



FOOD GROWING ON PRESCRIPTION SUMMARY

Social prescribing and
London's community garden
and food growing sector

SUPPORTED BY
MAYOR OF LONDON



Table of Contents

Table of Contents.....	2
1. Executive summary	3
2. Headlines.....	5
3. Background.....	6
4. Method of research.....	6
5. Respondents.....	6
Types of community gardens / projects.....	6
Garden activities.....	6
6. Findings	8
Awareness and perceptions of Social Prescribing	8
Engagement with referral services	9
Opportunities for engagement with SP.....	9
Barriers to engagement with SP.....	9
Resourcing Social Prescribing	10
Ways to increase contact and referrals	11
7. Conclusions	14
8. Recommendations.....	15
Local SP services/ VCS/ local groups	15
GLA (in partnership with Capital Growth or local networks).....	15
NHS.....	15
9. Appendices	16
List of interviewees.....	16

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Please note that a full version of this document can be downloaded at:
www.sustainweb.org/publications/food_growing_on_prescription/

1. Executive summary

This report highlights the findings of a short piece of research with community gardens and food growing projects in London. This was conducted by Sustain, via their Capital Growth food growing network, on behalf of the Greater London Authority (GLA). Seventy garden leaders took part in the online questionnaire and 18 garden leaders were interviewed to create a snapshot of how Social Prescribing (SP) is perceived, how gardens are or want to be engaging with these services and how to overcome things preventing this.

The community gardens and food growing projects who took part in this research were largely aware and interested in the SP agenda. For some it was part of an existing service offer. For many it aligned with their social mission, as well as providing benefits for those being referred to the garden, supporting the non-medical model that SP aims to provide.

There is a clear opportunity for SP services to refer more patients to community gardens, particularly where the patient has minimal support needs, or if they are receiving support elsewhere but would benefit from social, nature-based activity. Even where people require additional support or structured interventions, there is some capacity within the sector but the referrals need resources, either through funding identified by the garden, the NHS or by both.

The research showed unmet potential for increased referrals to the community gardening sector due to a number of reasons. Firstly there is a low level of contact between gardens and local SP services due to its relative 'newness' and a lack of clarity about how to make contact and whether it is suitable for gardens to get involved in the agenda. Garden leaders also expressed a cautiousness about whether they have capacity to adequately support those referred. Another challenge is the variation between different geographical areas, in terms of whether they have SP or how they operate. There is also a lot of variation and lack of information about the gardens, making it difficult for the SP services, so it appears that both parties would benefit from support to increase the availability of information and build connections.

Community gardens and food growing projects are not an infinite resource, and often survive through a patchwork of funding, making their position insecure. SP services and those looking to develop the agenda, need to work with gardens to provide meaningful connections without putting strain on them. This could be through helping local gardens to understand the opportunities, become referral ready and through facilitating local networks of gardens to make referrals easier. Furthermore there is a role in identifying and gathering examples and evidence of how community gardens plays a part in a new, non-medicalised approach to improving health.

The report makes a number of practical recommendations for local services, gardens and garden networks, the GLA and the NHS to help more people to be signposted to and ultimately improve their wellbeing through contact with a community food growing garden.

Overall the research shows a need to ensure community gardens are prepared and supported to be part of the preventative non-medicalised future of healthcare services in London and beyond.



