



# Food Growing Project in North Kensington

## Mental Well-being Impact Assessment (MWIA)



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# THE IMPACT OF A FOOD GROWING PROJECT ON MENTAL WELL-BEING

## 1. INTRODUCTION

Plants have always played an important role in people's lives, providing us with food, shelter, medicine, art, and a connection to the natural world. This exciting new project at Allom & Barlow looks into the positive impacts that plants and gardening have on the health and well-being of people and communities.

The relationship between plant growing and human Well-Being involves collaboration with other disciplines, including human development, program evaluation, psychology, design and environmental analysis, education, nutrition, food science, and other specialties.

The food growing project in Allom & Barlow is based upon a successful pilot in South Kilburn, London. This project had found participants reported increased sense of health & well-being due to taking part in the project & included engaging those with no previous experience of gardening into the project.

The Allom & Barlow project began in April 2009 & is using the communal space within the estate to grow seasonal plants. There is a dedicated gardener on hand to encourage participants and engage them in the growing process. The gardens have been created to include raised beds in increase accessibility to those who can't bend over to garden. In addition a project chef regularly gives cookery lessons on how to grow seasonal foods.

The project has set out a year long programme of growing food, cookery classes and related day trips for residents of the Allom & Barlow.

This project has the potential to develop a very positive impact for the community in a range of ways, including exploring gardening as an avenue for easing racial tension, facilitating access to gardening to non-traditional audiences, and exploring how growing vegetables can influence horticultural production and healthier lifestyles (<http://www.cals.cornell.edu>).



The project aims to:

- Get residents growing food
- Engage those with little or no previous experience
- Engage those that would not normally participate in food growing activities
- Provide regular workshops and practical training in food growing practices
- Provide regular cooking workshops in cooking seasonal foods
- Provide regular day trips related to growing seasonal foods

This document reports on the process and finding of a Mental Wellbeing Impact Assessment workshop run to measure the impact of this project on the wellbeing of its participants and on local residents.

## **2. AIMS OF THE MWIA ASSESSMENT**

- To identify how a food growing project potentially impacts on the mental health and well-being of residents of Notting Barnes
- To identify ways in which the project might maximise its positive impacts and minimise its negative impacts
- To develop indicators of mental well-being that can be used to measure, evaluate and improve the mental well being of residents of Notting Barnes

## **3. WHAT DO WE MEAN BY MENTAL HEALTH AND WELL-BEING?**

The Mental Well-being Impact Assessment was developed using the 1997 Health Education Authority definition of mental health and well-being:

*“ ..the emotional and spiritual resilience which enables us to survive pain, disappointment and sadness. It is a fundamental belief in one’s own and others dignity and worth” (Health Education Authority, 1997)*

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



## 4. METHODOLOGY

### **The Mental Well-being Impact Assessment (MWIA)**

The Mental Well-being Impact Assessment is a two part screening toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental well-being.

The DOH 'Making it Happen Guidance' for mental health promotion (2001) identifies four key areas that promote and protect mental well-being:

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The MWIA is based on these four key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. In this way the toolkit enables a link to be made between policies, programmes or service and mental well-being that can be measured.

*“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Department of Health 2001).*

### **MWIA Workshop**

The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that a food growing project will have on the mental well-being of



residents of Allom & Barlow estate. It will also identify actions to maximise positive impacts and minimise potential negative impacts on mental well-being

**Table 1: Workshop participants**

<b>Role</b>	<b>No.</b>	<b>%</b>
Groundwork	3	30
The arts council	1	10
Allom & Barlow residents association	1	10
NHS Kensington & Chelsea	2	20
MRCF	1	10
Councillor for RBKC	1	10
Mental Health NHS TRust	1	10
<b>Total</b>	<b>10</b>	<b>100%</b>

**What does mental well-being mean to the stakeholders in the project?**

The participants were asked to write down ideas or words they associate with mental well-being and the activity of growing vegetables.

- Help people socialise
- Social inclusion
- Growing vegetables in a communal area encourages neighbours to interact, get to know each other and have fun, which builds trust within the community
- Physical activity of gardening can release stress
- A holistic process with an edible outcome
- Everyone can be involved
- The soil releases some chemicals that improve mood
- Reduces isolation
- (Improves) physical health as well as mental well-being



Many answers highlighted the importance of socialising and interacting with others to keep mental well-being. A number of participants also highlighted how exercise and being active contribute to mental well-being.

