



“Growing together – Well-being through gardening”



22nd March 2016

An evaluation of the ‘**Fit2Grow**’ project at St Mary’s Secret
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'Growing together – Well-being through gardening' / Fit2Grow evaluation

Introduction

This short desk-top evaluation seeks to identify the outcomes and lessons learned from a 'Fit2Grow' pilot project targeted at people with learning disabilities [p.w.l.d.] in Hackney and neighbouring boroughs. The project aimed to contribute to the local public health priority of tackling obesity and diabetes; as well as reducing social isolation, which is a significant issue for p.w.l.d. and can contribute to obesity.

Why Obesity and Diabetes?

Obesity and diabetes type 2 is a growing concern in Hackney and neighbouring boroughs and is high on Hackney's health and wellbeing agenda due to the health inequalities these issues createⁱ. From experience, research and feedback from the work of Saint Mary's Secret Garden [S.M.S.G.] this is a particular issue for adults with learning disabilities.

Less than 10% of adults with learning disabilities in supported accommodation eat a healthy diet and over 80% do not engage in the recommended levels of physical exercise.ⁱⁱ P.w.l.d. also experience social isolation with limited friendship circles and are generally economically poorer which can also lead to poor eating habits.ⁱⁱⁱ

Fit2Grow project – the input

The S.M.S.G. 'Fit2Grow' pilot project aimed to contribute to the need for stronger, fairer and healthier communities; especially for those who are disadvantaged.

A small grant from Comic Relief Communities funded two 3 month courses running one day per week for 6 p.w.l.d. per course. The courses covered basic gardening techniques, healthy eating strategies - particularly with type 2 diabetes in mind, and the preparation and cooking of meals from S.M.S.G. produce. Each cohort of learners created a 'growing, recipe and cooking' book that can be circulated to other people with learning disabilities and their carers.



P.w.l.d. were able to come together to grow fruit and vegetables and learn in a relaxed community setting about the benefits of physical activity, healthy diet and the cooking of quick, healthy and easy meals.



Each person completed a simple healthy lifestyle questionnaire at the start, middle and end of the course to check on individuals' progress and understanding of the sessions. All were offered a chance to create their own health diary encouraging them to put their learning into practise.



The course leader kept a diary of each of the courses recording the approaches used, activities, reflections and lessons learned.

What happened? The Output

Activities/interventions of Fit2Grow

Outline of a typical day

The day began with stretching and waking up their bodies. This would be followed by sharing out whatever gardening tasks are needed according to the time of year – sowing, potting on, planting, weeding, nurturing, harvesting.



The morning was also spent learning and preparing a lunch meal for the group using, where possible, produce from the garden. Lunch was an opportunity for the group to get together and get to know each other and share stories. For the majority of the participants attending, the course was their main weekly social activity.





Some participants required gentle encouragement whilst others needed firmer guidance to perform the tasks. Some had times when they weren't well, feeling tired and were less involved on those occasions. Some had physical problems with performing gardening tasks that require strength or kneeling. Alternatives were provided.

Participants were encouraged to increase drinking more water as it was noted that many do not drink enough – a jug of water with slices of lemon was provided for each session. Snacks were provided of dates, cut up fruit and nuts.

Participants worked to produce a 'growing, recipe and cooking' book that can be circulated to other people with learning disabilities and their carers.



All 11 participants of the courses were p.w.l.d. However, many participants had other added diagnosed issues including 3 with long and enduring mental ill health, 2 with physical disabilities and 4 participants were on the autistic spectrum. People on the autistic spectrum are known to have an increased tendency towards eating disorders^{iv} and 1 participant needed particularly sensitive goal setting due to profound ritualistic eating and limited food repertoire – SMSG staff and the participant's carer aimed for the participant to attempt one new food throughout the 3 month course.

What outcomes were achieved?

The main method for identifying outcomes that could point to a longer-term improvement in lifestyles, to reduce obesity and diabetes, was the use of diaries by the participants. Staff and volunteers assisted with the completion of before and after diaries, which documented:

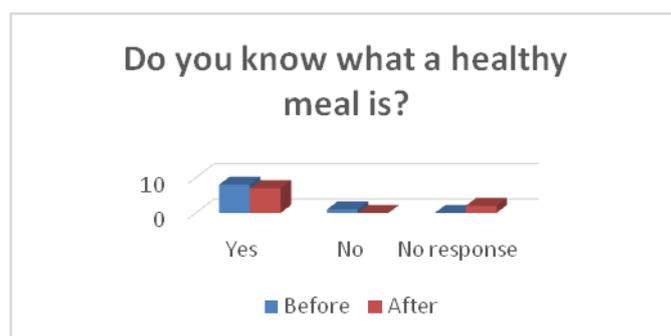
- An outline of health status – outlined earlier.
- Disability status– outlined earlier.
- An outline of health related lifestyle, health knowledge and behaviour – before and after.
- 12 week goals – before and after.

