

Margi Lennartsson Garden Organic

Action Planning Workshop – Manchester – 26 February 2018 How can we best deliver health and wellbeing through food growing/healthy eating in Greater Manchester?







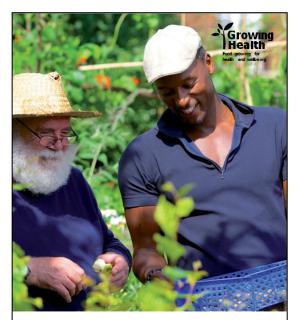
Benefits of gardening and food growing for health and wellbeing

- Access to fresh healthy food improved diet
- Learning and connecting with food production & healthy eating
- Increased levels of physical activity
- Promote mental wellbeing through meaningful, worthwhile and enjoyable activity
- Support recovery, rehabilitation and coping with physical and mental health challenges
- Reduce anxiety, stress and stress related illness
- Improved social interaction and cohesion, sense of connection and belonging
- Improve quality of life for people with dementia
- Make the lives of people struggling with substance misuse more meaningful, provide purpose and a feeling of being needed



health and wellbeing

Benefits for health and wellbeing – the evidence



The benefits of gardening and food growing for health and wellbeing

By Garden Organic and Sustain Ulrich Schmutz, Margi Lennartsson, Sarah Williams, Maria Devereaux and Gareth Davies April 2014

Growing Health Gardening and food growing for healthy weight

Bardening and food growing help to achieve and maintain healthy weights by influencing Fruit and vegetable consumption, Netono et al., 2007, Naimo et al. 2008, Neton et al., 2011 Physical activity Heading et al., 2013, Park et al.; 2008 Body moss index Zick et al. 2013

Background

he Government's obesity strategy 'Healthy was, Healthy People; a call to action on obesit England' has identified that 'overweight and bosity represent probably the most widesprea

oblight represent probaby the most management threat to health and wellbeing" (Department of Health, 2011). 61% of adults are overweight or obese, and 23% of 4-5 year olds and 33% of e level of obesity in of the LIK, make a ost obese nations in Europe. It is the nce of overweight and obesity that ese statistics so serious, as excess a major risk factor for diseases such disbates, cancer and beart disease self-esteem and mental healt of Health, 2011). eight gain is the result of eating ufficient levels of physical activity to match the orie intake. Although this energy imbalance is omplex environmental, physiol oural factors, changes in diet t body weight. The National g a neartry body weight, ine reation r Health and Clinical Excellence rical guideline on obesity includes people to eat at least five portions t vegetables each day in place of se in fat and calories, and to make activities part of everyday He nt in gardening and food growing ca

nore days of the week (NICE, 2006).

Evidence of impact of gardening and food growing on: i) Fruit and vegetables consumption Reviews of academic studies from the UK and abroad, co that food growing programmes in schools can have positive impacts on pupil nutrition and attitudes towards healthy earling, specifically related to willingness to try new foods and taste preferences (Nelson et al., 2011; Druper and Freedman, 2010). students involved in food growing over a four month period foun that students were more willing to taste, and ate, a greater variet of vegetables than those in the control group (Ratcliffe et al., 2011). Lineberger and Zajicek (2000), also in the USA, report exetables incre me et al. 2011). Nelson e al (2011) reported details of a number of studies demonstrating that pupils engagement in food growing activities resulted in increased consumption of vegetables, but also noted that most of whether such progra mmes can change eating habits longer term For adulta, Alaimo at al. (2008), reported that hos

participated in community gardening consumed fruits and tables 1.4 more times per day than those that did not and that ev were 3.5 times more likely to consume the recommended 5 portions a day of fruits and vegetables. In the UK, the low-incor diet and nutrition survey (Nelson et al., 2007) showed that men

Gardening and food growing to reduce stress and stress related illness

Nearly one in three people are regularly stresse reveals a survey for Mental Health Awareness week 2015; the survey of 2000 adults showed that significant numbers of people are often leeling stressed (20%), stor, 2015). Stress, the leading of being cope, can affect the way we feel, think, behave an

The impact of gardens nature spaces, and the activity of gardening on stress rch has shown that gardens and gre-

The view of a green space or the natural scene

or a nature space Research in Sweden lound that had significantly fewer stress occasions per ye otter and Grahn, 2004, Stigadotter, 2006). They

sative activities during rehal

Effects of being in a garden

(2008) showed it

nine is a saferal scene Shufee he

can reduce stress, increase relaxation and improve recove (Cooper Marcus and Barnes, 1999, Uhich, 1999). Being in

nouver sum a large leafy garden. In comparing yas with other urban green spaces they found that both were important for health, but having a private a waa more important (Stigadotter, 2005). Grahn and