Many information of how gardening and growing vegetables can help people's mental well-being can be found through Thrive, a small national charity founded in 1978 that uses gardening to change the lives of people ([www.thrive.org.uk](http://www.thrive.org.uk)). They promote gardening and growing vegetables as a wonderfully flexible medium that can help everyone regardless of age, gender, ethnicity, physical health and mental well-being.

Through their researches they have described some of the benefits of a sustained and active interest in gardening:

- Better physical health through exercise and learning how to use or strength muscles to improve mobility
- Improved mental health through a sense of purpose and achievement
- The opportunity to connect with others – reducing feelings of isolation or exclusion
- Acquiring new skills to improve the chances of finding employment
- Just feeling better for being outside, in touch with nature and in the 'great outdoors'

Social and therapeutic horticulture is the formal name given to the process of using gardening, plants and horticulture to help individuals develop. The diagram below shows the many benefits of social and therapeutic horticulture.





<http://www.thrive.org.uk/what-is-social-and-therapeutic-horticulture.aspx>

*Therapeutic Horticulture* is the purposeful use of plants and plant-related activities to promote health and wellness for an individual or group. A garden benefits you on many levels. One seemingly magical effect of gardening is stress relief. Emotional benefits of gardening may derive in part from the sense of the natural rhythm of life that plants and gardens impart. It can divert thoughts about yourself and your situation. In the garden, you can create and control your environment. This control is empowering. Gardening stimulates all of the senses, giving great pleasure and satisfaction (Larson, Hanchek, Vollmar, 2008).



## **5. POPULATIONS MOST LIKELY TO BE AFFECTED BY THE FOOD GROWING PROJECT**

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups.

A profile of the community/ies that are living in the area that this food growing project is targeting suggests the following characteristics and needs:

With a population estimated at 170,000, Kensington and Chelsea is the most densely populated borough in the country, packed into just five square miles of land. According to Department of Energy and Climate Change, Kensington & Chelsea has just 2,162sq meters (thousands) of domestic green space compared with London which has 380,654 m<sup>2</sup> and England as a whole which has 5,645,140m<sup>2</sup>. The dense population of the borough also means that there is a lack of green space, with Kensington and Chelsea only having 1,868 m<sup>2</sup> out of the 610,160m<sup>2</sup> London wide. In Notting Barnes local residents report that they often feel unsafe in the open spaces in their area.

The 2001 census found that within the Super output area (SOA) of Notting Barnes people predominately rent their homes from local authorities (43.04%) or from housing associations (19.42%). This type of housing rarely comes with it's own garden and many people may only have access to communal green spaces. Some research indicates that living in social housing can increase the chance of having a mental health disorder two-fold, compared with those owning their own home. Notting Barnes falls within the 10% highest in London for number of adults under 60 suffering anxiety or mood disorders.

The overall health of the people in Kensington and Chelsea is significantly better than the England average with estimated levels of healthy eating highest in the country and physical activity in adults higher than average (28% compared to 21% nationally). (Sport England, 2006). However, statistics on deprivation show that much of North Kensington (W10), and pockets of Notting Hill (W11), face complex combinations of needs such as low incomes, relatively high unemployment and poor health. In Notting Barnes drug and alcohol related



admission to hospital is expected to be 54% higher amongst the younger mobile communities and social housing tenants than the national average.

Notting Barnes is made up of approximately 47% white British residents and 19% white other. Black residents account for 17% of the population while Asians account for just 5%. Chinese, mixed and other BME groups account for 12% of the make-up of Notting Barnes ([www.healthprofiles.info](http://www.healthprofiles.info)).

The average age of Kensington & Chelsea residents is 37, although different ages do not reside uniformly across the borough. In the north of the borough is a higher concentration of residents under 16 years of age.

It was agreed that only the Allom & Barlow residents would be affected by a food growing but that this could be a good model to take to other parts of the borough if successful.

## **6. WHAT ARE THE KEY IMPACTS OF A FOOD GROWING PROJECT ON MENTAL HEALTH AND WELL-BEING?**

The MWIA toolkit suggests a four-factor framework for identifying and assessing protective factors for mental well-being, adapted from Making it Happen (Department of Health 2001) and incorporates the social determinants that affect mental well-being into four factors that evidence suggests promote and protect mental well-being:

- *Enhancing control*
- *Increasing resilience and community assets*
- *Facilitating participation*
- *Promoting inclusion.*

Participants were introduced to the factors and asked to think about a food growing project and rate how important it was to residents of Allom & Barlow estate and the potential impact that the service could have on it.