2. Headlines

- Most community gardens and food growing projects who undertook the survey or were interviewed were aware and interested in Social Prescribing (SP).
- Many recognised the opportunity to reach more beneficiaries through SP and make their projects more inclusive.
- Actual contact with SP was low among respondents, and less common than contact with other health-based referral schemes, partly due to its' relative 'newness' but also a lack of understanding about how the service works.
- Those already receiving other types of referrals were funded in a variety of ways, with very limited NHS funding and many being part of existing health related services.
- While interest in SP referrals was high, interviewees were not clear about the needs of people who may come through SP and what support they come with, versus how much the group would be expected to provide.
- There is a need for more information about how SP referrals would work, the types of support people might need and how SP could utilise different types of food growing projects, including smaller groups or those without paid staff.
- Referral readiness varied among the groups showing a need to work further to develop models, examples and to build capacity to receive referrals.
- There was very limited experience of people attending a garden via an SP referral and those that had received patients had differing feedback on the need of the people i.e. the theory and the practice seem to differ.
- The community gardening sector needs support to better organise and promote themselves, explain their different approaches and promote their availability.
- There is a risk the smaller organisations and gardens may miss out on the opportunities due to their lack of capacity to engage and would require support from local networks.
- Concerns were raised about who funds the garden workers that run the activities and the pressure it could add to already stretched groups.
- Interviewees suggested methods of how they thought SP could be resourced; either by per person referred, or being funded as a community based resource to take a specified number of people.
- Ways to increase understanding, capacity and ultimately the number of referrals included an easily identifiable contact or clear route into local SP services, clearer messaging on how SP services work and who they are for, capacity-building for gardens to feel referral ready and further exploration of funding mechanisms.

3. Background

This research was led by Sustain: the alliance for better food and farming, to gather an insight into the current and potential use of food growing projects as a part of social prescribing, with a particular focus on London gardens. The work was commissioned by the GLA Social Prescribing Team and carried out between May and July 2019.

Sustain runs the [Capital Growth](#) network of food growing gardens in London, which was launched in partnership with the GLA in 2008. Since this time they have supported the set-up and development of over 2500 community and school gardens. In addition Sustain has researched and developed guidance and advice for organisations looking to work with the health service as part of the [Growing Health](#) campaign run with Garden Organic.

This report builds on this by looking in detail at how the advent of SP could help food growing to become more routinely used as part of health care, what opportunities and challenges this brings, and how gardens are or want to engage in the development of SP.

4. Method of research

Using Sustain's London network of growers, a survey was compiled (See Appendix 1), tested and sent to the Capital Growth network of 2000 contacts. In total 70 responses were received.

In addition 18 semi structured interviews were carried out with community garden project leaders between May and July 2019. They were self-selecting gardens with an interest in the agenda. The interviews were analysed in a framework to see the common themes that were emerging. Interviews were also undertaken with social prescribers from two London based services.

5. Respondents

Types of community gardens / projects

Those responding to the survey:

- Describe themselves as a community garden (51%) with over 19% selecting other, 17% selecting allotment, 7% farm/ growing enterprise and 6% school
- Describe themselves as fully fledged (running for over 2 year) (67%)
- Involve over 10 people (two-thirds) - with half involving over 20 people
- Have paid staff (63%), although 46% have one or less

Garden activities

The results show a spread across the range of activities; half are running drop in's for all and sessions targeted for groups – making them suitable for receiving referrals.

The interviewees were from a range of types of food growing project, all with a high level of interest in the SP agenda. (See Appendices for full details).



6. Findings

Awareness and perceptions of Social Prescribing

Levels of awareness of SP among survey respondents were high, with 43% fully aware of the term and 40% partially aware and no variation according to numbers paid staff.

This was also the case with interviewees, who expressed a variety of perceptions of SP, characterised below (Box 1). People interviewed felt the key opportunities of SP were to reach and involve more people in food growing activities.

SP is nothing new: These gardens feel referrals and signposting has always happened and will continue. *"SP has been talked about as this brand new thing, and in a way it is, as it's got this new structure around it and GP's have got new resource and means by which to refer people - but in many ways it's not new."*

Organiclea

'SP is part of our core service offer': These gardens are set up to receive referrals – it is often their primary purpose and they have, or seek, funding to provide this support and so welcome an increase in signposting. *"I think there is a lot of opportunity for volunteer afternoons or morning for people to come as a drop in basis, which could support people from SP services"*.

Skip Garden

Characterised perceptions of Social Prescribing

'We're keen to engage in SP': these gardens want to or have started to engage in SP referrals and see it is a core objectives, but are not clear on the processes and concerned about how this might be resourced in the future

"They want to make lots of referrals to us but there is no money to back that up".

