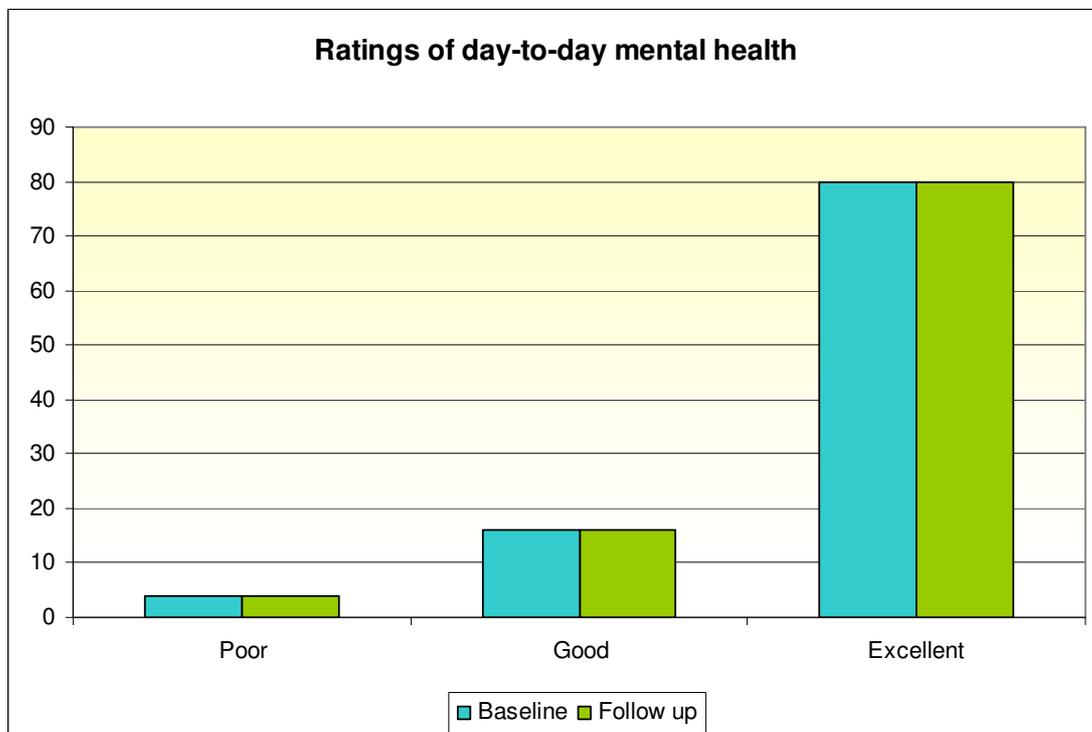


Day to day mental well being

In the baseline questions, 1 respondent (4%) reported poor day to day mental well being, four out of ten (n = 4, 16%) reported good day to day mental well being, whilst over half of respondents (n = 20, 80%) reported excellent mental well being.

Cross tabulations showed that respondents were more likely to report poor mental well being if they have a disability.

In the follow up questions, 1 respondent (4%) reported poor day to day mental well being, four out of ten (n = 4, 16%) reported good day to day mental well being, whilst over half of respondents (n = 20, 80%) reported excellent mental well being. (See table below).