## **The Potential Impact of the food growing project on Feelings of Control**

### **Enhancing control - the evidence**

A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/ the environment to meet personal needs), autonomy (self-determination/individuality) or self-efficacy (belief in one's own capabilities) are key elements of positive mental health that are related to a *sense of control* (Mauthner and Platt 1998; Stewart-Brown et al in press).

Enhancing control is fundamental to health promotion theory and practice, and is identified in the Ottawa Charter as a key correlate of health improvement:

“Health promotion is the process of enabling people to increase control over, and to improve their health”. (Ottawa Charter for Health Promotion. WHO, Geneva,1986.)

Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainsford et al 2000). People who feel in control of their everyday lives are more likely to take control of their health (McCulloch 2003). Job control is a significant protective factor in the workplace, and this is enhanced if combined with social support (Marmot et al 2006).

Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley et al 2006). Job insecurity, low pay and adverse workplace conditions may be more damaging than unemployment, notably in areas of high unemployment (Marmot and Wilkinson 2006).

Due to time constraints the factors that contribute to a sense of control with the food growing project were not explored.



## **The Potential Impact of a food growing project on Resilience**

### **Increasing resilience and community assets – the evidence**

Emotional resilience is widely considered to be a key element of positive mental health, and is usually defined as the extent to which a person can adapt to and/or recover in the face of adversity (Seligman; Stewart Brown etc). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on ‘emotional resilience’ (and ‘life skills’) may imply that people should learn to cope with deprivation and disadvantage (Secker 1998). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes.

[www.euro.who.int/socialdeterminants/assets/20050628\\_1](http://www.euro.who.int/socialdeterminants/assets/20050628_1)

Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental well-being. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation 2006; Sustain 2006). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective well-being (Grant 2000; Mutrie 2000; Department of Health 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern; Mental Health Foundation 2006; Royal College of Psychiatrists 2006)

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a



framework to cope with and reduce the stress of difficult life situations (Friedli, 2004; Aukst-Margetic & Margeti, 2005) (Idler *et al*, 2003); Mental Health Foundation 2006.

Low educational attainment is a risk factor for poor mental health; participation in adult education is associated with improved health choices, life satisfaction, confidence, self-efficacy and race tolerance. (Feinstein *et al* 2003; James 2001)

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness; (Fitzpatrick and LaGory 2000; McCulloch 2003;

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). Housing is also associated with mental health - independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood noise (Guite *et al* 2006; HF Guite, Clark C and Ackrill G (2006). Impact of the physical and urban environment on mental well-being Public Health supplement in press).

Due to time constraints participants did not explore the factors that contribute to a sense of resilience that a food growing project had the potential to impact on.



## **The Potential Impact of a food growing project on participation and Inclusion**

### **Facilitating participation and promoting social inclusion – the evidence**

Feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental wellbeing (Stewart Brown et al, Warwick Edinburgh, Measuring Mental Wellbeing Scale forthcoming).

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, groups etc., participation in local decision-making, consultation, voting etc.

Social inclusion is the extent to which people are able to access opportunities, and is often measured in terms of factors that exclude certain groups, e.g. poverty, disability, physical ill-health, unemployment, old age, poor mental health.

Although participation and social inclusion are different constructs, there is some overlap in the literature, and they are therefore considered together here.

Strong social networks, social support and social inclusion play a significant role both in preventing mental health problems and improving outcomes (SEU 2004). Social participation and social support in particular, are associated with reduced risk of common mental health problems and poor self reported health and social isolation is an important risk factor for both deteriorating mental health and suicide (Pevalin and Rose 2003). Similarly for recovery, social participation increases the likelihood, while low contact with friends and low social support decreases the likelihood of a recovery by up to 25% (Pevalin and Rose).

However, social support and social participation do not mediate the effects of material deprivation, which in itself is a significant cause of social exclusion (Mohan et al 2004; Morgan and Swann 2004; Gordon et al 2000). Anti discrimination legislation and policies designed to reduce inequalities also strengthen social inclusion (Wilkinson 2006; Rogers and Pilgrim 2003).



