



Evaluation of the Growing Together Projects

December 2020

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Contents

Executive summary	Page 2
Introduction	Page 5
Evaluation methodology	Page 13
The impact of growing together	Page 16
Case studies: Tracy, Stuart	Page 19
Case studies: Ben, *Jenny	Page 27
Case studies: Phil, Crystal	Page 27
Key findings and recommendations	Page 28
Conclusion	Page 33
References	Page 34

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Executive summary

Growing Together is a therapeutic community garden project, providing support for people with mental health problems and mild learning disabilities in urban deprived areas. Trust Links is an independent charity for mental health and wellbeing and runs four Growing Together community gardens in Westcliff, Shoeburyness, Thundersley and Rochford. The projects have been developed since 2000, with the project model being replicated in 2012, 2015 and 2016.

This evaluation comprises the outcome data from the four Growing Together community gardens in Westcliff-on-Sea, Shoeburyness, Thundersley and Rochford, including the impact of the COVID-19 pandemic, and some lived experiences of members who engage with Growing Together.

The evaluation used a range of measures to capture the outcomes for individuals accessing the Evaluation of the Growing Together Projects: The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) is a validated wellbeing measurement tool; The Growing Together Outcome Measure is a self-report questionnaire, measuring seven outcomes related to the project; The Five Facets Mindfulness Questionnaire aims to explore the extent that engaging with activities might change attendees' behaviour in terms of mindfully observing the world around them; Finally, the Rosenberg Self Esteem Scale measures global self-worth by measuring both positive and negative feelings about the self.

The evaluation identified 386 members actively accessing the Growing Together projects between August 2018 and November 2020. Of these members, 383 had completed baseline assessments, 142 had completed one follow up SWEMWBS assessment questionnaire, 63 had completed 3 reviews, 28 had completed 4 reviews, 28 had completed 5 reviews, and 5 had completed 6 reviews, all of which took place prior to the onset of the COVID-19 pandemic.

Mean SWEMWBS scores were calculated for each follow up assessment stage and compared to the baseline assessment. Follow up assessments are carried out at 3 to 6 month intervals and are a useful tool for identifying the impact that the Growing Together project has on mental wellbeing over a long period of time. Mental wellbeing is determined by many factors, and it is reasonable to expect fluctuations in individuals' SWEMWBS scores depending on their circumstances at a given time.

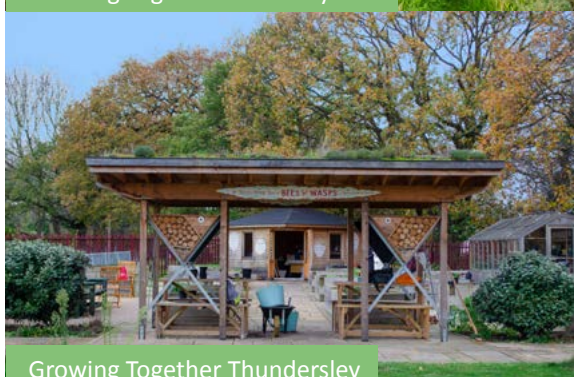
The data collected demonstrated that SWEMWBS scores increased significantly between the baseline and first follow up assessment stage (approximately 6 months); increasing from 21.4 to 24.32 (a 14% increase).



Growing Together Westcliff



Growing Together Shoeburyness



Growing Together Thundersley



Growing Together Rochford

The data suggests that, over time, this initial significant increase in score is sustained, with many members' scores continuing to improve over subsequent follow up assessments with continued engagement with the project. This sustained improvement highlights the impact of the Growing Together project on members' wellbeing, as their life circumstances may not have drastically changed.

It is therefore clear that their self-perception, support, coping mechanisms and sense of community and connections have improved through engagement with the Growing Together project.

The statements with the greatest mean increase in score were feeling 'close to others' (15% increase), feeling 'relaxed' (14%), 'thinking clearly' (12%), 'feeling useful' (12%), and 'feeling optimistic about the future' (12%).

249 members completed the Growing Together Outcomes Measure, with 154 completing both a baseline and at least one follow up review assessment prior to the onset of the COVID-19 pandemic. Whereas previous evaluations have focused on the baseline assessment data alone, this evaluation focused on 'before' and 'after' scores to analyse trends and changes in members' perception of each of the 7 outcome scales included in the measure. Each of the 7 measures showed increases in the number of members either strongly agreeing or agreeing to the statements from baseline to the follow up assessment stage. The data demonstrates that engagement with

the Growing Together project has had a positive impact on members' lives in each of the areas on the scale; including learning new skills (84% agree), feeling part of a community (82% agree), improving or maintaining physical fitness (79% agree), and having meaningful structure to the week (77% agree).

62 members had completed both a baseline and follow up review assessment of the Rosenberg Self-Esteem Scale prior to the onset of the COVID-19 pandemic. In a similar vein to the Growing Together Outcomes Measure, there was an improvement across the board in the four statements used: a 16% increase in feeling useful; a 14% increase in 'having good self-esteem'; and a 12% increase in having a positive attitude towards themselves, in addition to having good qualities.

88 members had completed both a baseline and follow up review assessment of the Mindfulness Scale prior to the onset of the COVID-19 pandemic, and data analysis once more found that attendance at Growing Together corresponded with an increase in mindful behaviours. Increased mindful behaviours is shown to increase openness to experiences, whilst promoting emotional intelligence levels and self-compassion.

The qualitative aspect of the evaluation demonstrated some of the lived experiences that Growing Together members have, highlighting the challenges that are experienced and how engagement in the project can help improve wellbeing and develop skills to help with success in life. Moreover, the case studies bring home the help and support that Growing Together has offered during the COVID-19 pandemic, and how it is often a lifeline for many people who were already struggling to cope.

“Without Growing Together’s help and support I have and hate to say it but I probably wouldn’t be alive. My keyworker and the staff always give me a chance and it’s like family. It’s because of them that I can turn it around, they are positive and helpful even when I’m not fair to them, I’m so grateful they have kept in touch over Covid.”



The evaluation also identified 69 members who have completed a baseline, a follow up assessment prior to the COVID-19 pandemic, and a follow up review assessment since the pandemic began. Whilst the data showed a decrease in members' wellbeing, this is in line with the decrease in the general population's wellbeing, and most importantly it has not caused members to return to their initial level of wellbeing. Furthermore, the quantitative and qualitative data gathered during the COVID pandemic shows that re-engaging with the Growing Together projects virtually, when face-to-face contact was not possible, has been extremely beneficial to members and has limited and mitigated the pandemic's effects on their mental wellbeing.

Based on the literature, quantitative and qualitative data reviewed through this evaluation, outcomes of the Growing Together project include:

- ✔ **Improved and sustained levels of wellbeing and mental health**
- ✔ **Reduced demand on other health and social care services**
- ✔ **Improved confidence and self-esteem**
- ✔ **Improved social connections and engagement**
- ✔ **Better levels of physical fitness**
- ✔ **The opportunity and motivation to progress to training, employment and volunteering**

Further evaluation and research will grow the evidence base for the project and service model as it continues to grow as a positive alternative or complementary intervention to talking therapies, medication and clinical services.

This evaluation of the Growing Together social and therapeutic community garden projects in South East Essex demonstrates a positive impact across a range of outcomes prior to the pandemic, validated by individual interviews with members. Furthermore, the evaluation shows that as the Growing Together project has continued to deliver its newly adapted services to members, it will continue to support members and help to limit the negative impact of the pandemic on members' wellbeing.



Growing Together Shoeburyness - GREEN FLAG AWARDS 2020/2021

Introduction



This evaluation aimed to measure the impact that the Growing Together project has on the wellbeing of members, consisting of analysis of quantitative data on outcomes recorded and monitored by Trust Links across the projects over a prolonged period of engagement. Case studies have been included to highlight the personal lived experience of individuals at Growing Together. Additionally, there is a discussion on the impact of COVID-19 and lockdowns on members' wellbeing. The evaluation also outlines theories that Growing Together is based upon, including a summary of a recent academic paper that drew on data from Growing Together: 'Nature-Based Interventions and Mind-Body Interventions: Saving Public Health Costs While Increasing Well-Being', conducted by Professor Jules Pretty and Dr Jo Barton (2020), faculty at the University of Essex.

ABOUT GROWING TOGETHER

Growing Together is a person-centred, grassroots therapeutic community garden project, aiming to improve mental health, wellbeing and other outcomes for vulnerable and disadvantaged people. Situated in deprived urban areas, Growing Together aims to provide a safe and welcoming green space and structured programme of activities and support to engage and empower local people with mental health problems and learning disabilities.

Growing Together Thundersley



Growing Together was first founded in Westcliff in 2000, and the model was later replicated in 2012 at Shoeburyness, in 2015 at Thundersley, and again in 2016 at Rochford. The gardens are managed and run by Trust Links, an independent local charity for mental health and wellbeing, registered as a charity two years after the flagship Westcliff garden was set up. Trust Links' vision is empowering people to lead their lives well through transformative environments.

Growing Together employs a transformative approach, shifting people's identity from when they are referred or are self-referred from being a 'patient' or 'service user' to becoming a 'member' with a new identity as a 'gardener'. Members are valued for the strengths and skills they bring as part of the team, and through a co-production process they contribute to the plans in the garden and the development and delivery of other activities at Growing Together.

Members typically attend once or twice a week for a full day between 9 am and 4 pm. There are structured breaks in the morning and afternoon, with a one hour lunch break. Members and volunteers cook a hot lunch using produce from the garden and other items brought in, which can be purchased by members and volunteers for one pound. The communal aspect of eating together and chatting at break time over a cup of tea is as important as any other aspect of Growing Together, as it gives members an opportunity to connect with one another, make friends, share questions and concerns, and offload.

At the beginning of the day, members meet with the Garden Co-ordinator who outlines the tasks for the day and works with the members to find out who is most suitable for each one. Prior to the COVID pandemic, activities could be undertaken in pairs or small groups and include pot washing and label cleaning, weeding, mowing and maintenance, planting seeds, and vegetable sales. Members can also access vocational training at Growing Together, including a diploma in horticulture which is delivered in partnership with Southend Adult Community College.

Whilst therapeutic horticulture is the main focus of Growing Together, gardening is not the only activity offered. Dependent on the site and the interests and skills of members and staff, a range of peer support and vocational activities from music groups to wildlife workshops also run. To fulfil the aim of empowering its members, Growing Together also offers the Roots to Work and other similar employment support programmes, which includes regular job coaching, confidence building, job searching, and work experience opportunities.

The Growing Together gardens are managed as a long term sustainable resource for individuals and the community, delivering multiple outcomes and benefits in mental health, environment, community cohesion, education and employment



Why Does Growing Together Work?

The specific approach taken by the Growing Together gardens is that of Social Therapeutic Horticulture (STH), wherein the social interactions and sense of community are just as important in promoting recovery, rehabilitation, and well-being as attuning with nature and conducting gardening activities.

STH has no singular philosophy or definition, but Joe Sempik (2008) has outlined several characteristics:

- ✔ **Therapeutic intent and practice:** Garden projects are intended to promote mental and physical health, through an organised practice of STH which is recognised by health professionals, researchers, and others.
- ✔ **Location:** The activities take place in the same garden, allotment, or other outdoors location. This distinguishes STH from other ward-based therapies and allows members to form a 'home' like bond with the specific location.
- ✔ **Nature:** STH takes a wider view of nature, not only interacting with plants but working with others within nature.
- ✔ **Democracy and involvement:** Members are given opportunities to influence the activities of the project; promoting social inclusion. This is notably different from similar services in that members have some form of control, rather than being provided a service.
- ✔ **Social coherence and community:** Activities like eating meals together and preparing food from produce grown by themselves serve to build a community. Socialising and working within the boundaries of the project enhances social capital.
- ✔ **Production:** STH involves work to some degree, and is not just a passive appreciation of nature. Therapeutic gardens enable production without having to worry about productivity.
- ✔ **Routine and attendance:** Members are usually expected to commit to regular attendance, helping to facilitate a daily structure and routine.
- ✔ **Psychotherapy:** Whilst STH gardens are designed with therapeutic intent, they do not actively provide therapies. Instead, the social interactions, life in the community, the environment, and activities form the therapeutic dimensions.
- ✔ **Arts and crafts:** Various decorative and functional arts and crafts are featured in garden projects, associated with, specifically for, or from the gardens themselves.

