A Qualitative Appraisal of the Pendle Leisure Trust *The Good Life* Project

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Executive summary

This report was commissioned by Pendle Leisure Trust in May 2017. Its purpose is to provide an independent evaluation of aspects of the Good Life allotment therapy project. The brief included a) an appraisal of the existing evaluation plan with recommendations for additions, and b) original qualitative research involving interviews, focus groups and observations to assess the degree and mechanisms of effect of the Good Life on participants, and how it might be improved and sustained. A review of existing research literature was also conducted in July 2017 and the original research was conducted in a two day site visit in October 2017.

The literature search revealed many small scale projects similar to the Good Life around the UK. However, there has been very little robust research conducted to establish effectiveness of horticultural therapy for mental illness. Most projects are funded by charities or local mental health services and have limited budgets and expertise for comprehensive and rigorous evaluation and priority in limited budgets is given to delivery rather than evaluation. The most useful research projects are outlined in this report and mainly through qualitative research methods show good potential benefit for horticultural therapy for people with mental illness and that more extensive research is needed. The Good Life evaluation plan is sound and is as comprehensive as is practicable given the limited funding available.

The Good Life is run by a small team of skilled and highly committed staff supported by a team of workers and volunteers, many of whom have benefitted themselves from the programme. The team have a deep understanding of the demands of mental illness and they manage to provide a safe and rewarding experience and space for recovery. In its current form, the Good Life has been in operation for four years during which the site has been well developed to provide a wide range of experiences for beneficiaries including country craft sessions and simple to complex horticultural tasks. They produce an impressive array of year round vegetables, flowers and crafts products which are sold through local markets. The Good Life has reached a point through a long period of learning where it is now acting as a model programme and many organisations take advantage through visits and advice.

Focus groups with the Good Life beneficiaries and interviews with managerial staff and support workers who had been previous beneficiaries gave clear indications of benefit. They also provided good insight into how these benefits were achieved. The *Good Life Approach* provides a welcoming, unpressured and safe haven for participants which is the kind of support that they need for starting their own recovery. It also offers a diverse choice of activities of varying levels of demand and complexity and so there is something on offer that suits everyone but also scope to progress to more demanding tasks. Social support takes several forms that include camaraderie and more intimate sharing and empathy. Certainly participants perceive benefit, particularly in terms of reducing their sense of isolation and taking control of their lives so that they can move forwards towards full recovery. Not surprisingly they are very supportive of the Good Life. There are many examples where

participants ‘graduate’ from the programme and integrate more fully with the community and in some cases employment.

The volume of participants has far exceeded original predictions of 35 per year. A total of 254 beneficiaries have experienced the Good Life, with about half attending for at least three months. There is currently a waiting list of around 50 patients who have been diagnosed with a mental health problem. This achievement with a hard-to-reach and health needy population who often have isolated and chaotic lives should not be underestimated. It is the strongest testimony to its success as people with mental illness tend to shy away from services. Several comment that the Good Life has uniquely attractive qualities that other groups and therapies do not offer. I believe through its four years of learning and development and the quality and commitment of staff, that it is providing a model programme. There is some scope for minor improvements and recommendations are provided.

The Good Life therefore offers a valuable, effective and in some respects unique service for people diagnosed and recovering from moderate to mild forms of mental illness. Although there are no hard data, it is highly likely that attendance at the Good Life is reducing reliance on primary and secondary health care and social services and this saving resource. Current funding remains uncertain and the current economic climate makes programmes like the Good Life vulnerable. However, the Good Life project offers an outstanding option. It is highly respected locally and regionally, brings clear benefits for a large number of participants, and also the local community and mental health services. Calculations by Pendle Leisure Trust illustrate that it offers very good value and local agencies should look to all options for continued support.

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Background and purpose

Commonly diagnosed mental illnesses include depression, bipolar disorder, anxiety, schizophrenia accompanied by psychotic episodes, and obsessive compulsive disorders. About 25% of us will experience one of these conditions at some point in our lives. Both genetic factors and environmental conditions affect risk. Several conditions are intermittent and recoverable. In addition, as we age we become more susceptible to several forms of debilitating dementia often requiring constant care.

Each of these conditions brings serious challenges to the health and well-being of sufferers and their ability to lead a fulfilling and manageable life. Employment and relationships are difficult to hold together. There is usually a loss of confidence and self-esteem, unpredictability of personality and behaviours. A downward spiral into withdrawal, isolation, malaise, poor sleeping patterns producing a poor quality of life are often the result. This lifestyle brings increased risk of several other diseases and conditions that come with low levels of physical activity and poor nutrition and also a high risk of suicidal thoughts and suicide itself. Medication and cognitive behaviour therapy are the usual treatments and these can help but a lot of support from family and friends and engagement in a meaningful activity is usually required to help build back a normal life.

One form of support for people with mental health problems is to work in green settings in the form of horticulture, country/rural crafts, farming or forestry work. From the late 1990s when mental institutions closed and mental illness became a community challenge, social and therapeutic horticulture became increasingly popular. The aims were broad and targeted social inclusion and health promotion as well as the management of mental illness (National Service Framework for Mental Health, 1999). Getting some exercise, learning new skills and working alongside others were seen as benefits in addition to the effects of engaging with nature and being outdoors. In 2016 The King's Fund report *Gardens And Health: Implications for policy and practice*, commissioned by the National Gardens Scheme (*https://www.mind.org.uk/media/354166/Ecominds-effects-on-mental-wellbeing-evaluation-report.pdf*) called for greater recognition and integration of gardens in NHS and public health policy. Although their review was not restricted to horticultural therapy for people with mental illness, they concluded that access to gardens has been linked to reduced depression, loneliness, anxiety and stress and benefits for heart disease, cancer and obesity and dementia.

Pendle Leisure Trust (PLT) launched the Good Life in 2013 as a therapeutic horticultural and craft project for people with mild to moderate mental health challenges; mainly anxiety, isolation and depression. The Good Life project is located at a council owned allotment in Nelson in Lancashire and has been funded by the Big Lottery and local support.

PLT approached me to provide advisory and research work concerning the Good Life project in early March 2017. They informed me of their intention to upgrade their evaluation of the project with a view to establishing evidence of the degree and nature of its impact on participant health and well-being. The evidence they had produced in the first three years of the Good Life indicated that the project was benefitting a large number of participants

and was worthy of continuation. However, existing funding was due to expire in 2018 and further funding would be required. PLT on the recommendation of Lottery Fund administrators felt that the addition of an independent evaluation by a research expert to the already extensive monitoring plan would further establish the degree to which continued funding was fully justifiable.

Specifically, PLT required the following:-

1. An appraisal of the existing research evidence on the need and impact of this kind of project.
2. An appraisal of the existing monitoring and evaluation plan and advice on augmenting it for its final year.
3. An independent observational study based on qualitative research involving focus groups and interviews with participants and key personnel, on-site observations, and review of the operations of the project. This research was to focus on the Good Life's recruitment and retention of participants, its impact on participants and the local community, the processes and services underpinning impact, its value to health and social care services, and its feasibility and sustainability.

Findings were to be summarised in a report (20-30 pages) to be delivered by the end of February 2018.

Research and appraisal method

Several elements of research were undertaken between April and November 2017:

1. Literature search and review

This was conducted in May 2017 and took the form of a narrative review using Google, Google Scholar and Web of Science. The purpose was to assess the degree of existing evidence for the impact of projects similar to Good Life; specifically horticultural therapy for people with mental health challenges. A particular focus was the benefits identified by research studies, the quality of research designs and reliability of results, how these benefits were assessed and identification of processes that lead to those benefits. Findings could then be applied to the Good Life evaluation and strategies for enhancing change in its participants. Key terms used included gardening therapy, allotments, green gyms, outdoor therapy, mental illness, mental health, anxiety, depression, well-being, social isolation, and unemployment. Publications featuring relevant evaluated projects and their reference lists were followed up.

2. Appraisal of existing Good Life evaluation

In June 2017, PLT provided a list of the variables currently being assessed, the measures used, and the programme of data collection along with a summary of the existing database. It included the following:

- a baseline survey to capture demographics and characteristics of participants and the channels through which they were recruited.

- a brief participant survey that is repeated on leaving or at 6 month intervals that includes:
  - The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is an established instrument that assesses many relevant constructs such as isolation and confidence
  - The International Physical Activity Questionnaire which is also an established instrument for assessing daily physical activity
  - A single item on perceived general health.
- an ongoing audit of numbers recruited and attendances
- records of signs of participant progress such as evidence of recovery, attempts at employment and engagement in community activities

The questions are attractively presented and not too difficult to complete. There is a reluctance among people with mental health challenges to complete questionnaires. Also staff are usually more committed to delivery of the programme than the evaluation. The level of burden therefore needs to be kept low, especially when measures are repeated at different time points.

In my experience of projects that have limited evaluation budgets such as the Good Life, this is a very well thought out package using appropriate instruments. It provides a comprehensive profile of new participants, a record of recruitment and attendance data, and an indication of change in aspects of mental well-being, physical activity and perceived health.

Based on the information from the literature review I made recommendations for additional items to be added to the repeated questionnaire. These included questions on use of medications, need to see a doctor, levels of confidence in physical fitness and social interaction, engagement with community and employment, general mental health, and self-esteem. Also recommended if possible was a record of the diagnosis of mental illness of participants and the routes to their recruitment. I also emphasised the importance of strategies to enhance completeness of data sets.

3. New research

In October 2017, a two-day visit allowed the following to be conducted:

Focus groups. Two focus groups were conducted in the community hut with beneficiaries at the Good Life site. The first lasted 40 minutes and involved six women and one man during a crafts session. The second lasted 35 minutes and involved eight men and one woman who were taking a tea break from their gardening activities. All had diagnosed mental health problems and the majority had been attending for several months.