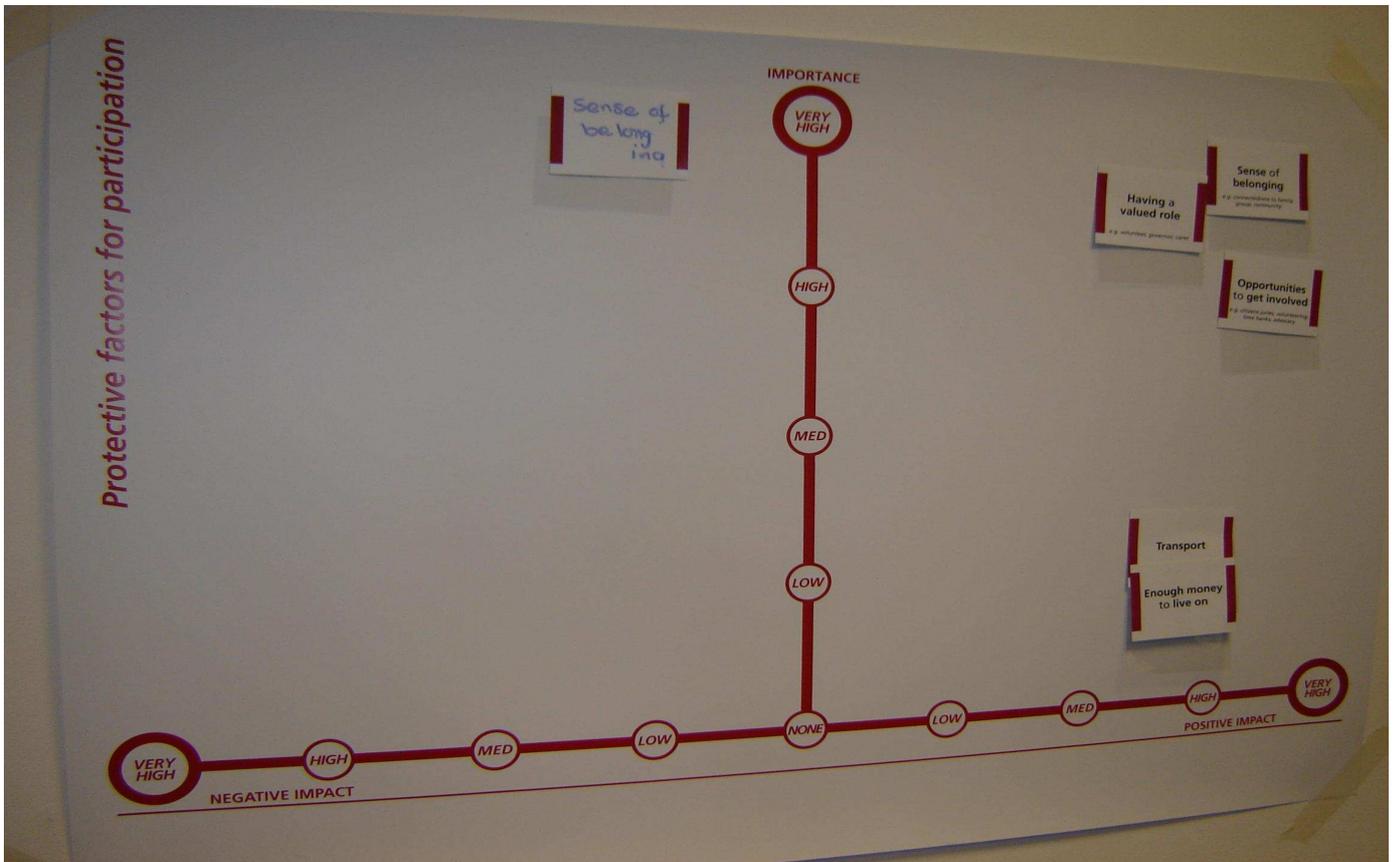
There is some evidence that informal social control (willingness to intervene in neighbourhood threatening situations, e.g. children misbehaving, cars speeding, vandalism) and strong social cohesion and trust in neighbourhoods, mitigates the effects of socio-economic deprivation on mental health for children (Drukker et al 2006).

Higher national levels of income inequality are linked to higher prevalence of mental illness (Pickett et al 2006). Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with low income, low standard of living, financial problems, less education, poor housing and/or homelessness. Inequalities are both a cause and consequence of mental health problems (Rogers and Pilgrim 2003; SEU 2004; Melzer et al 2004).

Participants were then invited to work between themselves to identify which of the factors that contribute to facilitating participation and reducing social isolation they felt a food growing project had the potential to have both a positive or negative impact, and the degree of importance of that impact. The results are presented in figure 3.



