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A Social Prescription Programme Collaboration between the Eden Project and St Austell Health Care

**A Qualitative Evaluation of the Vounder Farm Horticultural Therapy Group**

SIG Reports and Policy Papers

A Qualitative Evaluation of the Vounder Farm Horticultural Therapy Group

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**A Horticultural Therapy Group at the Eden Project – Vounder Farm**

# 1.0: Aims

This report outlines the key findings from a qualitative evaluation of a horticulture therapy group. The main research questions focus on the participants’ experiences of the group and are as follows:

* *How ‘disruptive’ was undertaking the social prescription to their lifestyle before the horticulture group?*
* *Has the group resulted in any other changes to their daily life?*
* *How does the location of the horticulture group and the garden as a space impact their experiences?*
* *What are the main challenges based on maintaining their commitment to the horticulture group?*
* *Why do they maintain their commitment?*
* *Were they aware of a horticulture group being a treatment option for their conditions / issues?*
* *How has their perspective of the group’s benefits and drawbacks changed during their time with the group?*
* *How have the social relationships they’ve built shaped their experience?*

In addition to these participant specific insights this evaluation draws upon the perspectives of an ethnographic research approach. The lead researcher participated in the group’s activities across eight weeks; specifically 12 sessions. Additionally the horticultural therapist conducting the sessions provided the evaluation with their perspectives on the opportunities and challenges related to running such a group. These perspectives refer to both the logistical organisation of the group and the inclusive environment formed through social interactions.

## 2.0: Background

The Vounder Farm Horticultural Therapy Group (Space to Grow) is part of St Austell Health Care’s social prescription programme which started in June 2016. St Austell Health Care serves as a General Practice (GP) surgery for St Austell, a town in mid-Cornwall (UK) with an estimated population of 20,955 (the population is around 36,000 when the surrounding parishes are taken into account)1. St Austell Health Care is the merger of four surgeries and is now the largest GP surgery in Cornwall.

The Vounder Farm Horticultural Therapy Group started operating in September 2016 and is located on the outskirts of the Eden Project’s estate. The garden used for the horticultural activities is 867sqm (based on the land of an old farm) and has transformed from a disused pool into a working garden with seven raised flower beds / vegetable patches, a poly tunnel, an accessible path, a seating area, a water collection system and a compost unit (as of August 2018). Importantly the transformation has taken place with the direct involvement of the horticultural therapy participants. These participants were referred to the ‘space’ by their GPs at St Austell Health Care due to their experiences of depression and anxiety. Some of the participants have a history of multiple mental health issues such as Obsessive Compulsive Disorder (OCD), Borderline Personality Disorder (BPD) and Bipolar Disorder. St Austell Health Care uses a Social Prescription Facilitator whose role entails acting as a contact point between patients on the programme and their GP. This is a key mechanism behind participants effectively communicating any changes in their mental health and wellbeing to their GP and the horticultural therapist.

Finally, the therapist at Vounder Farm has been part of the programme since its inception (they have been involved in similar work for the past 6 years) and runs a 12-month schedule with each member referred to the programme. Each session lasts for four hours and is held weekly; currently there are two groups which work in the garden. The Tuesday group consists of three participants and the Thursday group consists of four participants. The sessions with the Horticulture Therapy Group last between 12pm and 4pm. The day’s tasks vary from simply watering the vegetable patches, flowers beds and poly tunnel to hand-sowing seeds, weeding and manually cultivating areas for new plants. Although the sessions are led by the therapist the participants are able to express ideas and experiment with either planting techniques or design features to structure the day’s activities.

# 3.0: Methods

The evaluation approach undertaken in this study spanned eight weeks (May-June 2018) with the lead researcher taking part in 12 horticultural therapy sessions during this period. All participants and the therapist were made aware that the researcher was part of a study. They were informed that the study was based on evaluating how the group operates (logistically) and the social and personal experiences that emerge from being part of such a group. Importantly, the therapist and participants were made aware that if they felt the researcher impacted the group / group’s activities negatively the researcher would not continue to take part in the sessions. These approaches are fundamentally dependent on the rapport a researcher is able to build with individuals in the group. As such, findings emerge conversationally as the researcher becomes part of the group and key insights arise from the experiences individuals share, and encounter together2. All research was conducted under a confidentiality agreement made with the participants and approved by the therapist. Hence, all research notes made by the researcher working with the group were anonymised. Each participant was assigned a random pseudo-name for this report to maintain their confidentiality.