Health related lifestyle, knowledge and behaviour

At the start of the course participants identified the goals they wanted to achieve. These included feeling healthier, learning about healthy eating and being able to cook a meal. After attending each session they scored how much they felt they had achieved their goals. The majority said they felt they had fully or almost achieved them. None said they hadn't felt any sense of achievement. Using the data collected from their diaries the following more detailed picture emerges:

Healthy eating

It would appear that participants thought they began with a high level of knowledge of what a healthy meal is – 8 out of nine responses saying yes. The knowledge afterwards is hard to gauge as there were two who did not complete the form at the end, although there were none noting they did not have any knowledge at the end.



Asked about how often they chose to eat a healthy meal the numbers of participants choosing this option appears to increase slightly after attendance.

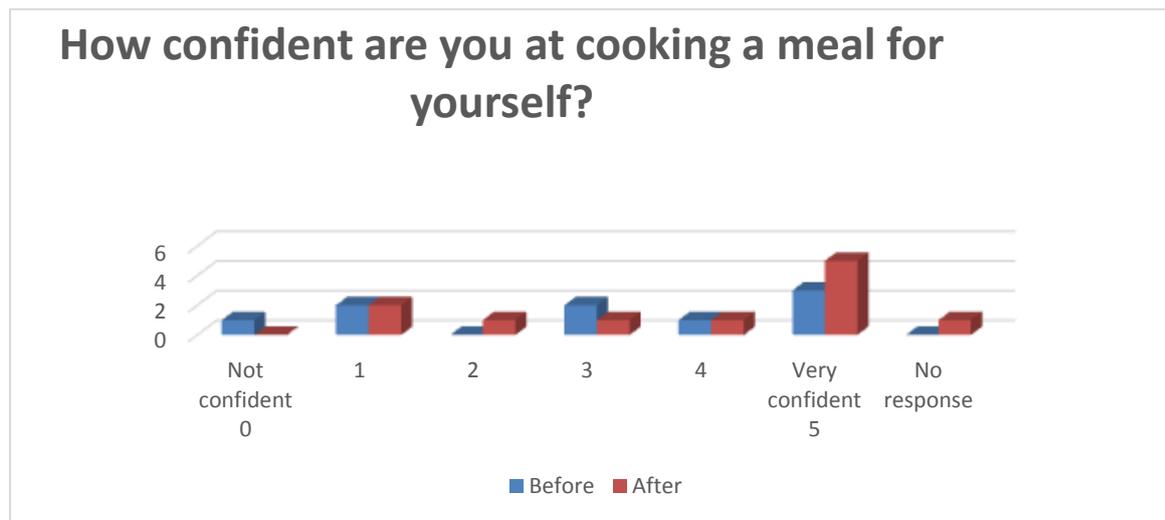
However, the staff noted that all but 2 participants buy frozen meals and takeaways as a meal choice on a daily basis.



A few participants said they read food labels and often. However, some also did not or were unable to, due to literacy problems. One person who was not able to read has an understanding of colour coding on food labels.

There was a marked increase in participant confidence levels in cooking a meal for themselves following attendance. As before, however, there was also an increase in diaries not being completed at the end of the course.

Staff noted that all participants were 'adept' at chopping and preparing vegetables when working as a group. However, there was a general lack of knowledge and impetus to include them in their home diet at the start of the courses.



Taking physical exercise

As with knowledge about healthy eating participants reported a high level of undertaking some form of exercise before the course. Most said they took some form a number of times per week and this rate increased after attending the course. Again however, the findings from the 'after' diaries was not completed by all, thus not providing robust findings.

Staff noted that there were some participants who had responded well to advice to increase exercise levels and some regularly go swimming and attend

aqua aerobic classes. Walking also seemed to be popular although probably this is only as part of moving from one place to another – not as an additional exercise.

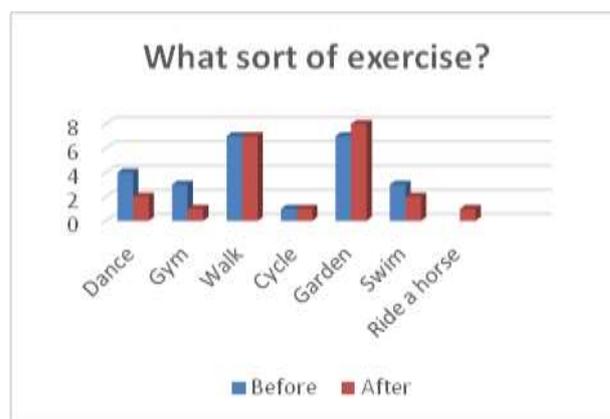
Staff noted that for those who had gardened before 'the difference in their confidence and ability to garden is marked and they can all easily kneel, dig and carry on with ease' suggesting that regular and more frequent opportunities to be involved with gardening is good for physical health.





