Using horticultural and eco therapies with people with H.A.N.D (HIV associated neuro-cognitive disorder) and co-morbidities

An evaluation of the ‘Growing Out’ project at St Mary’s Secret Garden LTD 05987612 Registered charity 1152027 by Anthea Cooke, Inukshuk Consultancy

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**An evaluation of the ‘Growing Out’ project at St Mary’s Secret Garden: September 2014 – January 2015**

**1 Introduction**

Promoting health and well-being for people living with HIV and long term life limiting disabilitiesthrough access to Horticultural Therapy is the starting point for the ‘Growing Out’ project. The project has been delivered by St Mary’s Secret Garden [SMSG] over the last 13 years funded by Mildmay Mission Hospital UK [hereafter referred to as Mildmay] and other charitable sources. It offers up to 20 ‘patients’ [hereafter referred to as GO users] of the Mildmay Hospital a weekly hour and a half session of Horticultural Therapies.

***Growing Out*** - uses eco and horticultural therapy as a tool for rehabilitation and social inclusion for people with H.A.N.D (HIV associated neuro-cognitive disorder). Although severe and progressive neurocognitive impairment [often associated with cognitive impairment] has become rare in HIV clinics in the era of potent antiretroviral therapy, most patients with HIV worldwide have poor outcomes on formal neurocognitive tests.[[1]](#endnote-1)

H.A.N.D. impairments have a major impact on the physical capability of affected people. These are listed in Appendix 2. Many people live alone or in supported housing, are unemployed, attend Mildmay support sessions such as Physiotherapy and have limited social contacts or family support.

Staff and volunteers from both SMSG and Mildmay support GO users to participate both as individuals and as a group. Activities include:

* Learning about the growth cycle from seed collection through to harvesting produce [flowers, fruit and vegetables]
* Undertaking the actual collections, planting, tending and harvesting
* Other Horticultural related activities such as Jam or Chutney making
* Composting and caring for the soil such as digging
* Social activities such as preparing Christmas Cards or herbal bath bags.

**Why evaluate?**

SMSG recognised it is important to capture the impacts and outcomes from the project in order to attract future funding, develop and share best practice and learn how to make improvements to offer best value for money. Funding was obtained from Hackney Giving for a small scale evaluation undertaken by an independent consultant working for charitable rates. The Mildmay recognise it is timely to evaluate the outcomes and understand how ‘Growing Out’ can help with the rehabilitation of their patients.

Evaluation methods included [Appendix 1 lists some of the challenges]:

* Data analysis – where possible as there has been little historical monitoring
* A survey [drawing on the nationally validated Warwick-Edinburgh Mental Well-being Scale[[2]](#endnote-2) WEMWBS validated questions on well-being] of Go users undertaken by SMSG and Mildmay staff and volunteers three times throughout a 12 week period [September – November]
* Qualitative interviews with staff and volunteers from SMSG and Mildmay
* A brief review of published literature into the needs of people with H.A.N.D. and benefits of Horticultural therapy.

**2 DETAILED FINDINGS**

The following findings have been grouped into thematic areas identified from the literature on Horticultural Therapy and the needs of people living with HIV and H.A.N.D. Each section summarises findings from the quantative and qualitative data collected as described in the above section.

Table 1 shows the feedback on the benefits experienced by GO users collected over a three month period. Whilst these findings stand in their own right, the literature review will be used to test them out against others experiences and findings.

**Table 1 GO users reported personal benefits**

Note: Month 3 was late November and an indoor activity [making Xmas cards] was an activity that some were allocated and some did not enjoy as much as being outdoors.

**2.1 Horticultural Therapy**

The impact on mental well-being of gardening and involvement with nature, green space and the external environment is now well recognised. It suggests that it strengthens the resilience of both individuals and communities.