STH is not defined by any single philosophy, however Sempik (2008) stresses that 'STH is not a random collection of outdoor activities but provides a coherence, structure, and routine within the framework of the natural environment.' Members of STH groups have different needs, and whilst not all of the above dimensions may be beneficial to any one individual, they are all presented and available to them regardless.

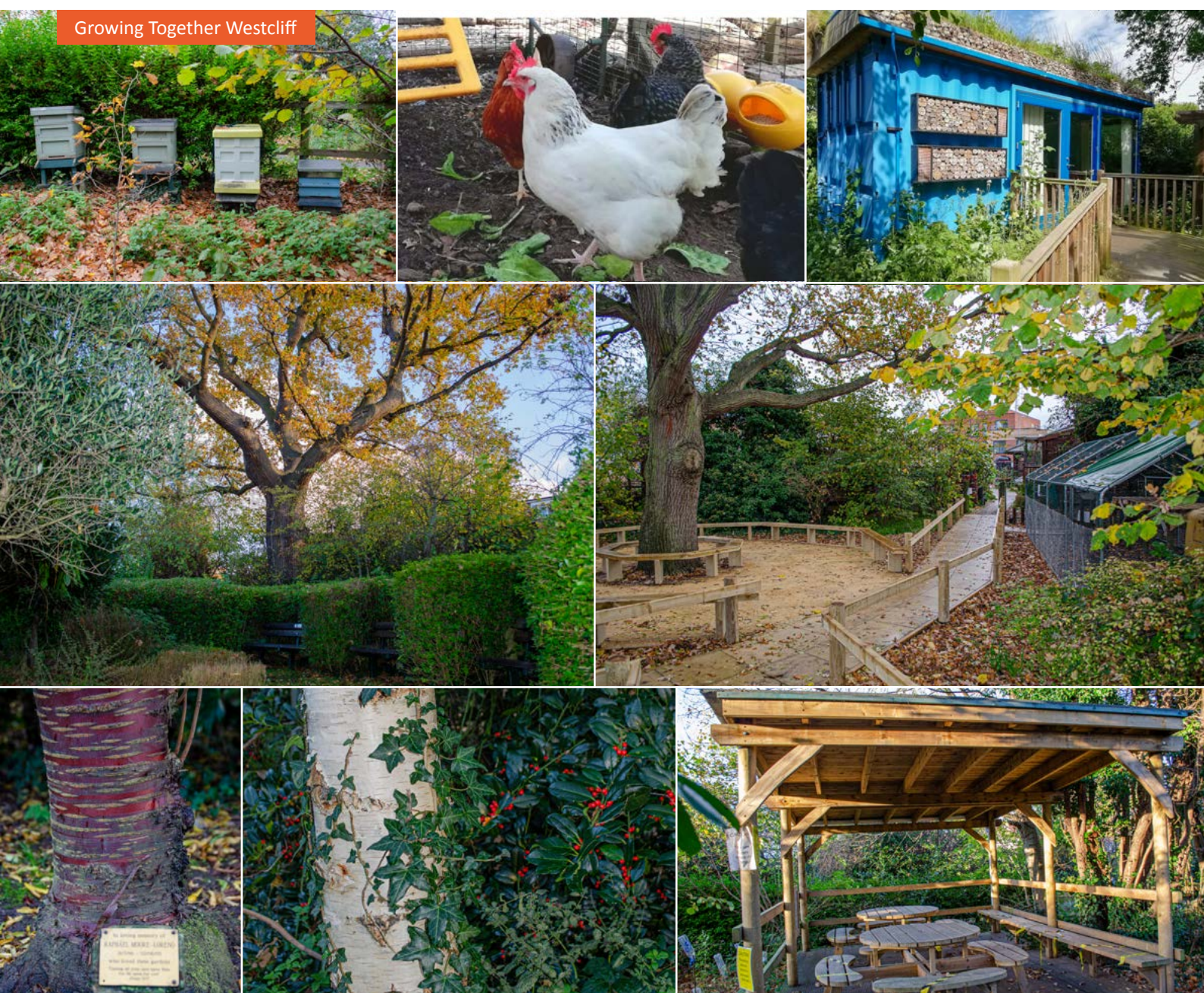


Evidence for Horticulture as Therapy

Green spaces and nature are now widely viewed as health promoting, both mentally and physically. Studies have shown that mental health and wellbeing increases when green spaces are accessed, by reducing symptoms of depression, anxiety, and stress (Beyer et al. 2014). Further still, the link between mental wellbeing and green spaces seems to increase with biodiversity (Fuller et al. 2007), and is even stronger for those more dependent on the environment and those less educated (de Vries et al. 2003).

The link between mental wellbeing and therapeutic horticulture is less well developed in literature. A literature review conducted in 2013 by Clatworthy et al. found that ten papers since 2003 had been published on the subject, all reporting positive effects of gardening as a mental health intervention for service users, including reduced symptoms of depression and anxiety. They cited that there is a need for further high-quality research in this field, with none of the studies employing a randomised-controlled trial design.

Whilst there is a lack of quantitative studies, the research that exists is very positive. Gonzalez et al. in 2010 conducted a study to assess changes in depression severity, attentional capacity, and brooding, in individuals with clinical depression during a therapeutic horticulture programme (N = 28). For 50% of participants, they saw a clinically relevant reduction in depressive symptoms, which were maintained at a 3 month follow up. Furthermore, recent studies have seen therapeutic horticulture successfully used in a mental health recovery centre, with significant improvements in mood and levels of involvement (Smidl et al. 2017), as well as in counselling for those bereaved from suicide (Machado and Swank 2018). Additionally, therapeutic horticulture has been shown to be beneficial for those with dementia (Smith-Carrier et al. 2019).



Recent Research on Growing Together

A study published in October 2020 by Pretty and Barton examined the life satisfaction/happiness (LS/H) and monetary benefits of four services, which can be accessed through a social prescribing approach, containing both nature based interventions (NBIs) and mind body interventions (MBIs). Growing Together was one of these 4 services, with 328 members being evaluated between 2017 and 2020.

The literature reviewed in the paper outlines how difficult it is to alter LS/H scores, with positive life events (getting married, childbirth) and negative life events (bereavement, loss of job) failing to change LS/H by more than 1 point. However, Pretty and Barton found that all four NBI and MBIs increased LS/H scores, with the Growing Together project increasing scores by 1.03 points; a change unseen by most cities even over a decade.

Further still Pretty and Barton calculate that through avoided costs on public health and other services, whilst accounting for the increase in income required to achieve LS/H scores seen by NBI/MBIs, the total savings could be between £6,000 and £14,000 per person per year after year 1, increasing still if access to the service is continued.

However, there are some members whose LS/H scores decreased or did not change. In the study this is attributed largely to individual circumstances and a result of the ever fluctuating state of wellbeing. Pretty and Barton do identify that a screening process should, and does (in the case of Trust Links), take place, in order to make sure the intervention is a good fit for the individual. Despite some members not always benefiting from NBIs/MBIs, the increase in LS/H is extremely high and the economic value significant. The paper closes with recommendations on further investment for these types of interventions and social prescribing, concluding that 'greater adoption of formal and informal NBIs and MBIs would increase national well-being and reduce inequalities of health'.



Growing Together Shoeburyness Labyrinth



The Need for Growing Together

The areas in which the Growing Together gardens operate in Southend, Castle Point and Rochford display significantly higher rates of mental and psychotic disorders, poverty, and physical inactivity when compared regionally and nationally. Reports show that only a small percentage of people in the region with mental health diagnoses are accessing treatment, and an even smaller percentage receive measures to manage mental health conditions or improve wellbeing. Therefore, the importance of a community based project like Growing Together in deprived areas is clear, providing a safe, welcoming space for those with mental health diagnoses and mild learning disabilities.

Growing Together is designed to meet the needs of adults with mental health problems and mild learning disabilities in the Southend, Castle Point and Rochford areas. Project beneficiaries (members) have a wide range of needs from schizophrenia, bipolar disorder, personality disorder, anxiety, depression, autism, mild learning disabilities or any combination of these.

One in four people in the UK have a mental health problem, with symptoms exacerbated by poverty and social exclusion in areas of urban deprivation such as in central Southend, Shoeburyness and in parts of Rochford and Castle Point.

Many people that access Growing Together experience chaotic, unsafe lives and have multifaceted, complex and deep-rooted issues. People are often ill-equipped to address issues on their own due to their lack of problem-solving and coping skills and resilience.

The thresholds for accessing many services, particularly clinical services, are very high and therefore many people are excluded from accessing any specialist support with staff that are trained to work with people with mental health issues.

There is clear evidence of significant need for mental health support in Southend-on-Sea and the surrounding areas. The Campion, Rocks and Griffin (Dec 2015) Mental Health Needs Assessment report commissioned by Public Health Southend identified that there is a higher prevalence of mental health conditions in Southend than there is either regionally or nationally. Common mental disorders affect 16.8% of the population in Southend compared to 16% in East of England and 15.6% in England as a whole. In Southend psychotic disorders are the highest in the East of England at 0.5% of the population. The rate of those accessing secondary mental health services is also the highest in East of England. The report concludes that:

'only a minority of people with mental health conditions (except psychosis) in Southend-on-Sea... receive any treatment while even fewer receive interventions to prevent mental health conditions or promote mental wellbeing. Such a gap in provision of public mental health interventions results in a broad set of local impacts and associated economic costs even in the short term' (p. 10).



Growing Together is open to people with and without a formal mental health diagnosis, helping to prevent needs from escalating to a crisis point, and supporting the recovery of those with a mental health diagnosed illness. There are long waiting lists for talking therapies and clinical services, and Essex Partnership University Trust NHS Mental Health Trust report an increasing demand for their services. Mental health is increasingly supported within Primary Care, and Trust Links works closely with the Primary Care Mental Health nurses located in GP surgeries and Primary Care Networks, supporting and enabling a holistic community-based pathway for recovery.

Research by the Social Market Foundation (Corfe 2017) confirms that coastal communities such as Southend-on-Sea have some of the worst levels of social and economic deprivation in the UK. Comparison of earnings, employment, health and education data in local authority areas identified ‘pockets of significant deprivation’ in seaside towns and a widening gap between coastal communities and the rest of the country. Updated research from 2019 shows the divide increasing evermore (Corfe 2019). Additionally, the Southend Joint Strategic Needs Assessment (2017) identified that 13.7% of working age adults in Southend claim out of work benefits which is significantly higher than the 11.7% national average. Further still, Southend has the highest rate of working age population claiming benefits for a mental or behavioural disorder in Essex (NOMIS 2018).

In light of COVID-19 the demand on mental health services is expected to increase further. The South East Essex Clinical Commissioning Groups Mental Health Winter Plan (September 2020) anticipates increased demand for mental health support as a result of the pandemic. There are a number of reasons for increased demand: suppressed demand from those who would have been referred to services if the pandemic had not occurred; people requiring more support due to a deterioration of their mental health during the pandemic; and new demand as a result of people needing support due to the wider impacts of the pandemic, such as self-isolation, bereavement, and unemployment. The Winter Plan states that the impact of COVID-19 will be felt on mental health services long after the physical health crisis subsides, predicting a 20% increase in demand across all services on an ongoing basis in addition to the seasonal demand that winter incurs.

Growing Together is open to anyone experiencing poor mental health, and the nature of the gardens being outside and in green spaces is highly suitable for those suffering from the effects of spending large amounts of time isolating inside.