Forty Hall

'Not sure SP is right for us': these gardens are volunteer run or with minimal staff and funding, are more ad hoc and focused on running a garden and growing food. They are unsure whether they have the resources to get involved and limited time to make the connections needed.

'We feel too stretched for SP': these do not have the time or capacity to be able to take on referrals or engage in the 'system'. This is not to say that they would not like to but at this time they were focused on delivering the core garden activities.

Engagement with referral services

Around a third of those surveyed had contact with their local SP schemes with a variety of reasons for not making contact, including not knowing how, not having time and being reluctant due to the resource implications.

There was a big variation among the gardens in terms of being referral ready and some ambiguity about language and formality of a referral.

Very few gardens were being funded to receive health and wellbeing referrals, which for many was perceived as a challenge to being referral ready and also to make contact with the SP services.

For those ready to receive SP referrals, the actual number of successful referrals being made is low. This is due to the early stages of SP services and the challenges they are facing in terms of case load and supporting people with complex needs.

Opportunities for engagement with SP

Our research showed a wealth of opportunity for community gardens and food growing projects to engage with SP as it develops.

Many of the gardens **want contact with SP services to utilise the benefits they can offer patients, and help their projects** to reach new people i.e. fulfil their social mission.

The responses show that within the Capital Growth network there is **capacity to meet a varying level of need**, if the referral processes and link workers match the person with the appropriate community gardening offer. Those who could offer support to people with higher level of needs all had paid staff, were part of a bigger organisation, were more secure in their funding and had some experience in this area.

There was a **mixed response to being in a position to receive referrals**, with many of the projects based within larger organisations being more confident. The gardens also showed they **can offer pathways** due to the different approaches and types of sessions both within certain gardens, but also among the different gardens. This means they can support people with a variety of needs and at different stages.

Barriers to engagement with SP

From the survey the most cited reasons for not wanting referrals was feeling they are not ready or funding/time/capacity. For example, many thought funding should be provided by SP services or didn't know how it would work. Others were concerned about it needing to become 'regular and formal' rather than just an informal gardening club.

The interviews identified a **lack of understanding of how SP works**, who SP targets and how community gardens and food growing projects can get involved.

Furthermore interviewees nearly all raised the issue of **funding – both of statutory services and of the gardens themselves**. Many expressed the feeling that safety net and support for vulnerable people was not always there in the statutory sector, meaning those in the SP system might have higher levels of need than expected. This could put pressure on

the individuals and growing groups, if they have not been properly resourced or cannot adequately signpost.

While many of those interviewed had a desire to be inclusive and did not want to label people, they were **cautious about the safeguarding implications** and this could be seen to be creating reticence in the sector.

Overall it appears there is currently a **gap between the theory of SP and the reality of how it is being implemented** and rolled out.