Growing

Gardening and growing for people with dementia



Background

nina, which complicate care

nual Dementia Strategy (2009), aims overnents are made to dementia services across as: improved awareness, earlier diagnosis and ion, and a higher quality of care (Department of

ently 800,000 people living with dementia in

mently costs the NHS, local authorities and familie currently costs the NHS, local authenties and lamites 22 billion a year and this will grow to 227 billion by 2018 (Kane and Cook 2010). The Alzheimer's Society notes that he Welsh Assembly in its fimanework action recognizes that low-level support services such as gardening clubs are vital, and reduce the need for more intrusive and cost case solutions (Kane and Cook, 2013). Dementia is a long-term condition with a high impact on Lemona is a long-term condition with a ringin impact on a person's health, personal circumstances and lema's life. Alzheimen's disease is the most common form of dementia and is generally diagnosed in people over 70 years of age-terly-onset dementia refers to the onset of symptotras before the age of 65. As well as having profound impact the individual, dementia can also have high impact in the individual, determina can also have high impact on family members and friends. Determini results in a progressive decline in multiple areas of function including memory, reasoning, communication skills and those skills medded to carry out daily activities. Alongside this decline individuals may develop behavioural and psychological therapy for people with dementia

The LIK National Institute for Health and Care Exes of daily living that activity, adapt and eni need for support (NICE, 2011). The garden and the activity of gardening provides a non-pharmacologic approach to address these goals and horticultural lealth, 2009). The Alzheimer's Society statistics show that carer satisfaction, possibly reducing costs of long-terr assisted living and





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Benefits for health and wellbeing – the evidence



A review of nature-based interventions for mental health care



Natural England Access to Evidence Information Note EIN018

Links between natural environments and mental health: evidence briefing

Purpose of briefing

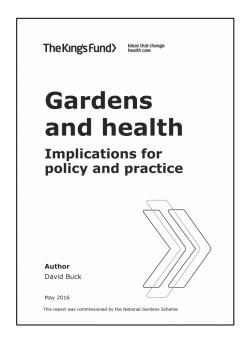
This trending note is part of a series that summarises evidence of the relationships between the hand environment and a range of outcomes. This brinding notices on this between natural environments and mental health. The notes are aimed at: policy makers, practicioners, practice enablers (including) Marual Fapidan, Matural Resources Walkers (L), cold decision makers, and the wider research community. They highlight some of the implications for future policy, service delivery and research. It is intended devise will inform practicioner planning, targeting and rationales, but not the some statution of statutions or design of interventions. Statutes to account of physical activity, obsert, hypothological methy, common with nature, and learning. The notes consider evidence of relevance to the UK and outcomes for both adults and children. Please see EMM of the mithoding, glossary and evaluation resources.

Extent of the issue

 Poor needal health oppresents the largest cause of disability in the UK and rates are on the increase.
 II is a contributionly factor in poor physical health and difficulties in maintaining relationships, and acts as a barrier to full participation in education and the workplace.
 The Mendal Health Foundation in health foundation and the monophase health opportunity on the second second second S0 percent of non-term mental health problems are established by age 14 and 75 percent for age 24.
 The costs of mental health problem to ToT& 100 billion each year, around 4.5 percent of CDP¹. There is a growing body of velocities which tends to demonstrate a posible association between a) population level exposure to natural environments and to invidual use of natural memory and the second second second second between to account is status and other demographic factors such as age or particution second second second second second population of the second second second population of the second second second population of the second second population of the second second population of the second second effective. Whils there is an increasing anound the houst research which may be subject to entant preserve which may be subject to entant preserve exposure let us which response

Summary statement

Links between natural environments and mental health First edition 14 July 2016





Models of partnership working







Growing Health – Recipe for Success

Key factors for success

- The service provided
- Routes to commissioning
- Working in partnership
- Evaluating outcomes and impact
- Other







Models of community growing partnerships to deliver health and wellbeing

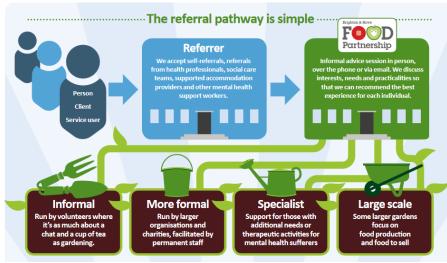
- Why partnerships?
- Sharing knowledge and experience
- Provide a joined-up service and work to common standards
- Provide a commissionable service at scale
- Increase capacity; number of service users, range of services and geographical coverage
- Provide commissioning bodies with a single point of access
- Speak with one voice



Case study:



- **Network** of community gardens; over 70 spaces.
- People of all ages and abilities involved in supervised horticultural activities.
- Specialists gardens with green care services for people with additional needs, mental health issues, vulnerable or disadvantaged groups.
- Healthy weight services commissioned by Public Health
- Dementia friendly food project commissioned by B&H CCG







Growing

Growing Health Case Study Health area: Healthy eating, physical activity and mental wellbeing The winder of Gravidy Latific as studies protes active band boards

Case study:





- Uses the natural environment to improve the health and wellbeing of individuals and communities across Merseyside and North Cheshire.
- A consortium of providers support people to become healthier and access the outdoor environment.
- Providing a commissionable service at scale, working to common standards.
- Members of the consortium include landowners, delivery organisations, policy and academic partners and strategic partners co-ordinating activity and investing in the long term development of the Natural Health Service.