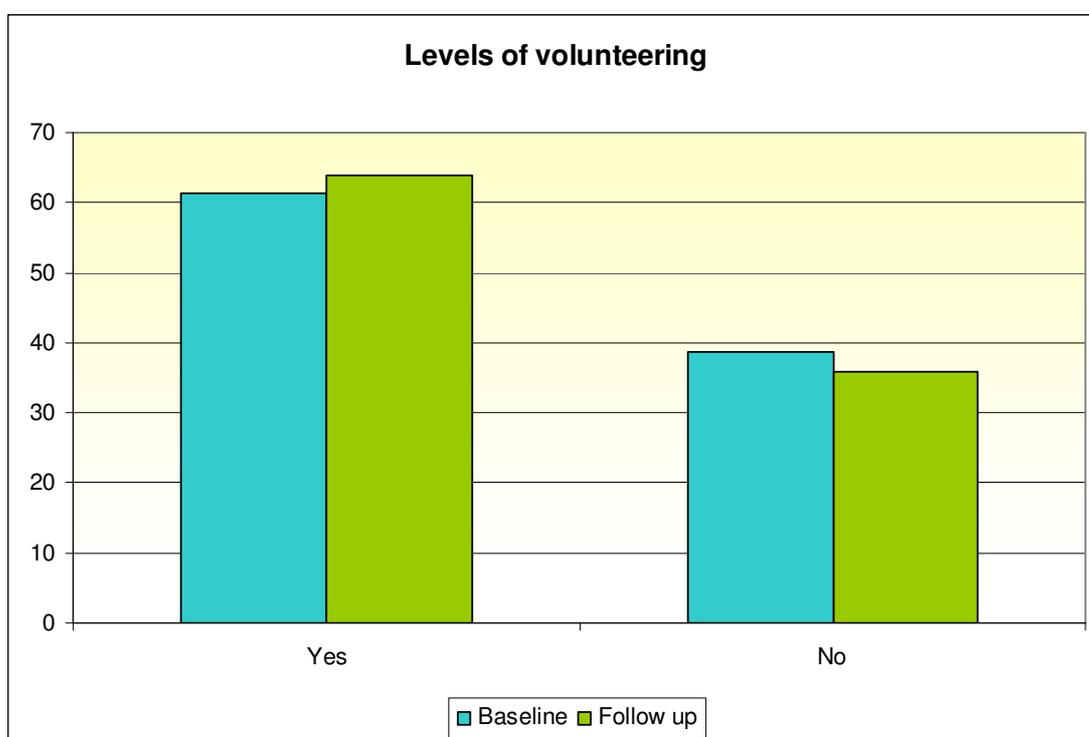


Levels of volunteering

In the baseline questions, under two thirds of respondents (n = 30, 61%) said that they volunteered, whilst under four out of ten respondents (n = 19, 39%) said that they did not.

Cross tabulations showed that respondents were less likely to volunteer if they lived alone, had a disability and were aged between 26-50 years.

In the follow up questions, more than six out of ten respondents (n = 16, 64%) said that they volunteered, whilst over a third of respondents (n = 9, 36%) said that they did not. (See table below).

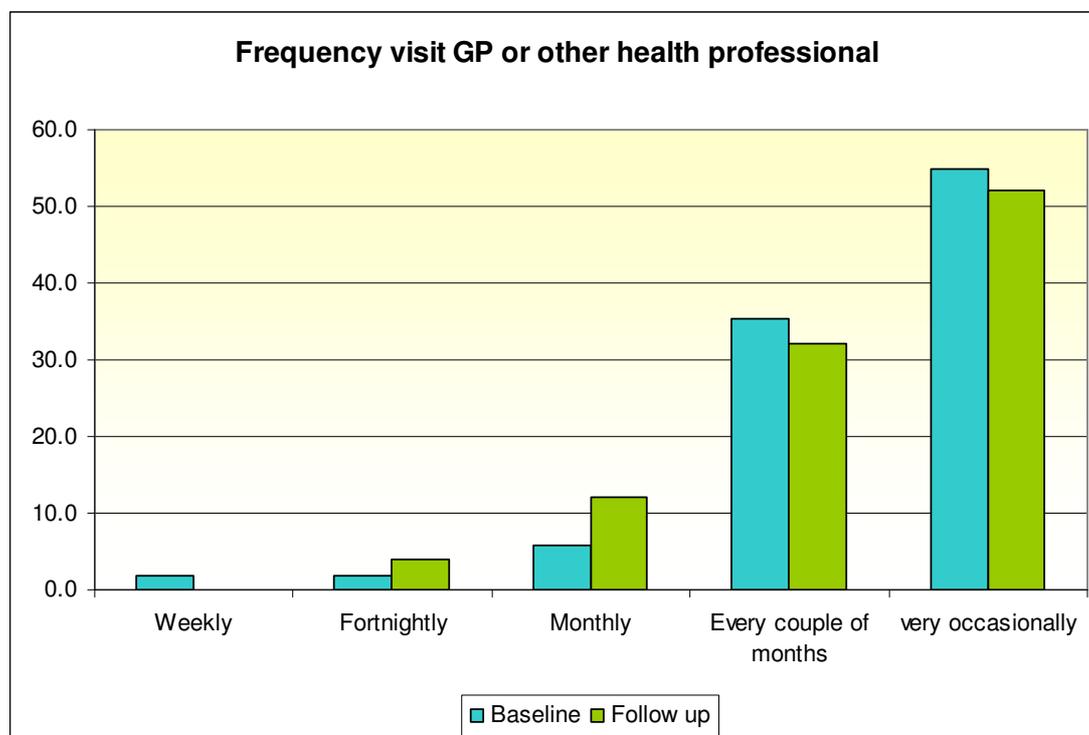


Frequency of visits to a GP or another health professional

In the baseline questions, over one half of respondents (n = 28, 55%) reported that they visited the GP or another health professional very occasionally, over a third (n = 18, 35%) said that they visited their GP or another health professional every couple of months, one in ten (n = 3, 6%) said that they visited their GP or another health professional monthly whilst one respondent each (n = 1, 2%) said that they visited their GP or another health professional fortnightly or weekly.