Natural Thinking[[3]](#endnote-3) shows in detail how natural green space can lift spirits and reduce mental health problems:

* nature reduces stress within minutes of contact
* patients undergoing operations and tests in hospital need fewer painkillers if exposed to views of nature
* nature can reduce violent behaviour due to its restorative effect on the part of the brain that helps reduce irritability.

Ecominds projects have shown that activities like gardening, walking or cycling groups, green gyms, environmental conservation, and even surf schools can help lift mood, raise self-esteem and reduce stress for people with mental health problems.[[4]](#endnote-4)

There is a deeper meaning to communal gardening activity, one that operates at an emotional and experiential level. A detailed study of a community gardening project found ‘Not only did participants gain a sense of achievement, satisfaction and aesthetic pleasure from their engagement with nature, but where communal gardening activity occurred the qualities required to successfully nurture their plants were also evident in nurturing those less able members of the group. The reciprocity at work here also enabled the group to support even the more experienced gardeners, preventing them from feeling overwhelmed by the allotment during periods of illness or absence.’[[5]](#endnote-5)

The outdoor environmental setting of Horticultural Therapy projects can offer a range of benefits for users such as a sense of freedom and space, a connection with nature, an opportunity to care or nurture plants as well as access to fresh air [depending on the locality].[[6]](#endnote-6)

*It’s a treasure for people to have a chance to get out of concrete and have contact with the soil’ GO Volunteer*

GO users, staff and volunteers confirmed the benefits of Horticultural Therapy listed in the literature. They reported that being outdoors, working together and seeing the results of their efforts [a number of staff and volunteers reported witnessing the growth process was important to GO users] was one of the main benefits they derived from participation. The following quotes sum up their feelings:

*“It's interesting because I'm learning something and I like working outside, seeing the whole process of seeing it grow, being able to check it's growth as time goes by.”* GO user

*“The work outside makes me feel a man again, it makes me feel alive.”* GO user

“Planting seeds and watching the results is a profound experience for some of the GO users. It gives them a sense of achievement and time passing in a constructive manner.” GO Volunteer

Clearly there are other benefits from gardening activities such as physical exertion, hand eye co-ordination, improvements in memory, mood improvements and social benefits. These will be discussed in later sections.

**2.2 Physical activity**

Good physical health protects and promotes mental health. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Chu et al 2004; Allardyce et al 2005; Jackson 2002).

The GO users physical limitations range from relatively mild – can still walk and do physical work to some extent through to being in a wheelchair or have no use of one side of their body or are totally blind. Most will access Physiotherapy and other re-habilitation sessions from the Mildmay such as arts and music. However, GO users reported that they had very limited access to physical activity outside of these sessions. Hence, they valued the opportunity presented by the range of tasks on offer through GO. These range from sowing seeds and pricking out through to digging and making compost, presents them all with challenges within their range of capability. Some GO users were able to walk to SMSG which gave them an additional opportunity for physical exercise.

Many of the GO users stated that being physically active was a factor they valued from their participation. The following quotes illustrate this:

*“It is physical and entertaining. This is the only place I can work outside and learn new things I can take to my own garden.”* GO user

*“He enjoyed being outdoors and being in a team.”* Horticultural Therapist speaking on behalf of a GO user

*“Working with others helps the mood and mobility, a good day.”* GO Volunteer

*“This is the only place I can do some useful physical work that reminds me I'm alive.”* GO user

*“Physical health – using motor skills and using muscles in arms and hands, walking and stretching safely and getting around.”* Staff member

Whilst the physical activity levels are relatively little [compared to physical activity levels that are likely to reduce risks of disease] they are more, and outdoors, than the GO users would have if they didn’t have access to a project of this nature.

**2.3 Neurological, co-ordination and dexterity or Neuro-cognitive functions and dexterity.**

Reduced neurological and cognitive functioning is a significant impairment of H.A.N.D. and is reflected in a number of GO users. This manifests in aphasia and other speech problems including ability to express, fine movement and co-ordination problems such as being able to undertake more delicate activities [such as pricking out and potting on], memory loss, dementia [however this type of dementia is more responsive to treatment and re-habilitation than others].