The research questions in *Section 1.* formed a basis for conversations between the researcher and participants. However, the four hour sessions provided a relaxed environment for one-to-one interactions to develop. Hence, conversation topics often veered towards the research aims organically. After each session extensive field notes were made on the group dynamics, conversations, experiences and any one-to-one interactions that took place. These field notes included the key points from the reflective discussions that took place after each session with the therapist. Finally, a semi-structured interview (45 minutes) was held with the therapist at the study’s culmination. This interview provided an overview of the therapist’s experiences with the Vounder Farm Horticulture Therapy Group, their perspectives on how participants progress through the programme and the main opportunities and barriers that are apparent to undertaking horticultural therapy at Vounder Farm.

# 4.0: Findings

The participants in The Vounder Farm Horticultural Therapy Group were referred to the programme by St Austell Health Care. Each participant’s (7 in total) demographic characteristics as well as the number of times they attended a four-hour session when the researcher was present can be seen in Table 1. Please note that their pseudo-names are not listed in the table. This is to protect the confidentiality agreement signed with the participant (in small samples it may be possible to identify an individual even if their pseudo-name is listed with their demographic information).

|  |  |  |
| --- | --- | --- |
| **Age** | **Sex** | **Number of Sessions** |
| 56-65 | F | 6 |
| 26-25 | M | 3 |
| 26-35 | M | 0\* |
| 26-35 | M | 4 |
| 46-55 | M | 4 |
| 46-55 | F | 3 |
| 46-55 | F | 2 |

*Table 1. Vounder Farm Horticultural Therapy Group Participants*

*\*This participant was not present at any of the sessions due to a new employment opportunity.*

The following content in this section will document the findings of this qualitative evaluation in relation to the main research questions. These research questions have elicited findings that act as a core theme across all participants and insights that are individualised by a participant’s specific experiences. Both types of findings are extremely important in understanding the impact of the Vounder Farm Horticultural Therapy Group.

# 4.1: Disruption and changes to daily life

The incorporation of a four-hour weekly activity into an individual’s weekly routine can be perceived as a disruptive change. In this sense the term disruption refers to a change to an individual’s weekly routine and can manifest to be negative or positive depending on a complex set of influences. Each individual had other weekly roles and responsibilities to fulfil but a core perspective across the group was that the horticulture sessions were a ‘positive disruption’ to their week. The main reason given for this positive insight was that it provided the participants with a routine and something to look forward to. This finding is exemplified in the field diary entry below (all names used are pseudo-names):

**Date: 24/5/2018**

Martin arrived smiling as I was putting my boots on. He stated that he really looks forward to the group on such days (it was a hot sunny day) but jokingly moved on to point out that the poly tunnel was going to be ‘boiling’. Errol responded by suggesting that was part of the fun – they both agreed and mentioned how they would be ‘mulling over things’ indoors if it was not for the group. Errol went on to say he sometimes needs a push to get involved with things and he usually ends up enjoying them. He hopes the group will help him get back into outdoor activities – even if just gardening. I personally felt apprehensive about the day’s tasks due to my lack of experience with horticulture but I was made very welcome and Martin helped me whenever we moved on to a new task – the tasks included raking the soil until it was finely grained, sowing courgette peas and courgettes and constructing a barbed wire / bamboo barrier around the edges.

