Brighton & Hove Food Partnership: Harvest

Brighton & Hove

Growing Health Case Study

Health area: Healthy eating, physical activity and mental wellbeing

This series of Growing Health case studies provide examples of projects which use food growing in the community to provide health benefit.
Key client groups

The Brighton & Hove Food Partnership’s services are open to all city residents, but a number of current and future programmes target “vulnerable adults” for example people with a learning disability, autistic spectrum disorders and adults with experience of long-term unemployment, mental health issues, homelessness, drug or alcohol addiction or a combination of these. Their work also targets people experiencing or at risk of food poverty. Their commissioned work on a healthy weight service is targeted at adults with a BMI 26+ and children above a healthy weight for their age.

Summary of services

The Food Partnership is a not-for-profit organisation that works on all aspects of food. They run a whole range of community based projects, provide subject matter expertise and act as a much used hub of information within the city. Their community-based projects cover food growing, cooking, healthy eating, weight management and reducing food waste, whilst also taking a citywide strategic and lobbying role on a variety of issues such as food poverty and sustainable food procurement.

BHFP’s work on community food growing is delivered under the banner of Harvest Brighton & Hove and includes gardening advice sessions, demonstration gardens in 2 public parks, a volunteer signposting and referrals service and support, funding and skills development for a vibrant and diverse community of over 70 volunteer led food growing projects in the city. This provides a diverse range of garden volunteering experiences and volunteer referrals to community gardens have been increasing steadily, particularly for vulnerable adults with extra support needs. Referrals come from a range of sources including health professionals and housing support / mental health workers. Participants in the Food Partnership’s healthy weight services are increasingly being signposted to opportunities to volunteer at community gardens to help maintain their healthy lifestyle changes. Operating at this citywide scale has highlighted the wide reaching health and wellbeing benefits that gardening can have for a range of people.

Funding and partners

The Food Partnership’s successful Harvest food growing project was initially funded by the Big Lottery Local Food Fund from 2009-2013 (£500,000) supported by match funding of £35,000 from the PCT. In October 2014 Harvest was awarded a £500,000 grant over three years from the Big Lottery’s Reaching Communities Fund for a project called ‘Sharing the Harvest’, which aims to help more vulnerable people in the city to benefit from gardening. This project supports people with learning disabilities or those with experience of homelessness, mental health issues and addiction to improve their health & wellbeing at community gardens. The Food Partnership is helping partners to setup and run gardens in new spaces such as hostels, refuges and day centres, as well as supporting vulnerable people to get involved with existing gardens in their communities. Sharing the Harvest is a partnership project and involves 10+ community based organisations including those with specialist experience of working with the target client group. Sharing the Harvest staff undertake outreach with a range of health, voluntary sector, housing and social care providers.

During 2015 using pilot funding from the Clinical Commissioning Group’s Mental Health Innovation fund the Food Partnership has been developing a system for taking referrals from health professionals to the community gardening signposting service. This has involved including this referral option on the GPs referral to health form. Although the process of getting this referral form adopted by the CCG was time consuming it has the benefit of embedding this alongside other healthy lifestyle referral options for GPs / health professionals (such as health trainers or community weight management groups).
Links with local health priorities and services

Although Brighton & Hove sits in the affluent southeast, it is a divided city where 55% of people live in the 40% most deprived areas of England (19 areas in 10% most deprived), and life expectancy is 10 years lower in these areas than in other parts of the city. The city's Joint Strategic Needs Assessment (JSNA) (2013) identified healthy weight, good nutrition & food poverty, and 'emotional health & wellbeing & mental health', as priorities, with coronary heart disease and diabetes as priority health conditions. The city's Learning Disability JSNA (2011) states that 'people with learning disabilities have more health needs compared to the general population, including high prevalence of overweight and obesity, poor diet and often less access to physical activity opportunities and meaningful activities.' Brighton & Hove also has higher rates of unemployment, mental health issues and substance and alcohol misuse than the national or regional average (State of the City 2011).

Service aims and delivery

The Food Partnership are commissioned to deliver a one stop shop healthy weight referral scheme, which takes referrals for adults with a BMI 26+ from GPs, health and social care professionals as well as self-referrals for people to attend a healthy weight intervention. Last year the programme supported 800+ adults and families. The service includes community based Shape Up groups and one to one sessions with state registered dietitians or nutritionists, who use behaviour change strategies to help people to lose weight and maintain healthy lifestyles. As part of this service, BHFP also offers further ongoing support, including a variety of activity options and healthy cooking courses, to help people continue with the positive changes they make.