The Lead Physiotherapist at the Mildmay reported the range and seriousness of disabilities that GO users will be experiencing.

*“In my personal experience as Lead Physiotherapist at Mildmay Mission Hospital. I have seen number of patients with HAND presenting with physical impairments including paralysis of one side, weakness in both legs or all 4 limbs including neck and trunk weakness, involuntary movements and loss of fine motor and gross motor functions. Visual impairment, mild, moderate to severe cognitive impairment, loss of memory and behavioural issues like erratic behaviour, psychological issues like low mood, depression, suicidal ideation. These patients on admission at Mildmay present with severe impairment and they go through intense rehab at Mildmay Mission Hospital with input from MDT and are discharged to community with some residual impairment for which they need ongoing rehab and continue as Day service Clients at Mildmay and or referred to community rehab team.”* Mildmay Physiotherapy Team Leader and Day Services Manager

MDT: Multi Disciplinary Team (team of health care professionals that include physiotherapist, occupational therapist, clinical psychologist, Speech and language therapist, dietician, social worker and counsellor, Doctors, nurses and rehab assistants)

An outdoor environment is better for cognitive learning than a traditional classroom; improved concentration; improved attention and memory.[[7]](#endnote-7) A study[[8]](#endnote-8) exploring the value of a horticultural therapy program designed for individuals with acquired aphasia concluded that ‘Those who participated were observed to increase their verbal behaviour and social interaction, and their family.’

Staff, volunteers and some GO users were able to identify that some of the activities of Horticultural Therapy, in particular those in the greenhouse, had helped with co-ordination and dexterity. It should be noted that the extent of impairments means that there is a high ratio of personal support required by some GO users to help them with their tasks although supporters are careful to encourage GO users to do as much as possible for themselves. Examples include:

*“A GO user who is blind has learnt to sow, prick out and pot on seedlings which takes a high degree of skill and patience. She then has a profound sense of achievement and feeling positive.”* Volunteer [please note the individual concerned was not well the day the evaluator attended to talk with GO users]

*“S.P. used two handled leaf grabs to move piles of leaves into bags. This task encouraged S.P. to use his weaker left hand improving strength, co-ordination needed to keep handles together to aim over the bag to release grabs i.e. hand /eye co-ordination, control over movements.”* Senior therapist

*“I’m astounded by how much people can do when you see their disabilities*.” GO Volunteer

Another GO user who has had a stroke resulting in paralysis of his left side and impaired vision reported:

*“I use my fingers and workout spatial planting of seeds. I had a stroke that has impaired my left side so I make myself use this side.”* GO user

Sensory abilities were enhanced and appreciated by some GO users through touching and handling plants and soil [tactile] and sense of smelling flowers.

*“Enjoyed the tactile feel of the flower heads and the scent.”* GO user

*“XX enjoyed smelling the flower heads before taking seeds from them. He enjoyed being tactile using his gardening skills.”* Horticultural therapist.

*“I see improvements in memory as some of tasks are repetitive and require understanding and concentration.”* GO Volunteer

Despite the many benefits identified there was also a reflection that GO users are grateful for any activity that has a social and learning element to it as they have limited options elsewhere.

“Some have got a lot out of it – like being self-selecting, they travel and have time in the garden, social element in a different environment. How does this compare to other services they have had? Is there more we could such as a Photography project?” GO Volunteer

**2.4 Factors for promoting and protecting mental well-being**

Put simply our mental well-being is about how we **think and feel.**

MWIA: A toolkit for well-being (2011) identified key areas that promote and protect mental well-being:

* Enhancing Control
* Increasing Resilience and Community Assets
* Facilitating Participation and Promoting Inclusion.