The diary entry above was during Errol’s second week therefore he felt able to raise his expectations of the role and function of the group. These expectations were shaped by the discussions he had primarily with the therapist. The therapist helps the participants set goals for the time that they are attending the group. The goals vary from identifying a career / course that they may be interested in to identifying triggers that negatively impact their mental health. Goal setting is however a fundamental influence on whether the participants viewed the therapy group as a ‘positive disruption’. The knowledge and skills exchanged between the participants acted as a significant mechanism in the group to form new routines outside of the group. Five of the seven participants spoken to during the study were transferring the skills they practiced at Vounder to their home lives. In essence Vounder Farm provided participants with a space to think about and openly discuss options for their future (for example, a career, volunteering or beginning a new hobby). Additionally, participants built new routines outside of the group using the skills and knowledges shared during the sessions (another positive disruption). The adoption of positive routines in spaces that individuals are able to reflect on their current wellbeing and lifestyle (including occupational options / choices) has been well-documented and promoted by academic studies3.

However, the goal-setting approach is not a clear process for all participants and participating in the group can become negatively disruptive if an individual is experiencing confusion with life choices (such as a career). As the field diary entry below suggests a participant’s involvement in the group can be tainted by their negative perception of whether it’s a ‘step in the right direction’.

**Date: 9/5/2018**

When working on the vegetable patches, sowing peas, Darren spoke about trying numerous jobs including being a chef but stated it ‘was not for him’. He was unsure whether he will find gardening a positive experience and spoke about being on the look-out for new things to try but he did not really have a clear idea about what the new things may entail. Jane joined the discussion to state she was much older and had been through so many different jobs in different places and there was nothing wrong with change. Darren seemed reflective after this although did not directly respond and worked on the vegetable patch with leeks sown. I went into water the poly tunnel with Jane who went on to say she sees herself as a ‘mother’ figure to the others in the group as they are younger and calls them in the week to see how they are. More so, Oliver than Darren.

The diary entry above was only one of the two occasions Darren made it to the horticulture group during the study. One of the reasons for this was he was looking for new courses to start, which aligns with the insight that he felt unsure whether being part of a horticulture group was the correct step for him. While this apprehension regarding the group can be regarded as a negative disruption the therapist was in contact with Darren and provided a connection point for him to discuss alternative choices. Even though Darren was not actively part of the group he was still able to speak to the therapist regularly. In this case the activities proved negatively disruptive for the individual but provided them with another mechanism (through open contact) to address triggers that were detrimental to their mental wellbeing. Furthermore, it was through this open contact that the therapist was able to determine that the individual was currently experiencing negative side-effects from the medication he was currently receiving. This highlights the importance of external factors, whether they be medical and or social, when considering the disruptive effects (negative or positive) such therapy groups have on an individual. In such cases, the role of the Social Prescription Facilitator was essential. Ultimately, the group was a negative disruption for this individual but the social prescription scheme meant that they had direct access to a support network i.e. the therapist and Social Prescription Facilitator. Their medication complications were flagged up quicker and conversations regarding alternative activities they may find more positively disruptive were initiated. Previously the individual’s medication needs would have depended on them reporting a problem themselves and they would have been left to deal with detrimental triggers to their mental health alone.

The extent to which an individual experienced the group in a positive or negative way was closely linked to alterations they made to their daily lifestyle. The most notable positive changes were made by participants that engaged enthusiastically and committed to the activities during the sessions. Those who were prepared to exchange ideas and talk with others and the therapist had more positive experiences. Five of the seven participants were able to demonstrate such positive changes with one participant beginning a habitat course (which is a qualification needed to embark on a career relating to gardening in public spaces); one participant taking up a volunteering post at the Eden Project; one participant starting a new permanent paid role with a private company in St Austell; another participant engaged in various citizen science projects and a participant nearing the end of their 12-month programme was negotiating a trainee role with Eden Project’s Horticulture Team. Those participants that were able to find ‘change’ through the Eden Project itself had an added advantage of the therapist remaining as a contact point. This was not necessarily in terms of the participants seeking the ongoing advice of the therapist but the therapist relaying important individualised considerations to the relevant Eden Project staff (within the bounds of confidentiality). The field diary entry below highlights this dynamic:

**Date: 19/6/2018**

After the participants left a member of the Eden Project Global Team came to the garden – he was going to take care of the garden when the therapist was on annual leave. The therapist used the opportunity to discuss, Shelly, who was keen to join the team at Eden as a horticultural trainee. The therapist mentioned that she was a ‘people pleaser’ and pushes herself too hard so advised the Global Team member to ensure she would have the right support when learning new techniques or doing new tasks. The Global Team member stated that having a group approach and learning off each other was a central aspect of the trainee programme and tasks would be demonstrated by and under the supervision of experienced horticulturalists… [the therapist] reiterated that it was a major step for her to even consider doing something like this and they could build towards it step-by-step.

