



# **Growing Health**

**Food growing for  
health and wellbeing**



# How gardening and food growing is being used to deliver health outcomes

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# What is Growing Health?

- Funded by the Tudor Trust
- How to get food growing routinely used to deliver health outcomes
- 'Crack the NHS' ...by June 2013
- Identify barriers & solutions
- Find ways to make it happen



# Why food-growing?



- Mental & Physical Health
- Food and Diet
- Wellbeing
- Wider determinants of health
- Diverse appeal

# National Picture

- Varied - currently not routine across NHS
- Strong Partnerships with voluntary sector
- Prevalence in some disciplines
  - O.T., Social & Therapeutic Horticulture
  - Public Health – food environments, healthy eating, mental health
- Commissioning and/or referral relationships
  - Healthy Weight, mental health,
  - Substance misuse, dementia



# Why isn't NHS commissioning food growing?

## NHS & Public Health

- Lack of awareness
- Unsettled times
- Lack of evidence in the right format for the right local priorities
- How to measure outcomes

## Food Growing Groups

- Don't have a contact, understand local priorities
- Not set up to make it easy

# Finding ways to make it happen

- Evidence & Tools to measure
- Learning sites
- New opportunities for public health and GPs
- Reaching health professionals
- Support for food growing groups

# Gathering published evidence

## Health Benefits Matrix

- Allergies, asthma and intolerances
- Cancer
- Cardiovascular diseases, heart disease, stroke
- Dementia
- Diabetes
- Mental health, stress and depression
- Obesity, adult and childhood
- Social health and wellbeing
- Substance misuse



# Obesity – Healthy weight

**Measures:** diet, physical activity, body mass index

- Higher intake of fruit and vegetables, Nelson *et al.* 2007
- Positive impact on pupil nutrition and attitudes towards healthy eating, Nelson *et al.* 2011
- 68% of gardeners achieved physical activity recommendations, decrease in body mass index in older men, Hawkins *et al.* 2013
- Lower body mass index in male and female community gardeners, Zick *et al.* 2013
- Increase time spent gardening, Kneafsey and Bos 2013



## Learning site: Sandwell





**Learning site: Lincolnshire**





Learning site: Sydenham Gardens  Growing Health





**Learning site: Greenwich**

# Next Steps

- Evidence – documents
- Events and conferences
- Support for NHS professionals and growing sites
- Your feedback:-
  - What do you think is the potential for food growing to deliver your public health priorities.
  - Does the move to LA help this?
  - What are the main barriers and opportunities?
  - What can you do to promote food growing?





[www.growinghealth.info](http://www.growinghealth.info)

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# Growing for health

## Growing Opportunities Sandwell



**Ideal for All**  
**Independent Living Centre**  
**100 Oldbury Road**  
**Smethwick**  
**West Midlands**  
**B66 1JE**

**Tel: 0121 558 5555**  
**Fax: 0121 565 7967**  
**Minicom: 0121 565 7963**









# Sandwell at a glance 2013

- The health of people in Sandwell is generally worse than the England average. Deprivation is higher than average and about 20,100 children live in poverty.
- Life expectancy for both men and women is lower than the England average.
- Life expectancy is 9.6 years lower for men and 6.4 years lower for women in the most deprived areas of Sandwell than in the least deprived areas.
- Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke remain worse than the England average.

## Source:

[www.sandwell.gov.uk/healthandwellbeingboard](http://www.sandwell.gov.uk/healthandwellbeingboard)

**Population 309,000**

[www.sandwelltrends.info/themedpages/Health](http://www.sandwelltrends.info/themedpages/Health)

- In Year 6, 25.2% of children are classified as obese, worse than the average for England.
  - Levels of teenage stays among those under 18, breast feeding and pregnancy, GCSE attainment, alcohol-specific hospital smoking in pregnancy are worse than average.
  - Estimated levels of adult 'healthy eating', smoking, physical activity and obesity are worse than the England average as are rates of hip fractures, smoking related deaths and hospital stays for alcohol related harm.
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- Priorities in Sandwell include alcohol, early years and adolescent health, frail elderly and dementia, long term conditions and integrated care. □