Interviews. Interviews varying in length from 15 to 50 minutes were conducted with the following:-

- Two beneficiaries who were now employed on a part time basis as Allotment Assistants on the Good Life project (15 mins each)
- The Good Life Senior Support Worker (65 mins)
- The Good Life Support Worker (35 mins)

- The PLT Chief Executive (25mins)
- The PLT Good Life Project Manager (ongoing informal discussion)
- The NHS Mental Health Services Restart Officer liaising with Good Life (55 mins)
- The Chair of the local NHS Clinical Commissioning Group (15 mins)

For interviews and focus groups all participants were provided with an overview of the purpose of the research followed by a written summary, given the opportunity to ask questions before providing informed consent to participate. Although opportunity was provided, nobody declined. Bristol University standard data protection and anonymity procedures were then followed. Focus groups and interviews were transcribed and thematically analysed. In the case of interviews with staff where identification from their role might be possible, opportunity to review and decline the use of any quotes used in this report or further publications were provided.

Observations. During the two day visit I was given time to observe the site, its facilities and equipment, the range of activities offered, and chat informally with beneficiaries and staff.

Review of social media presence. I reviewed the Good Life website, Facebook pages, and followed its blogs, descriptions and calendar of community events in November 2017 and January 2018.

Results

1. Literature review

The focus was to assess the research literature relevant to horticultural therapy for people with mental illness. A more complete summary is available as Appendix A. The basic Google search identified reports of several projects throughout the UK that have used horticultural and outdoor green experiences. These were for schoolchildren, disadvantaged and offending youth, older adults (with or without dementia) and also people with mental illness. In addition, Wood et al. (2015) noted a 40-year high in waiting lists for allotments, particularly in urban areas, indicating that small-scale horticulture is re-emerging as a popular past-time among the general public.

It is not possible to provide an estimation of how many of these projects still exist, their lifespan or their effects without a comprehensive search of charities and local authorities. Projects are diverse and are often short lived because of reliance on external funding and usually have provided only cursory evaluation. Organisers often feel that funds are better spent on delivery than evaluation. However there does appear to be an increase in popularity. In 2006, a national charity called Thrive (*https://www.thrive.org.uk*) was launched to support these kinds of projects to the point where there are now several hundred in various forms to be found across the UK. Ecomind (*https://www.mind.org.uk/ecominds*) reported 130 projects that included crafts and arts, and horticulture that they had supported (through funds from the Big Lottery) between 2011 and 2013. Although the participants were mainly white males aged 40 and above and did not necessarily have a mental illness diagnoses, there were indications of improved mental well-being, healthier lifestyles and reduced social isolation. In a more formal study, allotment workers report less isolation, higher life satisfaction, better health than similar non allotment workers (Van den Berg et al., 2010) and exercise outdoors can bring added well-being benefits than indoors (Coon-Thompson et al., 2011). This is associational rather than causal data and is open to several possible explanations but it does suggest that even for otherwise healthy people, there is benefit. However there is little robust evidence from these web pages and reports about the extent to which benefits arise, which experiences are effective in creating these benefits or any idea of cost-effectiveness and sustainability, specifically from horticultural therapy for patients with mental illness.

There have been several attempts to articulate theoretically-derived mechanisms through which participation in gardening or allotment groups might improve well-being and also work as therapy for mental illness:

- **Attention restoration.** The concept of *biophylia* or affinity with nature underpinned the asylum gardening projects. It is based on a belief that modern living is increasingly removed from contact with nature which has an inherent benefit for restoring cognitive balance. This may be important as poor attention, memory and decision making are characteristic of mental illness.

- **Stress reduction and emotion.** This is based on nature providing a calm, psychologically safe environment that reduces tension and increases sense of well-being. Both these concepts are linked to 'flow' or the sense of being totally immersed in an activity with little conscious thought. High anxiety is common among people with mental illness.
- **Social benefits.** Although there are opportunities in allotment projects to work for long periods in isolation, they usually involve working with others in groups. The social benefits of being part of a group, rekindling social confidence, building connections and friendships, and feeling valued are emphasised in most contemporary gardening projects. They are regarded as providing a vital stepping stone from increasing isolation to integration back into community (Sainsbury, 1998).

These theoretical perspectives are to some extent supported by a limited evidence base. In 2003, Sempik et al. reviewed 12 published studies that had evaluated horticultural interventions for adults with mental health difficulties. All were interview or observational in nature. No controlled (randomised or not) trials with objective pre and post measures were located. A more recent review of data-based studies with participants with mental health difficulties was undertaken by Clatworthy et al. (2013). Ten studies were identified with three being conducted in the UK. Each of these was loosely described as a gardening or horticultural project (Parkinson et al., 2011; Parr, 2007; Stepney & Davis, 2004). One study conducted in Finland (Rappe et al., 2008) and an insightful UK-based interview study (Fieldhouse, 2003) not included in either of these reviews specifically researched an allotment-based project. Key findings from the six most relevant studies can be found in Box A.

Given the popularity of horticultural therapy, a more robust and extensive evidence base might be expected. However, research involving people with mental illness poses significant challenges including establishing meaningful consent for ethics, dealing with a diversity of conditions with different symptoms, and people who suffer from mental illness tend to lead more chaotic lives and can struggle to keep appointments, complete questionnaires or consent to interviews. They are less likely to volunteer for research projects. Randomised controlled trials are expensive and even then provide a limited picture of the diverse forms of change that may be taking place and so need to be accompanied by observation and interviews with staff and participants. Most projects are funded by charities or local mental health services and have limited budgets and expertise for comprehensive and rigorous evaluation and priority in limited budgets is given to delivery rather than evaluation.

Implications for the evaluation of the Good Life

The literature is stronger in telling us the kinds of benefits that might be experienced by the Good Life participants than what causes these benefits. They mainly revolve around the building of social confidence and the provision of a safe and non-pressured environment. Other benefits are the inherent enjoyment of working outside, seeing growth and positive change in plants and the environment, and learning new physical and social skills. There is some evidence showing improvement in self-esteem, mood and general well-being. All of these changes are documented through diaries, interviews and focus groups. Notably there are several omissions from the evidence base, many of them crucial to understanding how effective horticultural therapy can be, especially compared to alternatives.

Box A: Six relevant studies on the effects of horticulture therapy for mental illness

Parkinson et al. (2011) conducted an interview and observation study to identify motives for taking part in a gardening project. A key motive was an inherent liking and interest in gardening and working with plants both indoors and outdoors. Other motives were the social opportunities provided through working in groups and the chance to develop without pressure.

Stepney and Davis (2004) used mixed-methods to identify how predictable improvements in anxiety, depression, and social fears were from predictions of a professional panel. Using the Hospital Anxiety and Depression Scale, all but one of 10 participants showed positive changes although professional predictions about who would do well on the programme were not accurate. The researchers suggested that development of a sense of belonging and opportunity to make a social contribution were key factors.

Parr (2005) provided interview data on 20 participants and 20 support workers attending one of five gardening projects occupying people with severe and enduring mental illness. A more intensive ethnographic study took part at two sites in Nottingham and Glasgow. The authors conclude that garden work helps people with mental health problems achieve social inclusion and stability. It is most effective in terms of widening opportunities for social inclusion and social networking when garden space is located in or near to residential areas. Contact with both nature and people facilitate stabilising effects and a range of primarily positive emotions. Participating in garden work brings opportunities to rework stereotypical constructions of 'the mental patient' through active citizenship in local communities The paper also indicated that there are many difficulties including weather, physical challenge, unreliability, and intermittent low motivation. The report provides a rich source of information for planning and delivering these types of programmes.

Fieldhouse (2003) provided an interview-based analysis of the impact of an urban UK allotment group on the health, well-being and social networking of nine people with diagnosed mental health problems. The focus was on perceived benefits and these are analysed under the dimensions of environment, subjective experience, and occupational performance. Regarding the environment, peacefulness, its destigmatised supportive and safe nature, and producing fresh food were appealing. In terms of subjective experience (which clearly varied among individuals), clearing the head, thinking differently, concentrating and getting lost (flow) were mentioned as well as an appreciation of beauty, feeling better mood and a sense of lightness, sometimes spirituality, and enjoying friendships. Working redeveloped awareness in the physical self and its related qualities and skills. It also got them tuned into timeframes and the immediacy of the present and allowed them to look forward and set goals. Providing a chance to communicate verbally and nonverbally and develop relationships was important. Harvesting crops provide a celebratory shared experience. The author concluded that the allotment group provide an affirming and accepting social milieu.

Rappe (2008) reported questionnaire and diary findings of ten participants in a Swedish community garden. Results confirmed the other studies reported here suggesting that the effects are available at least across westernised cultures. "*The participants valued highly the opportunity to be outdoors, to do meaningful work, and to experience nature with all of their senses. They also appreciated harvesting and working together in a group. The participants reported feeling calmer and invigorated, and their ability to concentrate was improved due to gardening. The social support of the group and the atmosphere of approval contributed to the autonomy and coping resources of the outpatients*".

Diamant and Waterhouse (2010) analysed through reflective practice the views of therapists working in the Thrive Battersea Project on which activities were effective in creating a sense of belonging. Making soup, weeding, writing diaries, harvesting, and being an integral part of the project and its 'family contributed to feelings of affirmation, safety, and self-determination both in private and community space within the project.

1. There are no attempts to document how participants are best recruited or which strategies are effective in retaining them.
2. There are no data on progress to full health including effects on medication, use of hospital and care services, or management of mental health symptoms.
3. There is virtually no mention of impact on physical and cognitive function with perhaps the exception of improved concentration.
4. There have been no attempts to document how the project is helping participants normalise lives through reducing isolation, engaging with community and returning to work.
5. There are no discussions of costs, cost effectiveness, or the kinds of partnership and funding arrangements necessary to sustain programmes.

In summary, although the formal studies on horticultural therapy for people with mental health challenges is consistent in identifying the key benefits which are social and experiential, there remain many important but unanswered questions. Where possible more rigorous research designs that can at minimum provide robust estimates of change in mental health status, psychological well-being, social and physical function, and integration with community are much needed.

2. The Good Life participant numbers

Recruitment

PLT have kept records of recruitment and attendance. The figures they provide are impressive. The initial target of recruitment of 35 participants per annum in total has been exceeded many times. To date, a total of 254 participants have been recruited. Currently there is a waiting list of 50 qualifying candidates.