***Enhancing a sense of control***

Recent research suggests that a degree of control or autonomy is a determinant of mental well-being across all cultures. Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress. People who feel in control of their lives are more likely to feel able to take control of their health.[[9]](#endnote-9)

Components that contribute to enhancing our sense of control as individuals include a sense of control, belief in own capabilities and self-determination, knowledge, skills and resources to make healthy choices; and maintaining independence. At a community level opportunities for self-help, being able to influence decisions and opportunities for expressing views and being heard.

GO users may well feel they have little control over their lives and decisions they make as they have a high level of need and are dependent upon services and carers. As discussed some are not able to articulate their needs.

Feedback from GO users, staff and volunteers suggest that participation in GO has helped some users feel they have some locus of control in the project which gives them a sense of independence. This quote on the approach / philosophy of SMSG helps set the context:

*“SMSG have a belief that everyone can do something – this raises expectations and achievements of clients.”* Volunteer

*“Good atmosphere created by SMSG – relaxed yet conducive to getting involved with activities.”* GO Volunteer

Over half of GO users were able to choose which activity they undertake and most do not require prompting which will help a sense of control. There was some anecdotal evidence of GO users being involved in shaping how the group functions – for example a past monitoring form suggested that when one member had been impolite it was partly resolved with group

discussion on how to behave.

For individuals, feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental well-being. It was striking that ‘feeling useful’ was scored top in the first two months and highly in the third [GO users had less choice in activities on this occasion]. This, viewed alongside ‘learning new skills and improving mood’ which were also high scoring suggests that GO has a significant impact on GO users feeling an enhanced sense of control and well-being through their involvement.

“I feel useful and can use my strength as I miss it since I have no job.” GO user

***Increasing resilience and community assets***

Resilience is broadly defined as “doing better than expected in the face of adversity

A major programme of research[[10]](#endnote-10) exploring common factors that make resilience possible and increase human capability found that these “*mostly have to do with the quality of human relationships and with the quality of public service responses to people with problems”*’.

* Attachment to place, which is one characteristic of resilient communities, is closely related to strong social networks.
* Friends, support networks, valued social roles and positive views on neighbourhood, reduce the risk and severity of emotional and behavioural disorders among young people.

A growing body of evidence suggests that nature and access to the natural environment strengthen the resilience of individuals and communities; populations exposed to the greenest environments (parks, woodlands, open spaces) also have lowest levels of income-related inequality in health. Possible mechanisms include stress buffering, physical activity and the direct relationship between contact with nature and reduced blood pressure.

GO users consistently scored ‘Mood improvement’ as well as ‘Learning new skills’ across all three months as being the second main impact on GO users mental well-being. Emotional well-being and learning and development are two components that increase resilience. This suggests that GO is having a positive impact on users.

*“Enjoyed task because focused, new task therefore a challenge”* GO user

*“Working with others helps the mood and mobility, a good day.”* GO Volunteer

*“Gives the clients a focus out of the hospital in a different environment so they can feel good about themselves and they are not labelled or judged by their illness.”* GO Volunteer

*“Raises their self-esteem as they feel they are contributing to SMSG – their work has some additional value.”* GO Volunteer

***Facilitating Participation and Social inclusion***

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering, membership of clubs and groups, as well as participation in local decision-making, collective action, voting and other forms of civic engagement.

For individuals, social participation and social support are associated with reduced risk of common mental health problems and better self-reported health. Measures of social integration are highly correlated with risk of coronary heart disease.

Social inclusion is the extent to which people are able to access opportunities, for example employment, education, leisure, credit. It is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health. Social exclusion on any grounds is both a cause and consequence of mental health problems.

It is clear from the review of published research that social and therapeutic horticulture, for groups, in a garden setting and that have a purpose and coherence promote social inclusion. It can promote a sense of place and belonging. The natural settings of the garden projects may act as a restorative environment within the context of environmental psychology.’[[11]](#endnote-11) In addition, providing services to a wider community reduces social isolation and working with others encourages teamwork skills, co-operation, and social interaction and communication skills.