# Linking growing to health

## Upstream

Climate change  
Resilience  
Food Security  
Government policy  
Evidence Base  
Spatial Planning  
Anti Poverty  
Food Policy  
H&WB Strategy  
CCGs

Public health benefits  
Therapeutic landscapes  
Land reclamation  
Regeneration  
Education & skills  
Planning  
Asset Building  
Community

## Downstream

Horticulture Therapy  
Rehabilitation  
Long Term Conditions  
Re-ablement  
Growing & food Skills  
Mental health  
Bereavement  
Diet related illness







# Growing Healthy Communities

A Community Agriculture strategy  
for Sandwell 2008 – 2012

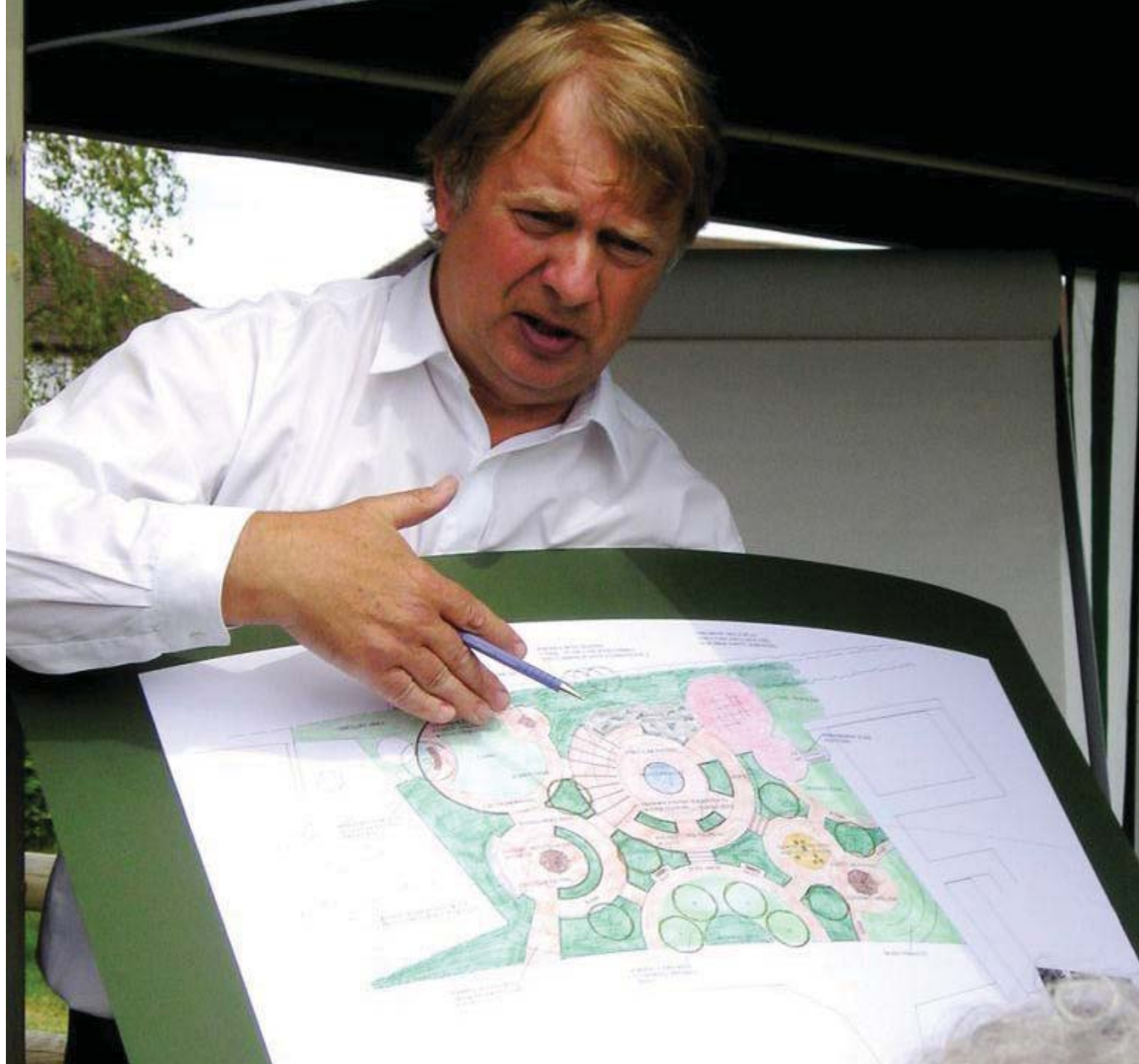




























































# Vocational Training in **Horticulture** at Ideal for All



in partnership with

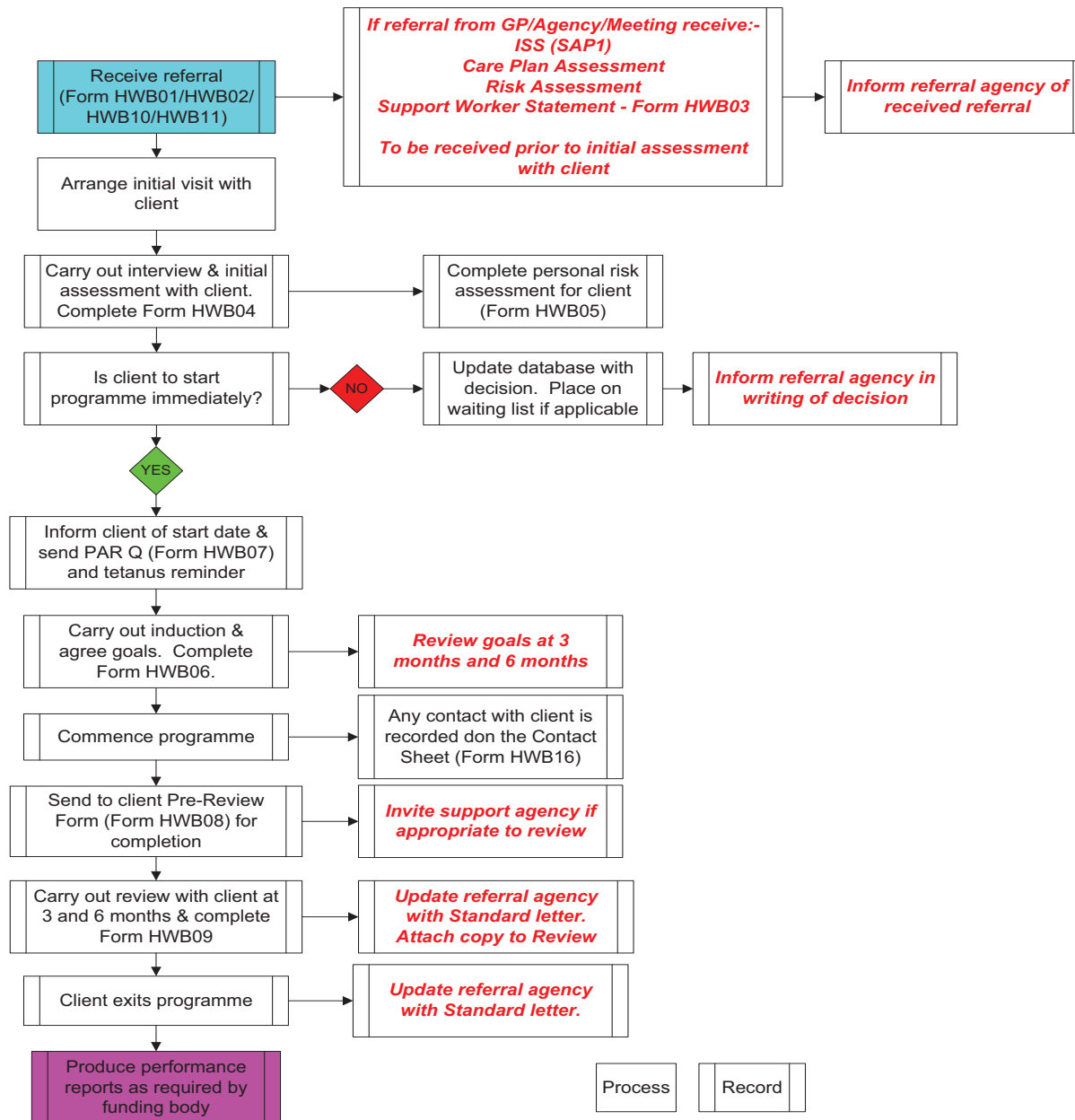
WALFORD & NORTH  
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Offering a wide range of City and Guild industry recognised qualifications









Process	Record
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## **Gardeners in the therapeutic programme complete the following:**

- Three and six monthly reviews, feedback and personal goal setting, with the Horticulture Therapist
- A short Warwick-Edinburgh Mental Well Being Scale, PAR Q Assessment
- Occasional interviews or questionnaires
- Structured Gardening for Health 'sessions' led by a Horticulture Therapist focus on shared tasks, group, and individual work. Some sessions are tailor-made for particular groups e.g. those recovering from a heart episode, those with long term conditions, or those over fifty. Other sessions are open to everyone.

## **People come to the gardens for many reasons, common goals include:**

- Getting fitter and losing weight
- Getting out of the house and meeting people
- Improving health and mobility following an episode of poor health e.g. following a stroke
- Working on specific fine and gross motor and co-ordination skills
- Learning new skills
- Improving mental health through a meaningful activity
- Supporting recovery and maintenance





## Case study

S, with a GP in Sandwell, has Multiple Sclerosis (MS) and was referred to Gardening from Home by an MS Clinical Specialist. The condition was affecting her overall feeling of well being and her mobility, making her vulnerable to falls. As a result, gardening, which she loved, was becoming harder and increasingly difficult to manage.

She lacked confidence to continue it, and worried about falling again.

S took part in the Gardening from Home programme, in her own garden, with the weekly support of an outreach worker. Together they set aims for the six weeks activities, including tasks like replanting raspberries, planting up hanging baskets, planning the garden year. S says, 'The sessions increased my confidence and it's been good to communicate with ordinary people and be accepted for who I am, not as only a disabled woman'.

This has meant that she could work independently again in her garden. After completing the sessions S felt an improvement in her outlook, in coping with problems, and stated she felt more relaxed, more useful and more optimistic about the future. She continues to visit the gardens and is working towards volunteering in the gardens.

***“I was told I would never garden again, so I’ve been given the confidence to get back out there”***







## **A's Story**

'I have been coming to Salop Drive for 8 months now. I used to go to College to do Life Skills and learn about Independent Living. I come to Salop on a Tuesday and Thursday, and help get things done for the market garden, what needs doing, the digging and harvesting. Its really good, a lovely place to be, I would recommend it to anyone. You get fit and healthy and my muscles have got stronger, when you are digging you get bigger muscles and that's what I like. I have learnt more about healthy eating and I am starting to eat more healthily, like when I go home I have an orange or a piece of fruit now. I used to eat a lot of burgers but I've stopped now, I heard on T.V. how much fat is in them, and I'm not eating them again'

A has progressed into employment, and still supports Salop Drive as a volunteer.







*'I have got arthritis, so it's not going to go away but, I find I can move smoother when I have been here. Whether it's the fresh air, or whether I have relaxed or what, but my movements are much smoother'*

*'It keeps me mobile, because I think if I had stayed at home not doing anything, probably I would feel worse than I am'*

*'I've improved greatly, so much so that I've got the desire now to carry on...and my next goal is to start dancing'*

*'I enjoy learning another skill and I like having the company...it's better than sitting in front of the telly'*

*'I like to pick out and put the plants in and see them grow, I enjoy the company and the fresh air, I live in a flat and I wanted to get out of the flat and do more'*





# What have we learnt?

- Community agriculture needs a supportive policy environment- local or regional and national
- With long term thinking it can embed benefits and principles into design of healthy urban environments
- Creates a democratic voice for food and health through community development





**Growing Opportunities- Let's Grow!**