Pieces Together Ltd.

The Community Shed Model and Application Specifics

''Social Health' is a significantly unmet need in our communities'

1. The 'Pieces Together' Vision: A Tri-part Approach - *'Social health' is the outcome.*

> *'No more fiendish punishment could be devised, were such a thing physically possible, than that one should be turned loose in society and remain absolutely unnoticed by all the members thereof. If no one turned round when we entered, answered when we spoke, or minded what we did, but if every person we met 'cut us dead', and acted as if we were non-existing things, a kind of rage and impotent despair would ere long well up in us, from which the cruelest bodily tortures would be a relief; for these would make us feel that, however bad might be our plight, we had not sunk to such a depth as to be unworthy of attention at all.'*
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> **James, W. (1890). *The principles of psychology*. Cosimo Inc.**

Social Health: 'Social Health' is a vital health outcome in its own right, distinct from, yet inter-connected with mental and physical conditions. We advocate for a Tri-part Model of Health, which establishes social health as an essential 'Third Pillar' equal to physical and mental well-being. Defined as the adequate quantity and quality of relationships needed for meaningful connection. 'Social Health' is a dynamic, biologically embodied state, rather than merely a predictor of other health outcomes. Given that the modern world is facing a 'loneliness epidemic,' urgent action is required to address the social health disparities that disproportionately affects marginalized individuals and populations.

The Operational Model - Health by Stealth: The 'Pieces Together' Community Shed operates on the therapeutic model colloquially known as 'health by stealth.' Instead of offering clinical therapy, the charity provides a workspace where social connection occurs naturally as a side effect of shared activity. This operational approach is the primary means by which we achieve our constitutional objective: advancing public welfare and health through community engagement.

Inclusivity and Access: Community Sheds are the practical embodiment of social health. Because research confirms that members of marginalized groups often suffer from poorer social health relative to dominant groups, these spaces must not remain the exclusive domain of a single demographic. We believe that gatekeeping access to these facilities—whether through organizational bias or restrictive definitions—is detrimental to public well-being. 'Pieces Together' challenges the hypocrisy of exclusion within the sector, ensuring that no individual is thwarted from finding solace in this vital third space.[1]

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[1] Doyle, D. M., & Link, B. G. (2024). On social health: history, conceptualization, and population patterning. Health psychology review, 18(3), 619–648. https://doi.org/10.1080/17437199.2024.2314506

2. Targeting Isolation: IWA and 'Hikikomori'

While the ‘shedding’ movement traditionally catered to an older male demographic, the concept has evolved significantly. It is ‘shedding’ its past to embrace a ‘Community Shed’ model that accepts diverse organizational structures beyond the original patriarchal schema. ‘Pieces Together’ champions this inclusive model by recognizing **Social Health** as a vital outcome in its own right, equal to and distinct from physical and mental health. We aim to provide a safe, welcoming space for individuals experiencing Isolation, Withdrawal, and Avoidance (IWA). These symptoms are often summarized as **'Hikikomori'** (hee-kee-koh-MOR-ee), a term originally defined in Japan as a form of extreme social withdrawal where individuals rarely leave home, but now recognized globally as a condition of symptoms on a spectrum that severely impairs individuals quality of life.

Target Demographic:
We take a community-wide approach to targeting those at risk of health issues arising from loneliness. We recognize IWA not just as a symptom, but as a primary driver of poor health outcomes. Research indicates that social isolation acts as a predictor of functional decline and is clinically significant independent of physical comorbidities. By addressing this, we aim to mitigate the 'deaths of despair' often driven by loneliness and lack of belonging. [2] [3] [4]

Inclusive Access:
Marginalized groups often suffer from poorer social health relative to dominant groups. Therefore, unlike the gender-specific focus of traditional sheds, our membership is inclusive of all people regardless of cultural identity, gender orientation, neurodiversity, disability, age, religion, or political affiliation.

Low Barrier to Entry:
We utilize the LEGO® System of Building Bricks to ensure a low barrier to entry. This allows participants to engage in meaningful connection and peer based ‘parallel play’ without the intimidation or skill requirements often associated with traditional tool-based workshops, fostering a sense of belonging—a fundamental human need.

Further information:

- Social Health: https://pmc.ncbi.nlm.nih.gov/articles/PMC11332409/
- Social Isolation and Loneliness: https://www.aihw.gov.au/mental-health/topic-areas/health-wellbeing/social-isolation-and-loneliness
- LEGO and Social Skills: https://www.parinc.com/learning-center/par-blog/detail/content-hub/2024/05/17/how-to-run-a-lego-social-skills-group

[2] Jeste, D.V., Smith, J., Lewis-Fernández, R. et al. Addressing social determinants of health in individuals with mental disorders in clinical practice: review and recommendations. Transl Psychiatry 15, 120 (2025). https://doi.org/10.1038/s41398-025-03332-4
[3] Holt-Lunstad, J. (2024) 'Social connection as a critical factor for mental and physical health: evidence, trends, challenges, and future implications,' World Psychiatry, 23(3), pp. 312–332. Available at: https://doi.org/10.1002/WPS.21224.
[4] Hickin, N. et al. (2021) 'The effectiveness of psychological interventions for loneliness: A systematic review and meta-analysis,' Clinical Psychology Review, 88, p. 102066. Available at: https://doi.org/10.1016/J.CPR.2021.102066.