Figure 3 Prioritisation Grid – Participation



Having identified these participants were invited to work through their top three priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in table 5.

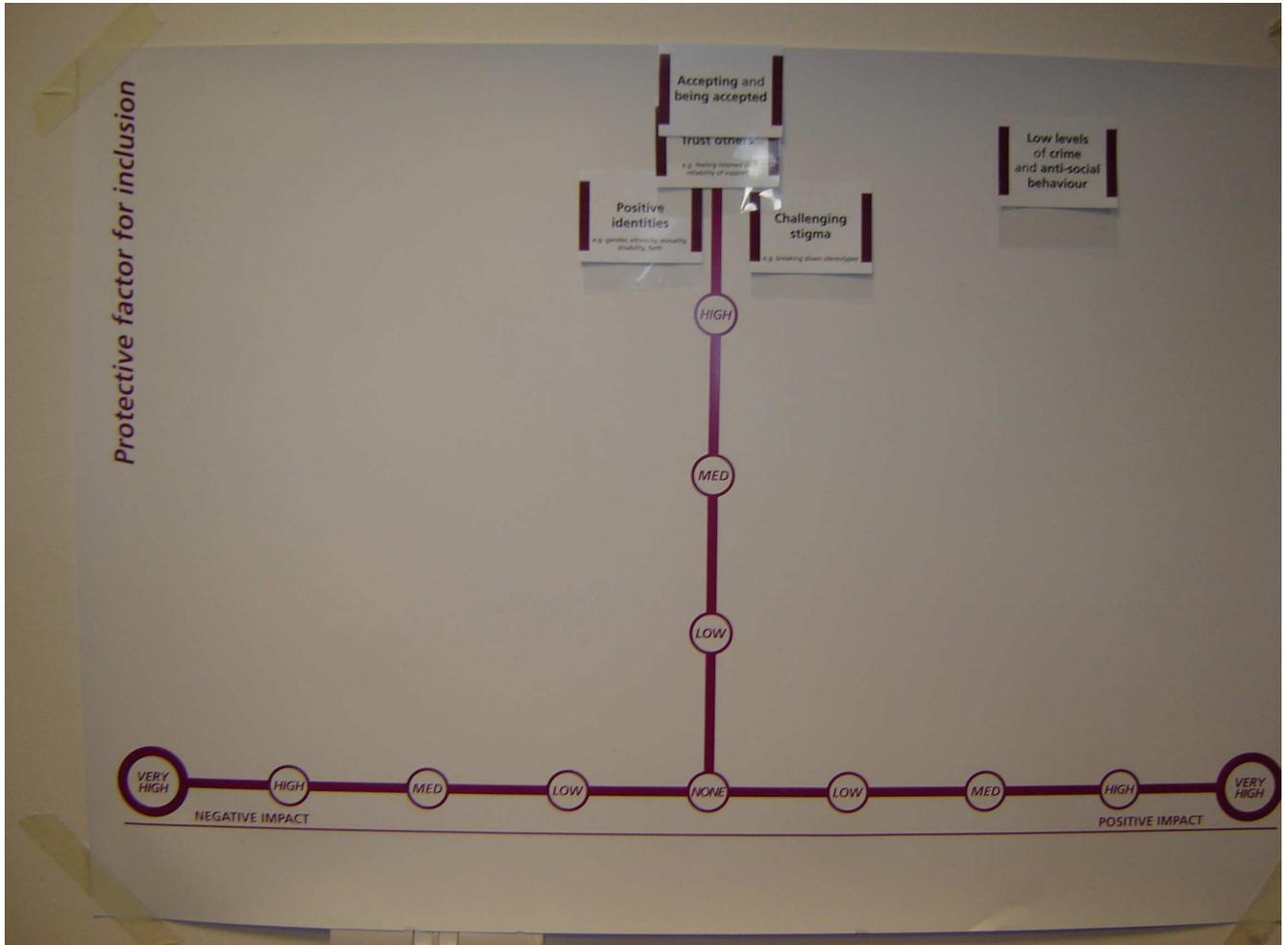


Table 5

Top priorities	Impacts of the food growing project on Inclusion		Comments and Actions	Measure
	(+) Positive Impact	(-) Negative Impact		
<b>Sense of belonging</b>	Using the space Allows everyone to participate Raised beds increase access	Some people are still excluded – i.e. bed-bound Cliques may be formed amongst participants	Include everyone in growing project, including bedbound through growing small pot plants such as cress, bean sprouts or wheatgrass	
<b>Valued role</b>	Sense of achievement		To highlight the importance of everyone's role in the project	
<b>Opportunities to get involved</b>	Increases sense of belonging	Those who can't be involved due to disabilities	Same as sense of belonging above	



Figure 4 Prioritisation Grid – Inclusion



Having identified these participants were invited to work through their top three priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in table 6.