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The Mersey Forest 1,370 km² 1.7 million people







OUR FIVE EVIDENCE BASED PRODUCTS



HEALTH WALKS

HORTICULTURAL THERAPY



MINDFUL CONTACT WITH NATURE

FOREST SCHOOL



HEALTHY CONSERVATION

Product sheets

Product Sheet

Horticultural therapy

Horticultural Therapy is a client-centred treatment that utilises horticulture activities to meet the specific therapeutic or rehabilitative goals of its participants. The focus is to maximise social, cognitive, physical and/or psychological functioning and enhance general health and wellbeing.

Activities encourage people with to work alongside our staff and volunteers, encouraging new friendhips and growing hortsclustural skills. Activities are based within local communities, and the plants grown from these activities are planted out on sites for local counsels, housing associations, community groups and other organisations – helping to improve the environment by supplying locally sourced plants to the local community areas.

Target Client Groups and outcomes

Children	 Effective as supplemental therapy for children with behavioural disorders
Older People	 Increased engagement from people with dementia
People with Disabilities	 Physical and mental fitness, well-being and sensory stimulation
Local Community Groups	Enabling a move into employment
Socially isolated	 Reducing social isolation
People with mild to moderate mental health issues	 Improved mental capital, mental wellbeing, emotional wellbeing,
People with mobility issues	Improved fitness & mobility

Evidence

There are a number of published studies mostly linking horticultural therapy projects to mental health outcomes:

Eco therapy: The green agenda for mental health This survey report from MIND includes a review of the evidence http://www.mind.org.uk/assets/0000/2138/ecotherapy_report.pdf

Gardening as a therapeutic intervention in mental health Page, M. (2008) Gardening as a therapeutic intervention in mental health. *Nursing Times*; 104:45, 28-30. http://www.nursingtimes.net/arching.as-a-therapeutic-intervention-in-

mental-health/1921374.article

An evaluation of the gardening leave project for ex-military personnel With PTSD and other combat related mental health problems http://www.gardeningleave.org/wocontent/uploads/2009/06/completeglsummary.pdf

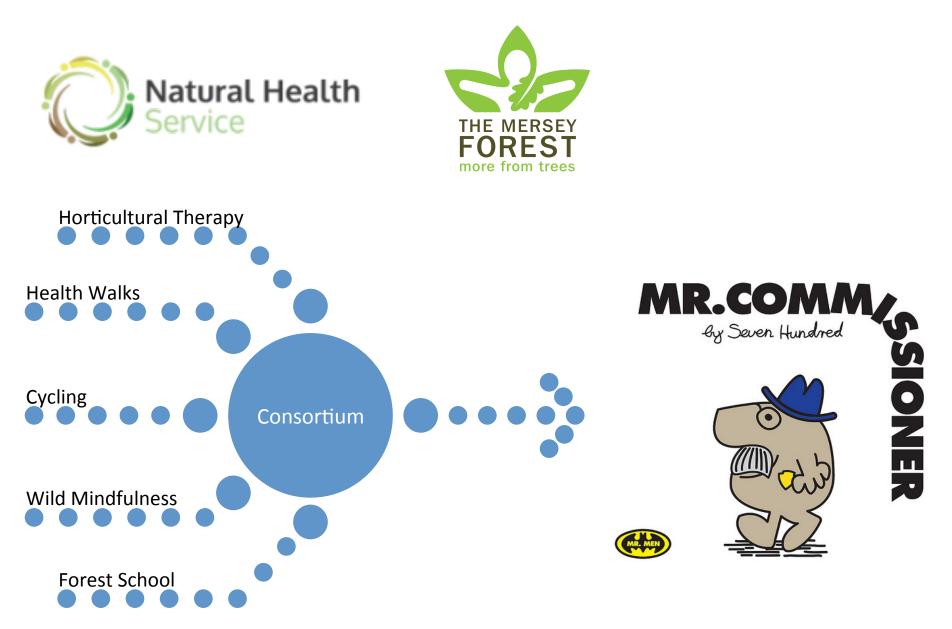
Case Study links

For video testimonials see Groundwork Grozone For case study details see Ecominds TCV Growing On Ecominds Feelgood Factory

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Thank you

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