# 4.2: The Location and Vounder Farm as a Space

The Horticultural Therapy Group takes place on the outskirts of the Eden Project’s estate, which is 3 miles from St Austell. Participants with their own personal transport were able to attend the sessions with ease. However, those reliant on public transport found attending more challenging. Most of these issues stemmed from irregular public transport scheduling and unreliable services. Such transport issues remain a common problem for a rural county like Cornwall (a shared characteristic of regions dominated by an agricultural landscape4). Unfortunately, people without personal transport continue to have their mobility and access to services compromised.

As detailed in *Section 2.* the garden used by the participants has transformed considerably since the Vounder Farm Horticultural therapy group’s inception. The participants that have been with the group for over 6 months have witnessed the completion of the vegetable patches, the development of the poly tunnel and installation of the water butt system (for collecting rain water). These changes instil a sense of achievement across the group. Achievement is underpinned by a strong sense of ownership and belonging amongst those who regularly attend. During discussions ownership and belonging proved to be dominant themes. They were regularly repeated by the participants as the entry below illustrates:

**Date: 14/6/2018**

I was tasked with planting the new box plants the therapist had sourced for the garden. This involved digging 50cm deep holes and placing the box plants inside – once the box plants were in the next step was the fill the holes with water. Errol and Martin were tasked with doing the same and soon we discovered the tree roots were tough to cut and dig through. That said, Errol enjoyed using the mattock and when it was my turn to use the mattock I could see why. A very cathartic process of smashing the tree roots! During the heavy work there was little conversation however as we neared the completion of our respective holes Errol joked about the amount of sweat we had generated in the heat. The therapist mentioned it was lucky that they had been able to get the rest of the land softened for digging using a rotavator. Upon this I mentioned it must have been hard work making the current veg patches where a swimming pool was. Martin laughed and said he’d forgotten there was a pool there – he went on to state how amazing what has been achieved is. Adding, ‘I guess that makes it worthwhile’ and carried on to talk about how good the garden is looking with the lavender in and now the box plants. He said, ‘it’s looking like a real garden’.

Added to this sense of achievement is the sense of personal ownership felt by the group. Following the session discussed above the therapist mentioned that the group, for the first time in his experience at Vounder Farm, were extremely keen to add to the garden. During this initial week for example, one of the participants had brought in an Aloe Vera cutting for planting out. The freedom to experiment and have personal input into the development of the garden was a key to individual’s finding enjoyment in the horticultural activities. Additionally the participants were able to take home the vegetables and other edibles that had been harvested from the garden. These further inspired participants to experiment in transplanting plants and carry out horticultural activities in their own homes. Hence, extending the space of the Vounder Farm Horticultural Therapy Group to other personal spaces. All participants during this study either took produce from the garden and or added to the garden from plants they had grown at home. Furthermore, food surfaced as a topic of conversation during all of the sessions. During these sessions the exchange of recipe ideas relating to the garden’s produce was commonplace.

Overall these findings relate closely to the positive disruption of the group. The garden has become a space participants have been able to incorporate into their lifestyles and form a positive relationship with. Some of the participants pushed this positive relationship further through their encounters with the wildlife which can be seen around Vounder Farm. Interestingly different species of wildlife evoked different responses. Throughout the study all of the participants mentioned the birds which flew in and out of the garden and a group of colourful caterpillars captured everyone’s attention during a specific week. Yet, the abundance of slow worms in the garden seemed to only inspire the continued attention of one of the participants. Most other participants were intrigued during the initial sighting of the slow worms but lost interest in subsequent weeks. In parallel to these wildlife encounters there were other times when the participants directly interacted with wildlife. This mainly included trying to capture butterflies in the poly tunnel and release them outside. Such interactions were uplifting to the participants that experienced them, see the field diary entry below:

**Date: 30/7/2018**

Jane and I weeded the veg patches after our tea break and Jane continued the conversation from earlier relating to how she ‘loves’ seeing the robins, squirrels and butterflies in her garden at home. She actually paused and said ‘Hello, Mr Robin’, while we were weeding to a robin that had flown down to one of the flower beds around the edge of the garden. By the end of the weeding we both feeling extremely hot and Jane joked, ‘you look like you’ve had hard day’ to me. When we were carrying the tools back to the poly tunnel we noticed that a few butterflies had flown into the poly tunnel. We decided to catch them in small pots and release them into the open – for the entire time Jane was speaking about how lovely they looked and showed great affection when catching and releasing them. I can say that I shared the elation Jane expressed while interacting with the butterflies – I’m pretty sure we were laughing the whole time!

Upon reflecting on the diary entry above it is clear that the participant had a strong pre-existing interest in wildlife/nature. The positive experience she had in the encounter was led by this interest. Ultimately, the space gives people with such interests the opportunity to experience positive wildlife encounters. The space also harbours the potential to instil a concern or empathy for wildlife amongst those who have not previously had this opportunity. This potential was demonstrated on another occasion when one of the participants had never seen a hummingbird hawk moth before. They expressed their fascination in how ‘amazing and unique’ the moth was. The participant went on to speak about the moth in subsequent weeks.

# 4.3: Commitment and Awareness of Social Prescription

Maintaining attendance to a weekly scheduled session requires a commitment from the participants. Although attendance was not mandatory each time a participant was not able to attend they did inform the therapist and disclose a reason. As mentioned in *Section 4.1.* the disruption of beginning such a therapy is sometimes not viable depending on an individual’s specific context.

A core theme discussed by the participants that inspired their commitment was the belonging they felt as part of a collective group. As one of the field diary entries in *Section 4.1* suggested a participant saw themselves as a ‘mother figure’ and showed concern if other members were having negative experiences outside of the group. Additionally the sharing ethos and relationships built amongst the participants (including the therapist and, during this study, the researcher) formed a key aspect of being committed to the group. The field diary extract below is an example how the sharing ethos built inspired commitment:

**Date: 17/5/2018**

During the tea break Mel had brought in Breton Biscuits as she knew the therapist liked them and stated she’d have to come back to bring more in when she is back from her course. Upon this Shelly stated Martin liked jammy dodgers and she’d promised to bring some in and they went on to speak about when Martin had baked for the group. Martin was quite coy to begin with but added that he was glad everyone enjoyed them. They all joked that the tea and biscuits were essential to them coming in.

Although a short excerpt from the field diary (above), which may be interpreted superficially to be a discussion about biscuits, it does demonstrate the importance of sharing and the social bonds made between participants. The same dynamic is apparent in relation to sharing the produce of the garden. Participants often mentioned coming back the following week when certain edibles would be ready to harvest and when they would be able to bring in their own plants to add to the garden. The process of sharing, both stories and tangibles objects, has been incorporated into numerous strategies of mental health management with studies finding positive outcomes5.

The main challenges to a participant’s commitment were linked closely to their perception of the group’s disruption on their weekly routine. Certain external factors become greater barriers to commitment if the participant was indecisive relating to the group being a viable option (as documented in *Section 4.1*). The field diary extract highlights such a barrier:

**Date: 22/5/2018**

The group gathered in the old farm building for a tea break and Jane mentioned how lovely it was to be out, and how lucky we had been with the run of sunny days. She joked that it was very uncharacteristic of Cornwall. Darren responded that we felt like that today because the sun was out and it would not be the same if it was grey and rainy. He went on to mention how he finds it hard to motivate himself and this is a greater problem when the weather is bad – plus he would have to get the bus in the rain which he tries to avoid. Jane responded by stating she does not mind the rain and she would be there even if it was pouring. She went on to talk about a previous job in Scotland when the weather would be ‘miserable’ but they would still be out. Darren carried on to say that he does not think he could do that but wants to enjoy the sunny weather while it lasts.