Background

The Brighton & Hove Food Partnership’s approach is to deliver community based services across the city in partnership with others. For example since 2008 the Food Partnership has been commissioned to deliver community based weight management programmes. Funded by Public Health and delivered in partnership with Albion in the Community this programme is called Shape Up Brighton & Hove. They also deliver cookery courses for adults who can’t cook and courses for those looking to teach others. Harvest Brighton & Hove started in 2009.

An independent evaluation, by the University of Brighton, on Harvest’s first four years found the project contributed to a tripling of the number of community gardens in Brighton & Hove from 25 to 75, and helped thousands of new people take part in growing through volunteering, training and events. Gardens now involve over 4,000 volunteers per year; almost all of them are also run by volunteers. The evaluation showed volunteering led to improved mental wellbeing from being outdoors, making new friends and increasing skills and confidence and improved physical health from gardening or eating shared meals on site. The benefits for people with additional needs were shown to be greater than those for the general population and it was this research that led to the Sharing the Harvest project which is now funded via Reaching Communities.
Outcomes / key achievements

Nationally, there is increasing recognition of the ways that gardening and getting outdoors can improve mental wellbeing and physical health – and the Brighton & Hove Food Partnership has found strong evidence of these benefits locally through formally evaluating during 2014/15 its work to help people get involved in gardening (using nationally recognised methods such as “The Short Warwick Edinburgh Mental Wellbeing Scale”):

- 58% of people who attended a community garden in Brighton & Hove weekly reported significant improvements to wellbeing after 3-6 months (using a validated tool*).
- Even for those attending a few times, 50% showed a significant increase in wellbeing scores.
- 70% of all participants reported improved life satisfaction.
- 92% of all participants felt their garden experience would have a long-term, positive impact on their life.
- 50% of participants reported that they felt part of a ‘community’ more often since taking part.
- 86% of participants with a disability reported a significant improvement to wellbeing (and to life satisfaction) and these increases were almost double the average increase for other participants.
- 47% of participants completing follow up surveys 6-12 at months showed a sustained increase in wellbeing scores.
- The evaluation showed that the benefits were felt more strongly but those who were unemployed or had a mental health issue. These people were more likely to take advantage of extra support, such as advice and courses, and reported greater improved mental wellbeing from being outdoors (48% vs 14%), improved physical health (35% vs 13%), increased social skills and confidence (38% vs 12%) and had made more new friends (70% vs 40%). This suggests there is something particularly beneficial about community gardening for these groups.

Key challenges

Referral mechanism: Whilst everyone seems to agree that growing projects are good for health the mechanics of ‘referring to’ remain a challenge for GPs. Raising the profile of community gardens and the good work they do is an important way of increasing self and health referrals.

Open gardens or specialist projects: Our research has demonstrated that ‘mixed’ garden spaces where more vulnerable people mix with people without additional needs can be very successful in terms of health and wellbeing outcomes for all involved. Some people however need specialist provision. Knowing which is the best option for people at what time takes skill and it is the paid staff resource at the Food Partnership that helps make this model work.

Funding and skills: Most projects are volunteer led. If they involve more complex people as part of the project the volunteer leaders need training and support. Project also relies on small grants to cover running costs and any cuts to these put this service model under pressure.

Gathering evidence: Whilst projects frequently informally report positive feedback of involvement in community gardens, it can be difficult for small solely volunteer run projects to find the time to collect and analyse robust and quantifiable data that demonstrates the impacts in a way that can be used by the CCG as justification to commission a service. There is also a challenge around the appropriateness of collecting data in certain settings and with certain user groups and also the lack of a recognised evaluation tool to use with users with learning disabilities.
Key opportunities

Pilot with GPs: Currently Harvest has been trialling a referral mechanism across various health care settings. This will be evaluated early in 2016.

Case studies and other evidence: Please see The Food Partnership’s case study for further information on the health and wellbeing benefits of gardening http://bhfood.org.uk

Supporting documents

Various reports including evaluation and accounts are available to download at www.growinghealth.info

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