The GO project is delivered solely to people living with HIV, many of them older people, who are isolated and have limited opportunities to meet people and work together. Many of them are likely to have experienced stigmatisation from their families and communities. Consistently, over the three months of surveying GO users the majority reported that attending the group had made them feel better about themselves, they enjoyed meeting with each other and felt closer to people. Manyreported that being outdoors; working with others and ‘doing something useful’ made them feel valued and connected with others – reducing their sense of social isolation.

*“being outdoors helps me get on with people and makes me feel better”* Go user

*“Good social group [worked in a small team] able to talk about family, weeks events, future hopes”* GO Volunteer

*“Keeps me busy and happy, keeps my mind off things”* Go user

*‘It has helped her mood because she socialised working with people together as a group.’* Horticultural Therapist

**2.5 Partnership working**

SMSG has worked with Mildmay International for over 13years, delivering weekly horticultural therapy sessions for their day services clients. The main issues relating to partnership working identified by this evaluation are presented below.

***Commissioning and evaluation***

SMSG has maintained and subsidised the GO sessions at a reduced cost for Mildmay for many years as all partners re aware of the benefits it brings the clients. However, this is not a sustainable position for SMSG to maintain particularly with the financial constraints that charities are under in the current funding climate.

Funding for charities and third sector organisations is changing rapidly bringing with it many challenges for smaller organisations with minimal infrastructure. SMSG, like many other businesses now, have to prove their worth especially when applying for funding. Such as: Do we enhance people’s lives? Do we provide a good service? Are we value for money? Can we reduce NHS costs? Do you need us?

Social care and well-being services are now being contracted out and commissioned more and more. To have any chance of gaining or being part of these commissioned services we have to prove all of the above questions are answered (and often much more). The need to evaluate the benefits to our clients accessing projects that we deliver these days is crucial. If, we can demonstrate that we are cost effective, that there are positive benefits and outcomes to our clients and that there is a need for what we do – we have a better chance in gaining funding to keep growing and bring well-being to many with the use of horticulture.

Hence, SMSG approached a new initiative in fundraising in Hackney to seek funding, in the short term, to enhance the service provision and formally evaluate the GO project. Hackney Giving (<http://www.hackneygiving.org.uk/>) provided an opportunity for Hackney based charities to ‘pitch’ to Hackney people, businesses and organisations to gain further funding to improve or develop a project that was already being delivered and partly funded. Funds raised on that evening are enabling SMSG and Mildmay to enhance working relations, develop evaluation tools together, evaluate the project being delivered, establish a good practice model, provide further opportunities for our client group and to remind everyone that HIV is still increasing in Hackney and that people who are positive are now living a full life term with the disease and its long term effects.

***Communications***

The GO project has been in place for many years without ‘formal’ commissioning processes. Communications between SMSG and Mildmay have focused on arrangements and problem solving. However, in the current commissioning context more regular contractual communications may be required. There is a new commissioning manager at the Mildmay which presents an opportunity to review communication mechanisms.

When staff and volunteers were interviewed they reported a need to improve communications between the two organisations. They reported that there might be benefits in terms of developing more of a programme of activities that might be more tailored to individual needs. In addition, it could improve working relationships and the development of shared goals and training needs for both organisations.

*“We need to improve on communication between the organisations and share ideas.”*

***Monitoring***

Historically there has not been a formal requirement for monitoring of impact or outcomes – weekly record sheets are kept of attendance and activities. In order to begin to address this clarity is required on the individual needs of GO users and expected outcomes over an agreed period of time.

There was a challenge in agreeing a joint monitoring and survey form between Mildmay and SMSG as each have differing needs for funders and ways of collecting information. This will need to be resolved to help build an evidence base of outcomes for commissioners in the future.

Setting individual ‘care plans with objectives’ was seen as a potential way forward in gaining a sense of achievement towards more measurable outcomes. However, this will be labour intensive and will require discussion, planning and training of staff.

***Staff and volunteers***

SMSG volunteers reported they felt there was an on-going training need for them in better understanding the needs of people with H.A.N.D. and how to manage people when they became frustrated or distressed – which happens from time to time. They feel dependent upon an experienced volunteer from Mildmay and they may not always be there.

*“SMSG staff are good at remembering personal details, needs and encouraging people to develop skills.” [*Mildmay] GO volunteer

**2.6 Benefits for volunteers**

Many cross sectional studies show a correlation between well-being, social ties and pro-social behaviour e.g. participation, civic engagement, volunteering. One longitudinal study found that well-being (positive affect) predicted participation in volunteering but volunteering also increased positive affect. ‘Unpaid work such as volunteering can promote well-being as well as a sense of meaning and purpose within the context of community activity. Different studies demonstrate a correlation between well-being and activities involving participation and volunteering.’ [[12]](#endnote-12)

Delivery of the GO project is dependent upon the support of volunteers from both SMSG and Mildmay. There is a history of long service by some including at least since the beginning. The Mildmay volunteers bring the GO users across and take them back as well as support people with activities. SMSG plan and prepare for the activities as well as support when delivering them. The serious nature of the disabilities that GO users have means that many of them require intensive support – almost one on one to enable users to achieve tasks.

When interviewed all the volunteers were positive about their personal experience as well as being positive about the GO project.

Personal benefits from GO volunteers included:

*“I learn how I can change my state of mind and to stay positive despite problems.”*

*“I feel refreshed – they are such a fun group.”*

*“I learn so much about physical disabilities, dementia and it’s challenging but in a good way.”*

*“You become someone in people’s lives, you fit in emotionally but it brings challenges with boundaries – how do you relate to people with such complex needs?”*

*“It’s the best day of my week because I am focused and look forward to the interaction with people and doing physical work.”*

*“I have seen people achieving over a period of time – raising plants from seeds to harvesting. It gives me a sense of accomplishment.”*

These comments confirm that the GO project not only has a positive impact on mental well-being for users but also for volunteers [and staff also reported similar benefits].

**3 WHAT ARE THE CHALLENGES IN DELIVERING GO?**

***Uncertainty of funding***

The context of on-going uncertainty about funding is hugely challenging. There are significant reductions in commissioning budgets and funding criteria are being narrowed. The main points are discussed in the previous section [2.5 Partnership working: Commissioning and Evaluation].

The uncertainty and lack of sustainable long term funding poses challenges in planning and delivering a quality service over a period of time. Challenges include being able to recruit high quality staff, have a training and support programme for both staff and volunteers, resource equipment, plan inputs and monitor for longer term outcomes and maintain morale and motivation of staff and volunteers. Although, it should be noted that those people currently delivering the GO activities have a high level of personal motivation and are experienced and skilled workers.

***Monitoring***

The challenges in monitoring have already been discussed under Partnership working.

***Volume of work***

There are only so many tasks and activities that a garden can offer and hence accommodate numbers of people and needs. It was suggested that there could be some merging of GO users with other groups and activities offered by SMSG. This would also encourage integration and social skills with people with other experiences and needs. However, it was also noted that some GO users had very limited abilities and that some of the activities were

‘enough and it’s good to keep someone maintaining where they are at, stopping them deteriorating any further’. GO Volunteer

***Ratio of staff and volunteers to users***

Clearly delivering a project for users who have complex needs is labour intensive. The high ratio of supporters to users [places a limit of how many users are able to access a session – up until recently this had been set at 20. This has now been reduced to 14 as being appropriate to ensure continuation of high quality and health and safety.

***Training needs of volunteers***

The training needs of staff and volunteers are not always met due to the shortage of time and staff to deliver it. Plus, there is a high turnover of staff from the Mildmay which is time consuming whilst they get to know the GO project. There was recognition that approximately once a year there is some input from Mildmay on the needs of GO users. However, it was felt that this was not formal training neither was it needs based.

***Team building***

Although historically staff and volunteers from both organisations have worked well together united in a common belief in serving the GO users and value of Horticulture Therapy there were requests from all sides for more emphasis on team building and setting goals for the project and users. As in training there have been informal attempts with this but feedback suggests more needs to be done on this.

**4 CONCLUSION**

GO users with H.A.N.D. attending SMSG in addition to therapy input at Mildmay or in the community. They take a long time – years - to show any improvement/changes in health and wellbeing.

Over many years of attendance at SMSG they have got use to the routine of the environment, people and tasks. It is clear that there is qualitative evidence from the literature review, interviews and survey feedback that the GO project is likely to be having an on-going positive impact on the health and well-being of GO users. These impacts include:

* clients who have significant neurological impairments making some progress
* preventing some clients from deteriorating further
* almost all clients to be experiencing a significant impact on their mental well-being through raising self-esteem and confidence, social skills and activities and providing activities and support that help build knowledge, confidence and skills in gardening that some reported as being transferable into their lives.

These impacts are over and above input from other services and rehabilitation – in other words access to a horticultural project has added value for people with serious H.A.N.D. impairments. It could also be argued that people with other forms of disabilities would also benefit from access to Horticultural Therapies. It should also be noted that the GO project appears to be unique for such a need and should be promoted as good practice for others to learn from – once suggestions for improvement have been considered and actioned accordingly.

In addition, there are benefits for mental well-being of both volunteers and staff supporting the delivery of the GO project.

Due to the absence of individual needs assessments and goal setting, and quantitative data monitoring information it is not possible to say there are measurable outcomes. However, it is possible to say that it is likely that the impacts will translate into measurable outcomes should individual plans be taken forward, as well as more systematic monitoring. However, it is also recognised that this is labour intensive and should be introduced over a period of time accompanied by training for staff and volunteers.

**5 WHAT IMPROVEMENTS CAN BE SUGGESTED?**

There are a number of suggestions that arise from this evaluation that may be considered to build on the findings.

***Commissioning arrangements***

This evaluation has identified information to inform future commission expectations and limitations. There is an opportunity for a review and clarification of these and future funding arrangements.

This would also provide an opportunity to review and agree monitoring arrangements including lead responsibilities that ensure all commissioning and delivery organisations needs are met.

It is suggested that there is no further expansion of numbers of GO users per session as SMSG are not able to accommodate them. Rather, if the number of clients is to be increased either two smaller group sessions are commissioned or some GO users are introduced onto other SMSG activities where there is capacity to accommodate their needs.

***Annual plans***

As identified in the evaluation there may be added value in identifying both individual and project action plans based on needs assessment jointly devised and agreed with GO users, staff and volunteers. This could include amalgamating some of the GO users into other programmes offered by SMSG.

***Team building***

In order to give staff and volunteers an opportunity to build understanding and ownership of those annual plans it is suggested that an annual ‘team building’ session is organised. This should enhance their sense of purpose and value of their input to the delivery and outcomes from the project.

***Training***

Following on from the above suggestions there will be training needs identified both for staff and volunteers. These should be considered.

**6 APPENDICES**

**APPENDIX ONE CHALLENGES TO EVAULATION**

There were a number of inherent challenges to undertaking this evaluation which included:

* There is little quantitative or qualitative data available from the previous years of programme delivery – this information was not required by funders
* Hence, new data collection has had to be designed and piloted which has taken considerable time – partly due to the Mildmay moving into a new building in the late summer leading to a delay in working with them
* The design of this data collection has had to be designed and discussed with SMSG and the Mildmay staff. This had overlapped with the Mildmay designing their own outcome data collection form. An attempt was made to amalgamate the two forms to minimise feedback fatigue by the beneficiaries and staff and volunteers completing the forms. However, it was not possible to amalgamate them due to differing data needs and frequency of collection
* There is limited published research on comparable Horticultural Therapy programmes for people with HIV related illnesses

**APPENDIX TWO HIV related impacts that will affect physical capability**

|  |  |
| --- | --- |
| H.A.N.D. - HIV Associated Neuro-Cognitive Disorder | Co-morbidity – secondary conditions |
| Personality & behavioural changes  Inability to balance / walk  Weak muscles / paralysis  Involuntary movements / Impaired co-ordinated movements / Dysmetria / Dyspraxia / Dysarthria  Headaches  Pain, weakness and impaired sensation due to nerve damage  Loss of partial or complete vision  Cognitive domain includes reduced Attention / Memory / Sensory registration / Executive function ( planning and processing information) | Cardio-vascular disease  Kidney disease  Cancers  TB  Visual impairments / blindness  Metabolic disorders  Bone disorders  Hepatitis  Diabetes |

1. **7 REFERENCES**

   **National Institute of Mental Health** Science Writing, Press, and Dissemination Branch  
   6001 Executive Boulevard, Room 6200, MSC 9663 Bethesda, MD 20892-9663

   Available @: <http://www.nimh.nih.gov/health/topics/hiv-aids/hiv-associated-neurocognitive-disorders.shtml> [↑](#endnote-ref-1)
2. Warwick-Endinburgh Mental Well-being Scale http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx [↑](#endnote-ref-2)
3. : Adshead,F., Barnes,S., Bird,W.Dr, The Faculty of Public Health, and the RSPB. (2004) Natural Fit and Natural Thinking. RSPB <http://www.rspb.org.uk/Images/naturalhealth_tcm9-161955.pdf> [↑](#endnote-ref-3)
4. Mind: (2007) Ecotherapy: The green agenda for mental health. Mind week report. Mind: London. Figures based on 108 participants involved in gardening projects, walking groups, conservation work, running and cycling groups. [↑](#endnote-ref-4)
5. Milligan,C., Gatrell,A., Bingley.A. (2004) ‘Cultivating health’: therapeutic landscapes and older people in northern England. Social Science and Medicine [↑](#endnote-ref-5)
6. Sempik,J., Aldridge,J. Social and Therapeutic Horticulture in the UK: the Growing Together Study. Publ. Loughborough University. [↑](#endnote-ref-6)
7. Research quoted in ‘Gardening Leave’ leaflet. Gardening Leave, registered charity. [↑](#endnote-ref-7)
8. Sarno, Martha Taylor and Chambers, Nancy(1997) 'A Horticultural Therapy Program for Individuals

   with Acquired Aphasia', Activities, Adaptation & Aging, 22: 1, 81 — 91 [↑](#endnote-ref-8)
9. Cooke,A., Friedli,L., Coggins,T., Edmonds,N., Michaelson,J., O’Hara,K., Snowden,L., Stansfield,J., Steuer,N., Scott-Samuel,A. [2011] 3rd ed., London: National MWIA Collaborative [↑](#endnote-ref-9)
10. Bartley, M. (2006) (ed.) *Capability and Resilience: beating the odds.* ESRC Human Capability and Resilience Research Network. London: UCL Department of Epidemiology and Public Health. (available: [www.ucl.ac.uk/capabilityandresilience](http://www.ucl.ac.uk/capabilityandresilience)) [↑](#endnote-ref-10)
11. Sempik,J., Aldridge,J. Social and Therapeutic Horticulture in the UK: the Growing Together Study. Publ. Loughborough University. [↑](#endnote-ref-11)
12. Dolan,P., Peasgood,T., White,M. [2006] Review of research on the influences on personal well-being and application to policy making. London:DEFRA [↑](#endnote-ref-12)