Cross tabulations showed that respondents were more likely to visit the GP or another health professional if they had a disability and lived alone.

In the follow up questions, over half of respondents (n= 13, 52%) reported that they visited the GP or another health professional very occasionally, under one third (n = 8, 32%) said that they visited their GP or another health professional every couple of months, one in ten (n = 3, 12%) said that they visited the GP or another health professional monthly, one participant said that they visited their GP of health professional fortnightly (4%) whilst no participants said that they visited their GP or other health professional weekly. (See table below).



----- Case Studies -----

Case Study 1: Mid Essex

H is an 80 year old man who lives on his own in the Maldon District. He has a very bad back and legs and has started using a mobility scooter. He is retired and has lived in the area for over 40 years.

H found out about the Shed through his daughter as he was looking for something to do following the death of his wife which had left a 'big hole' as suddenly he had no-one to look after. By his own admission he's not a '*clubby person*' but he went along about 4 months ago and was immediately given an excellent welcome as he used to restore antique furniture and make antique style furniture and is an expert wood turner.

H says that his expectations of the Shed have been exceeded as, in his own words, "*I didn't realise there was such a facility to contribute and learn open to me.*"

While H says that his confidence and physical health ratings are high, his mental health varies from 2/10 on a bad day to 8/10 on a good day. As H says "*I've got over my wife's death but suddenly something triggers it and I get very upset so then I have to talk myself out of it which I do.*"

However H points out that attendance at the Shed has helped him address this. He attends the Shed 2-3 times a week and whilst at home he is thinking about the Shed quite a lot. He values the sociability and companionship the most about the Shed and that, "*I'm a lot more cheerful and happier since I found the Shed ... it is the most useful thing I have found to overcome quite a lot of my grief.*"

Case Study 2: Mid Essex

B is a 66 year old retired male who lives on his own in Maldon District. He has no medical conditions or disabilities and has lived in his local area for the past 30 years. He describes himself as 'socially inept' and unconfident in social situations.

B was referred to his local Shed at one of Maldon District Council's Keep Safe and Well in Winter events using Connect Well the social prescribing website. He didn't go to the event with any intention of needing anything but just wanted to see what there was. Whilst there it was suggested that he attend his local Shed which appealed to him as he felt he needed the discipline of having something regular to do.

He attends the Shed approximately once a week whenever he can and says that it has met his expectations of regular project work as well as meeting interesting people. One of the things he values about the Shed is the conversations he has

with other people, as B says, *“You can go on talking forever about that (politics and Brexit) and not agreeing and not influencing anyone and it’s good from that point of view.”*

Whilst B doesn’t feel visiting the Shed has had a huge impact on his life, it has fulfilled its purpose. As B says, *“One of the things when you retire you don’t have that discipline of going to work every day and so you’ve got the option of doing whatever you like but because you haven’t got that discipline you can end up not doing anything and I was quite keen that I didn’t want to end up like that.”*

Case Study 3: West Essex

C is a 73 year old retired man who lives with his wife in West Essex. He has no physical disabilities but does have a mental health condition. He has lived in his local area for seventeen years.

C found out about the Shed whilst he was looking for something to ‘soak up time’ Following retirement, he’d initially had plenty to do but then started to experience depression after depression. As C said, *“And my wife, kicked it all off, said you need something else, you need to get out there with some other guys and do something. And so that’s how it all really came about.”*

C says he had looked around at a lot of different options but nothing really fitted with his interests. He describes himself as a very practical guy and things did not seem worthwhile. He was spending time in his own Shed at home to keep busy but his wife pointed out that this was him spending time on his own which wasn’t good.

As he was involved at the beginning of his local Shed, he initially didn’t have too many expectations. Six months later he is unofficial co-ordinator of the Shed, attending twice a week and values most the camaraderie of the other Sheddors. As he says, *“I think the coming together of the guys but I think it’s important that you get someone who shares your sense of humour ... we rub each other up something rotten you know.”* And says of one of his fellow Sheddors *“I’ve been laughing since the day I met him”*

C feels that attendance at the Shed has helped him address his health and well being. He speaks openly about issues he has had with his mental health saying that he has always *“put a face on”* to the outside world and that people don’t see what’s on the inside. He says *“I really really enjoy the shed”* and also states that his home life has improved.