During COVID, Trust Links provided members with a way to benefit from the Growing Together gardens virtually through Trust Links Live. Trust Links Live was a livestreaming project set up during the lockdown, providing three live broadcasts each weekday, aiming to combat the isolation felt by many and allowing members and the public to focus on their mental health. The fifteen minute to half an hour streams covered a range of subjects from sowing seeds, crafts, and photography, to mindfulness, yoga, and meditation, as well as virtual visits to the gardens under the guidance of expert Trust Links staff. This project proved very popular, with the Trust Links Live Facebook posts reaching over 25,000 views. Alongside this was the Blooming Well programme, which aimed to provide primary school children and their families with learning and wellbeing support. Growing Together staff continued to make regular welfare telephone calls to members, delivering tablets and dongles to support digital engagement, and linking members to specialist services as appropriate. Informal meetings were also established over Zoom to enable members to see and connect with one another.





Growing Together Thundersley

Wellbeing: Usage and Definitions

This evaluation uses the What Works Centre for Wellbeing definition of wellbeing;

'Wellbeing, put simply, is about 'how we are doing' as individuals, communities and as a nation. Personal wellbeing is a particularly important dimension, which we define as how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day-to-day emotional experiences (happiness and anxiety) and our wider mental wellbeing.' (ONS Reflections on Measuring National Well-being July 2013).

Whilst Growing Together is home to members with a wide range of mental health diagnoses or no formal diagnosis, it is also designed to manage mental wellbeing. Mental wellbeing is a key determinant for:

- Physical health- managing long-term conditions, making healthy lifestyle choices
- Parenting and educational attainment
- Employment and work
- Community participation

This evaluation focuses on the impact of the Growing Together project on members' wellbeing, as this is the most suitable term for the projects' purpose.

Evaluation Methodology



This evaluation consists of an analysis of quantitative data collected and monitored by Trust Links, specifically the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), the Growing Together Outcomes Measure, Rosenberg Self-Esteem Scale and the Five Facets Mindfulness Questionnaire (Baer et al 2006).

Outcome Measures Used in this Evaluation:

The **Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)** is a shortened version of the Warwick-Edinburgh Mental Wellbeing Scale. SWEMWBS has been validated for the measurement of mental wellbeing among people aged 13 to 74 in the UK and comprises 7 positively worded statements with five response categories from 'none of the time' to 'all of the time', forming a 5-point Likert scale (See Appendix 1, Question 10). It measures both mental and emotional wellbeing (how 'good' somebody feels) and psychological functioning (how well somebody thinks they are functioning).

SWEMWBS covers the majority of attributes of mental wellbeing, notably the hedonic perspective which covers life satisfaction, and the eudaimonic perspective which focuses on positive psychological functioning, good relationships with others and self-realisation. It aims to measure mental wellbeing itself, and not the determinants of mental wellbeing, therefore accounting for factors such as resilience, skills in relationships, conflict management and problem solving, as well as socioeconomic factors such as poverty, domestic violence, bullying, unemployment, stigma, racism, and other forms of social exclusion.

The SWEMWBS is a shortened version of the WEMWBS which is Rasch compatible. This means the seven items included have undergone a more rigorous test for internal consistency than the 14 item scale and have superior scaling properties. The seven items relate more to functioning than to feeling and therefore offer a slightly different perspective on mental wellbeing. The main advantage of the 7 item scale is that it is shorter and it can be transformed, allowing it to be used as an interval scale for psychometric analysis. SWEMWBS is most suited to our evaluation as it is unique due to it being 'developed specifically to measure positive mental health – all the items represent positive thoughts or feelings. Its positive focus offers a vision of future population mental health and enables others to see where mental health promotion programmes might be headed' (Parkinson, 2006).

Growing Together Rochford



The **Growing Together Outcomes Measure (Growing TogetherOM)** is a self-reported questionnaire comprising of 7 positively worded statements with five response categories ranging from 'Strongly Disagree' to 'Strongly Agree', forming a 5-point Likert scale (see Appendix 1, Question 9). The statements aim to subjectively measure the members' perception of how the Growing Together project has impacted upon their lives across key indicator areas, including physical health and fitness, social inclusion, skills development, progression towards employment and dependence on support from individuals and services.

The **Rosenberg Self Esteem Scale** is a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. It is a widely used self-report instrument for evaluating individual self-esteem and is believed to be uni-dimensional. All items are answered using a 5-point Likert scale format ranging from 'Strongly Agree' to 'Strongly Disagree' (Fetzer, no date). The Scale has been shortened for use at Growing Together (see Appendix 1, Question 8).

The **Five Facets Mindfulness Questionnaire** aims to examine the extent that engaging with activities might change attendee's behaviour in terms of mindfully observing the world around them. Observing is suggested to be one of five facets of mindfulness (the other facets are Describing; Acting with Awareness; Non-judging; and Non-reacting) (Baer et al. 2008). Mindfulness is measured as there is an assertion whereby through an increase in mindful behaviours, there is an improvement in mental health and wellbeing. Within this evaluation we focus on the Observe facet of Mindfulness identified by Baer et al. (2006), giving members the 6 Observe statements and asking them to record what describes their own opinion of what is generally true for them, following a 5-point Likert scale of 'Never or very rarely true' to 'Very often or always true' (see Appendix 1, Question 11).

Data Collection Process

Data is routinely collected as part of the Growing Together assessment and review process. When an individual first becomes a member of the project, they are asked to reflect on their thoughts and feelings in the past two weeks, which provides the baseline data. The outcome monitoring form is completed again after the member has attended the project for 6 months, as part of a follow up assessment with the members' keyworker. Members may then complete subsequent assessments with their keyworker, which often occur every 6 months, allowing longitudinal data to be collected for members who engage with the Growing Together project over a long period of time.

All members are asked to read, understand and sign an information consent form which includes information about the project and how the information they provide will be stored and used for evaluation purposes. All members are assured that their responses will remain anonymous when the project effects are reported and that the forms they complete are kept securely and confidentially, in line with Trust Links information governance policies and procedures. For the case studies, additional consent was obtained as it involves pictures and real names, and the reporting was adjusted accordingly if members wished to remain anonymous.



Scoring and Analysis

Within this evaluation the data shown compares the average (mean) baseline assessments with the average score of members' follow up assessment scores. For the SWEMWBS scale, there are several time points for follow up assessments, whereas for the Growing TogetherOM, Self-Esteem Scale, and Mindfulness Questionnaire there is only members' baseline and follow up scores. Therefore, for each scale the follow up/Time 2 score is assessed after 6 months of engagement with the Growing Together project. For the SWEMWBS only, the subsequent assessments are as followed; the period between the baseline score and Time 2 (T2) is approximately 6 months, the period between T2 and Time 3 (T3) is approximately 7 months, the period between T3 and Time 4 (T4) is approximately 6 months, the period between T4 and Time 5 (T5) is approximately 7 months, and the period between T5 and Time 6 (T6) is approximately 6 months.

The SWEMWBS and Growing TogetherOM scales are scored by summing the response to each item with a minimum total scale score of 7 and a maximum of 35. The Self-Esteem Scale is scored by summing the response to each item, with a minimum total scale score of 4 and a maximum of 20. The Mindfulness Questionnaire is scored by summing the response to each item, with a minimum total score of 6 and a maximum of 30.

For the SWEMWBS assessments, the responses from each member was collated and sorted into the intervals at which the measure was taken, forming the Baseline, Follow up/T2, T3, etc. This 'raw' data proved sufficient to assess changes in wellbeing for individual members, forming 'before' and 'after' scores for each assessment. The data was also more rigorously analysed with comparison to the national average, by transforming each individual's 'raw' score according to a conversion table, alongside being classified into 'Low', 'Moderate' and 'High' levels of wellbeing according to the University of Warwick SWEMWBS guidance (2020).

Prior to any analysis, the data collected was separated into two sets: one which was affected by the COVID pandemic, and one which was unaffected. The cut-off point for this was 3rd March 2020, as the UK was aware of the Coronavirus, but we had not yet entered into a national lockdown. Therefore, the first set of findings presented utilises data collected before 3rd March 2020. For the COVID-specific section, data is split into 3 different time points. The baseline is the members' initial assessment upon entry to the Growing Together project, the pre-COVID scores are based from each member's assessment closest to the 3rd March 2020, and the COVID scores are based from any assessments conducted from the 4th March 2020 onwards.

Once the data had been split, the average (mean) was calculated for each scales score at each time-point, in addition to the average response for each statement within scales. Following the calculations of the averages, some t-tests were conducted to see if there was a statistically significant difference between the baseline and follow up scores for each scale and each individual statement. T-tests also yielded effect sizes for these differences, which demonstrate the strength of the relationship between the independent and dependent variable (Sullivan and Feinn 2012). Therefore, for this evaluation the t-tests were measuring the impact of engagement in the Growing Together projects on members' scale scores, which reflect their level of mental wellbeing. Furthermore, correlations were conducted to see if there was an impact of members' age on the difference between their baseline and follow up scores for each scale and the individual statements.

Growing Together Rochford



The impact of Growing Together

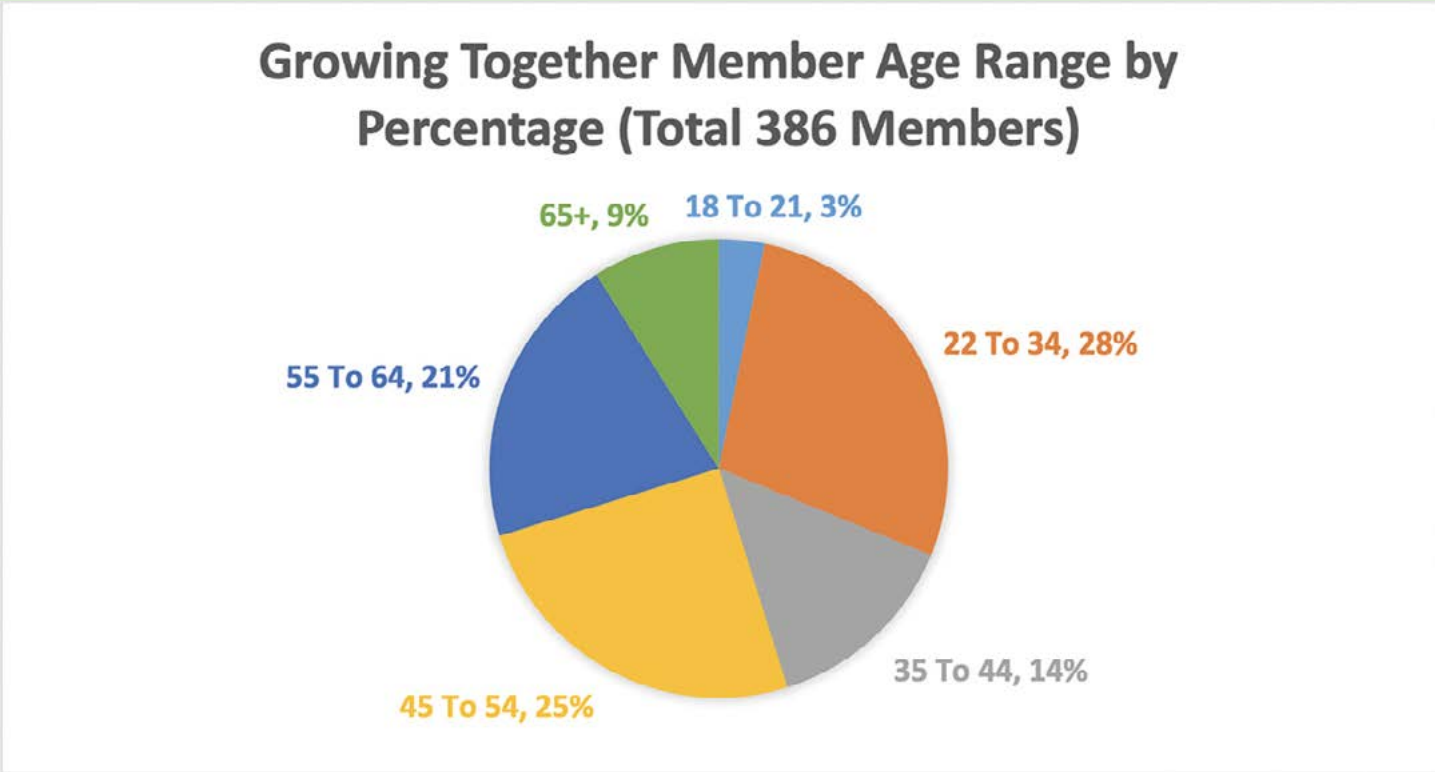


QUANTITATIVE DATA

The evaluation identified 386 members that had actively engaged with the Growing Together projects and contributed to the outcome measurement process by completing outcome forms. 253 members are male, 130 female, and 3 'Other': a 65% male to 35% female split.