The excerpt above clearly demonstrates the differing perspectives on commitment. One participant perceives the group as a positive disruption and demonstrates a more consolidated commitment to attending each week. On the other hand the participant that experienced a negative disruption seems to have a compromised commitment to the group.

A significant finding of this evaluation was that only one participant was aware of social prescription as an option for patients with mental health issues. The participant stated they saw the movement towards such services as a positive culture change in mental healthcare. Moreover, discussions relating to social prescription culminated in participants referring to the group as a ‘stress-free’ environment for the individuals to pursue an interest, try something new and or form relationships with others they feel comfortable around. These social relationships will be discussed further in *Section 4.4.*

# 4.4: Changes in group participation and social relationships

The main change participants demonstrated and discussed regarding their time with the Vounder Farm Horticultural Group related to their improved confidence. Examples vary from a participant dealing with family relations that were proving problematic to not being afraid of failure when completing job applications. The most commonly referred to confidence development was in relation to a ‘fear of failure’. A specific case is poignantly highlighted in the field diary entry below:

**Date: 12/7/2018**

Errol and I were weeding the flower bed at the back of the poly tunnel – the therapist stated he had ordered a range of new flowers that were going to go in there and add colour. It was nice to see Errol enjoying the task and not being held back by his foot injury. During the task he mentioned how he appreciated being allowed to do active tasks as he was always active but since his ankle injury people usually ‘take a look at him and exclude him from heavy work’. He mentioned how low he felt due to his injury and not being able to do his job as a tree surgeon anymore but went on to say he was more positive after his 3 weeks with the group - going on to talk about how he had begun to look for jobs he may do and he had got in contact with a course. The course was designed to help people ‘like him’ and he was excited by the thought of that also mentioning he would be good at it. Errol also mentioned that in the long run he would be interested in a longer-term involvement with Eden even if as a volunteer to begin with.

The excerpt highlights how being comfortable and assured in the group helped the participant’s confidence. Following on from this the therapist pointed out that since their first week the participant showed a significant change relating to their body language. The participant was now freely suggesting ideas for the garden and beginning tasks upon arrival rather than waiting for guidance. This is an extremely important attribute to develop, or in this case, rediscover when seeking employment and or considering lifestyle changes for the future6.

The social relationships developed in the group were a key component of the confidence building participants experienced. As social relationships developed some of the negative disruptions experienced by certain individuals became less disruptive (e.g. the transport issues documented in *Section 4.2*)*.* As friendships developed those with personal transport offered lifts to others; enabling these individuals to access locations that were more convenient in relation to public transport services. Additionally, individuals were able to share experiences from their distant past and/or recent past to bring comfort to others’ situations. The sharing of these experiences across the group meant participants would have access to a wider range of ideas and in some cases form contacts into new or desired activities, and even employment or volunteering prospects. The example below highlights such an exchange:

**Date: 19/7/2018**

Martin was extremely upbeat on arrival and spoke of a meeting he had with the Band of Brothers. This is an organisation that promotes meetings between men to reduce the stigma of speaking about emotions and controlling anger amongst men. Errol was intrigued and noted down their details stating there was not enough said on that matter – he carried on to say they sounded great and he would definitely try to go to one of their meetings. I spoke about a book the comedian Robert Webb had released relating to the stigma of being emotional as a male and Martin went on to talk about how really enjoyed watching Robert Webb in Peep Show. The conversation moved on to Martin being at a festival at the weekend and meeting some lovely people there too while Errol joked about being too old for festival but how he had enjoyed a Massive Attack gig at Eden at the weekend.

Another common theme this excerpt highlights is the opportunity the group gives participants to ‘tell stories’ to each other relating to their experiences outside of the group. A substantive amount of wellbeing research has been conducted on people as ‘storied beings’ referring to how our social relationships are constructed through story telling7. This is particularly important for the participants in this study. All of the participants lived alone and opportunities for social interactions are limited under such circumstances. Overall, these social dynamics form a key aspect of all of the findings discussed in this section. These include sharing experiences relating to the garden as a space, the wildlife encounters, the general sharing ethos, storytelling and developing an open communication relationship with the therapist and St Austell Health Care’s Social Prescription Facilitator.