Recruitees provide a fairly diverse demographic profile that is very close to the population targeted in the original proposal. The Good Life attracts similar numbers of men and women. A small percentage (about 5%) has a physical disability. Eighty percent are British white and the remainder are of Asian (Pakistani) origin. A wide range of ages are represented from young to old adulthood with the majority being 40 to 64 year olds.

Attendance

PLT's records indicate that 41% attend for between one and three months. However, 40% of those recruited are still attending for three or months with about 18% attending for more than 6 months. Average attendance is between one and two sessions per week.

In my view this recruitment and attendance record provides strong evidence of the success of the Good Life. People with mental health difficulties are very difficult to attract and to keep in group-based activity. These figures are solid evidence that there is a latent demand for this kind of experience and that the Good Life is successful in providing an effective and attractive service for a broad range of people with mental health difficulties. They would not attend unless they found the experience to be rewarding.

3. Participant benefits of the Good Life

Findings from participant focus groups

Original qualitative data on benefit were derived from two focus groups with beneficiaries, one featuring work on country crafts and the other on allotment working. These are supplemented by comments from the Support Workers of the Good Life and experiences of two assistants who have been long term beneficiaries. Some findings are supported by informal conversations and observations during site visits.

The country crafts focus group took place in the central hut at the allotment and was made up of five females and one male whose ages ranged from 20s to 60s. One participant recently joined and the remainder had been attending the Good Life more than 3 months once or twice per week. In contrast, the gardening group were eight males and one female (who did not contribute verbally) once again ranging in age from under 30 to over 65 with most being in the 50 to 65 age range. All participants had been attending for at least three months once or twice per week.

More complete analyses of these two groups with quotes from participants are featured in Appendix B1 and B2.

There were distinct differences in responses between the two groups. This was in part due to the gender profile with the craft group being all but one female and the gardening group being male. Participants chose the kind of group they wished to attend and this will have reflected their needs and influenced their comments.

Craft group benefits. Three key benefits emerged. Building social confidence and avoiding isolation was powerfully expressed by all participants. There was unanimous agreement that the group had provided them with a crucial support structure for coping with their mental health challenges and helping them to get their lives back on track. The Good Life had helped them cope with their symptoms and provided an important stepping stone towards recovery. One participant articulated that the group had allowed her to move from the past into the present so that she was now, for the first time for many years, thinking about her future. Craft work around a central table provided an activity that allowed conversations to develop naturally. To a lesser extent, learning new skills was appreciated as they felt they had gained more belief in themselves and their capabilities. A code of unconditional support has evolved that allows participants to feel relaxed and not pressured. This was the key factor I believe to attendance and some participants confirmed that the welcome and friendliness was what made the Good Life different. I suggest that the group leader who had particularly helpful insight and understanding as a mental illness sufferer herself had been the key figure to these conditions developing. The result was that several of the participants felt that the group had provided a secure platform on which to start coping with their illness and build a new future.

Gardening group benefits. Four key benefits emerged. First, there was general agreement about the benefits of working outside, being physical and being in touch with plants and livestock. This was seen as a great advantage over attending other kinds of therapy groups.

Second, the group appreciated companionship. This was of a different nature to that experienced by the craft group which was more intimate. Having people around was important to most as it signified not being alone. However, it seemed that interactions were simple and more task than emotionally focussed and represented avoidance of isolation rather than the development of deep relationships. Third, there was a lot of reference to the wide array of different activities that were possible and the potential to learn both organisational and physical skills. This diversity of activity was a key attraction to the project. Fourth, similarly to the craft group, the Good Life was seen as a safe place that could allow participants the space to develop at their own pace and to be themselves. In contrast to the craft group participants who found the security more directly in supportive relationships, the allotment participants saw that the Good Life offered a safe *place* in which to spend time. Not directly mentioned by participants but inherent in their comments overall was that the men had formed a sense of belonging to the allotment and felt part of a bigger project. There was a sense of it being ***their*** place.

Summary and interpretation

Both focus groups confirmed the critical improvement that the Good Life had made to them and their lives. Regardless of activity attended, the Good Life offered a safe, welcoming and friendly space that allowed participants to get back on their feet and start rebuilding their lives. Activities have allowed them to build skills and confidence in a setting where they did not feel pressured. This was vitally important for them, particularly in the early stages of recovery. Attendance provided them with the opportunity to overcome isolation and loneliness. Gardening work offered a chance to work outdoors and enjoy seeing change in plants and the site as a result of their labours. The space was highly valued and a pride and sense of belonging was taken from being part of the Good Life giving some purpose and meaning to their lives.

Referring back to the literature review, these elements of improvement have been reported in previous studies of allotment and garden projects with people with mental illness. Reduced isolation, increased social and physical confidence, and sense of purpose and belonging are important indicators of improved well-being. These changes fit with theoretical perspective around the development of mental well-being and self-esteem. Self-determination theory (Ryan and Deci, 2000) for example, which is used in interventions for weight loss, physical activity and overcoming addiction focuses on the importance of satisfying basic psychological needs. For self-esteem to develop, people need to feel competent and confident, they need to feel a sense of control over their lives, and feel that they belong to something bigger in which they can play a significant part. When participants sense that they are experiencing improvements in these qualities, they become more motivated. All of these kinds of changes featured in the comments of the Good Life participants and were attributed to their involvement in the project. These represent fundamental stepping stones on the pathway to recovery as they help create a positive cycle of healing and growth. Unlike medication, this approach creates conditions for self-healing. It provides stability and strength to start to cope better with symptoms of mental illness and places people in a better position to look forward to greater integration with community and employment. In themselves, these improvements do not necessarily cure mental illness, but create capacity for coping better, living independently, and moving towards a more positive future.

4. What makes the Good Life work for beneficiaries?

Focus group contributions and interviews with Support Workers and Assistants of the Good Life provided useful insight into which elements of the Good Life experience contributed to positive outcomes. Reciprocally, these positive outcomes will also provide motivation for participants to attend regularly. The following features are highlighted as important for establishing nurturing conditions:

The first days. A quiet, welcoming and supportive introduction to the project seems very important for new beneficiaries. Most have anxieties about new people and places and a positive first encounter will make it more likely that they will return. In most situations the participant's support worker is in attendance for at least the first session and sometimes more. Staff and current beneficiaries seem to know how to establish a friendly atmosphere that allows newcomers to gradually blend in and find their place. There is no fuss and no pressure applied in the early stages. Although there are no data on percentages who do not return after the first day or the reason for not returning, current participants indicated that these factors were important to them persisting and in some cases made the difference between Good Life and other kinds of therapy groups.

A safe place. Participants feel secure at the Good Life. This is an absolutely critical quality without which many participants would not attend. Deep seated anxieties and lack of social confidence mean that most do not initially react well to pressures and high expectations. Staff and beneficiaries are very respectful of the need for social and physical space, and license to be left alone when needed. They have patience and thoroughly understand this need. Many participants react badly to loud noises so management are careful to make sure this is monitored carefully. Quiet places are provided around the allotment where participants can go for some solitary time when perhaps they are struggling. Sitting by the canal or feeding the chickens at the right time can make a big difference. This is seen as acceptable and normal behaviour by staff and beneficiaries so that no attention is drawn or fuss made.

Camaraderie and supportive friendships. In contrast to the need for quietness and solitude at critical times, there is a strong need among beneficiaries for social involvement. The Good Life is a very complex social space with many different types of social interaction on offer. The craft groups experience more intimate sharing and support around a central table. Task sharing and teamwork are frequently involved on the allotment and a kind of tacit and unspoken camaraderie seems to build up that helps beneficiaries feel that they are an important part of a successful group. Management actively watch out for the development of cliques or sub groups becoming territorial and welcome frequent replenishment of the social mix as new people join and start to make contributions. The tea breaks are crucial to cementing the social fabric. *"We break midsession in morning and afternoon and everyone mixes, everybody knows each other"* (beneficiary). Closer friendships are able to grow out of these conditions. Sense of isolation is reduced and social skills can develop naturally and in their own time.

Diversity of opportunity. The Good Life provides a rich space that offers a large variety of settings. It has a canal side garden which includes a hut, decking and barbecue area. There are gardening spaces with greenhouses and poly-tunnels, a community building, tool sheds/workshops, a chicken run and compositing, preparation and storage areas. This offers a wide range of possible activities involving planting and growing, husbandry, site maintenance, and production of new raised and hot beds. There are also workshops delivered around woodwork and other crafts and cooking. These offer tasks from simple and repetitive to complex and skilful, some in isolation and some in teams of workers, some are delicate and some involve heavy physical work. "*Even the layout is varied. Some linear and classic. Some natural, some with poultry some more sensory growing herbs. It serves different preferences"* (Senior Support Worker). Management endeavour to build on this variety and creativity : "*It's not just making bird boxes – let's do something different – a chicken run. Cut this wood five times and then nail it together in different ways, dismantle pallets, look in skips, let's be different and creative. We deliberately let some areas decline to provide a physical challenge to some"* (Senior Support Worker). This diversity means that beneficiaries can find something which fits their needs at the time. It allows them to develop as they learn new and harder skills, build confidence and experience a sense of progression.

***The Good Life Approach*.** The conditions created on the Good Life site are conducive to recovery from mental illness and the life disruption that it brings. Through my visits and my discussions with management staff, and beneficiaries I learned that the Good Life through its unique space and staff has developed quite a complex but special therapeutic approach. It was not easy to pinpoint what was special at first but there are some key characteristics. A prescriptive and structured approach that applies to all participants is rejected. The diversity of choice supports this. The Senior Support Worker suggests "*Activity is a route to healing. For many people, the key is doing. Medication makes you not care about your illness. If people are proactive and have their own tool box that they can dip into it to make it better*." At the heart of this approach is to engage participants in activities that will provide a toolbox of skills to allow them to progress along a path to full recovery. It acknowledges that each beneficiary is different and the pace of this recovery is going to vary widely and is therefore tailored for each individual according to their needs at the time. For some this can be frustratingly slow and staff have to apply patience as pushing too early on can be detrimental. The key is spotting the time when beneficiaries are ready to be challenged a little more. The Senior Support Worker appreciates that this requires a good understanding of the participants and some considerable skill but states "*Staff are magnificent. Everyone's got the right feel for it*". Staff will constantly look for readiness of beneficiaries to progress to new skills, tasks, and activities. There is certainly a vision for Good Life moving beneficiaries forward to independence, employability, and overcoming mental illness. Taking greater responsibility for groups of people, completion of specific tasks, or joining in with outreach projects are signs of growth. However, for many the road will be a difficult one. Some may not make substantial progress and continue to use the project as a refuge and for essential support that they cannot find elsewhere.