The age range of members as shown in Figure 1 demonstrate a diverse total population, with 90% of members falling within the 22-64 age brackets.

Figure 1: Age range of members attending Growing Together Projects



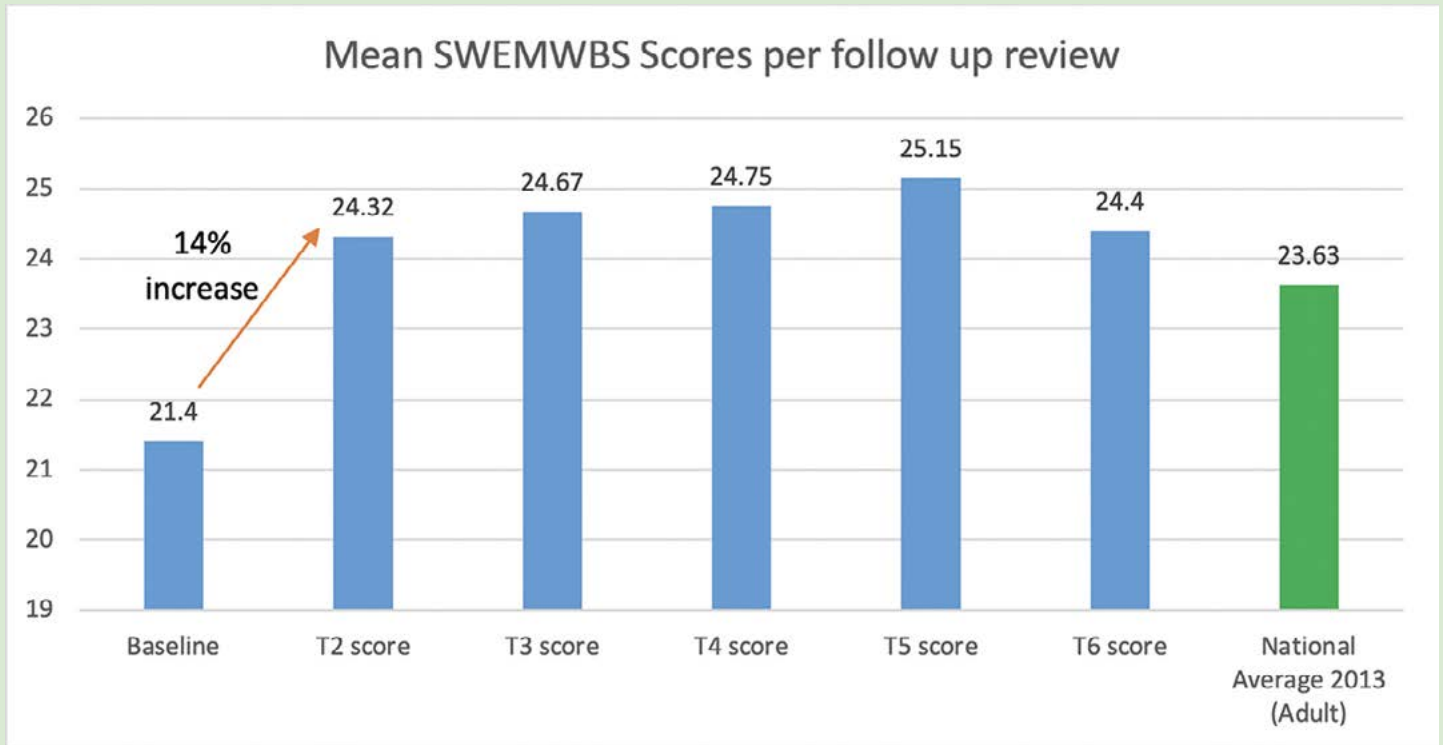
The members who actively engage with the Growing Together projects cover a wide array of disabilities, as shown in Appendix 2. The most prominent disabilities are epilepsy, autism, depression and anxiety, bipolar disorder, and post-traumatic stress disorder (PTSD).

SWEMWBS Data:

Of the 386 members identified, 383 had completed SWEMWBS baseline assessments upon entry to the service, 142 had completed one follow up SWEMWBS prior to the onset of the COVID pandemic (T2), 63 had completed 3 reviews (T3), 28 had completed 4 reviews (T4), 28 had completed 5 reviews (T5), and 5 had completed 6 reviews (T6). The time between each SWEMWBS review was approximately 6 months, and therefore covered several years for those who had completed 5 or more reviews.

Figure 2 shows the average (mean) SWEMWBS scores at baseline compared to each review period. Included in the graph is a comparison between members' average scores and the UK National Adult Average score from 2013 (Fat et al., 2017).

Figure 2: Mean SWEMWBS Scores: Baseline and subsequent reviews in comparison to National UK Average.



The data demonstrates a significant increase in SWEMWBS scores between baseline assessments and the first follow up (T2), equating to a 14% increase. Statistical analyses showed this is a significant increase, yielding a small to medium effect size. Effect sizes measure the magnitude of the effect of an independent variable, with larger effect sizes demonstrating a stronger relationship between the independent and dependent variable (Sullivan and Feinn 2012). Therefore in this context, a small to medium effect size suggests there is a strong impact of engagement in Growing Together projects on members' mental wellbeing.

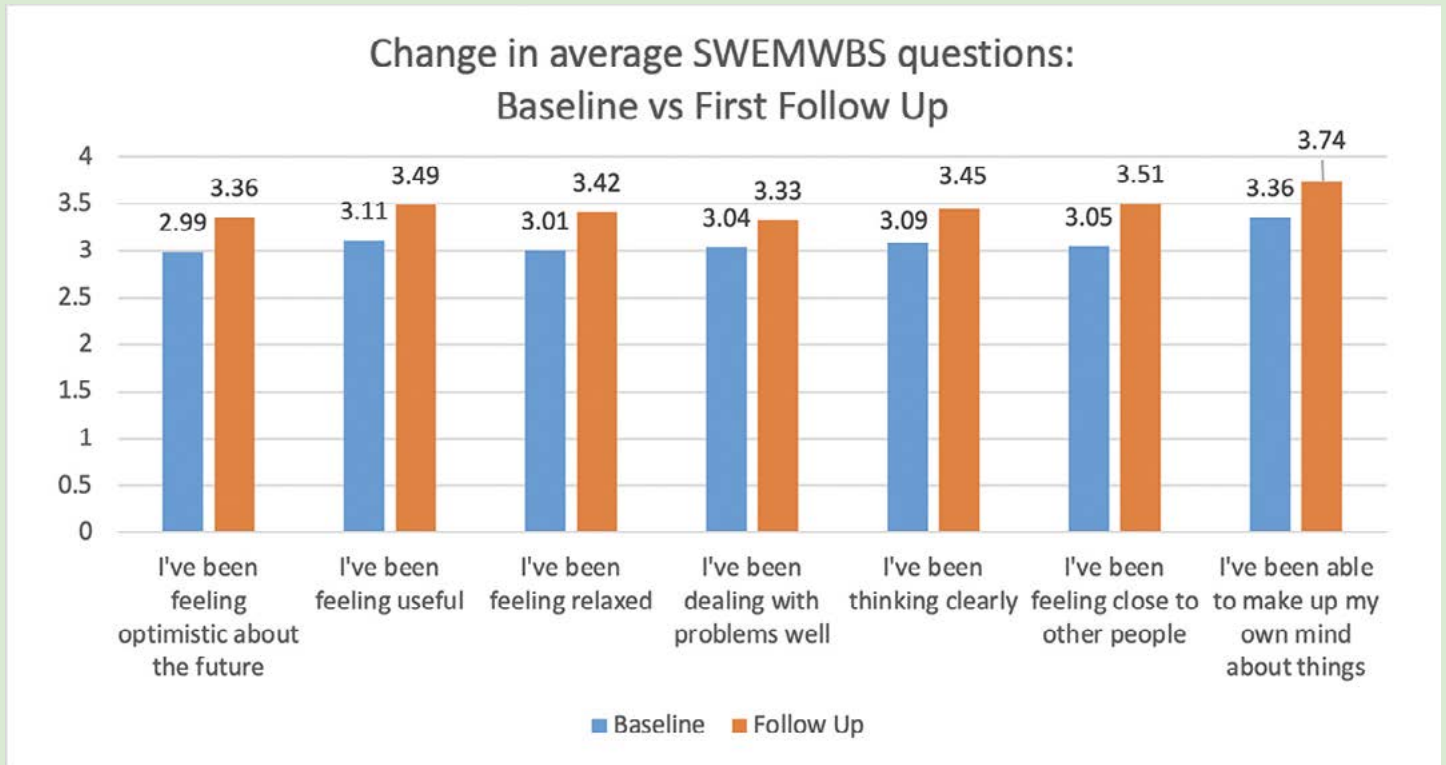
Following this initial significant increase, the data suggests that continued engagement with the Growing Together projects sustains members' increased mental wellbeing, as T3-T6 review scores are within a similar, if not higher range.

The data in Figure 2 also demonstrates that engagement in the Growing Together projects leads to a level of mental wellbeing above the national UK adult average. Thus highlighting the positive impact that the Growing Together projects has on members' mental wellbeing, as it elevates it beyond what the average adult experiences in the UK.



Figure 3 shows the increase in members' mean responses to statements for the baseline and follow up review scores at T2 for the 142 members that completed the SWEMWBS. Each statement experienced an increase in average scoring from the baseline to the follow up assessment, suggesting more members agreed with the statement. The greatest change occurred in members feeling 'Close to Other People' (15% increase) and 'Feeling Relaxed' (14% increase). There was a 12% increase in members feeling 'Optimistic About the Future', 'Feeling Useful' and 'Thinking Clearly', followed by an 11% increase in 'Able to make up their minds about things', and a 10% increase in 'Dealing with Problems Well'.

Figure 3: Change in total average mental wellbeing scores per SWEMWBS statement.



The University of Warwick SWEMWBS guidance categorises an individual as experiencing 'Low' wellbeing where total scores are less than 20, 'Moderate' wellbeing for scores between 20-27, and 'High' wellbeing for scores greater than 27. Appendix 3 shows the proportion of members' experiencing each classification of wellbeing upon initial engagement with the Growing Together projects, followed by their classification after 6 months. These results show the number of members experiencing 'Low' wellbeing decreased from 54.9% to 39.4%, the number of members achieving 'Moderate' wellbeing increased from 39.4% to 40.8%, and most notably the number of members achieving 'High' wellbeing increased from 5.6% to 19.7% (see Appendix 3).

Out of the 142 members who engaged in multiple SWEMWBS assessments, 73 had a meaningful positive change in their score between the baseline and T2 (51.4%), whereas only 17 had a meaningful negative change in score (12%).

For a more detailed account of how members' responses to SWEMWBS statements changed between baseline and T2 assessments, please refer to Appendix 3.

CASE STUDY

Tracy, 24



“I’ve always suffered from loneliness, but coming [to Growing Together] has taught me how to communicate with people.”