Asked what type of exercise they took, walking, gardening and dancing all appeared to be popular. There is a slight increase in gardening as a form of exercise after the course.

The courses began with a stretching session. At the start of the course staff noted that ‘they ALL find it hard to stretch their arms upwards and to move them in a circular motion.’



Fit2Grow cookbook

Participants also worked to produce a 'growing, recipe and cooking' book that can be circulated to other people with learning disabilities and their carers. The books contain user-friendly recipes and pictures, and participants can feel a sense of achievement in being involved with the production.

Social and well-being outcomes

As mentioned earlier participants identified the goals they wished to achieve from the course. Two of these related to social and well-being outcomes: to feel happier and to meet new people. The majority of participants felt these goals had been achieved.

Staff noted that ‘throughout the course my clients have been consistently cheerful and willing to engage in any task they are set.’ This suggests that they enjoy and benefit from the activities and group dynamics. In addition, S.M.S.G. provides a community-based setting with highly experienced and motivated staff and volunteers. It is likely that these factors provide a welcome and learning environment where p.w.l.d. feel safe and comfortable to be themselves and to learn more about gardening, cooking, being with other people and being outdoors and increasing levels of physical activity.



Staff and volunteers remarked on how ‘enthusiastic the clients were and how *‘they all reported feeling better, healthier and happier.’ ‘A lot of new foods are introduced and we had fun creating the meals. This can only impact in a positive way by making them more familiar.’* They reported how levels of confidence grew throughout the course. Many participants had carers who did the main food preparation at home and they were not directly involved. Hence, following up and supporting carers to encourage participants to help shop and prepare their food will be important in sustaining healthy eating outcomes.

Participants all had different needs and ways of working. Staff came to know who needed to work in a small group to gain confidence, and those who were happier in the bigger group. Consideration was given to identifying and allocating tasks accordingly and adjustments made when people needed individual attention. This flexibility and expertise is important when working with p.w.l.d. who have a wide range of needs and require one-on-one attention. Hence, this type of project can only work with a small number of people in a group and with highly skilled facilitation.

Having said that, it is clear that individuals working together as a group lent itself to social contact, communication and team working skills, all of which people benefited from learning. In addition, a sense of belonging to the project and each other began to develop. Evidence suggests that being involved and having a sense of belonging makes a contribution to improving our well-being. Hence the Fit2Grow project is likely to have contributed to an enhanced sense of well-being as an outcome.

Staff observed that some participants had a high level of anxiety or depression and found it hard on occasions to attend, particularly the second group who were less familiar with S.M.S.G. However, when they did manage to attend they *‘always feel better for it.’* Staff felt that they saw a ‘profound difference between those participants who had been coming for a year to the garden and those who had just started. I was well aware that it takes time to improve health and gain strength.’

Summary for healthy lifestyle and wellbeing outcomes

Although the numbers are very small it is suggested that there is a slight increase in healthy eating behaviour following participation in Fit2Grow. There was an increase in frequency of choosing healthy meals and an increase in confidence in cooking for themselves.

Again, although small numbers, there appears to be a slight increase in levels of physical activity, including gardening.

Contributing to improving well-being can also have an impact on healthy lifestyle outcomes. Evidence suggests that if we feel better about ourselves, have increased confidence and self-esteem we are more likely to adopt healthier lifestyles. Hence the improvements to well-being through being involved, and social contact for p.w.l.d. achieved through the Fit2Grow to project is an additional welcome outcome.



Model for the Fit2Grow project

The model for the Fit2Grow project of a day a week over a 12 week timeframe appears to work better for p.w.l.d. who have a familiarity with the S.M.S.G. gained over a year of attendance at other projects. Those who attended the second course were new to the garden and found it harder to find their way in the project. This suggests that the project model is effective, however is best placed building on previous contacts in a gardening environment with clients.

The second group not only included clients with no experience of gardening, but also included those on the autistic spectrum who were particularly challenging. The profound difference between those who had more experience at St Marys implies that a longer course would reap better results in levels of fitness and well-being.

It would appear that the programme for the day was well paced and structured. Working to prepare and eat lunch together provides an additional well-being outcome as well as providing a healthy hot meal for participants.

The staff who delivered this project were highly experienced and motivated people. Their experience relates not only to knowledge and skills in gardening and food production, but also to group work skills, working with p.w.l.d. and organisational skills. Hence, should this project be reproduced elsewhere these skills and experience will enable the project to be more effective.

The only additional comment to the model is a question of sustainability for the outcomes. Due to the additional support required to enable settling in and learning for p.w.l.d. it is suggested that including carers in some of the activities to enable them to understand how they can support participants to put into practice their learning after the course has been completed is important.



References

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- ii http://www.improvinghealthandlives.org.uk/uploads/doc/vid_7479_IHaL2010-3HealthInequality2010.pdf
- iii <http://www.cwt.org.uk/pdfs/EWLDGuidelines.pdf>
- iv <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936505/>