The Goodlife Senior Support Worker provided an illustration of the difficulty of knowing when it is time to apply some challenge:

"When Arthur (pseudonym) first came he just wanted to sit and have a coffee and get his electric cigarette out and sit there and watch the world go by. That was fine for a while but we can't just let people sit and do nothing indefinitely. Probably at week 6 or 7, I said 'Arthur - just grab that over there and follow me and so he picked up the tool and came so it was as simple as that' . Then he started talking to other people and he formed a friendship with James (pseudonym). They started going out for tea and walks along the canal together. Then Arthur came to me one day for a reference and now he is working at the coop. That took 9 months. At what point do you let him sit longer and when do you say now is the time to move forwards? People often need leading and prompting to take the next step".

The Good Life Approach **seems to contrast starkly with many other types of therapy. Cognitive behaviour therapy, for example, focuses attention on causes and symptoms of mental illness and looks for strategies that help patients deal with them. The Good Life directs thoughts away from illness and its symptoms through absorption in activities and interaction with others and as a consequence the participant becomes stronger through social and physical confidence, reduction in anxiety and development of sense of belonging.**

High quality of staff. The Good Life has access to outstanding facilities and space which are provided by the local council. This provides a landscape that is very different to most therapy groups and is the key factor that makes the Good Life quite special. However it is the skills and commitment of staff that have developed the Good Life into an outstanding project. Currently, paid staff include a part time PLT Project Manager who has been with the project four years, a Senior Support Worker who has been with the Good Life for five years but only recently has gone to full time status, a part time Support Worker, and two part time Allotment Assistants who have previously been beneficiaries of the programme. The project is also supported by volunteers some having been beneficiaries, one who currently runs a weekly craft group and others who help on the allotment. Another past beneficiary known as Harry (actual) continues to bring his considerable horticultural and social skills to the Good Life each week and is known as the *'Grandad teacher'.* The Senior Support Worker is experienced and qualified in horticulture and has a wide range of skills from growing to landscaping and says he has always worked closely with people. The Support Worker joined in summer of 2017 and has teaching experience and a strong academic background in education at graduate level. Neither of the Support Workers have extensive mental health training but there is solid experience with people with and without mental health challenges. It struck me that there was a deep understanding of the challenges facing mental illness among staff and volunteers, some of them having experienced it themselves and this was very important in establishing the Good Life Approach. All staff have a strong belief in and allegiance to the Good Life. This is expressed in a passion for what it is trying to achieve and a commitment beyond requirements of the job specification. Rewards seem to be similar to those reported by teachers "*to see people getting joy out of this. I really get reward out of it*" (Senior Support Worker).

5. Benefits for the community

Information provided in interviews with staff of the Good Life, the Pendle Leisure coordinator and examination of the Good Life Facebook pages and blog (*https://www.pendleleisuretrust.co.uk/Services/Good Life Project)* and Facebook page (*https://en-gb.facebook.com/pltGood Lifeproject* in late 2017 and early 2018 provided me with some insight into the many ways in which Good Life is well connected with and has benefited its local community.

There is strong evidence of a close relationship between the Good Life and the local communities particularly in Nelson and Colne. This is achieved through:

Open events. These happen about once every two months and take the form of social events involving cooking, live music and tours of the site and focussed workshops that attract the public. For example, a Christmas decoration workshop was held in December. The Good Life played an active part in a Community Health Week (September 2017) and an estimated 500 community members visited the site in 2017. It also hosts visits from members of local community farms and offers joint workshops.

Produce and markets. The Good Life provides vegetable and fruit produce including pickles and jams and also wood and art crafts for the local community regularly sold at affordable rates on local markets. Beneficiaries help out and get to mingle with other community members. The Good Life also produces a large stock of flowers each year for *Colne in Bloom* and this year won the *Growing Together Community Environmental Award.* Christmas food hampers are also sold each year. This not only brings in income for the project, it draws attention to the project and provides opportunities for beneficiaries to interact with the community and a sense of pride from their achievements.

Connections. The Good Life is partnered through a strong network of local charities and social and health organisations so often joins in with their activities. More broadly it is part of the Up and Active Project delivering Lancashire County Council's Public Health agenda, a member of Growing Health (National project run by Garden Organic and Sustain) and the Mental Health Foundation. Recently, the Good Life has established itself as a site for placements for University of Lancashire medical students. It is also part of the local volunteering programme.

Outreach services. Increasingly, projects are undertaken offsite that offer a free or cheap service to other groups. For example, a team from the Good Life helped Harwes Farm move and set up a hide in the nearby wood. Other short projects have been undertaken to help people who are unable to sort out their gardens.

Media attention. The Good Life is regularly featured in the local and regional media. I get the impression that the project is well known by the local community and is well respected. This in return helps beneficiaries feel that they belong and contribute to a worthwhile project that helps them develop a sense of pride.

6. Benefits for health and social services

It is clear that the Good Life is providing a very important service for large numbers of a particular needy and hard-to-reach sector of the community. The best evidence is provided by the success of the project in attracting and retaining participants. This population would not persist unless they felt that the experiences were doing them some good. Participants report that the Good Life offers a different and more appealing experience than some other therapy options offered in the community. They feel welcome, safe and secure and that this helps them to start to reshape their lives. The Good Life also has characteristics which are particularly appealing to a sector of mental health sufferers which include working outdoors, contact with nature, seeing fruits of their labours, and learning gardening and craft skills.

Effects on mental illness and health

My qualitative research found ample evidence that the Good Life helped beneficiaries progress towards overcoming isolation, increasing their confidence and independence and to some extent more integration with community. These are all signs of progress to recovery.

With regard to reduction in mental illnesses, perceptions were put forward in the focus groups about attendance helping with coping with anxiety and depression. However, it is not possible to support these perceptions through evidence of reduced reliance on medication, or fewer visits to primary or secondary health care, or signing off from support services. If this were the case, then there would be a strong argument for the Good Life providing a significant reduction in NHS and social services costs. Evidence of effect is currently restricted to improved coping with symptoms and in some cases a reduction in frequency and severity so are indications of progress to recovery.

Although, the amount of extra activity they are engaged in is unlikely to reach optimal levels for health, in a population that is typically very sedentary, two sessions per week involving getting away from the home and physical tasks will be beneficial for both mental and physical health.

Not only does the Good Life bring benefits for participants, it is also highly likely to have a positive effect on many carers, family and friends, although data has not been collected on this.

Effects on employability and community engagement

PLT have kept records of progress towards employment and integration. By the end of Year 4 they indicate that 41 participants (16% of total recruited) have secured some form of employment, 55 (22%) are engaged in a volunteering role, and 27 (11%) have entered part time education or training. There are also excellent examples of past participants becoming volunteers for the Good Life and in the case of two beneficiaries, part time paid employees. The story of one of these workers is summarised in Appendix C. Overall, this is evidence of an impressive record of the healing and restorative effect of the Good Life. Although, we do not know the overall expected recovery rate, regardless of intervention, the Good Life record must compare favourably with other forms of treatment.

Conclusion

There is little doubt of the impact of the Good Life on the health and well-being of beneficiaries. The programme reduces isolation, increases social support and confidence, and helps sufferers make a start and subsequent progress towards recovery. Individual progress is reflected in PLT records indicated take up of volunteering, education or training and actual employment in a sizeable proportion of participants. The Goodlife involves relatively large numbers of people with mental difficulties, a population that relies heavily on primary care, mental health services and also social services for support. It is clear that the Good Life should be regarded as a highly valuable service that has welfare benefits and potential to reduce costs for the local NHS and social services.

7. Is the Good Life offering value for money?

My brief did not include an analysis of costs against benefit. A full health economics data collection and analysis would be required for robust evidence of cost effectiveness. This would investigate costs against savings from recovery from mental illness and improved quality of life. To my knowledge, this has never been achieved with this type of community project and is unlikely in the current research and economic climate. It would be too expensive and the burden on key players would be heavy and disruptive. For the Good Life, we have to rely on a simple estimate of cost per participant and benefits reported by them through qualitative methods and questionnaires. It is then possible to make basic comparisons with cost per person of delivery of other forms of therapy or service offered to tackle the problems of mental illness. This comparison is in itself is very simplistic. There are several other potential benefits for participants' families, friends and carers, the local community, and the staff and volunteers who keep the Good Life running.

What we can say is that the numbers reached are high for a project of this nature. The Good Life has to date attracted 254 participants over a four year period. This single project's recruitment compares with a total of 800 participants from over 130 projects (that were funded by the Big Lottery through the Ecomind scheme between 2011 and 2013). Certainly in terms of volume, the Good Life seems to have achieved outstanding results and this has great potential to influence long term outcomes such as mental health and reduced reliance on mental health services.

PLT have provided an estimate of the cost per person for participation in the Good Life. They estimate total costs for four years delivery as £244,000. Based on 254 recruitees for attendance for two sessions for a year (42 weeks with closure for holidays) this indicates £960 for each participant. This compares with the King's Fund's estimation of cost for treating depression at £6,250 - £8,379 per person and anxiety of £3,921 - £4,766 per person (including loss of earnings). Some cautions are necessary for this comparison. It is based on therapy rather than alleviation of mental illness and I cannot comment on whether or not all costs are included. However it does suggest that the Good Life offers value for money as a therapy and may be particularly valuable for those not attracted to other therapies.

Although the Good Life seems to use existing resource well, there is some scope for efficiency gains and also there is potential for expansion as there is currently demand that cannot be met. Recommendations are provided in the next section.

Recommendations and conclusions

How might the Good Life work better?