Resourcing Social Prescribing

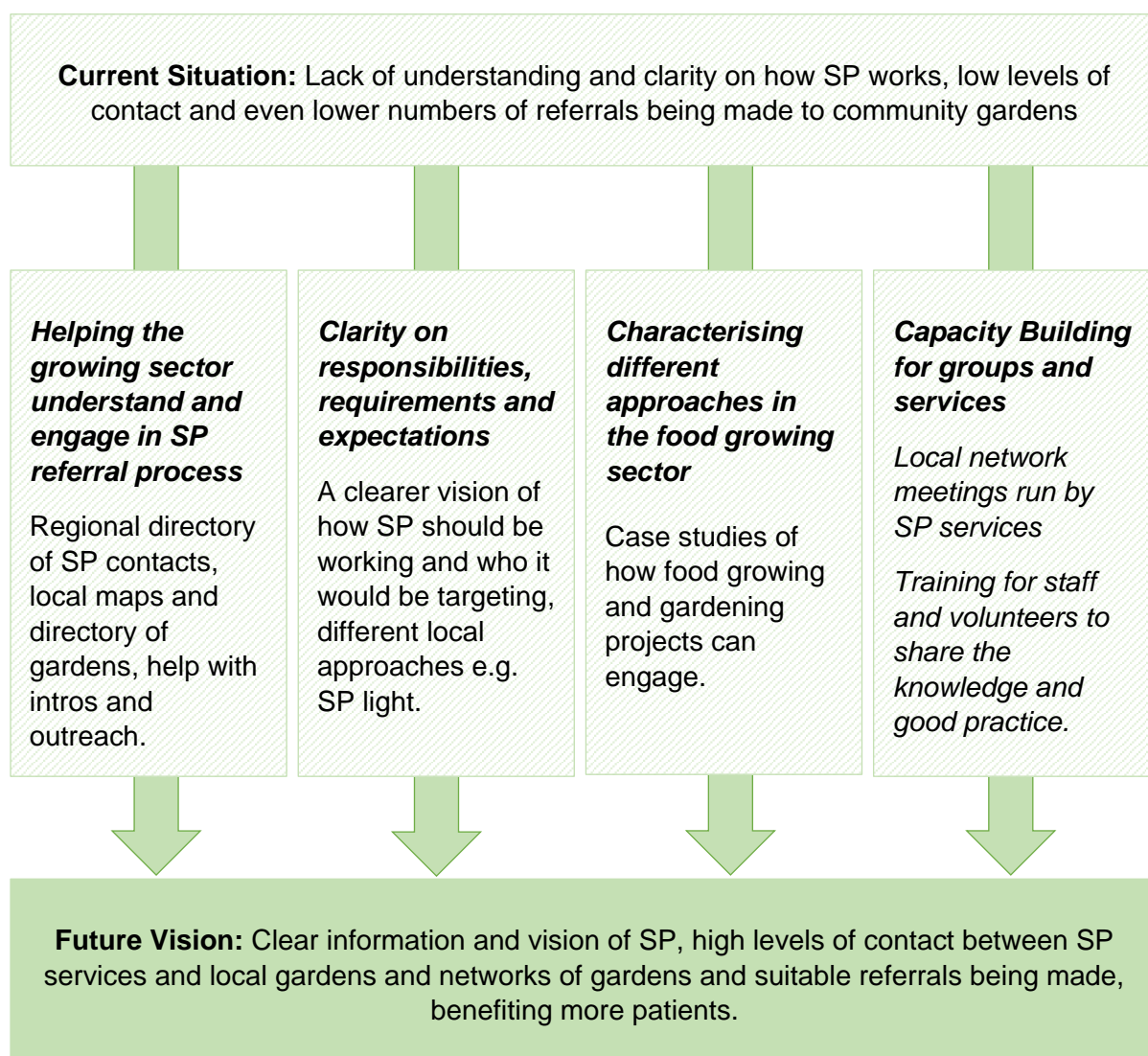
Funding and resources was very prevalent in most of the interviews. Many felt there was a **misconception about the voluntary sector** and its ability to deliver activities without funding, not recognising that many of the gardens and projects rely on paid and trained staff to deliver high quality activities.

Funding sources for the groups varied, including NHS, lottery funding, and selling garden produce. While many are prepared and do look for funding to deliver their services, they were **reluctant to fill the gap in statutory services and also feel that SP services should receive some level of funding** in the future.

Those interviewed seemed to feel that **funding would need to be for the sessions or group** as a whole, rather than via personalised budgets or per individual although it is clear this needs further exploration and testing.

Ways to increase contact and referrals

The surveys and interviews helped explore ways to increase referrals.



Helping the growing sector engage with SP services

Survey respondents were asked what could help projects engage with SP or other referral services. The responses were fairly spread, with an online map/directory and help to make contact with the service, the most popular responses. Interviewees highlighted a need for basic information about what SP is and who to contact.

- “Who do you go to start? Is it the wellbeing board, council, public health team, GP I don’t know’. (RG)

There were mixed messages about patient groups being targeted. Categorising services or client groups could help community garden groups decide where they feel comfortable to engage. Creating and explaining the referral process (or processes) in each area/borough is the first step for gardens to understand how to be part of it. There should also be support for gardens to engage in digital platforms or find ways to easily communicate their opportunities and opening times, which was highlighted as a challenge for the SP services.