# 4.5: The therapist’s perspective

As *Section 4.1. to Section 4.4.* indicates the therapist was an active participant in this evaluation and helped inform the reflective discussions above. The semi-structured interview with the therapist complimented these findings and provided richer insights for the evaluation. As per the participant’s perspectives, the therapist reiterated the importance of social relationships and how positive relationships enable individuals to build confidence. However, it should be noted that the therapist developed relationships on a strictly professional level, and as a consequence set boundaries that were transparent and clear to all. The following field entry captures the importance of maintaining such a relationship:

**Date: 30/7/2018**

After the participants left the therapist stated that he does have invites from the group to socialise but that’s a boundary that needs to be maintained and his role is to channel them into other activities or social network they are able to maintain. The therapist reiterated this point and how it needs to be communicated to the participants from the offset and it’s what they go through on arrival. He did not have to remind the group too often but there have been times - the therapist must be very aware of them.

An important aspect of maintaining professional boundaries is to avoid participants becoming too reliant on the therapist. Individuals are encouraged to develop personal resilience within the group. Therefore, managing a participant’s expectations of the therapist is a constant and ongoing practice.

The therapist also highlighted transport as a key issue and how problems with local public transport effect individuals – e.g. some have poor access to the site. Another challenge the therapist discussed related to ‘privacy’. As the project draws its clients from a relatively small-town community there is a higher probability of participants running into acquaintances. This was a real concern for many of the participants who highlighted how difficult it was to conceal the stigma associated with experiencing mental health issues in a rural community. The extract from the interview can be seen below:

Researcher: *“How would you say your experiences in Dundee [a previous horticultural therapy project] differ in any way to Eden?”*

Therapist: *“….But along with that, with it being a small localised population, has brought its own different issues that I didn’t experience before. So the need for confidentiality is always there but there has been a real pressure on that, in terms of even just making sure group dynamics work together. Even out of two groups a week, you wouldn’t think out of twelve people what are the chances? But actually there is… people have maybe crossed paths before or like they’ve met in other circumstances and they know that they’re not going to get on. And we’ve had to make changes within the way the groups work… to make them function properly, just because it’s a small local area, you know. Which is really a new thing for me. You know, in the whole four years that I was based in Dundee I never had two people that knew each other from any other location, which kind of spun me out. I kept expecting and expecting, you know, we’re getting from the same referrers and never… And then here, within the first six months, we were having people that had kind of bumped into each other.”*

The added importance given to confidentiality has been a key driver behind running the sessions as two separate groups. Furthermore, the therapist highlighted providing a ‘stress-free’ space and instilling ownership as important aspects for the participants. The ‘stress-free’ element of the space arises as the therapist manages social relations in a power-neutral way, i.e. everyone is free to exchange ideas, and there are a range of activities that can be done with no time limits and specific responsibilities assigned to individuals (unless they actively chose a specific role or responsibility at a certain time). Furthermore, the therapist referred to the opportunity for wildlife encounters as a key attribute of Vounder Farm. This is exemplified below:

Researcher: “*And do you notice them noticing what’s around the garden at all, as well?*”

Therapist: *Yes, the wildlife, there’s that… All the time. Yes, all of them typically come either with an interest in wildlife, perhaps before they turn up, and those that have that usually engage those that maybe didn’t have before, because they point out things that others might not have noticed, or they have some knowledge that the others are like, “Oh, that’s interesting.” But yes, there’s certainly a lot of wildlife that comes through the garden and it sparks everybody’s interest, for sure. But then that goes onto the plants, as well. You know, it’s the same deal. Whether it be something that we’re specifically growing or whether it be wild plants that have got into the garden, they still have an interest to most of the people that come along and will catch their attention.”*

The shared commonalities between the participant’s and the therapist’s perspectives highlight how well embedded the therapist is into the group’s activities. These findings demonstrate how important aspects of Vounder Farm resonate across all the individuals.