His day-to-day mental health has improved since joining the Shed, it does vary but as C says, *“Overall about 5-6 (out of ten). But I certainly have been down to one.”*

Case Study 4: West Essex

D is a 69 year old retired man who lives on his own in West Essex. Physically he has a bad back and has acute depression. He has lived in his local area for thirteen years.

He heard about the Shed through word of mouth. A friend of his daughter, who works for social services, found out about the Shed and passed the information to him as an opportunity to become involved.

Initially he got involved in the Shed as something to do about three months ago. His expectations were, in his own words, *“something to give me some satisfaction and someway of using the enormous skills that are in my body and are no longer required.”*

D feels that his expectations about the Shed have been exceeded, as he says, *“I love working with wood ... and I don't have anywhere to do that at home anymore, so that gave me a hands on thing but the other thing that I didn't realise was that there would be an organisational side of things and in my working life I've held some senior management positions and that's kind of instilled in me to take charge and organise ... but I have the skills to do that ... so the opportunity to do that was a bonus.”*

D has been struggling with his mental health for around eighteen months and admits to being so low that he has considered taking his own life. While his mental health still varies wildly from a rating of 4/10 on a bad day to 7 or 8/10 on a good day he states his day at the Shed is always a 7 or 8/10 day. Overall he thinks that attending the Shed has helped address his health and well being, he says it gets him out of the house and thinks that it is also helping him physically.

What D values most about the Shed is the companionship of the other Sheddors, as he says, *“Socially it's great, we've got a good crowd of guys and there's the other Sheds as well. We call B the enemy, but it's good friendly banter. We have a common aim in life and share things, share tools and help each other, it's good and the other guys who come here to this one are a lovely set of guys from different background, fascinating people. I love talking to people, hearing their tales and sometimes we do very little woodwork but drink coffee and eat doughnuts, it's good.”*

D would like to become more involved with the Shed movement, as he said, *“I'm an advocate of sheds. I know they're starting up a couple more and I've offered my services to help with that. I think they're a great idea. I've plenty of time on my hands so it's all for free. Earning money is not an issue anymore. I'll do anything for nothing, you just want to feel useful and this does that.”*

Case Study 5: West Essex

E is a 71 year old retired man, who lives with his wife in West Essex. He has lived in the area for the past fourteen years. E lives with a physical health condition of an irregular heartbeat but rates both his mental and physical health as high.

E found out about the Shed from a poster on his local CVS notice board. He decided to come along to the Shed, in his own words, *“To give me a break and get general knowledge from other people – you learn things.”* He says that is different from his previous working life and he gets ideas from conversations he has with other Shedders.

E attends the Shed weekly and although he doesn't have a particular role within the Shed he does say that everyone will be part of ensuring that newcomers are made to feel welcome. He values the social side of the Shed saying that *“they are friendly people”* he feels that socially it has had a positive impact on his life, as he says, *“Social life it's nice, you meet different people, you have a coffee and a cake, ... it's very interesting.”*

What E values most about the Shed is the work although he also enjoys meeting people socialising and exchanging information.

Case Study 6: Mid Essex

F is a 72 year old retired man who lives with his wife in the Maldon District. He has no disabilities or medical conditions and has lived in his local area for over twenty years.

He found out about the Shed through a friend who gave him access to his email account to look into doing voluntary work. On the email he saw an advertisement for the Shed which he thought it sounded interesting and it went from there.

There were two reasons why F joined the Shed, the work itself and meeting people. Despite being an electrician by trade he had an interest in carpentry and wanted to learn more from others as well as being able to socialise with other people.

He values being amongst people who have similar life experiences *“We've a lot to talk about, we know each others experiences you can say, That's quite nice, yes I enjoy that”*

F feels that his expectations about the Shed have been met and he attends regularly once a week. Prior to being involved with the Shed he states that he was not at all involved with his local community.

Although F doesn't think that the Shed has had a huge impact on this life as his ratings of his physical and mental health were already high he does feel that it has helped him maintain those high ratings. He also states that being able to speak to *“other guys”* helps him mentally and helps him maintain the contact with others that you lose when you retire.

It's like when you're at work, you're working with similar types of guys, so when you retire you lose that so it's nice to have that communication with other chaps"

What F likes most about the Shed is having a regular date in his diary to look forward to. As F says, *"Having that regular thing, it's nice to think that next week we're going down the Shed and if you're doing a project or creating a project with the chaps in there whose making projects to sell. Yeah that sort of thing it's something to look forward to."*

Case Study 7 – North Essex

Shedder G is as 63 year old semi-retired man who lives with his wife in North Essex. He has no disabilities or diagnosed medical conditions and has lived in his local area for approximately nine years now.