Tracy has been attending Growing Together Shoeburyness each week since June 2018, carrying out a large variety of activities, most recently featuring the construction of a labyrinth.

She was signposted to Trust Links via the Jobcentre after expressing a longing to work and contribute, but being unable to secure paid work. Tracy has suffered from anxiety and depression since her early teenage years, citing these as the reasons for her mental breakdowns during secondary school and college, leaving her unable to attend. Tracy also cites her exasperation with the school system, saying that children who perhaps weren’t planning on going to university were left behind, and there was little support for someone like her who wanted to learn a trade.

When asked about attending the Growing Together projects, Tracy said: **“I’ve always suffered from loneliness, but coming [to Growing Together] has taught me how to communicate with people.”**

Tracy mentioned that sometimes she clashes with other members of the group, but attending regularly and under the guidance of the Growing Together staff she has learnt how to resolve these conflicts, and now feels better equipped to meet new people and develop relationships.

The COVID pandemic has taken a mental toll on everyone, and Tracy says that the pandemic has made her loneliness and anxiety feel even worse at times. However, being able to contribute to a project, such as the labyrinth project which began in October 2020, takes her mind off things, and despite COVID-secure measures being in place: **“Being [at Growing Together] makes me feel like the virus doesn’t exist”.**

Tracy’s engagement and wellbeing scores are available to view in appendix 7.

Stuart is one of the longest attending members of Growing Together – originally helping to clear the land and set up the first Growing Together site in Westcliff. Stuart suffers from schizophrenia, which meant extended hospital stays when he was younger.

‘[Coming to Growing Together] was very helpful to me, because I’d just come out of hospital due to my schizophrenia. I’d been in that hospital for 5 years – it took me quite a while to get on an even keel.’

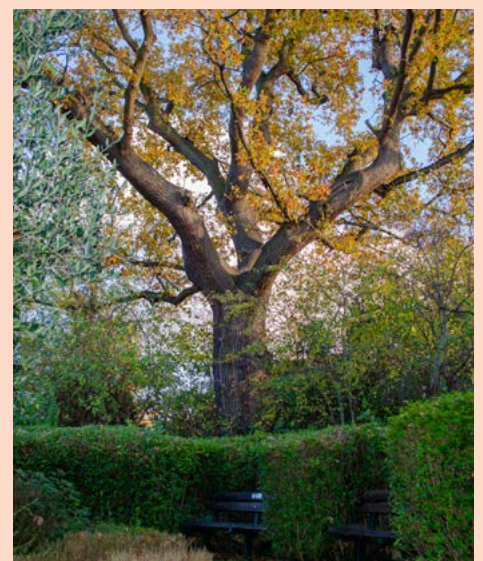
Stuart finds that full-time paid jobs are too much pressure, and doesn’t believe he can handle it. However, he is interested in part time work and has attended the Job Club before the lockdown, which he believes is really helpful.

‘Coming here improves my mental health, I feel more stable. It’s not just mental health support though, there’s a lot on offer, all the groups and courses. It’s a mixture of talking to people and having work to do. And it’s a safety net, if you want to talk there’s always someone there.’

CASE STUDY

Stuart, 43

(Declined having his picture taken)



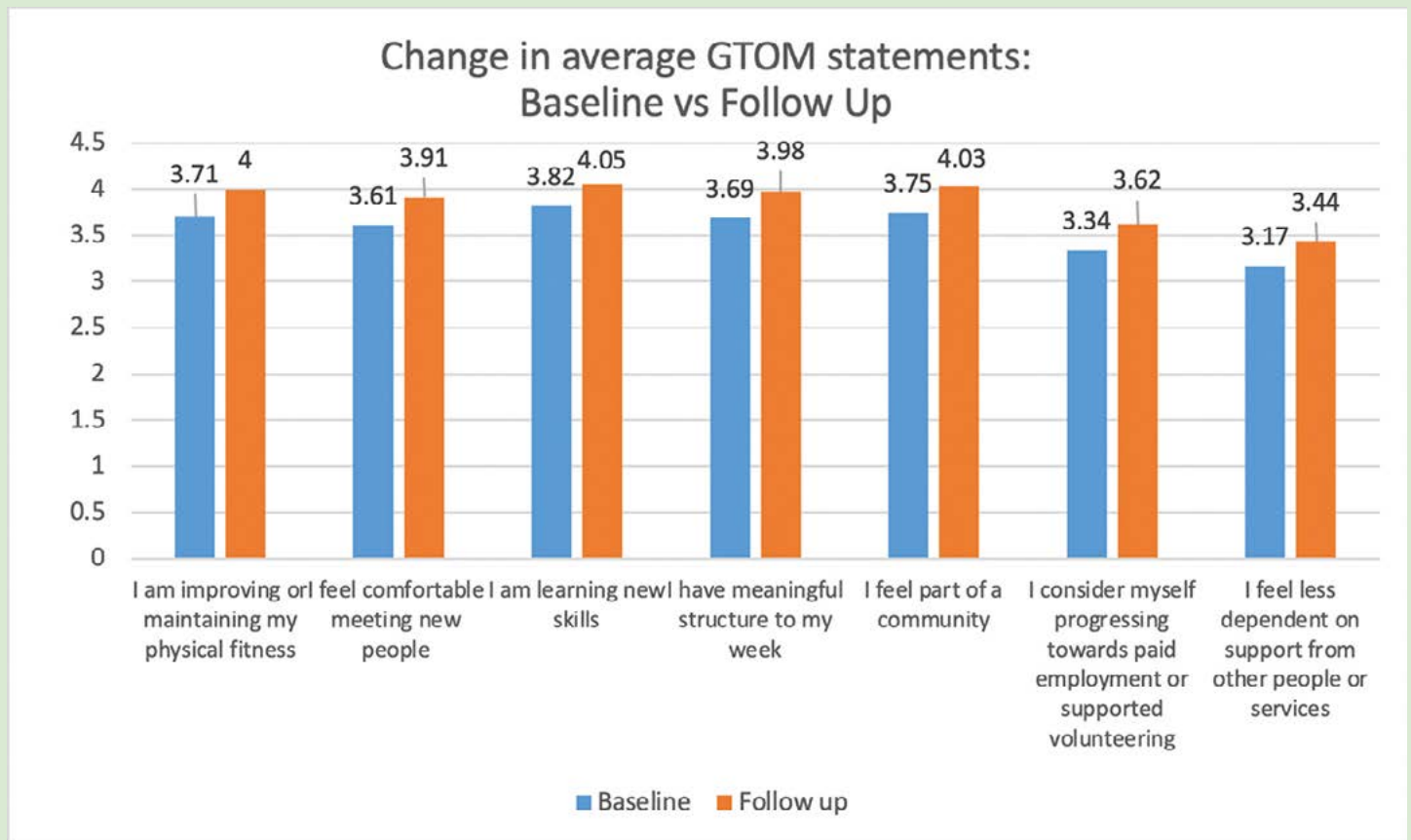
Growing Together Outcomes Measure:

154 members have completed both a baseline and follow up assessment of the Growing Together Outcomes Measures (Growing TogetherOM).

Correlation analysis showed there was no age group which experienced a higher level of change in scores between the baseline and T2, thus suggesting that age does not affect the impact of the Growing Together projects on members' wellbeing.

Figure 4 shows the increase in members' average response to statements for the baseline and follow up review scores at T2. Each statement demonstrated an increase from the baseline and follow up assessment. The greatest change occurred in members feeling 'Less dependent on support from other people or services' (9% increase). There was an 8% increase in members feeling 'Comfortable meeting new people', 'Improving or maintaining physical fitness', 'Having meaningful structure', and 'Progressing toward paid employment or volunteering'. There was a 7% increase in members feeling 'Part of a Community', and a 6% increase in 'Learning new Skills'.

Figure 4: Change in total average mental wellbeing scores per Growing Together Outcome Measure statement.



Statistical analyses of the data yielded from members' Growing TogetherOM responses showed there was a statistically significant increase in the average score of members between the baseline and T2, in addition to each individual statements' responses. The most notable significant increases are for members' higher overall score on the Growing TogetherOM, in addition to members' responses for Statement 1 (I am improving or maintaining my physical fitness) and Statement 2 (I feel comfortable meeting new people). Statement 1 saw 79% of members agree or strongly agree with the statement at T2 (compared to 67% at the baseline), and Statement 2 saw 71% of members agree or strongly agree with the statement at T2 (compared to 62% at the baseline). To see a more detailed breakdown of how members' responses to all Growing TogetherOM statements changed between the baseline and T2, please refer to Appendix 4.

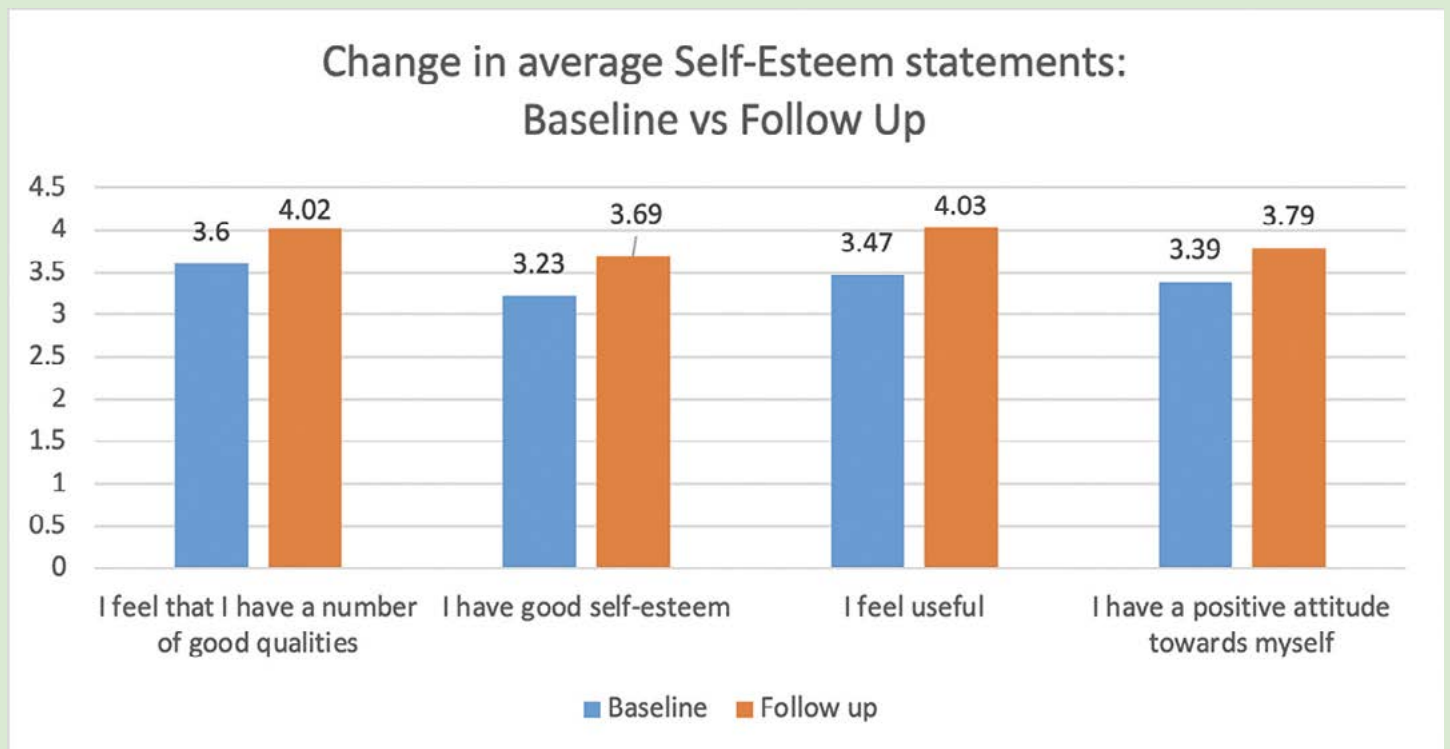
Self-Esteem Scale Data:

62 members have completed both a baseline and follow-up assessment of the Self-Esteem Scale.