There is little doubt that the Good Life is performing an important community and health service. Its success is a result of access to a substantial allotment resource and its facilities, and committed and talented staff. My brief has been to focus on these delivery aspects of the project. **However, the Good Life has reached this state of development because of overall management by a Project Manager employed and supported by Pendle Leisure Trust. Without an administrative support system that has a high level of established competence in fund-raising, publicity and marketing, and staff management, and that has been insightful in the management of the needs of the Good Life, it could not have achieved its current level of success.** This has allowed the project to benefit from four years of development and learning to reach its current effective state. I believe that the incremental success of the project has also cemented greater and greater support by PLT and that it has become one of their 'flagship' projects. There is a strong commitment to finding the funding and conditions to allow it to continue and to flourish.

There is scope for a) the current site to increase its capacity and further develop its offer, and b) act as a learning base and model for those wishing to develop similar projects elsewhere. However, this is entirely dependent on the provision of adequate funding.

1. Organisation of staff loads

There are clear indications that some staff, particularly the Senior Support Worker, already perceive considerable strain and overload. My impression and that of staff is that he is the backbone of the project and is responsible for the development of the Good Life's unique and successful approach. For the sake of his well-being and the long term future of the programme I feel that this needs to be strategically addressed before further plans for expansion and development are implemented. My interpretation arises from a limited exposure to the project and its staff and beneficiaries so should be considered with some caution.

To a great extent, the Good Life is a victim of its own success. It has far exceeded its initial target of 35 beneficiaries per year and has grown quite rapidly to well over 100. Provision has also become more complex as the diversity and extent of activities around the site has grown. The site itself has required development and the maintenance of the site and its building has become more demanding. As the project has grown, networking has become essential to provide new experiences, assistance with materials and volunteers, and distribution of products. More outreach activities and events are now organised and these help connect beneficiaries more closely with the community and help them provide a service which has mutual benefit. The *Good Life Approach* which I outlined earlier is

effective but also quite demanding on staff as it requires an intimate understanding of each beneficiary and his/her needs, characteristics, and progress along the recovery continuum. Administrative burden will have grown and become more complex including evaluation of participants on entry and throughout recovery, record keeping of finance and planning of a diverse programme of activities and events. The success of the Good Life has also meant that it has attracted a great deal of attention from media and organisations and individuals wishing to visit to learn from the project. Hosting visitors places further demands on staff and can disrupt the busy schedules. This list is not complete but makes the point that the Good Life has now become a complex business to manage. Historically, the oversee of a general manager who could pay attention to all the key elements of the project was probably adequate. I believe that this is no longer the case. The commitment and passion of the current Senior Support Worker has meant that he is trying to cope but is at risk of over extending himself. That also puts the welfare of the project at risk. This is not just my observation but that of others who work for or who are connected closely with the Good Life and has been fully acknowledged by the Senior Support Worker himself.

I recommend that Pendle Leisure Trust and the Good Life management systematically address the issue of task distribution. It is not only important for current staff but is also vital for being best prepared for further development of the project or if it happens, for any major changes in personnel. I think this strain is the source of some mismatch in vision of how the Good Life can best be taken forward to the next level. It is not for me to say how this might be achieved. However, the following might be considered:

- an analysis of all key tasks involved in site management
- prioritise and categorise tasks including identification of seasonality and peak load times
- eliminate elements of low value to the Good Life objectives
- delegation of responsibility of some tasks to assistant management and assistants
- identification of elements of work that can be delegated to experienced volunteers
- bi-monthly meetings to discuss progress with this plan.

The Senior Support Worker's job and style will probably need to shift as more time is spent on the management of staff and volunteers and administration and assisting planning of the project with the Manager. That shift needs to be accepted and embraced. My feeling as a starting point is that careful consideration should be given to allocating more responsibilities to the current Support Worker or someone of similar calibre. She is currently paid a minimum wage and this should be upgraded to reflect responsibility. There is great scope for the Good Life to develop and grow particularly on its existing site but only when the current workload is manageably distributed. As one member of staff said "*We need to strengthen and bolster what is here first*".

I found there is very little further to improve in the Good Life but given adequate funding I would suggest the following could be considered. Some of these may well have already been attempted.

2. Articulating and documenting the Good Life Approach

Four years of experience has gone into the Good Life and it has developed a very successful formula which is based on sound psychology. However, there does not seem to be any formal documentation or attempt at articulation of what that approach is. I understand

why this is the case as staff are already fully occupied in delivery and may not have had the time to verbalise what really works well. Because there is no record of objectives, delivery style, key activities, staff duties, the project is a little exposed. I think a light touch could be applied to producing a well- illustrated document or section of the PLT website and Facebook pages that captures the essence of the Good Life and the approach it aspires to. A short simple video could help new staff and volunteers understand the basics of the Good Life approach, particularly about how best to interact with beneficiaries. This would help establish continuation in the case of loss of key staff. It could also act as a template for others interested in developing similar projects. There could be an eventual saving on staff time spent hosting visitors and inducting new volunteers.

3. Providing a system of markers for progress towards recovery

I appreciate that one important function of the Good Life is to provide a safe haven or refuge for people to start recovery and that patience needs to be applied to give beneficiaries time to move forwards. Although a goal of the Good Life is to develop independence and coping, as described by staff, progress towards this is unstructured and a little hit and miss. It may be possible to develop a sequence of milestones to indicate and provide recognition for progression along a continuum to recovery. These milestones may be based around attendance, skill acquisition, tasks which show growth in social confidence, responsibility, leadership and eventually indicators of independence, employability and perhaps ultimately freedom from mental illness. It may be that small indicators of achievement or progress can help provide goals for beneficiaries as well as acting as a form of recognition of achievement – a badge or certificate for example for reaching a significant milestone and this could be recorded on a personal profile. The concept of becoming a Good Life Ambassador and *graduation* from the Good Life rather than discharge where it is regarded as the ultimate achievement could be developed. Also beneficiaries should be made conscious of the need to move on when the time comes and make space for others to benefit or at least to take on more responsibility. As one member of staff comments "*I want to go back into training. I want to look for a job. I want my own allotment - are all indicators that people have reached a better place*". For most beneficiaries, these are a long way down the road for them and some interim targets of recognition might be helpful. It may not appeal to all participants but many may welcome the targets. A system of markers could also provide greater focus for staff in their interactions with beneficiaries.

4. Strengthening the signposting of beneficiaries.

In order to help people move on from the Good Life more quickly and make space for newcomers, it may be possible to upgrade signposting to other opportunities. It was suggested by one member of staff, for example, that after a stipulated time, beneficiaries could be given a review session and presented with a choice of opportunities that they might now be better equipped to take on board. Perhaps first restrict attendance to once each week. It seems that Restart and other social agencies full advantage of the Good Life and perhaps a 6 monthly appraisal of each person might be reasonable to ask of them. Stronger links may be possible with other charities and agencies and the job centre. Attempts could be made to find them suitable settings in which to volunteer or at least to ask them to take on more responsibility for specific tasks on the Good Life site. This provides beneficiaries with the clear message that moving forwards to independence is the ultimate goal of the Good Life.

4. Employing more volunteers

Several volunteers already contribute to the Good Life. There is scope for this to be further developed as an outcome of the recommended task appraisal. Positions with specific responsibility could be identified and searches undertaken through local volunteering agencies to match volunteers with those skills. It may be more likely that volunteers will assist if they know that their existing skills will be appropriate and valued. Direction of volunteers requires time from management but if tasks are packaged well, it maybe that responsibility can be handed over with a minimal amount of training and continuous supervision. It may be that some of the more demanding roles can eventually be packaged into a paid position if funding is available. One way to increase benefit is to identify current beneficiaries who have grown in confidence and have learned from their Good Life experiences. They could replicate the activities and skills they have learned and lead small groups of newer recruitees.

5. Mixing and increasing sessions

There is capacity, even with current staffing and funding levels to increase numbers of sessions offered. The constraint at the moment is the overload on the Good Life Senior Support Worker who feels a need to have two quiet days per week to allow catch-up and preparation. With a task appraisal and some delegation, there should be ways to reduce this strain. It may be possible to add a smaller session on Wednesdays. This is currently restricted to a crafts session but this only occupies the main table in the allotment hut. Tea breaks can be arranged elsewhere if necessary on days where the crafts are taking up this community space. On Wednesdays beneficiaries could be doing a specific and self-managing aspect of work or focus on maintenance tasks. I believe the different groups would welcome the opportunity to socialise with each other. Currently, craft (mainly female) and gardening groups (mainly male) only meet on event days.

6. Increasing outreach experiences

Outreach experiences are usually arranged for Fridays with a select group of beneficiaries. They perform several important functions and seem to be highly valued by beneficiaries and partners. Inclusion indicates to beneficiaries that they are ready to venture into community activities. The activity brings interactions with other organisations or members of the community. Some activities help educate beneficiaries and stimulate other interests. Other activities have provided important assistance to members of the community who need help with their gardens or have saved resource for charities such as help with the bird hide on a farm. If it has not happened already there is scope to link with the Canal and River Trust as the canal borders the allotment site and they are always looking for assistance. Eventually it may be possible to package the management of outreach activities so that it could be a specific and separate role.

8. Upgrading feedback systems

It is really important for the long term support for the Good Life to make sure that those organisations in the community and mental health services that benefit are fully aware of the good work it does. There is plenty of evidence through media pieces, open events,

market stalls and the other methods described earlier that the Good Life is well known and supported in the immediate community. Ironically, however, I am not sure that knowledge of the project and the excellent service it is providing is fully known and understood in the higher ranks of the health and social services it is benefitting. These are the people who make funding decisions and it is very difficult to grab their attention, especially in the current economic climate. For example, it is difficult to tempt doctors, or health administrators to open events so that they can see for themselves. However, it is really important for the Good Life project to be fully appreciated so that it can raise itself up the list of priorities for funding. I am sure that PLT are aware of this need and do not have any fool proof suggestions. Perhaps more presence on the Health and Well-Being Board's agenda is most critical as it does not seem to be well known. Also upgrading the feedback on beneficiary progress to GPs or other health professionals might help.