Clarity on responsibilities, requirements and expectations

Those interviewed were looking for clarity and guidance on requirements of the organisations running the gardens or projects including DBS clearance; health and safety; duty of care; accountability. Again a clearer definition of what SP is with different scenarios and what the expectations on groups are in each, would help community gardens and projects decide whether to engage. This is described by some as SP light, medium and holistic support¹.

- *“We need to know and have more understanding what the agencies want provided so we know what support we would need” (EL).*

Characterising different approaches in the community growing sector

The strength of the sector is the diversity but this could be confusing for SP referrers. For example some gardens use gardening as one tool to help people with mental health issues (Community Recovery). Others welcome anyone who wants to help garden, including those with mental health problems (Abbey Gardens/ EcoLocal). The former have a more formal system of referrals, whereas the latter have limited mental health specialist capacity.

- *“What is the priority – the garden or the people? When staff have x hours to run a garden then it can be challenging to work with clients – whereas for us the people are the priority and we factor in time when they are not there to do the garden”.(HH)*

Better examples and communication about what type of activity is offered or approach the garden takes would help link workers refer to the right type of garden and manage expectations of services and patients. Ultimately the sector would benefit from help to self-organise and promote their projects to receive the appropriate people through SP.

Capacity building for groups and services

Around half of survey respondents thought training was useful. In the interviews topics suggested included first aid, mental health and safeguarding. More generally people referred to the ‘need to share the knowledge and good practice’.

Once there is more clarity on definitions and models of SP, as well as better one stop information on garden-based opportunities and contacts, this can be communicated to SP service and gardens through training and networking. There is demand for local as well as regional networking, both between gardens so they can come together to promote their services and with referral services and link workers.

The social prescribers agreed that local networks of gardens are helpful for referrals. This could be interdisciplinary e.g. the Hackney Wellbeing Network, which house a number of different activities, could be garden focused, like the Tower Hamlet’s Food Growing Network and/or could be through an online database of groups to find groups by location and type of activity.

¹ See Kimberlee, R. (2015). What is social prescribing? *Advances in Social Sciences Research Journal*, 2(1),



7. Conclusions

There are clear benefits for community gardens and food growing projects to engage further in SP, including increase diversity of users, achieving a social mission and increasing capacity. Food Growing projects also offer; a non-medical sociable offer with an evidenced health and wellbeing benefit; a flexible model often with inbuilt pathways and progression routes; are targeted approach e.g. over 50s, adults with learning disabilities but with a mixed opportunity where people can be free of 'labels'; and are a cost-effective – but not free – intervention.

Despite the potential the level of contact with SP, and subsequently referrals, is not being met. This is partially due to the 'newness' of SP but also is due to structural reasons including

- The lack of clarity; of what SP is and the variety of models of SP services, meaning it is difficult to signpost
- General underfunding of adult social care and mental health services and of the voluntary sector creating lack of capacity
- The variety of models of how gardens and growing projects operate and limited capacity within the community gardening sector.

Currently there is not a high demand coming from the existing SP services. The research shows it would be beneficial to help link workers and service managers understand more about the benefits of food growing projects and how to engage with them. This also needs to be matched by better information, case studies and signposting for garden leaders finding it difficult or reluctant to engage.

In terms of the different size of gardens, there is a risk that informal opportunities offered by community gardens will be missed, as these smaller gardens (often without paid staff) do not have capacity to engage.

The actions to increase understanding, contact and ultimately the number of people being connected to their local community gardens, can be summarised as:

- Helping the growing sector understand and engage in the SP referral process,
- Clarity and communication on responsibilities, requirements and expectations, through better models and examples
- Characterising different approaches in the food growing sector to help link workers
- Capacity building for groups and services, building on the good practice in some areas

Equally there are bigger issues to be addressed relating to how the SP vision will be resourced. Gardens are cost effective and often successful in attracting other funding and resources, but they are not an infinite resource and need staff to ensure quality care and delivery, accountability and to engage in referral processes.