Correlation analysis showed a negative correlation between the age of members and their change in responses to Statement 4 (I have a positive attitude towards myself). This does not mean that older members have lower positive attitudes towards themselves, rather it suggests that as members' ages increase, there is less of a change in their response to the statement. Therefore showing that as age increases, members are more consistent in the degree of positive attitude they have towards themselves, which may either be at a consistent low level or a consistent high level.

Figure 5 shows the increase in members' average responses to statements for the baseline and follow up review scores at T2 for the 62 members that completed multiple Self-Esteem scales. Each statement demonstrated an increase from the baseline and follow up assessment. The greatest change occurred for 'I feel useful' (16% increase), followed by a 14% increase in 'I have good self-esteem'. There was a 12% increase in 'I feel I have a number of good qualities' and 'I have a positive attitude towards myself'.

Figure 5: Change in total average mental wellbeing scores per Self-Esteem Scale statement.



Statistical analyses of the data yielded from members' responses to the Self-Esteem Scale showed there was a significant increase in members' overall scale scores, in addition to each statement responses. Most notably, there was a medium effect size for the change in overall scale score, suggesting a strong relationship between engagement in the Growing Together Projects and members' self-esteem. In addition, there was a medium effect size for members' average response to Statement 3 (I feel useful), where 75% of members either agreed or strongly agreed at T2 in comparison to 55% at the baseline. To see a more detailed breakdown of changes in members' responses to all Self-Esteem Scale statements, please refer to Appendix 5.

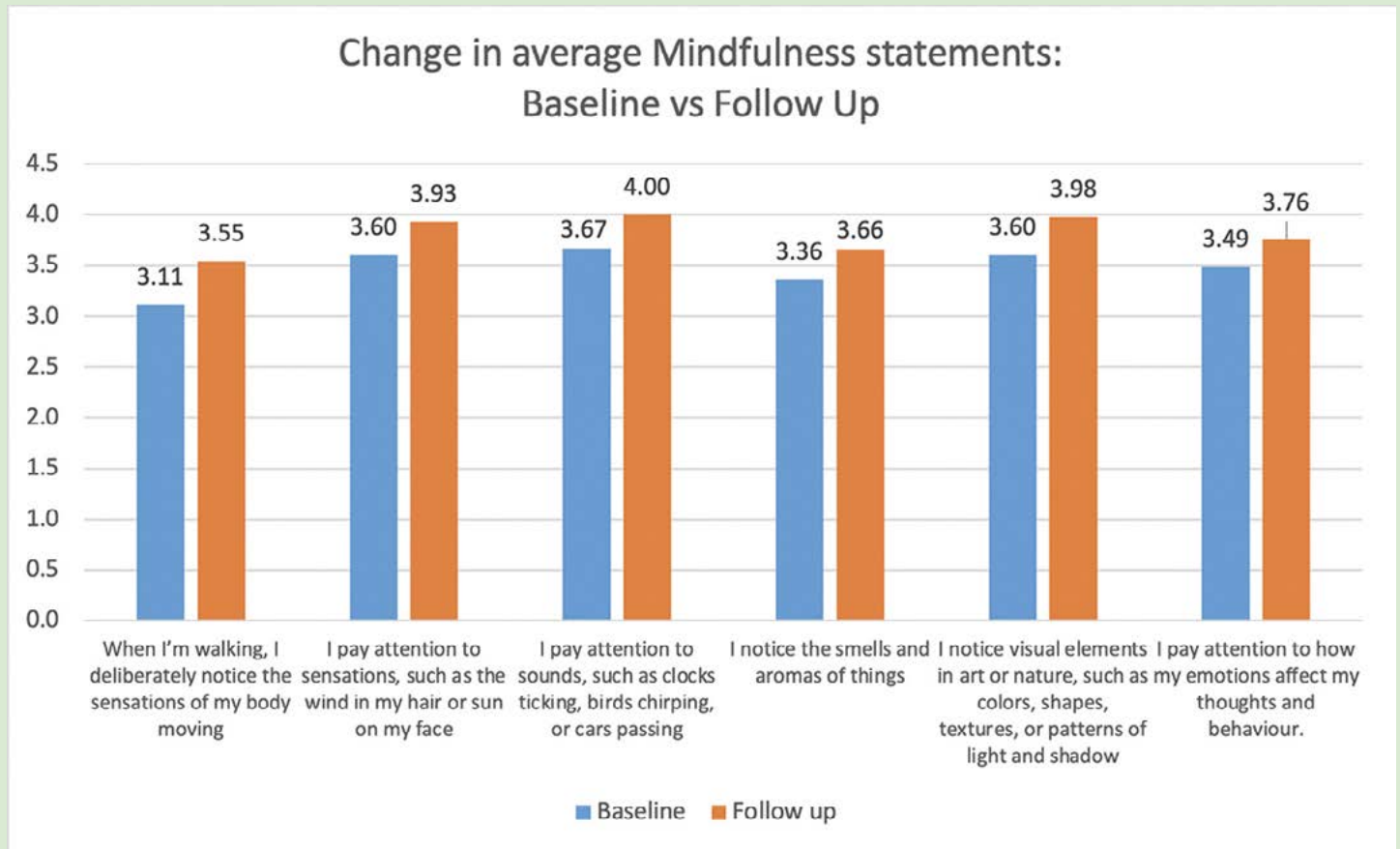
Mindfulness Scale Data:

88 members have completed both a baseline and follow-up assessment of the Mindfulness Scale.

Correlation analysis showed there was no age group which experienced a higher level of change in scores between the baseline and T2, thus suggesting that age does not affect the impact of the Growing Together projects on members' mindfulness levels.

Figure 6 shows the increase in members' average responses to statements for the baseline and follow up review scores at T2 for the 88 members that completed multiple Mindfulness Scales. Each statement demonstrated an increase from the baseline to T2. The greatest change occurred for 'I deliberately notice the sensations of my body moving' (14% increase), followed by an 11% increase in 'I notice the visual elements in art or nature'. There was a 9% increase in members 'Paying attention to sensations', 'Paying attention to sounds', and 'Noticing smells and aromas'. Finally, there was an 8% increase in members 'Paying attention to how emotions affect thoughts and behaviours'.

Figure 6: Change in total average mental wellbeing scores per Mindfulness Scale statement.



Statistical analyses of the data yielded from members' response to the Mindfulness Scale showed there was a significant increase in members' overall scale scores, in addition to each statement responses. The most notable significant increases are for members' higher overall score on the Mindfulness scale, in addition to members' response for Statement 1 (When I'm walking, I deliberately notice the sensations of my body moving) and Statement 5 (I notice visual elements in art or nature, such as colours, shapes, textures, or patterns of light and shadow). Statement 1 saw 51% of members find this very often true or always true (compared to 37.5% at the baseline), and Statement 5 saw 74% of members find this very often true or always true (compared to 60% at the baseline). To see a more detailed breakdown of how members' responses to all the Mindfulness Scale statements changed between the baseline and T2, please refer to Appendix 6.

CASE STUDY

Ben, 30



Ben has been attending Growing Together Westcliff for 8 years, after being referred by the Jobcentre. Prior to coming to Trust Links, Ben was working with his dad and attending the Hadleigh Farm project. As a proud Tottenham fan, Ben attends games in London as well as for his local club Hornchurch. Ben suffers from epilepsy and Asperger's Syndrome impacting his ability to socialise and form relationships.

'At the time I was really quiet, I wasn't sociable. From the very beginning I thought I wasn't going to fit in. It took a while to get into the talking stage, instead of being silent. But it got better, and when it came to the football topic, that was it!'

Gardening sometimes leaves Ben with back pain, rendering him unable to help out. But after working with Growing Together staff Ben has found himself fitting into cooking and housekeeping tasks which he says he benefits from a lot.

'It's the people, and the environment. Everyone's friendly, you have a choice of what you want to do. If you want to talk to someone they'll always have the time. It really does help with mental health, if you want to talk to someone they'll always have the time.'

Jenny* has been periodically engaging with Trust Links since September 2017. She has been diagnosed with several mental health conditions: Personality disorder, depression, anxiety and panic attacks, and OCD-type behaviours. Alongside these diagnoses she also has issues with substance misuse, anger, trust, and mood deregulations. As a result, she is prone to verbal outbursts and aggressive behaviour which can prevent her from continuously and fully engaging with the Growing Together project and other secondary support services. Therefore, the Trust Links team regularly book appointments for Jenny with substance misuse services, psychiatrists, and GPs, although they are not always attended by Jenny.

However, when she does engage and is able to think clearly, Jenny is very reflective about her behaviour towards key-worker and support staff, and this ensures that she always returns to Growing Together, as she knows she is safe there and can receive support.

During the pandemic, Jenny experienced many additional stressors which contributed to a decline in her mental wellbeing. She experienced elevated stress and anxiety levels, issues accessing food, loneliness and isolation, and financial and benefit issues. This resulted in a setback in her substance misuse recovery, leading Trust Links to arrange for a residential rehabilitation retreat for her as soon as restrictions are lifted.

Throughout lockdown and the COVID pandemic, Jenny has received a range of support from Trust Links:

- Trust Links issued food bank vouchers
- Staff arranged support from other agencies such as Peabody and Southend Citizens Advice
- Provided weekly food parcels from Growing Together resources, including a delivery to her home when she was unwell
- Regular listening support from her keyworker and Mental Health Practitioner
- Provided Mental Health First Aid when she arrived on site presenting with suicidal ideation

Jenny's engagement and wellbeing scores are available to view in Appendix 7.

CASE STUDY

* The member referenced in the following case study wishes to remain anonymous. They are happy for their experience to be shared but do not wish to be identified. Therefore, they have been given an alias.

"Without Growing Together's help and the support I have I hate to say it but I probably wouldn't be alive. My keyworker and the staff always give me a chance and it's like family. It's because of them that I can turn it around, they are positive and helpful even when I'm not fair to them, I'm so grateful they have kept in touch over Covid."



COVID DATA

COVID has created many additional areas of concern for members which need monitoring, and Trust Links have identified 8 categories to classify these needs:

- Lack of food
- Loneliness and isolation
- Problems accessing medication
- Anxiety
- Financial/benefit issues
- Stress
- COVID symptoms
- Bereavement

As of the 5th November 2020, there have been 2,408 instances of recorded contact between staff and members since the beginning of the pandemic, whether that be over the phone or face-to-face. From these points of contact, staff and volunteers identified: 18 members experiencing a lack of food (5%), 107 experiencing loneliness and isolation (28%), 15 having issues accessing medication (4%), 124 experiencing anxiety (32%), 32 experiencing financial/benefit issues (8%), 117 experiencing stress (30%), 3 experiencing COVID symptoms (0.8%), and 17 dealing with bereavement (4%).

Since the 4th March 2020 69 members have completed Growing Together Outcome Forms (Appendix 1), thus forming the COVID cohort.