8. Becoming an exemplar

There are many allotment projects around the UK, some of which are specifically set up for people with mental health problems. There are many more in progress of being set up and probably there is scope for lots more. The Good Life has been built up through learning over a four year period and I believe has created an outstanding model of delivery. There are some issues still to be addressed that have already been outlined but these maybe typical and strategies can be learned and passed on. However to take the step to become a more effective exemplar would need funding accompanied perhaps by a business model that allows charges/fees for services provided. This might include development of the website with learning materials and an advisory service. If this is a step too far, at minimum the PLT website Good Life pages could be developed to provide more assistance to those wishing to set up new programmes. This in turn would bring greater exposure and credit to the project.

9. Making the most of the data

As I indicated earlier in this report, the Good Life evaluation plan was well thought out with a comprehensive profile of participants, records of recruitment and attendance and change in several key psychological constructs, physical activity and general health, as well as changes in reliance on medication and health services, and movement towards full integration back into a 'normal' life. I have only been able to comment on summary data provided by PLT of some of the key variables. The results so far are impressive. However, depending on the completeness of data sets, there is a great deal more to be analysed and interpreted. I strongly encourage this to be done as it is likely to confirm the qualitative findings presented in this report and strengthen the case for continued financial support for the Good Life.

The future of the Good Life

The Good Life offers a valuable, effective and in some respects unique service for people diagnosed and recovering from moderate to mild forms of mental illness. Many of the participants choose the Good Life option above other forms of therapy and in some cases it is the only service they are likely to engage with. It is run by a small team of skilled and highly committed staff supported by a team of workers and volunteers, many of whom have benefited from the programme themselves. The team have a deep understanding of the

demands of mental illness and they manage to provide a safe and rewarding experience and space for recovery. There is good evidence from the large numbers of participants committing to the Good Life and their reports of benefit that make it worthy of long term support. A waiting list confirms its popularity. In its current form, the Good Life has been in operation for four years during which the site has been well developed to provide a wide range of experiences for beneficiaries including country craft sessions and simple to complex horticultural tasks. They produce an impressive array of year round vegetables, flowers and crafts products which are sold through local markets. The Good Life has reached a point through a long period of learning where it is now acting as a model programme and many organisations take advantage through visits and advice.

Community projects such as the Good Life which are not in a position to be fully self-sustaining, are highly reliant on continued funding from charities and local agencies who stand to benefit. The current economic climate is highly challenging, even for projects that have established themselves as an outstanding service. For four years, the Good Life has been fortunate to have received a sizeable grant from the Big Lottery. A recent bid for continued funding by the Lottery appears to have been unsuccessful. This is not surprising given many other worthy programmes around the UK who have not received similar funding. As alternative funding sources have become increasingly squeezed in the past 10 years, funds such as the Big Lottery have become more and more competitive.

The Good Life creates some income through its produce and also attracts small donations and gifts of equipment and materials. However, in order to be sustainable the salaries of the key management staff need to be assured. I approached the issue of longer term funding with the Chief Executive of PLT. She explained that although the Trust has a requirement and mission to support community projects where it can, the grant provided by Pendle Council has reduced steadily over the past few years. This has meant that leisure services have had to focus more on the development of commercially viable programmes to maintain its income and current provision. It has done well through membership sales but the capacity to support programmes such as the Good Life has dramatically reduced. I also briefly interviewed the recently appointed chair of the Clinical Commissioning Group. He explained that although funds can be provided for start-up support for programmes such as the Good Life, it is not current policy to provide long term commitment to salaries.

It appears therefore that the future of the Good Life is at a critical point. As with many similar projects that rely on short term funding, they are highly vulnerable at a time of severe austerity when NHS, social services and leisure services are facing serious challenges to front line services. My belief is that the Good Life is providing an important health service. Without the Good Life, it is very likely that there would be greater pressure locally on primary and secondary mental health provision. Given that it offers a unique yet cheap option for patients and that there will be savings on these services, then it is logical that mental health services in the area should provide supportive funds. However, my experience with many programmes throughout the UK which provide health benefit through physical activity, better nutrition and social inclusion find similar difficulties as they are often seen as preventive health programmes and have not been given the priority they deserve.

Possibly the best solution for the next phase of funding for the Good Life is to seek contributions from several sources including PLT, the local CCG, mental health services and charities. This will require some coordination and some give and take from each organisation. If a solution is not reached, then tragically in my view, a programme that is built on years of learning, is highly respected, effective, good value and that benefits a large number of people with mental challenges, their families and carers, and the local community will be lost.

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Appendices

Appendix A

The impact of allotment projects on the well-being of people with mental health challenges

Challenges of mental illness

Commonly diagnosed mental illnesses include depression, bipolar disorder, anxiety, schizophrenia accompanied by psychotic episodes, and obsessive compulsive disorders. About 25% of us will experience one of these conditions at some point in our lives. Both genetic factors and environmental conditions affect risk. Several conditions are intermittent and recoverable. In addition, as we age we become more susceptible to several forms of debilitating dementia often requiring constant care.

Each of these conditions brings serious challenges to the health and well-being of sufferers and their ability to lead a fulfilling and manageable life. Employment and relationships are difficult to hold together. There is usually a loss of confidence and self-esteem, unpredictability of personality and behaviours. A downward spiral into withdrawal, isolation, malaise, poor sleeping patterns producing a poor quality of life is often the result. This lifestyle brings increased risk of several other diseases and conditions that come with low levels of physical activity and poor nutrition. Medication and cognitive behaviour therapy are the usual treatments and these can help but a lot of support from family and friends and engagement in a meaningful activity is usually required to help build back a normal life.

Historical context of horticultural therapy

One form of support is to work in green settings in the form of horticulture, farming or forestry work. Ironically this approach has its roots in the old asylums where connecting to nature through gardening was thought to reduce anxieties and enhance healing. From the late 1990s after asylums were closed and mental illness became a community challenge, social and therapeutic horticulture (STH) became increasingly popular. The aims were broader as social inclusion and health promotion became the focus of treatment of mental illness (National Service Framework for Mental Health, 1999) so that connection with a community, getting some exercise, learning new skills were seen as benefits in addition to the effects of engaging with nature, plants, and being outdoors.

As indicated by a 40-year high in waiting lists particularly in urban areas, working allotments was re-emerging as a popular past-time among the general public (Wood et al., 2015). This may be because allotment workers report less isolation, higher life satisfaction, better health than similar non allotment workers (Van den Berg et al., 2010) and exercise outdoors can bring added well-being benefits than indoors (Coon-Thompson et al., 2011). Urban dwellers are 38% more susceptible to stress than rural dwellers (Peen et al., 2010) so perhaps allotments provide a way of connecting with the countryside. It is not surprising therefore to see a rapid growth in the allotment projects as treatment or therapy for people with mental illness and for other populations including older adults and children. In 2006, a national charity called Thrive was launched to support these kinds of projects to the point where there are now several hundred in various forms to be found across the UK.

Why might allotment groups be effective?

There have been several attempts to articulate theoretically-derived mechanisms through which participation in gardening or allotment groups might work as therapy for mental illness.

1. **Attention restoration.** The concept of *biophylia* or affinity with nature underpinned the asylum gardening projects. It is based on a belief that modern living is increasingly removed from contact with nature which has an inherent benefit for restoring cognitive balance. This may be important as poor attention, memory and decision making are characteristic of mental illness.
2. **Stress reduction and emotion.** This is based on nature providing a calm, psychologically safe environment that reduces tension and increases sense of well-being. Both these concepts are linked to 'flow' or the sense of being totally immersed in an activity with little conscious thought, which is in itself a relaxing experience.
3. **Social benefits.** Although there are opportunities in allotment projects to work for long periods in isolation, they usually involve working with others in groups. The social benefits of being part of a group, rekindling social confidence, building connections and friendships, and feeling valued are emphasised in most contemporary gardening projects. They are regarded as providing a vital stepping stone from increasing isolation to integration back into community (Sainsbury, 1998).

Although these categories of benefit have been emphasised in the academic literature, they are not comprehensive. Allotment projects provide many other mechanisms to potentially aid recovery or cope better with mental illness. These include:

- developing new physical and cognitive skills
- experiencing a sense of achievement through successful growing or building
- regaining a sense of routine and control over lifestyle
- increasing physical activity and fitness
- provides a stepping stone back into work

These concepts fit well with self-determination theory (SDT) (Deci and Ryan, 19) used to underpin many interventions to help people become more active and/or to lose weight. SDT helps the design of programmes to develop a) feelings of competence and confidence, b) sense of control, autonomy an ownership, and c) feelings of social belonging and relatedness. However, SDT has not been applied to the study of allotment projects.

What is the formal evidence base?

It is not surprising that the formal evidence base for the benefits of allotment working for people with mental health challenges is at best weak. Mental illnesses are diverse and have different symptoms. People who suffer from mental illness tend to lead more chaotic lives and can struggle to keep appointments, complete questionnaires/interviews and are less likely to volunteer for research projects, sometimes having difficulty with the consent process. Randomised controlled trials are expensive and even then provide a limited picture of the diverse forms of change that may be taking place and so need to be accompanied by observation and interviews with staff and participants. Most projects are funded by charities or local mental health services and have limited budgets and expertise for comprehensive and rigorous evaluation.

In 2003, Sempik et al. reviewed 12 published studies that had evaluated horticultural interventions for adults with mental health difficulties. All were interview or observational in nature and provided no objective outcome measures. Benefits reported included reduced symptoms, improved social interaction, and acquisition of skills.

A more recent review of data-based studies with participants with mental health difficulties was undertaken by Clatworthy et al. (2013). Ten were identified with three being conducted in the UK. Each of these was loosely described as a gardening or horticultural project (Parkinson et al., 2011; Parr, 2007; Stepney & Davis, 2004). One study conducted in Finland (Rappe et al., 2008) and an insightful UK based interview study (Fieldhouse, 2003) not included in the reviews, specifically researched an allotment-based project.

Parkinson et al. (2011) conducted an interview and observation study to identify motives for taking part in a gardening project. A key motive was an inherent liking and interest in gardening and working with plants both indoors and outdoors. Other motives were the social opportunities provided through working in groups and the chance to develop without pressure.

Stepney and Davis (2004) used mixed-methods to identify how predictable improvements in anxiety, depression, and social fears were from predictions of a professional panel. Using the Hospital Anxiety and Depression Scale, all but one of 10 participants showed positive changes, although professional predictions about who would do well on the programme were not accurate. The researchers suggested that development of a sense of belonging and opportunity to make a social contribution were key factors.