Table 6

Top priorities	Impacts of the a food growing project on Participation		Comments and Actions
	(+) Positive Impact	(-) Negative Impact	
<b>Accepting &amp; being accepted</b>	<ul style="list-style-type: none"> <li>Trust young people</li> <li>Plants &amp; veggies are alive &amp; people look after them</li> </ul>	Time Long term – relationships between neighbours	<ul style="list-style-type: none"> <li>Project is in it's infancy. Persist with the work for the long term</li> <li>More events for residents</li> </ul>
<b>Low crime &amp; anti-social behaviour</b>	More people are using the communal area Children have become more involved	Some youths are not interested	Work with local schools Use art or murals to involve young people
<b>Positive identities</b>	Depending on the weather may see communal space used by all sections of the community	Currently only white women from the estate are involved in the project	Grow vegetables that reflect the cultural diversity of the estate



## Summary

The stakeholders identified 5 key determinants of mental well-being that were both of high importance and had a high impact.

MWIA Area	Participation	Inclusion
Key Determinants	Accepting & being accepted	Sense of Belonging
	Low crime & anti-social behaviour	Values role
	Positive identities	

A focus on these for a food growing project will help promote the mental well-being of the Allom & Barlow estate

## 7. REVIEWING THE LITERATURE EVIDENCE BASE

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature that research suggests are helpful in promoting and protecting mental well-being. In order to build on this evidence base a short additional literature review was undertaken to identify, what if any, published research studies there may be suggesting that a food growing project may have on mental well-being. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop.

### Literature Review:

Kensington and Chelsea Partnership, *A Picture of Our Community? Facts and Figures about the Royal Borough of Kensington and Chelsea 2005*, November 2005

Kensington and Chelsea Partnership, *Towards a Neighbourhood Renewal Strategy Summary of Progress*, July 2002



Kensington and Chelsea Partnership (KCP), *The Future Of Our Community 2005-2015: The Second Community Strategy for the Royal Borough of Kensington and Chelsea*, November 2005

BME Health Forum and Migrant and Refugee Communities' Forum, *Caught between stigma and inequality*, January 2005

London Health Observatory, *Revised PCT Indicators*, August 2008  
*Accessible Gardening for People with Physical Disabilities*, Janeen Adil, Woodbine House, 1994

Mitchell L. Hewson, *Horticulture as Therapy*, MLH Publishing Co., 1994

Bibby Moore, *Growing with Gardening*, University of N. Carolina Press, 1989

Ottawa Charter for Health Promotion, *First International Conference on Health Promotion*, Ottawa, 21 November 1986

Joe Sempik, Jo Aldridge and Saul Becker, *Growing Together: A Practice Guide to Promoting Social Inclusion through gardening and Horticulture*, 2005

Joe Sempik, Jo Aldridge and Saul Becker, *Health, Wellbeing and Social Inclusion: Therapeutic Horticulture in the UK*, 2005

Audrey Cloet and Chris Underhill, *Gardening is for Everyone*, 1990

### **Useful Websites:**

<http://www.mentalhealth.org.uk/information/news/?EntryId17=62564>

<http://www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Diabetes/index.htm>



<http://www.thrive.org.uk/>

<http://www.extension.umn.edu/distribution/horticulture/DG6757.html>

<http://www.healthprofiles.info>

<http://www.cals.cornell.edu>

## **8. RECOMMENDATIONS**

Building on the initial ideas from stakeholders around participation and inclusion the following recommendations are made:

- Work with local schools. This will involve younger people and their parents into the project
- Use art or murals to involve young people, thus promoting participation & inclusion
- Grow vegetables that reflect the cultural diversity of the estate. This would encourage participation from all cultural groups
- Consider running another MWIA to reflect a different stage of the project
- A regular project newsletter to keep Allom & Barlow residents up to date with the project & to reinforce inclusion. For those who cannot do the gardening they could contribute to articles such as recipes, stories about gardening experiences and photos of the project. The newsletter could also include reports on day trips & activities
- Think about how those who cannot physically make it to the garden can still be included in the growing process i.e. the germination stage