# 5.0: Conclusions

The key messages of this study focus around whether individuals perceive the horticultural therapy as a positive or negative disruption to their current situation. Positive experiences are evident when individuals see the horticultural therapy sessions as positive disruption to their week. Conflictingly if the sessions are not a viable option for an individual their experiences are clouded by indecision and their commitment is compromised. This indicates a need for a person-centred approach to social prescription. External and internal barriers to an individual participating in a group need to be prioritised and addressed first. External barriers include transport needs and influences of other health conditions, and any medication taken in relation to those. The internal barriers would include a lack of confidence to meet new people and undertake new activities as well as finding the horticultural activities themselves stressful. These internal barriers are more likely to be overcome (compared to external barriers) with the help of others, e.g. the therapist, the Social Prescription Facilitator and other group members.

Fundamentally, the participants’ insights illustrate the importance of confidence building and forming new social relationships. Vounder Farm has proved to be a positive space that harbours such dynamics. The comfort felt by an individual in the space influenced how able they were to form new social relationships and use their experiences in the garden as a platform to pursue new opportunities. The sharing culture influenced by the group’s ownership and belonging to the space was certainly complimentary to the confidence and relationships they built. Academic discourses have continually highlighted the importance of confidence and self-esteem in managing day-to-day challenges relating to mental health, and reducing self-stigma regarding any specific conditions / behaviours8. Hence, a recommendation for Vounder would be to maintain the space the group operates in as a constant. Moving around the site or to a new site may disrupt the current sense of ownership and belonging.

The economic benefits of channelling individuals into voluntary roles (an outcome demonstrated by this scheme) are outlined by the National Council for Voluntary Organisations’ (NCVO’s) Economic Value Review in 2016. On average, each individual volunteer contributes approximately £1600.00 to the UK economy per year9. Additionally, an independent report by the City and Guilds Group (UK) indicated that individuals pursuing vocational courses (an outcome demonstrated by this scheme) receive 20% higher salaries than those without such a qualification and every £1 invested in a vocational course earns the UK economy £16-£21 in return10. Finally, the findings presented in this evaluation are bound by a qualitative approach. Essentially meaning they are constructed by the researcher, therapist and participants involved. Such evidence is currently referred to as a statistically weak indicator in health research. However, in this circumstance a qualitative approach has provided this study with the ability to document rich insights. Additionally, these insights emerged from a complex network of influences. The statistical generalisability of these findings are essentially irrelevant as the findings form a set of principles developed by the group. The core principles which are commonly shared can provide valuable understandings for similar programmes. Additionally the place-based and individualised (specific) principles demonstrate how this specific group has uniquely developed. In turn, meeting the needs of its participants as well as highlighting areas for improvement.

The core principles and specific principles that emerged from this study are listed below:

Core Principles:

* The social prescription activity must be a viable option for an individual and where possible influence a positive disruption to their lifestyle.
* Access to the activities, i.e. public transport, is an important consideration.
* Ownership and belonging in a space are key influences to an individual’s positive experiences.
* The building of social relationships between participants compliment confidence building and a sense of belonging.
* A sharing ethos can help to consolidate social relationships.
* Opportunities to interact with wildlife / wild fauna can provide some individuals with positive experiences and other with the opportunity to discover a new interest.
* The therapist’s role is positively influential when they maintain professional boundaries and form a good rapport during the sessions.
* Dominant influences, such as the monotony of carrying out a specific task week after week, constant bad weather and being allocated a specific responsibility, can detract from a participant’s confidence and belonging in the group.

Specific Principles

* Participant confidentiality and privacy needs to be dealt with more sensitively in such a small-town location and close-knit local community.
* Links with the Eden Project provide participants with the opportunity to volunteer / train in horticulture related practices on a longer term basis.
* The close proximity of the participants to the horticultural therapy group provides an opportunity to socialise outside of the group.
* Although the sharing ethos is a core principle unique cultures can develop around sharing. In this case the specific examples included bringing in a certain variety of biscuit, sharing recipe ideas that complimented the produce of the garden and car sharing.

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