Parr (2005) provided interview data on 20 participants and 20 support workers attending one of five gardening projects occupying people with severe and enduring mental illness. A more intensive ethnographic study took part at two sites in Nottingham and Glasgow. The authors conclude that garden work helps people with mental health problems achieve social inclusion and stability. It is most effective in terms of widening opportunities for social inclusion and social networking when garden space is located in or near to residential areas. Contact with both nature and people facilitate stabilising effects and a range of primarily positive emotions. Participating in garden work brings opportunities to rework stereotypical constructions of 'the mental patient' through active citizenship in local communities. The paper also indicated that there are many difficulties including weather, physical challenge, unreliability, intermittent low motivation. The report provides a rich source of information for planning and delivering these types of programmes.

Fieldhouse (2003) provided an interview based analysis of the impact of an urban UK allotment group on the health, well-being and social networking of nine people with diagnosed mental health problems. The focus was on perceived benefits and are analysed under the dimensions of environment, subjective experience, and occupational performance. Regarding the environment, peacefulness, its destigmatised supportive and safe nature, and producing fresh food were appealing. In terms of subjective experience (which clearly varied among individuals), clearing the head, thinking differently, concentrating and getting lost (flow) were mentioned as well as an appreciation of beauty, feeling better mood and a sense of lightness, sometimes spirituality, and enjoying friendships. Working redeveloped awareness in the physical self and its related qualities and skills. It also got them tuned into timeframes and the immediacy of the present and allowing them to look forward and set goals. Providing a chance to communicate verbally and nonverbally and develop relationships was important. Harvesting crops provide a celebratory shared experience. The author concluded that the allotment group provide an affirming and accepting social milieu.

Rappe (2008) reported questionnaire and diary findings of ten participants in a Swedish community garden. Results confirmed the other studies reported here suggesting that the effects are available at least across westernised cultures. "*The participants valued highly the opportunity to be outdoors, to do meaningful work, and to experience nature with all of their senses. They also appreciated harvesting and working together in a group. The participants reported feeling calmer and invigorated, and their ability to concentrate was improved due to gardening. The social support of*

the group and the atmosphere of approval contributed to the autonomy and coping resources of the outpatients".

Clearly belonging to a group is central to the positive experience provided by allotments. Diamant and Waterhouse (2010) analysed through reflective practice the views of therapists working in the , Thrive Battersea Project on which activities were effective in creating a sense of belonging. Making soup, weeding, writing diaries, harvesting, and being an integral part of the project and its 'family, contributed to feelings of affirmation, safety, and self-determination both in private and community space within the project.

Implications for the evaluation of the Good Life

- The literature is strongest in telling us the kinds of benefits that might be experienced by Good Life participants. This can be confirmed through diaries, interview and focus groups.
- Ultimately recruitment and retention rates will also confirm motivation and perceived benefit.
- There is some evidence showing changes in self-esteem, mood and general well-being. There is also support for the social benefits of participation.
- Little robust evidence is available on objective outcomes such as symptoms of mental health such as stress, depression, anxieties, psychotic episodes, obsessive and compulsive symptoms. There has been little measurement and no studies have adopted rigorous research designs.
- There is virtually no mention in the literature of impact on physical and cognitive function with perhaps the exception of improved concentration, or how the project is helping participants deal with their illness or life in general.
- There are no data on progress to full health including effects on medication, use of hospital and care services, adoption of other activities, or pathways into employment
- There are no attempts to document how participants are best recruited.
- There are no attempts to document costs of programmes or the kinds of partnership and funding arrangements necessary to sustain them.
- There is limited discussion on the characteristics of the site and its location that are most likely to be effective.

Appendix B1

Case analysis of a Good Life craft group

"From past to present first and then on to the future"
The Good Life as a safe stepping stone

The Good Life craft groups are offered currently on one day each week in the main allotment hut. The focus group took place during a session so that participants were offering comments while they were undertaking a craft project creating a relaxed situation. A craft activity is introduced each week using various natural media such as wood, clay and paints with some instruction followed by time spent making attempts to learn techniques with one-on-one guidance. The activity takes place around a central table which encourages conversations involving the whole group. For this focus group, six people contributed. One participant was a middle-aged male who was suffering from physical disability, four women from different age groups, and the group leader who was a volunteer and also a mental health sufferer made up the remainder. A friendly and open and seemingly honest discussion took place for about 45 minutes

Most participants have been attending each week for many months although one woman was a newcomer to the group. Participants were initially introduced to the group by their support worker who sometimes attended with them. Most have been directed to the Good Life by the mental health professional from the local NHS Restart programme. Although learning craft skills provided the initial attraction to join the group, conversations indicated that the craftwork was secondary in importance to the social impact of the group. Commonly used descriptors were *relaxing, calming, friendly, welcoming, enjoyable, achievement, confidence building, trust, non-judgmental, understanding, supporting*.

The most salient benefits mentioned were:

Building social confidence and overcoming isolation. Three participants focused on this benefit as being a critical feature for them.

I came to group because I felt really isolated. I did not leave my house. I would not see anybody for weeks and weeks at a time. I really like coming to group. If it was not here I would probably still be at home not leaving the house.

I would not go out at all. I live alone on a cul-de-sac and nobody passes the window. You tend to wallow in your depression. When you go out you think that everyone is staring at you.
Now I go out more often, go shopping, go see friends and I feel more independent.

Providing a stepping stone for coping and recovery. There was unanimous agreement that the group had provided them with a crucial support structure for coping with their mental health challenges and helping them to get their lives back on track. Although there was a general reluctance to declare that their mental illness was going to be permanently overcome, the Good Life had helped them cope with their symptoms and provided an important stepping stone towards recovery.

My mental health still fluctuates. I still have bad days but now I can get out more even on my bad days. I don't have as much anxiety socially. So this has helped me with coping. It's definitely better. I have gone from not being able to go out..... It's been a massive step for me.

One participant elegantly expressed how the group had helped provide her with a platform to manage the present to the extent that she could now start looking forwards. Several other participants voiced agreement with this.

I think I have come a long way from being psychotic and seeing things.
Coming to the group has helped me with living the now rather than living in the past
I just want to carry on and it's a goal to get a job again and work up from a few hours to full time.

I want my illness to go away but it can't be foreseen.
You just have to see this as a stepping stone.

Same with me. I'm not looking at whether I will be able to work again. But live in the present. Live and enjoy now and increase my abilities in the present with the hope that I can go back to work eventually but if I push myself too hard I find I get frustrated.

Learning new skills and achieving. Several examples were provided as to how the craft work helped improve their confidence and sense of self-worth.

I can take this home with me and say I have made this. Made a lot of things that has given me confidence and I can say with a bit of help I have done that. It builds my self-esteem. I am doing things now that I would not have dreamed I would be able to do. I have started making my own cards at home with my wife.

I actually take a lot from the group. I will make something and then take it home and do some more and it stops me feeling lonely. For example I bought my own clay and I am working on stuff at home.

What makes the group work?

This particular group seems to have developed a very successful formula that they feel is different to many other groups for people with mental illness. They express a sense of uniqueness.

I have never been to a group like this before.

A lot of other groups did not feel like they were for me.

I tried painting but nobody talks to anyone else.

Participants provided some insight into why the group is successful for them.

Optimal group size. There was a strong feeling that the size of the group was important. An optimal size was seen as 6 to 8 people. This allows everyone in the group a voice that can be heard. Generally one person speaks rather than several conversations being held. It provides sufficient level of interest and it is not too noisy as this can raise anxiety levels.

It's a small group. You make more friends. It's really good.

Maximum 10 people so that cliques don't form but enough to provide different interactions.

Not too rowdy. I can't deal with a lot of people.

Providing acceptance, understanding and support. This was a key factor. The group had somehow organically developed a style of interaction that fitted their needs. The group leader explained:

We are trying to create a safe space to build confidence where they are not going to be challenged at all. Everyone is accepted as they stand and nobody has to explain why they are here.

This was confirmed by several comments from group members.

We have created a safe environment where we have learned to trust each other and work together as a team.

We tend not to speak over each other so everybody is listened to.

There are no expectations. They don't expect you to finish anything.

You can be yourself.

I talk to others from the group on social media. If I had a problem and thought they could help then I just contact them.

I asked if they frequently talked to each other about their mental health problems and was surprised that the focus group was the first time that this had overtly happened. Clearly, there is an unstated understanding about each other's challenges and they feel no need to treat each other as anything but normal people.

We don't talk about it (mental health) *unless someone asks. We have had enough talking about it to our health professionals* (leader).

It's important to be with people who have also got mental health issues as they understand. My mum just says 'just pull yourself together'.

We just want to be normal. If someone has an anxiety attack they just go outside.

I asked how quickly the group made them feel safe and secure and they felt that it happened quite quickly possible in the first two attendances. Presumably anyone who has not felt comfortable has stopped attending.

Summary and suggestions

This was a small but highly successful group. Craft work around a central table provided an activity that allowed conversations to develop naturally. A code of unconditional support has evolved that allowed participants to feel relaxed and not pressured. This was the key factor I believe to attendance. I suggest that the group leader who had particularly helpful insight and understanding as a mental illness sufferer herself had been the key figure to these conditions developing. The result was that several of the participants felt that the group had provided a secure platform on which to start coping with their illness and build a new future.

It seems that a group such as this which incurs minimal costs offers a very valuable social and health service. They require a volunteer worker, a time slot for the space and small budget for materials. One way to increase benefit is to start new groups led by other volunteers or where these are not available, current participants who have grown in confidence and have learned from their Good Life

experiences. They could replicate the activities and skills they have learned. Although participants indicated that one benefit of the group was not to feel pressured, it might be possible to develop some kind of recognition of graduation that states that they have developed skills and are ready to take on some responsibility, perhaps by leading a session and building up to forming their own group. The male member of the group responded to this suggestion by saying:

I can't work at the moment because of my disability. It would give me something to achieve in my life. I would come every day if I could.