3. Methodology: The 'Shoulder-to-Shoulder' Approach

Assisted Delivery:
The charity supports beneficiaries through 'shoulder-to-shoulder' interaction, a method where conversation flows naturally during collaborative tasks. This approach mitigates the pressure of direct face-to-face communication, which can sometimes be experienced as a ‘taxing’ social tie. By shifting the focus to a shared activity, we create a context that fosters the ‘meaningful human connection’ necessary for social health. [5]

The Medium:
The LEGO® system acts as the catalyst for this interaction. Functioning as an 'interconnecting set of parts,' the bricks serve as a social tool that makes connection intuitive and accessible. This shared focus allows for the building of ‘social capital’ and fosters collaboration by providing a common language for participants.[6] [7]

Cognitive and Emotional Support:
The specific attributes of the system facilitate cognitive stimulation, stress reduction, and emotional regulation. This methodology provides a medium for mastery, allowing individuals to wake up feeling ‘capable and willing’. It rewards developed levels of expertise while providing a low-risk environment for safe experimentation.[8] [9]

4. Therapeutic Framework: The CHIME Model

To ensure our assistance is rigorously evidence-based, we have formally adopted the CHIME recovery model as our guiding framework. This approach aligns with our understanding that social health is not merely a predictor of wellness, but a dynamic outcome in its own right.

Connectedness:
We combat social isolation by fostering 'meaningful human connection' through shared projects. By prioritizing both the quantity and quality of relationships, we aim to satisfy the fundamental human need for belonging.

Hope and Optimism:
We leverage the creative potential of our medium to demonstrate that 'if you start building, it will come.' This reduces the anxiety of planning and nurtures 'positive interpersonal expectations,' helping members wake up feeling capable and willing to engage with the world.

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[5] Doyle, D. M., & Link, B. G. (2024). On social health: history, conceptualization, and population patterning. Health psychology review, 18(3), 619–648. https://doi.org/10.1080/17437199.2024.2314506

[6] Narzisi, A., Sesso, G., Berloffa, S., Fantozzi, P., Muccio, R., Valente, E., Viglione, V., Villafranca, A., Milone, A., & Masi, G. (2021). Could You Give Me the Blue Brick? LEGO®-Based Therapy as a Social Development Program for Children with Autism Spectrum Disorder: A Systematic Review. Brain sciences, 11(6), 702. https://doi.org/10.3390/brainsci11060702

[7] Lee, S. W. H., & Saw, P. S. (2021). The Use of Building Blocks to Teach Communication and Social Skills to First-year Pharmacy Students. American journal of pharmaceutical education, 85(8), 8464. https://doi.org/10.5688/ajpe8464

[8] Wright, B., et al.,(2023). I-SOCIALISE: Results from a cluster randomised controlled trial investigating the social competence and isolation of children with autism taking part in LEGO® based therapy ('Play Brick Therapy') clubs in school environments. Autism : the international journal of research and practice, 27(8), https://doi.org/10.1177/13623613231159699

[9] Capogna, E., Ingrassia, P. L., & Capogna, G. (2023). Lego® bricks assisted training of the novice debriefers. MedEdPublish (2016), 13, 16. https://doi.org/10.12688/mep.19314.1

Identity:
We help members restore a positive identity and sense of accomplishment. We recognize that social relationships are 'embedded in the human body (and mind)' and that healthy ties are essential for a robust sense of self.

Meaning:
We provide meaningful activities where members participate in the company of others. This is crucial, as the lack of such connection can lead to a 'rage and impotent despair' that severely impacts quality of life.

Empowerment:
We facilitate the learning of new skills and the mentoring of others. This fosters a 'spirit of mutual aid' and autonomy support, which are key components of maintaining social health and psychological balance. [10] [11] [12] [13]

5. Governance and Safety Standards : Zero Harm Objective

Our assistance is delivered within a rigorous governance framework designed to protect vulnerable people and ensure a safe environment. We aim to create an 'enabling culture' that actively promotes health rather than merely preventing accidents. [14] [15] [16]

Zero Harm Objective:
The charity enforces a 'Zero Harm' objective that encompasses the full Tri-part Model of Health: physical, mental, and social. We recognize that interventions can sometimes have divergent effects—protecting one domain while risking another. Therefore, our safety protocols are designed to prevent physical injury and psychological distress while ensuring that our 'social distancing' or safety measures do not inadvertently cause social isolation or exclusion.