G found out about the concept of the Shed approximately six months ago from his local Volunteer Centre, who were already involved with local projects, and was inspired to set one up in conjunction with his church and has been supported by the Essex Shed Network. This support included a visit to an established Shed project and speaking to the coordinator.

G states that his reason for getting involved is community he speaks positively about getting involved with community projects through the church of which the Shed is just one. He states that together people involved in the project are growing and changing in a positive way

"We're growing, we're changing, we get involved which is positive..... within that your self confidence, your physical health and everything has to creep in"

He undertakes the role of co-ordinator and is also project managing the construction of the Shed. As such he attends the Shed three days a week and is very involved in this community project and states that things are moving forward *"effectively and positively."*

Before his involvement in the Shed G already had high levels of involvement, confidence and physical and mental health ratings but does feel that these have been improved upon by his participation in community projects in general and the Shed project in particular. Mentally G believes that the Shed is another positive aspect of his life. As he concludes, *"part of the mental part of that is the support to help others, and to encourage others ... give somebody a purpose."*

With this in mind he states that the best thing about the Shed is that it offers an opportunity to engage others and give them a purpose.

Discussion

Baseline and follow up data sets not co-terminus

The baseline and follow up monitoring were conducted with different sets of respondents and so hence are not co-terminus. This explains the sometimes anomalous results such as the one participant in the baseline findings who reported feeling lonely on a daily basis which was reported by two participants in the follow up monitoring. However the respondents were chosen for either the baseline or follow up monitoring based on how long they had attended one of the Sheds and the general picture is an improvement in ratings between initial joining to 6 months plus attendance.

Increased community involvement

Respondents were more likely to be involved in their local community after six months plus attendance at one of the Sheds in the Essex Shed Network than they were on joining. Over three quarters of follow up respondents (76%) reported some or high involvement in their community compared to half of the baseline respondents (52%).

Decreased feelings of loneliness or isolation

Whilst the lack of co-terminal data produced an anomalous result in reported feelings of loneliness or social isolation, respondents were more likely to report seeing increased numbers of people socially each week after six plus months attendance at one of the Sheds in the Essex Shed Network than they were on joining. Over half of follow up respondents (58%) reported seeing more 11 people socially each week compared to under half of baseline respondents (47%).

Increased confidence in social situations

Respondents were more likely to report increased feelings of confidence after six months plus attendance at one of the Sheds in the Essex Shed Network than they were on joining. Fewer than nine out of ten follow up respondents (88%) reported feeling confident or very confident compared to eight out of ten (80%) baseline respondents.

Improvements in day to day physical and mental health

Respondents were more likely to report better day to day physical health after six months plus attendance at one of the Sheds in the Essex Shed Network than they were on joining. One hundred percent of follow up respondents reported with good or excellent day-to-day physical health compared to nine out of ten (96%) of baseline respondents.

Whilst respondents in the follow up and baseline surveys reported the same levels of day-to-day mental health, the case studies showed how helpful attendance at a Shed can be mentally. Ranging from men who had been widowed to those with existing mental health conditions exacerbated by retirement, attendance at a Shed adds purpose to their lives. As Shedders said:

“I’m a lot more cheerful and happier since I found the Shed ... it is the most useful thing I have found to overcome quite a lot of my grief.”

“On a bad day I’m down at 4/10 and on a good day 7 or 8/10 ... Thursdays (day he attends Shed) is always a 7 or 8 day.”

Increased levels of volunteering

Respondents were slightly more likely to volunteer after six months plus attendance at one of the Sheds in the Essex Shed Network than they were on joining. Over six out of ten of the follow up respondents (64%) said that they volunteered compared to six out of ten of the baseline respondents (60%).

Less frequent visits to health professionals

Whilst respondents in the baseline and follow up did not report an overall decrease in visits to health professionals, none of the follow up respondents reported visiting their GP or another health professional weekly whilst one of the baseline respondents did.

Conclusion

The main weaknesses of the evaluation are the lack of co-terminal data, small sample sizes and the lack of validated measures to assess the impact of intervention on men’s health and well being over a period of time. However, our research has produced some useful descriptive insights that are in broad agreement with other studies.

In line with other research carried out on the impact of Sheds on its participants, our evaluation indicates the health benefits of participating in a Shed. Our research shows that participating in a Shed:

- Increases social confidence and levels of social activity
- Decreases feelings of loneliness and isolation
- Impacts positively on physical health
- Decreases participants dependence on health services