The craft group tends currently not to mix with the gardening/allotment groups because they meet on different days. They come together on special events days but there may be benefit in finding ways where the two types of groups can interact informally more often, perhaps by mixing allotment and craft days.

Appendix B2

Case analysis of a Good Life allotment group

The Good Life as safe space to grow

The Good Life allotment groups are currently held on Tuesdays and Thursdays each week. Activities are varied and include general maintenance, planting and tending, woodworking, building, digging and distribution. Occasionally trips are arranged to do outreach work or visit other sites, usually on Fridays. A smaller group sometimes helps with site maintenance on Fridays. Participants attend between 10.00am and 3.00pm with morning and afternoon tea breaks. The focus group took place in the allotment hut during the morning tea break. Six men who were middle to older age were present and also two younger paid workers who had recently been beneficiaries and one woman who did not contribute verbally. All were white with the exception of one South Asian participant and had been attending for several months on either one or two days per week. No information was available about their mental health status. Most have been directed to the Good Life by a mental health professional from the local NHS Restart programme and at least two participants live quite close to the allotment. After a tentative start, a relaxed contributory atmosphere developed.

The responses from this gardening group contrasted starkly with craft focus group. Although there were almost twice as many contributors, the session lasted half the length of time at 25 minutes. Even though I repeatedly prompted to find out the effect of the Good Life programme on the enjoyment, well-being and mental and physical health of the participants, responses gravitated quickly to features about the project and their part in it. The result was greater insight into activities than feelings. Responses were brief and more direct. This probably reflects a common finding that women are much more likely to openly discuss their feelings than men, especially in group settings. I also believe that the focus of this group on *doing* rather than *feeling* is reflective of their true interests and expectations about the project. They are more interested in absorbing themselves in work sometimes alongside others, than to conduct a self-analysis of their mental state.

Several themes emerged when asked about the benefits of taking part in allotment work at the Good Life.

Being with nature. There was general agreement about the benefits of working outside, being physical and being in touch with plants and animals.

Working with nature. If you are working in an office or factory it's not the same. It's much more natural and its seems to free you up.

It's very therapeutic. When you are working at the bottom you can't tell that there is a motorway a few yards away. You feel like you are closed off from it.

Because you are growing organic and that's the way forwards.

Physical work and getting up a sweat.

Companionship. The social benefits differed to those of the craft group. They were much simpler and more concerned with just being with people rather than the quality or nature of the interaction. Sometimes it was as basic as enjoying *brews at lunch time* or *the company*.

However, a couple of participants did mention the importance of overcoming isolation and there were comments that the allotment was a friendly and welcoming place and that people were non-reactive or judgmental.

I was really withdrawn when I first came here. It's different now.

It's socialising. We get isolated and for me it has helped me a lot. When you are on your own you get warped thoughts. Here you get other peoples warped thoughts but that's OK (joke/laughter).

In working environments everyone is having a go at each other and everybody feels they have to protect themselves. It does not happen here because everyone is affable. Even if someone says something nasty you just feel maybe he is having a bad day.

You get both here. You get to work on your own but you get to work with others. If you want to get away then you can.

It does not just end here. Some of us meet up like me and Steve go to the gym together. That's something I have not done before.

Learning skills. There was plenty of mention of different activities that were possible and the potential to learn both organisational and physical skills. The diversity on offer was a key attraction to the project. The following were mentioned:

Teamwork and working as a group
Helping with open days
Selling plants, fruit, and veg at the market
Setting up barbecues
Bird-box making
Building hot beds and learning woodworking

Also off-site activities were regarded highly and included:
Testing how fresh the water quality is in the park lakes and streams for wildlife
Visiting an organic farm

Allotments are a different way of working – you never stop learning. There is always something else to learn.

Good Life as a refuge. The Good Life was seen as a safe place that could allow each participant the space to develop at their own pace and to be themself. In contrast to the craft group participants who found the security more directly in supportive **relationships**, the allotment participants saw that Good Life offered a safe **place** to spend time in. Having people around was important to most as it signified not being alone. However, it seemed that interactions were simple and more task than emotionally focussed.

You can leave your problems at the gate.

It's a sort of a refuge.

You can't do anything wrong here. If you plant something in the wrong place you just learn to do it right next time.

What makes the allotment group work?

For the time I was on site, a friendly work atmosphere seemed to exist. The diversity of opportunities that allotment sessions offer seems to be a key factor. There are so many activities available that range from purely physical work such as loading and barrowing compost, to quite skilful activities such as woodcrafts, construction of beds, growing plants from seed, that there is something that suits everyone. The diversity also keeps interest levels high.

The allotment workers seemed less close knit as a group than the craft workers. This is probably in part due to them being spread out across the site and engaging in several different activities. The quality of interaction was founded in work sharing whereas the craft group was based on expressing and listening around a table. This gender difference is well established in the research literature.

Certainly the presence of other workers is valued and a supportive and non-judgmental style of interaction seems to have developed. While touring the site, informal discussions with participants indicated that there was no pressure and no expectations and that this was really important to them as they often experienced anxiety. I suggested to one participant who seemed to be confidently leading new planting out that he might feel ready for helping teach others these skills. He was not able to respond and later told me that he was not ready for that kind of responsibility – my mistake. Clearly, pushing participants along too quickly can be wrong.

On reflection I felt that a key benefit that had been inherent but unstated in the focus group, but which underpinned a lot of the comments was that the men had formed a sense of belonging to the allotment and felt part of a bigger project. There was a sense of it being *their* place. This was expressed in a sense of pride and concerns for the future of the project. Psychology would say this sense of belonging is important for self-esteem, well-being and motivation.

Summary and suggestions

The allotment work clearly is highly valued by participants. They attend regularly, some of them twice a week. This is rare for people who lead chaotic lives and are often isolated because of their condition. They see the allotment as a refuge and a place where they can develop safe friendships. They feel part of the place and its future. It provides an opportunity to be involved in meaningful and rewarding outdoor work and to learn new skills. It is not surprising when asked that their number one suggestion for improvement was to offer the group on more days of the week and for longer hours. A couple of participants felt that there was scope for growth and more efforts should be made to advertise the project and really let people know what it has to offer. Others pointed out how busy it was at certain times of the year, particularly spring and early summer.

These findings suggest that maintaining the diversity of the activities on offer is important. Also maintaining a climate where participants do not feel pressured is critical for some members. For others who are gaining confidence it is also important to offer them a means of moving towards greater responsibility. Also, events and activities off site seem to be appreciated and could be developed further. Finally, leaders have managed to create a sense of ownership and belonging among participants. This is a key finding and there may be scope to exploit it even further through involving participants as much as possible in decision making and encouraging them to gradually take on board more responsibility for aspects of the work and its organisation.

Not a great deal was learned from the focus group or my informal visits about the benefits of the allotment work for alleviating or helping cope with symptoms of mental illness. That reflects a

reluctance to talk about it at the personal level and not necessarily indicative of the effects of Good Life. Unfortunately, absence of contribution from women meant that I could not learn about their particular perspective.

Appendix C

Jamie and his time with the Good Life
"Now I have my own set of keys....."

Jamie (pseudonym) is a part time assistant with the Good Life and works two to three days per week. He was offered the position after a couple of years as a beneficiary of the programme. He is probably in his late 20s or early 30s, appeared confident and knowledgeable in interview and is seen as a leader and organiser by current beneficiaries. He was diagnosed with anxiety and depression in his teen years, after he reached a point where he felt at times suicidal. He had been in a depressed mental state for some time and thought it was normal to feel that way. Following diagnosis, Jamie's doctor referred him to NHS social inclusion programme called Restart . He said "*I had been doing some gardening since I was 15 and its always been something I wanted to do*".

Before joining the Good Life, Jamie was taken by his worker to several other groups that did not seem to work for him. He explained "*He took me to numerous groups but they just did not feel right. It (the Good Life) just made me feel at home. It's just like a big family and everybody looks after everyone else".*

Jamie suggested that it took a while to settle in and at ease and that he was given the chance to progress slowly and gradually to the surroundings and people. He was accompanied by his worker for the first two or three visits. Then he spent some time working on his own with the Senior Support Worker, learning new skills. He joined small and then bigger groups. He explains "*I then helped take a session as I had a background in gardening. The Senior Support Worker was interested in me doing some volunteering work – supporting, talking, trying to make other people feel more comfortable*".

He notes how different he feels now compared to before the Good Life. His confidence has grown and he is proud of the responsibility he is able to take on. *"I never carried keys or a phone. I just did not like handling money. Now they have me handling money on a market stall and I have my own set of keys. It's like a symbol – They trust me enough to have my own set of keys. It's made me feel like a key member of the team".*

He tells us what else he gets out of the work. Some of the rewards are around seeing others do well – a commonly expressed motive of teachers. *"I enjoy looking at their faces and thinking well they have never done gardening before and now they have done all that. We made wooden planters and someone had never used a drill before. As soon as she made her first planter you couldn't stop her. She wanted to make another and another and another. Seeing their faces light up when they know they have done summat. It's rewarding. "*

As with most sufferers of depression and anxiety, he feels that he has recurrences and that he has learned to cope with them much better. He says that the way people treat him at Goodlife really helps. "*I still have my off days. I just don't turn up or I am quiet. If I am quiet they know something is wrong. The Senior Support Worker notices and takes me to one side and says what's wrong? Even the Support Worker who has been here only a short period of time but it seems like she has been here forever, she makes everybody feel comfortable and you can talk to her as well".*

When asked about moving on to other work or challenges he stated his position quite clearly. "*I have done lots of courses - Gardening at college and Safe guarding. I always thought I would be working in a garden centre but I still want to be involved here. Here I am almost like a support*

worker. I know what I have been through and I know where they are coming from. Basically I don't care if I don't get paid coming here".

Jamie has grown immensely through the Good Life. His worker says he has progressed from an introverted and anxious young person who could not look you straight in the eye, to a confident, supportive, empathetic and skilful work paid work assistant. He seems reluctant to take a further step beyond the Good Life, partly because he does not feel fully recovered but also he feels that the Good Life offers him what he needs right now in his life. He is not likely to move on unless pushed and the question could be posed - *Why should he*? . He has recovered well enough to create a meaningful and rewarding life and he is contributing something very useful to others.