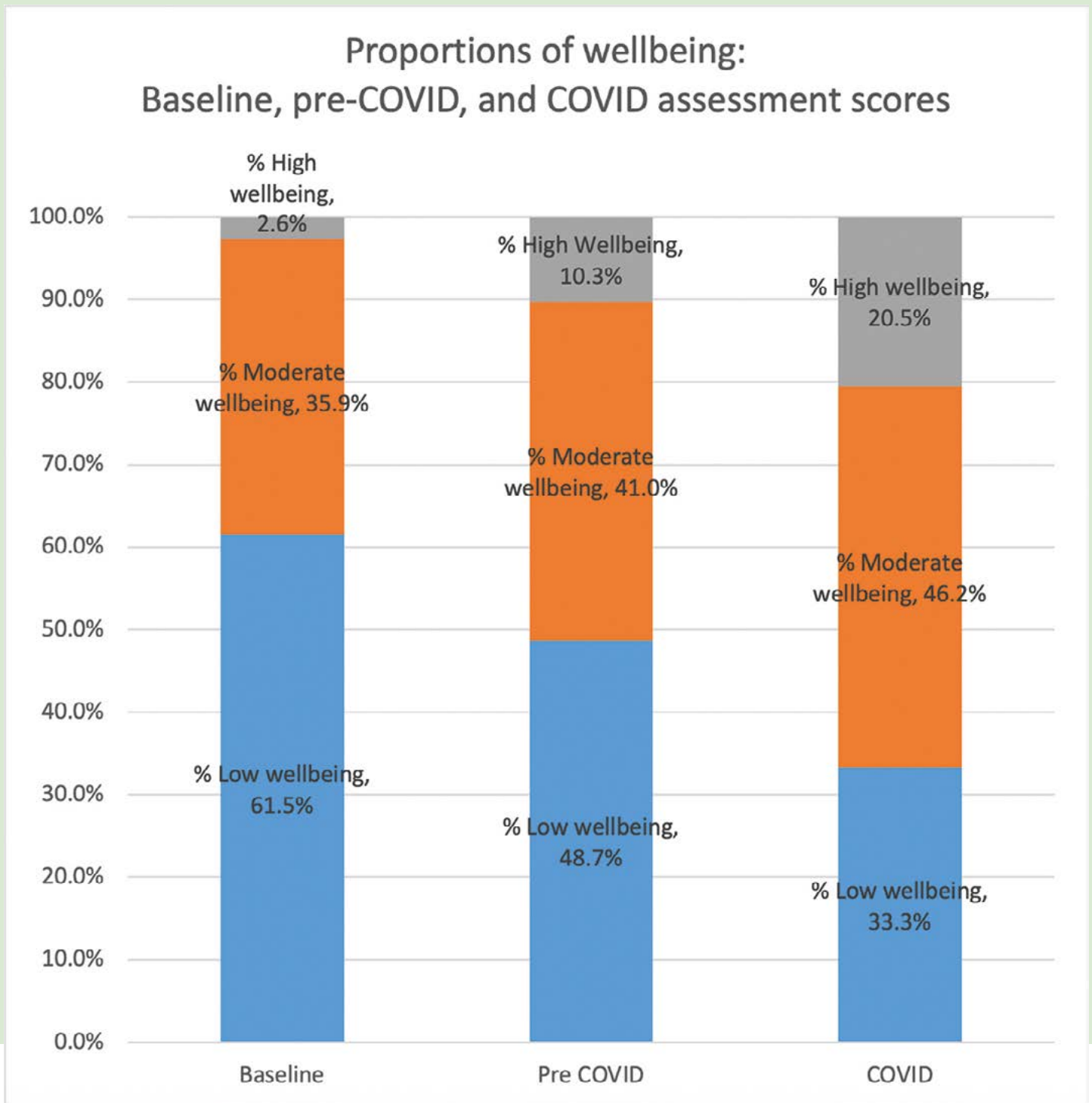
SWEMWBS Data:

39 members have completed a baseline, pre-COVID and COVID SWEMWBS assessment. These members showed an initial increase of average SWEMWBS scores from 20.4 to 22.9 (a 12.3% increase), which then remained relatively stable during COVID as shown in Appendix 8.

2 members had completed multiple COVID SWEMWBS assessments, and their scores remained relatively stable between August and late September/early October, with both members being classed as having 'Moderate' wellbeing.

Figure 7 shows the proportions of members' wellbeing across the three time periods. As demonstrated by the graph, member wellbeing has been consistently increasing throughout engagement with Trust Links despite the COVID pandemic, with the proportion of members with a 'Moderate' or 'High' wellbeing rising from 51.3% at time 2 to 66.7% during COVID.

Figure 7: Proportions of member wellbeing: comparison between Baseline assessment score, pre-COVID assessment score and COVID assessment score.



Growing Together Outcomes Measures:

41 members have completed a baseline, pre-COVID and COVID Growing Together Outcome Measures (Growing TogetherOM) assessment. These members showed an initial increase of average Growing TogetherOM scores from 25 to 28 (a 12% increase), but this then fell to 25.4 during the COVID pandemic (a 9.3% decrease) as shown in Appendix 8.

3 members had completed multiple COVID Growing TogetherOM assessments. One member who completed an assessment at the beginning of March and in mid-August showed a substantial decrease in score, dropping 15 points out of a total 35. However, in comparison 2 members who completed assessments in August and late September/early October only dropped an average of 6.5 points.

Self-Esteem Scale Data:

36 members have completed a baseline, pre-COVID and COVID Self-Esteem assessment. These members showed an initial increase of average Self-Esteem scores from 13 to 15 (a 15.4% increase), which then fell to 13.7 during the COVID pandemic (an 8.7% decrease) as shown in Appendix 8.

2 members had completed multiple COVID Self-Esteem assessments. Their scores remained relatively stable between August and late September/early October, with one remaining the same and the other one dropping 3 points.

Mindfulness Scale Data:

36 members have completed a baseline, pre-COVID and COVID Mindfulness assessment. These members showed an initial increase of average Mindfulness scores from 20 to 24.1 (a 20.5% increase), which subsequently fell to 21.5 during the COVID pandemic (a 10.8% decrease), as shown in Appendix 8.

2 members had completed multiple COVID Mindfulness assessments. The member who completed an assessment at the beginning of March and in mid-August showed a substantial decrease in score, dropping 9 points out of a total 30. In comparison, a member who completed an assessment in August and late September increased their score by 3 points.



CASE STUDY Phil, 30



Phil is about to enter his third year attending Growing Together, after finding out about it online. Phil has learning disabilities and global development delay. Phil has tried to find work through the Jobcentre, but...

'They're not very helpful with us lot. I tried to find a job at the Jobcentre but they wouldn't give me one.'

At Growing Together, before COVID-19, Phil had found himself assisting as the shop keeper, helping with the sales of plants and vegetables and enjoying talking to customers.

'I come here to talk to people, socialize, make friends, feel happier... I love [Growing Together], I love to come here.'

Between the ages of 18 and 25 **Crystal** was in and out of prison and secure units as a result of addiction issues. Not only did this cause a vicious, cyclical impact on her mental health, having a criminal record meant that a lot of doors were closed.

'When I think about it, it's been a massive help for me. If I hadn't come [to Growing Together], my options were limited. I've been in trouble and been to prison – certain options aren't available anymore. [Trust Links] give you a chance to prove yourself despite your background.'

Crystal has not been back to prison for 8 years and is recovering from her substance abuse. However, Crystal also suffers from bipolar disorder and borderline personality disorder, and was sectioned for 15 months after trying to take her own life.

'Its been a lifesaver coming here – It's kept me on the right track and given me new friends. It can be very isolating when you come into recovery; you have to cut off everyone that's negative from before. Coming here and meeting people with the same issues, that has been a really good thing for me. It's given me and others a chance to do things we otherwise might not have been able to do.'

Having attended Growing Together since 2018, Crystal has discovered a passion for gardening, and notes how important the attending every week has been for her.

Crystal says that it is really beneficial to not only be working with others who have mental health struggles, but to also all be bonding over a shared love of the garden. Prior to COVID-19 Crystal mentioned how fantastic the trips and days out were, and she is really looking forward to having the full day sessions back again.

'I definitely think this place is the best mental health service in Southend, because they do so much for people. I can't think of anywhere else that's as involved and as passionate with the members. I recommend this place to a lot of people, even if you're not into gardening, it grows on you... Growing Together!'

CASE STUDY Crystal, 32



'It went from like a hobby to something I wanted to learn, to the possibility of doing it as a job in the future. Once I started coming and realising how much it was helping my mental health that's when I started wanting to learn more about it. I'd definitely say its improved my mental health and given me something that I really enjoy doing and feel good at. It doesn't matter how bad my mental health is or how bad my day has been, I can come in and look at the before and after of the garden... it gives me something to be proud of. Having [Growing Together] taken away during the lockdown period.. it absolutely devastated me. I didn't have an escape during the lockdown, things started to build up more, I was more depressed and anxious. The second lockdown hasn't affected me as much as the first because I've been able to come here and unwind.'

Key findings and recommendations



OUTCOME MEASURES

This evaluation aimed to measure the impact that the Growing Together Project has on the wellbeing of members using varied measurements of 'Wellbeing' including the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), Growing Together Outcomes Measure, Rosenberg Self-Esteem Scale, and the Five Facet Mindfulness Scale.

Wellbeing is a widely used term and there is currently no universally accepted definition. There has, however, been increasing discourse, measurement and action on wellbeing in policy and practice over recent years, as well as a growing body of academic research in the field. This has helped move the agenda forward and created a much greater understanding of wellbeing, both in terms of what it is and the conditions necessary for it to emerge.

In 2006, the UK Government cross-departmental Whitehall Well-Being Working Group sought to develop a 'shared understanding' of wellbeing. Wellbeing, it states, is:

'A **positive physical, social and mental state**; it is not just the absence of pain, discomfort and incapacity. It requires that **basic needs are met**, that individuals have a sense of purpose, that they feel **able to achieve important personal goals and participate in society**. It is enhanced by conditions that include **supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding occupation, and a healthy attractive environment.**'

The findings of this evaluation prior to the COVID-19 pandemic have demonstrated that the Growing Together project does positively impact the wellbeing of members in accordance with the above definition of Wellbeing, and through other measures of the conditions and factors that influence the wellbeing of individuals. These contributing factors of wellbeing have been measured and demonstrated through the use of the validated scales.

The findings of this evaluation for the COVID-19 pandemic overall show that there has been a dip in members' wellbeing scores, but the data suggests the dip is temporary and can be recovered by members returning to the Growing Together project and re-engaging in the usual services provided by Trust Links.

The case studies included in this evaluation highlight the lived experiences of members, and are particularly pertinent in showing how the COVID-19 pandemic has had differing effects on individuals with pre-existing mental health diagnoses. It clearly demonstrates the important role that the Growing Together project has on members, by providing the necessary support that is suited to all members' needs.





SWEMWBS:

The findings of this evaluation demonstrate that the overall average score for wellbeing of members improved by 14%. The total average points difference between baseline and assessment scores after 6 months' engagement with the Growing Together projects was 2.92 points (21.4 to 24.32), thus placing it above the UK National Average of 23.63. This increase was shown to be statistically significant, with analysis demonstrating there to be a strong impact of engagement in the Growing Together project on members' mental wellbeing. While it is impossible to be precise about how much change in SWEMWBS is considered 'meaningful', the classification guidance provided by the University of Warwick SWEMWBS guidance (Warwick Medical School 2020) shows that 51.4% of members experienced a meaningful positive change in SWEMWBS scores.

The SWEMWBS scale demonstrated a positive change for each of the seven outcomes measured, all of which relate to and effect the overall wellbeing of an individual. This positive change is shown to be sustained over several years, thus showing the lasting positive impact of the Growing Together project on members' wellbeing.

From this data it can be concluded that the Growing Together project does positively impact members' overall wellbeing increasing the percentage of members with 'Moderate' or 'High' wellbeing from 45% to 60.5% in 6 months. The greatest changes to the groups wellbeing are derived from members feeling 'Close to other people', 'Relaxed', 'Optimistic about the future', 'Useful', and 'Thinking clearly', all of which are key to promoting less reliance on secondary services.

Growing Together Outcomes Measure:

The Growing Together Outcomes Measure assesses other indicators and factors that contribute to the overall wellbeing of individuals, and measures how the Growing Together project is impacting members' wellbeing based on these factors. Each statement produced positive results, demonstrating that the Growing Together project has had a positive impact on the lives of members and their wellbeing. The greatest change occurred in members feeling 'Less dependent on support from other people or services', once again indicating that engagement in the Growing Together project promotes self-reliance and reduces use of costly secondary health and social care services.