The statutory funding gap and how to resource SP may curtail the level at which community gardens can engage in SP the short term. Even so the benefits they offer and the capacity is there, so there is a need to ensure community gardens are prepared and supported to be part of the preventative non-medicalised future of healthcare services in London and beyond.

8. Recommendations

Here is a summary of recommendations coming out of the research, which could be targeted as follows:

Local SP services/ VCS/ local groups

- A visible contact for all voluntary sector groups and local networking opportunities e.g. a wellbeing day
- A clear 'where to go/ signpost' contact list for groups that feel that they have received a client that is outside of their capacity to support.
- Share case study and examples of referral process and forms.
- Ensure clear information on opening hours and locations of gardens and develop networks.

GLA (in partnership with Capital Growth or local networks)

- Clearer information on SP services and contacts in each borough including how the referral process is working in the areas including the quality assurances needed.
- A typology of gardens and types of SP services which would include case studies of different models in London.
- A training and capacity building programme that enables for garden leaders to feel ready to 'register' interest in receiving referrals. This could include piloting local/ geographical networks where SP is well developed or where there are a lot of garden capacity.
- Help and information to set up a referral process with 'off the shelf' referral pathways that gardens can use.
- Involvement of service users in understanding what works and how to improve referrals to gardens.
- Facilitating engagement of SP services and link workers in the offer of community gardens and food growing projects agenda, with training and tour for link workers promoted via the GLA.
- A digital hub, potentially building on Capital Growth's database, or through local digitised SP services. This would market and profile community gardens and food growing projects so that SP services and other referrals can find groups and reduce the burden for smaller groups to engage.
- Small funding pots to help gardens and networks pilot ways to increase capacity and referrals.

NHS

- A vision for how the placement 'destination' organisation is resourced, with piloting different ways and levels of funding.
- Communication and evaluation of 'who' SP services will be targeted at – the types of clients and their level of needs, and what resources groups might require to support these people.

9. Appendices

List of interviewees

Garden		Name of interviewee	Interviewer	Method
Abbey Gardens	AG	Torange Khonsari	Emily Ashworth	Phone
Clement James Centre	CJC	Lauren Best-Shaw	EA	Phone
Forty Hall vineyard	FH	Sarah Vaughan-Roberrts	EA	Phone
Global Generation Skip Garden	SG	Nicole Van den Eijnde	EA	Phone
Bexley MIND	BM	Steven Bynon	EA	Phone
Castlehaven Community Park	CCP	Nichola Daunton	EA	in person
Community Recovery	CR	Andrew Kingston	EA	Phone
Core Landscapes	CL	Nemone Mercer	EA	in person
Deen City Farm	DCF	Nick Golson	Sarah Williams	Phone
Eco Local	EL	Tansy Honey	EA	Phone
Former Hackney Tree Nursery		Lucy Teather	EA	Phone
Growing Communities	GC	Kerry Rankine	SW	In Person
Hackney Herbal	HH	Nat Mady	SW	In person
Mind Food	MF	Lucy Clark	EA	Phone
OrganicLea	OL	Sunniva Taylor	EA	In Person
Pritchards Road	PR	William Everett	EA	Phone
The Calthorpe Project	CP		EA	Site visit
The Railway Garden	RG	Kay Pallaris	EA	Phone
Family Action		Gulden Surah - Hackney Wellbeing Service	SW	In person
Mission Practice		Wilma Bol -Wellbeing Linkworker/ Social Prescriber	SW	In Person

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Capital Growth is a network of food growing spaces in London. It was set up by London Food Link (part of Sustain) in partnership with the Mayor of London and the Big Lottery's Local Food Programme.



Capital Growth
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Sustain: The alliance for better food and farming, advocates food and agriculture policies and practices that enhance the health and welfare of people and animals, improve the living and working environment, enrich society and culture, and promote equity. It represents around 100 national public interest organisations working at international, national, regional and local level.

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