Ethical Conduct:
To prevent 'social strain' and the negative health impacts associated with perceived discrimination, all representatives must practice 'epistemic humility.' We prohibit the 'hermeneutics of assumption' (premised on availability bias), ensuring that interactions are free from judgment. This fosters an environment where 'meaningful human connection' can flourish without the fear of stigma often experienced by marginalized groups.

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[10] Kohrt, B.A. et al. (2020) 'Why we heal: The evolution of psychological healing and implications for global mental health,' Clinical Psychology Review, 82, p. 101920. Available at: https://doi.org/10.1016/J.CPR.2020.101920.

[11] Jerry T., et al., Social Factors and Recovery from Mental Health Difficulties: A Review of the Evidence, The British Journal of Social Work, Volume 42, Issue 3, April 2012, Pages 443–460, https://doi.org/10.1093/bjsw/bcr076

[12] Leamy M, Bird V, Boutillier CL, Williams J, Slade M. Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. British Journal of Psychiatry. 2011;199(6):445-452. doi:10.1192/bjp.bp.110.083733

[13] https://healthsciences.unimelb.edu.au/__data/assets/pdf_file/0011/3392147/The-Strengths-Model-A-Recovery-oriented-Approach-to-Mental-Health-Services.pdf

[14] (Cth.) (2025) Governance Toolkit: Safeguarding vulnerable people | ACNC. Available at: https://www.acnc.gov.au/for-charities/manage-your-charity/governance-hub/governance-toolkit/governance-toolkit-safeguarding-vulnerable-people (Accessed: December 8, 2025).

[15] (Cth.) (2024) Health care and social assistance - Managing risks | Safe Work Australia. Available at: https://www.safeworkaustralia.gov.au/safety-topic/industry-and-business/health-care-and-social-assistance/managing-risks (Accessed: December 8, 2025).

[16] Australian Institute of Company Directors (AICD) (2024) Not-for-Profit Governance Principles. Third ed., April, 2024. Available at: https://www.aicd.com.au/content/dam/aicd/pdf/tools-resources/nfp-governance-principles/aicd-nfp-governance-principles-2024.pdf (Accessed: December 8, 2025).

Mandatory Screening:
To safeguard our target demographic—many of whom may experience health inequalities —all staff and volunteers must undergo National Police Clearance and Working With Children Checks (where applicable).

WHS Compliance:
Operations are bound by a comprehensive WHS Manual. This manages risks to physical health including specific hazards such as 3D printing and chemical exposure, ensuring that our pursuit of social health never compromises physical safety.

6. Formal Pathways and Impact Measurement

The organization integrates with the broader health sector through formal pathways and accountability measures, ensuring that our community interventions are recognized as valid components of a holistic health strategy.

Social Prescribing:
We actively support 'social prescribing,' a model designed to link primary healthcare services to community and voluntary sector organizations. This approach allows health professionals to refer patients experiencing mild depression, anxiety, or loneliness to the shed as a non-clinical intervention, directly addressing the social determinants of health. To facilitate this, and leveraging the medical background of our founder, we will implement a public education campaign targeting local GP clinics and welfare organizations, ensuring potential beneficiaries are made aware of this service through informational materials in waiting rooms and community centers. [17] [18]

Referral to Support Services:
We recognize that social health interventions must work in tandem with clinical care. In line with the 'How to help a mate doing it tough' booklet (Sheds of WA edition), we acknowledge that some beneficiaries require more involved professional support. In these circumstances, we advocate an A-B-C approach:

A = Ask + Listen: Creating a safe space for disclosure.
B = Build a Plan: Collaborating on immediate next steps.
C = Connect to help: Facilitating a warm referral for further assistance.

The group mainatains a curated list of external support services to ensure individuals can be immediately directed to the most appropriate professional care in a timely manner, when their needs exceed the scope of the shed.

Impact Reporting:
Consistent with the call for health systems to monitor social health alongside physical and mental metrics, our Board is required to publish an Annual Impact Report. This report details our progress against the CHIME recovery framework and specific recovery metrics for Isolation, Withdrawal, and Avoidance (IWA), ensuring we remain accountable to our mission of improving population well-being.

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[17] Spanos, S., et al., (2025). Integrating Non-Clinical Supports into Care: A Systematic Review of Social Prescribing Referral Pathways for Mental Health, Wellbeing, and Psychosocial Improvement. International journal of integrated care, 25(3), 21. https://doi.org/10.5334/ijic.9127

[18] Victoria University (2025) 'Social prescribing in the Australian content: a national feasibility study.' Available at: https://doi.org/10.26196/A736-XP58 .

Strategic Partnerships:
The organization is actively building cross-sector collaborations to establish robust referral pathways and co-deliver projects. By aligning with other health entities, we aim to enable social health across the population, ultimately reducing the economic and social costs associated with loneliness and isolation

For further information see;
https://insightplus.mja.com.au/2025/13/how-social-prescribing-can-support-holistic-wellbeing/