Rosenberg Self-Esteem Scale:

Each statement on the Self-Esteem Scale demonstrated that Growing Together members experienced an increase in their self-esteem from baseline to follow up assessment. Alongside this increase in self-esteem, analysis showed that older members are more consistent across time in their attitude towards themselves, but it is unclear whether this is a consistent positive attitude towards themselves or a negative attitude. However, despite this consistency between the baseline and follow up assessments in older members for statement 4, the number 'agreeing' or 'strongly agreeing' to each statement in the Self-Esteem Scale rose. The number 'agreeing' or 'strongly agreeing' that they have good qualities rose from 65% to 77%, 'Good self-esteem' rose from 42% to 57%, 'Feeling useful' rose from 55% to 75%, and 'Positive attitudes towards themselves' rose from 52% to 66%. From this data it can be concluded that the Growing Together project positively impacts members' overall self-esteem.



Five Facets Mindfulness Questionnaire:

This measure was included to examine the extent that engaging with activities might change members' behaviour in terms of mindfully observing the world around them. If therapeutic gardening and immersion in nature cultivates mindfulness skills, particularly around the facet of observing which this section of the Five Facets Mindfulness Questionnaire measures, then positive correlations between engaging with the Growing Together project and mindfulness observation should be reported.

The data demonstrates that this is the case, as for all 6 statements included in the measure there is a reduction in the number of members stating they 'never' or 'rarely' observed aspects of nature from baseline to follow up, resulting in an increase in members' engaging in observational mindfulness behaviours. Other research has shown that an increase in observational mindfulness behaviours is correlated with openness to experiences, emotional intelligence and self-compassion (Baer et al. 2006). Therefore, from the data it can be concluded that the Growing Together project positively impacts members' level of mindfulness, which in turn increases their wellbeing.



COVID:

The overall impact of COVID has been the majority of members experiencing a decrease in their wellbeing, as shown by the data. The most common issues members have experienced which have contributed to this decrease are: loneliness and isolation (28% of members), anxiety (32% of members), and stress (30% of members).

However, the decrease in overall wellbeing as shown across each scale measured has not caused members to return to their initial level of wellbeing when they first engaged with the Growing Together projects. This clearly shows the positive impact that the Growing Together project has on members' wellbeing, as despite the unprecedented circumstances that the COVID-19 pandemic has had on the general populations' mental wellbeing, members have not regressed to the level of wellbeing measured upon first engagement with Growing Together. Furthermore, the data shows that members' SWEMWBS assessments were relatively stable prior to and during the pandemic, with the proportion of members with 'Moderate' or 'High' wellbeing actually increasing during the pandemic (51.3% pre-COVID vs 66.7% during COVID). Thus indicating that the Growing Together project has a sustained impact, and can help equip members with dealing with difficult situations outside of the project.

Whilst members' experienced a 9.3% decrease in their scores for the Growing Together Outcomes Measure, an 8.7% decrease in Self-Esteem scores, and a 10.8% decrease in Mindfulness scores, this may be partly due to the temporary closing of the Growing Together gardens, and more widely in line with the trend in decreasing mental wellbeing by the general population during COVID (NHS Mid Essex Clinical Commissioning Group, October 2020). This is particularly relevant for the Growing Together Outcomes Measure, as it measures how full engagement with the usual services provided by the Growing Together project impacts members' wellbeing. Therefore, it is important to look at the impact of the pandemic as a whole, as general wellbeing of members remained relatively stable and increased for some according to the SWEMWBS results. This in combination with the data from a few members who have completed multiple assessments since August suggests the lowering of scores for the Growing Together Outcomes Measure, Self-Esteem, and Mindfulness scales are temporary and will recover as members are able to access the support that the Growing Together project provides once the gardens reopen fully.

The member who completed an assessment at the beginning of March and a subsequent one in mid-August shows quantitatively the negative impact that COVID has had, whilst the case studies show the lived experience of COVID and how this has impacted people in different ways. One thing that the COVID-quantitative and qualitative data has in common is that it shows that re-engaging with the Growing Together projects once they re-opened has been extremely beneficial to members, potentially limiting and mitigating the impact of the pandemic on members' wellbeing. Thus potentially reducing members' use of other services. Moreover, the data highlights how valuable the virtual support was that Trust Links provided when face-to-face contact was not possible.



The Outcomes and Impact of Growing Together

It is clear from the literature, and the quantitative and qualitative data from the project that a range of positive outcomes are achieved for members through the Growing Together project. These include:

- Improved and sustained levels of wellbeing and mental health
- Reduced demand on other services, including social care and secondary mental health services, leading to potential cost savings across the system
- Improved confidence and self-esteem
- Improved social connections and engagement, feeling part of a community
- Better levels of physical fitness
- The opportunity and motivation to progress to training, employment and volunteering

GAPS IN RESEARCH AND FURTHER DEVELOPMENTS

Further ongoing evaluation of the Growing Together project will continue to grow the evidence base for the project in different settings and with different teams running the projects. Future research could focus on evaluating each of the Growing Together sites and their individual impact on members' wellbeing as well as the collective impact of the Growing Together project, to account for the range of services available to members which are unique to each site. In addition, future research could focus on prevalent mental illnesses and learning disabilities within the Growing Together project, to further our understanding of what aspects of Growing Together are most beneficial to members with different illnesses.

Further longitudinal work would also be beneficial to track the impact of the project on members who engage over a long period with the project, particularly when analysing the Growing Together Outcomes Measures, Self-Esteem Scale, and Mindfulness Questionnaire, as there are already members with several sets of data for SWEMWBS assessments. This is of greater importance due to the COVID pandemic, as we do not yet know the long-term impact this will have on members' and the general populations' mental wellbeing.

Furthermore, future research should be conducted on the impact that engagement with the Growing Together project has on use of secondary mental health services, such as psychiatric time and inpatient stays. This would be beneficial to elicit quantitative cost savings to the NHS and public sector as a result of members' improved mental health and wellbeing, in addition to the benefit the Growing Together project has on each member's wellbeing.

Growing Together Shoeburyness Summer Fayre 2019



Conclusion

It is evident from the quantitative and qualitative data that the Growing Together project effectively contributes to transforming the lives of people with mental illness and mild learning disabilities that are members of the project.

The qualitative and quantitative data presented in this evaluation provide clear evidence that engagement with the Growing Together project has a significant positive impact on the wellbeing of individuals, and meets the significantly higher needs of people in South East Essex in comparison to the national average.

The COVID specific data presented provides evidence of a dip in members' mental wellbeing, but it clearly shows that members' wellbeing does not return to a level comparable to their initial assessment upon entry to the Growing Together project. Furthermore, the data presented in the COVID section of the evaluation suggests the dip is temporary, and can be overcome by re-engagement with the usual services provided by Growing Together. However, this cannot be ascertained with great certainty until more time has passed and a longitudinal evaluation of the impact of the pandemic can be conducted.

Further ongoing evaluation of Growing Together will continue to grow the evidence base for the project in different settings and with different teams running the projects. Longitudinal work would also be beneficial to track the impact of the project on members that engage over a longer period with the project, both in improving their wellbeing and recovery and the cost savings to secondary mental health services such as psychiatric time and inpatient stays.

Growing Together clearly offers an alternative intervention to other mental health services such as talking therapies, inpatient hospital services, clinical treatment services and other medication. Whilst many Growing Together members use these services to varying degrees, it is clear that demand on these other services is reduced as a result of participation in the Growing Together project. In addition, as a result of the South East Essex's Clinical Commission Group predicting a 20% increase in the need for mental health services, Growing Together could prove to be vital in supporting those in need, reducing demand and waiting times for existing and more costly secondary services.

Appendices available at <https://tinyurl.com/gtappendices>



References



Baer, R. A., Smith, G. T., Hopkins J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13, pp. 27-45.

Beyer, K., Kaltenbach, A., Szabo, A., Bogar, S., Nieto, F.J., Malecki, K.M., (2014), Exposure to Neighborhood Green Space and Mental Health: Evidence from the Survey of the Health of Wisconsin. *International Journal of Environmental Research and Public Health*, 11(3), pp. 3453–3472. Available at: <http://dx.doi.org/10.3390/ijerph110303453>.

Campion, J., Rocks, S., and Griffin, C., (2015), *Mental Health Needs Assessment for Southend-on-Sea London: Shared intelligence*

Clatworthy, J., Hinds, J., M. Camic, P., (2013), Gardening as a mental health intervention: a review, *Mental Health Review Journal*, 18 (4), pp. 214-225.

Corfe, S., (2017), *Living on the edge: Britains Coastal Communities*, Social Market Foundation, Available at <https://www.smf.co.uk/publications/living-edge-britains-coastal-communities/>

Corfe, S., (2019), *Falling off a cliff? Economic and Social decline by the coast*, Social Market Foundation, Available at <https://www.smf.co.uk/publications/falling-off-cliff/>

de Vries, S., Groenewegen, R.A., Spreeuwenberg, P., (2003), Natural environments...healthy environments? An exploratory analysis of the relationship between greenspace and health, *Environment & Planning A*, 35(10), pp. 1717–1731.

Fat, L. N., Scholes, S., Boniface, S., Mindell, J., & Stewart-Brown, S. (2017). Evaluating and establishing national norms for mental wellbeing using the short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS): findings from the Health Survey for England, *Quality of Life Research*, 26 (5), pp. 1129-1144.

Fuller, R.A., Irvine, K.N., Devine-Wright, P., Warren, P.H., Gaston, K.J., Fuller, R.A., (2007), Psychological benefits of greenspace increase with biodiversity, *Biology Letters*, 3(4), pp. 390–394.

Gonzalez, M., Hartig, T., Patil, G., Martinsen, E. and Kirkevold, M., (2010), Therapeutic horticulture in clinical depression: a prospective study of active components, *Journal of Advanced Nursing*, 66(9) pp 2002-2013.

Machado, M. and Swank, J., (2018), Therapeutic gardening: A counseling approach for bereavement from suicide, *Death Studies*, 43(10), pp.629-633.

NHS Mid Essex Clinical Commissioning Group (October 2020). The latest news from Mid Essex CCG: Engage, Autumn Edition. <https://midessexccg.nhs.uk/about-us/the-library/engage/2020-engage-issues/3905-engage-october-2020-autumn-edition>.

NOMIS (2018) Available at <https://www.nomis.web.co.uk>

Office for National Statistics, (2013), *Reflections on Measuring National Well-being* (July). Available at <https://whatworkswellbeing.org/about-wellbeing/what-is-wellbeing/>

Parkinson, J. (2006). *Measuring Positive Mental Health: Developing a New Scale*. NHS Health Scotland.

Pretty, J. and Barton, J., (2020), Nature-Based Interventions and Mind–Body Interventions: Saving Public Health Costs Whilst Increasing Life Satisfaction and Happiness, *International Journal of Environmental Research and Public Health*, 17(21), p.7769.

Sempik, J. (2008), *Being outside: Exploring perceptions of nature and health in therapeutic gardens*. Center for Child and Family Research, Department of Social Services. Loughborough University

Smidl, S., Mitchell, D. and Creighton, C., (2017), Outcomes of a Therapeutic Gardening Program in a Mental Health Recovery Center, *Occupational Therapy in Mental Health*, 33(4), pp.374-385.

Smith-Carrier, T., Béres, L., Johnson, K., Blake, C. and Howard, J., (2019), Digging into the experiences of therapeutic gardening for people with dementia: An interpretative phenomenological analysis, *Dementia*, p.147130121986912.

South East Essex Clinical Commissioning Group, (2020), *Mental Health Winter Plan* (in the context of Covid-19)

Southend Council, (2017), *Southend Joint Strategic Needs Assessment*

Sullivan, G. M., & Feinn, R. (2012). Using effect size – or why the P value is not enough, *Journal of Graduate Medical Education*, 4 (3), pp. 279-282.

Warwick Medical School (2020). Collect, score, analyse and interpret WEMWBS. <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto>