



Keep Growing Aberdeen Grow Share Eat!

2021 Evaluation Report
Final Report | February 2022

Delivered by: Community food initiative North East of Scotland (CFINE), One Seed Forward, Aberdeen City Council (ACC), Aberdeen City Health and Social Care Partnership (ACHSCP)

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Revision History

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1.0 Executive summary

The impact of community food growing as a mental health toolbox for people within priority neighbourhoods.

Community food growing is an increasingly advocated strategy with benefits of improving physical and mental health. It presents an opportunity for social connectedness

This report sets out the evidence for the impact of the Keep Growing Aberdeen (KGA) project in the delivery of local priorities aimed at Improving physical health and wellbeing of people, maximising disused outdoor space to increase food growing opportunities, supporting local volunteering opportunities beyond the pandemic and improving community food growing spaces by 2023.

In 2021, The Keep Growing Aberdeen (local food growing strategy) team worked with community growing groups and individuals to design an approach to food growing that improves mental health and well-being for people in deprived areas during the pandemic themed Grow, Share, Eat!

Methods: Engagement took place in two phases -

Seed distribution and cookery workshop- 415 seedlings and growing kits were distributed to individuals, families, and 24 community groups. Three new communal growing spaces with 12 raised garden beds were installed in deprived communities. Participants were supported to grow and cook what they have grown virtually through social media platform with over 600 members.

Evaluation - Questionnaires were circulated to all participants, 105 responses were received from participants (pre and post project). The questionnaire looked at food growing experience,

Psycho-social health and well-being using a modified version of the Rosenberg self-esteem scale and social anxiety using the Social Anxiety Assessment scale. Written feedback and audio recording of volunteer's experience provided more detailed information on some of the project outcomes.

Results: Following the evaluation, findings demonstrate improvement across variety of mental health indicators such as ; increased social connectedness (93%), Improved dietary habits (80%), reduced stress- (79%), Improved mental wellbeing (72%), increased physical activity (60 %) and improved volunteering experience. A total of 1500 recipe booklets were printed and shared to all participants to encourage continuity.

Conclusion: Findings suggests that there are four key areas that might help optimise impact and ensure equitable access to evidenced benefits of food growing activity.

- Strengthen awareness and engagement with young people and the elderly
- Increased social support and social network
- Strengthen the delivery of plot to plate approach to community food growing
- Establish an enabling environment for community food growing

Reported project short-term outcomes is indicative of a greater need to continue to monitor long term impact. It makes a clearly evidenced case for the adoption of community food growing as a mental health toolbox and calls for a strong multifaceted approach to delivery of the intervention in order to maximise optimum health and wellbeing for all.

1.1 Introduction

The Keep Growing Aberdeen initiative is a partnership approach to community food growing between CFINE, ACC, ACHSCP and OneSeedForward; utilising breadth of contacts, resources, skills, and experience to deliver food growing activities such as Seedling Sharing (KGA 2020) A health and wellbeing resource developed for people living in the most deprived areas and people living in households on low incomes in Aberdeen city.

The likelihood of having a mental health problem is multi-faceted, this can be influenced by the environment in which people are born, grow, live, and age¹. Studies have shown that people living in the most deprived areas in Scotland suffer from significantly higher severe Coronavirus impact, death rates and mental health problems compared to the least deprived quintile². These areas are often the most built up with a lack of green spaces, meaning residents do not have opportunities to be outdoors in nature and connected with the community. Thus, residents are typically more isolated and miss out on the evidenced health and wellbeing benefits of these activities.

People living in households on low incomes are less likely to have disposable income to spend on non-essential costs which could be necessary in providing much needed relief through challenging times of isolation and lack of socialisation, such as buying plants, compost, and seeds. They may also have less time to research gardening techniques as there is more pressure on them to keep working, despite risks.

Gardening and community food growing has been highlighted by several studies to be beneficial for adults and children with challenging physical or mental health problems.³ Such activities can relieve the symptoms of serious illnesses, prevent the

development of some conditions, and introduce people to a way of life that can help them to improve their well-being in the longer term. The health and social benefits of people's involvement in practical food growing experience is widely recognised in many literatures. It is established that food growing is a valuable learning resource for people and their communities. "... taking part in activities, e.g. gardening, growing food, and conservation enables people to see the interconnections between healthy eating and lifestyles, environmental quality, and well-being."³

Established evidence show that that people who live in deprived areas face the greatest risk to their mental health^{1,2}. This suggests that improving support for people in deprived communities will help reduce the impact of Corona virus and potential risk to mental health problems.

In March 2021 the KGA project received funding from the Fairer Aberdeen hardship funding to improve mental health and wellbeing for people in deprived communities (priority neighbourhoods). The project process matrix was based on the feedback from previous project in 2020 see full report - [Keep Growing Aberdeen Project \(KGA\) evaluation report | Aberdeen City HSCP](#)

This report describes the project processes and reported benefits of the project themed- Grow, Share Eat! 2021. It explains project reach and the impact of different elements of the project. The report concludes with recommended actions to promote continuity and accessibility of community food growing which aims to improve experiences for all population groups within deprived communities.

1.1 Policy and strategic context

Project Aim: To improve mental health and wellbeing for people living in priority neighbourhoods by increasing access to community food growing and reduce social isolation.

Link to Local Outcome Improvement Plan:

Stretch Outcome 11: Healthy life expectancy (time lived in good health is 5years longer by 2026)

Stretch outcome 15: Addressing the nature crisis by protecting/ managing 26% of Aberdeen's area for nature by 2026

- Increase the number of communities run green spaces by a minimum of 8 that are organized and self-managed for both people and nature by 2023.
- Increase community food growing in schools, communities, and workplaces by 12 by 2023.

Link to Locality priorities

- Improve physical health and wellbeing of people
- Maximise use of disused outdoor space to increase food growing opportunities
- Support local volunteering opportunities beyond the pandemic

1.2 The project theory of change.

The project theory of change was based on the recommendation from previous project in 2020. An integrated approach to community food growing which involves cooking was thought by participants to have potential of improving dietary habits and reinforcing positive messages about a sustainable lifestyle change. Majority of responders (85%) indicated interest to learn how to cook with the foods grown, when asked what next. Integrating food growing with cooking sessions are intended to increase the engagement of participants which consequently can reduce the risk to food insecurity, access to healthy food, reduce social isolation leading to improvement across several mental health and wellbeing indicators. The long-term outcome for this will be improved quality of life lived in good health on a community level.

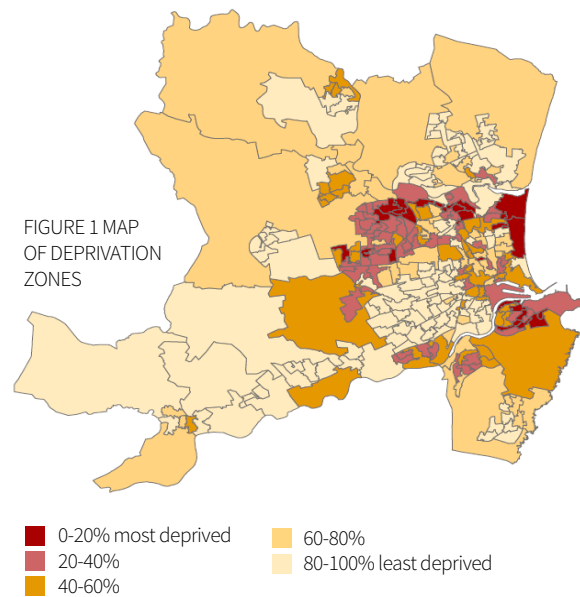


Inputs	Outputs		Outcomes		
	Activities	Indicators	Short term	Intermediate	Long term
Project team planning meetings (CFINE, ACHSCP, OSF, ACC)	Review roles and remit of partners. Review project aims, objectives and outcomes Review recruitment strategies. Monitor project process matrix	Project theory established. Participant sign up sheet & agreement form developed	Better understanding of partner roles and contribution to improving health and reducing inequalities. Shared learning across organisations	Development of multiskilled workforce. Reduced duplication of silo working	Improved partnership working and provision of holistic health and wellbeing services
Funding	Apply for funding	Grant approved and available for project activities	Increased capacity for project delivery	Empowers partners to develop and implement strategies tailored to local priorities and needs	↓Inequalities in mental wellbeing
Volunteer recruitment	Advertise volunteering opportunity with KGA	18 volunteers recruited for seed distribution and cookery workshop	↑Social support and networking ↑new skills	↑Capacity building and social capital within the community	↑Mental wellbeing
Community engagement	Packaging and distribution of growing kits	Growing kits available to community groups, individuals, and families in priority area	↑Knowledge, skills & attitudes to community food growing ↑Interest in others and self-sufficient	↑Community participation and engagement ↑connectedness and trust in community ↓Social isolation	↑Healthy life expectancy ↑Quality of life ↓Inequalities in physical and mental wellbeing
	Installation of raised beds in 3 localities	Creation of new growing spaces	↑Equal access and use of communal green spaces	↑Social support and connectedness ↑Physical environment for all	↑Community food resilience and mental wellbeing
	Deliver plot to plate cookery workshops via KGA facebook page	Virtual cookery resource established	↑Confidence knowledge and skills to prepare healthy foods ↑Motivation, attitudes to healthy eating	↑Dietary habits and lifestyle behaviours	↓BMI ↑Healthy life expectancy ↑Quality of life ↑Mental wellbeing ↑Food security
	Develop and circulate recipe book to all participants	Promotion of health and lifestyle behaviour. i.e. a healthy eating resource available to all	↑Awareness of healthy food choices ↑Knowledge of what to cook and how to cook with locally grown foods	↑Dietary habits (better diets) ↑Sustainable diets	↓BMI ↑Healthy life expectancy ↑Quality of life ↑Mental wellbeing ↑Food security
Project evaluation	Setting project outcomes and indicators Monitoring and collecting evidence Analysing and reporting	An evidenced-based health improvement resource developed	↑Understanding of project reach and outcomes ↑Knowledge of local needs and priorities ↑Evidence to inform organisational, local, and national strategies/policies ↑Dissemination of best practice guidance	↑Quality community-based health services ↑Responsiveness to local needs ↑Social prescribing of community activities	↑Innovative Public health policies for improving mental wellbeing Improved Health care delivery ↑Quality of life and wellbeing

TABLE 1 PROJECT LOGIC MODEL

1.3 Project setting

The Aberdeen City has 22 data zones in the most deprived 20% of all Scottish data zones. These data zones have a population of 18,055, which accounts for 7.9% of the City's total population³. The intervention was tailored to support 1250 people within the most deprived areas of Aberdeen city (Priority neighbourhoods). These are in the Torry, Middlefield, Northfield, Seaton, Tillydrone, Woodside, Mastrick, Sheddocksley and George Street neighbourhoods.



	MD 0-5% in Scotland	MD 5-10% in Scotland	MD 10-15% in Scotland	MD 15-20% in Scotland	All data zones in MD 0-20%
Number of data zones	0	3	6	13	22
Population of data zones % of Aberdeen City Population*	0	2,133	5,281	10,641	18,055

TABLE 2 NUMBER AND POPULATION OF MOST DEPRIVED (MD) DATA ZONES IN ABERDEEN CITY
Source: key facts of most deprived data zones, SIMD 2016 published by Aberdeen City Council

The Scottish Index of Multiple Deprivation is a relative measure of deprivation across 6,976 small areas (called data zones). If an area is identified as 'deprived', this can relate to people having a low income, but it can also mean fewer resources or opportunities³. SIMD looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing³. SIMD is the Scottish Government's standard approach to identify areas of multiple deprivation in Scotland. It can help improve understanding about the outcomes and circumstances of people living in the most deprived areas in Scotland. It can also allow effective targeting of policies and funding where the aim is to wholly or partly tackle or take account of area concentrations of multiple deprivation.³

1.4 Project objectives

- Distribute 415 growing packs to residents in priority localities: areas of deprivation and households with low income.
- Provide 'Plot to plate' style engagement: offering virtual cooking demos on how to use grown food produce
- Develop and share recipe book containing all grown produce to encourage continuity.
- Provide an online support platform(s) for participants. KGA Facebook page
- Provide volunteering opportunity
- Promote sustainability of community food growing by installing 12 raised beds and engaging community in taking turns to grow seedlings in their homes, plant out in the raised beds and look after the raised beds on a weekly basis.
- Promote and create awareness of community food growing activities at local events. E.g at Climate Week North Events March 2021 - Stalls at Earth n Worms Community Garden, Tillydrone, and Bonnymuir Community Garden, Rosemount
- To evaluate project outcomes

2.0 Evaluation aim and questions

The evaluation aims to understand the project reach and the perceived effects of the project for participants (Impact). The assessment is designed to answer the following questions:

- What is the proportion of household and community groups reached?
- What are the perceived effects of the health and wellbeing benefits of the Grow Share Eat! For people in priority neighborhoods?

2.1 Evaluation setting:

Pre and post project questionnaire were sent to all participants and community groups. A total of 78 responses were received pre-project and 31 responses post project. Five anecdotal feedbacks were received from volunteers making a total of 36 responses post project.

2.2 Evaluation Method and design:

A quantitative approach involving pre and post project questionnaire with participants and anecdotal feedback from volunteers were used. The evaluation follows a logic model which guides the planning and evaluation of the project to identify the underlying processes or mechanisms that have brought about a change in the outcomes of the project and the way the context has influenced these outcomes. Each component contains activities and indicators to allow for evaluation. Consequently, the evaluation assesses the overall effectiveness of the integrated approach to community food growing. The evaluation comprised of surveys and anecdotal feedback from participants and volunteers. The specific objectives were to determine:

- The project reach including total number of people supported, number of growing kits distributed, number of volunteers recruited and volunteer hours

- The project Impact i.e. perceived health and wellbeing benefits of the Grow Share Eat! Project
- Review the issues and challenges faced, lessons learnt and key messages which could strengthen opportunities for future health improvement project development; this objective is presented as the recommendations.

Content of Questionnaire

The questionnaire consisted of 3 sections. Section 1 assessed participants psycho-social health and well-being across several mental health indicators, before and after project. Using a modified version of the Rosenberg self-esteem scale and social Anxiety Assessment scale.⁵

Sections 2 assessed food growing and gardening knowledge / experience before and after the project. Participants were questioned about perceived effect of the activity on their general health and wellbeing

Section 3 assessed participants dietary and cooking habits before and after the project.

I. Administration of the questionnaire:

Participants were asked to complete a questionnaire before the project commenced. In total 105 participants completed the questionnaire. A total of 78 participants completed the questionnaire before the project. At the end of the project, a follow-up questionnaire was circulated to participants. A total of 31 responses were received. No personal identifiers were recorded therefore it was not possible to match follow-up responses. All answers were treated confidentially.

II. Selection, and recruitment

Community groups, individuals and families living in priority neighbourhoods (deprived areas) who received growing packs and participated in the project were eligible to complete the questionnaire.

III. Interview process and data collection tools

Project volunteers were asked to share their experience to explore their perception of the development, implementation, context, and outcomes of the project in relation to provision of volunteering opportunity beyond the pandemic. Volunteering experience was captured through written feedback and audio recording.

IV. Ethical Issues

Ethical approval was not needed for the evaluation. However, Informed consent was sought from all participants and volunteers. They were emailed an information sheet detailing their role in the evaluation of the project. volunteers were given a

consent form to sign to document their agreement to take part in the evaluation if they are willing to take part. Participants were made aware that the data they provide would be anonymised at the point of transcription or file entry of questionnaires and stored securely on ACHSCP system. The information is stored only for the appropriate time required for its use and following the General Data Protection Regulation (GDPR, 2018)⁶

v. Statistical analysis:

Completed questionnaires were auto analysed in Microsoft forms.

2.3 Scope of the evaluation

The evaluation explored a logic model, an outcomes approach to evaluate the impact of the project on the target population health and wellbeing. The approach focused on outcomes and considered the changes that occur because of the activities and outputs.

3.0 Evaluation outcome findings

This section summarises the findings about project reach and impact. The project achieved 100% of the target population group which includes Individuals, families with young children, lone parents, community groups and schools within the priority neighbourhood. Feedback from pre-project survey was immensely positive. The project was well received, and responders felt it will have a significant impact on their mental health and wellbeing, as well as help improve dietary habits. See quotes below

Overall responses from multiple data sources show that (109 responses) there was positive impacts of the project for improved mental health and wellbeing, improved dietary habits, volunteering opportunity, and improved social interactions. It is notable that the number of Responses received at the end of the project (31) was smaller compared to pre-project responses (78). Therefore, proportion of impacts reported is not reflective of the entire population group who took part in the project.

3.1 Evaluation objective 1: To determine project reach

This is to understand the extent to which the project attracts the intended population group /audience. It takes into consideration the intervention scope, such as the number of people supported, community growing groups, volunteers within the priority neighborhoods. The proportion was calculated using the number of people targeted and actual number of people supported which is 100%. This is 6.9% of people in the most deprived areas in Aberdeen (total population is 18,055 based on the Key facts of MD data zones published by Aberdeen City council. See table 1)

100 % of the target population in priority neighborhoods was reached.	
Household/Individual reach	1250 household reach out of targeted 1250 people in MD area of Aberdeen (100%)
Community groups reach	24 community groups compared to 21 groups who participated in previous project KGA 2020 (88%)
Population level reach	1250 people reach out of a possible 18055 people in MD area of Aberdeen (6.9%)
Impact	31 participants reported a positive behavioural change across several mental health and wellbeing indicators out of the 78 (40%) participants who reported no changes before the intervention

TABLE 3 SUMMARY OF PROJECT REACH

Community groups reach

There was an increased engagement with community groups this year compared to previous year. total number of 24 community groups participated in the project compared to 21 who took part last year.

Community groups	
Donside Growers	Tulloch Primary School
Tulloch Community Garden	Police Youth Volunteers
Inchgarth Community Centre	Tillydrone Community Council
Healthy Minds	Bernardo's 1:1 worker
Homestart 2	St Machar Academy
Len Ironside Centre	Seaton Scran
(Northfield Neighbours)	Housing First Aberdeen/ Shire
Printfield Community Project	CFINE/ Individual sign ups
Northfield Academy	Northfield Community Centre
Cummings Park Community Centre	Old Torry Community Centre
Powis Residents Group	Abbotswell Primary
Befriend a Child Youth Club	Fersands & Fountain Community Project

TABLE 4 NAMES OF COMMUNITY GROUPS

3.2 Evaluation objective 2:

To determine the perceived health and wellbeing benefits of the Grow Share Eat! Project (Impact)

3.2.1 Improved mental health and wellbeing

Respondents reported improved quality of life across several mental health and wellbeing indicators after the project such as, Feeling

interested in other people (93%), feeling productive (80%), physically active (71%), feeling good about self (70%) and increased interest in new things (70%) new skills (70%), growing and eating the produce, and the opportunities to be active, feeling more confident, relaxed and problem solving. See figure 2 below.

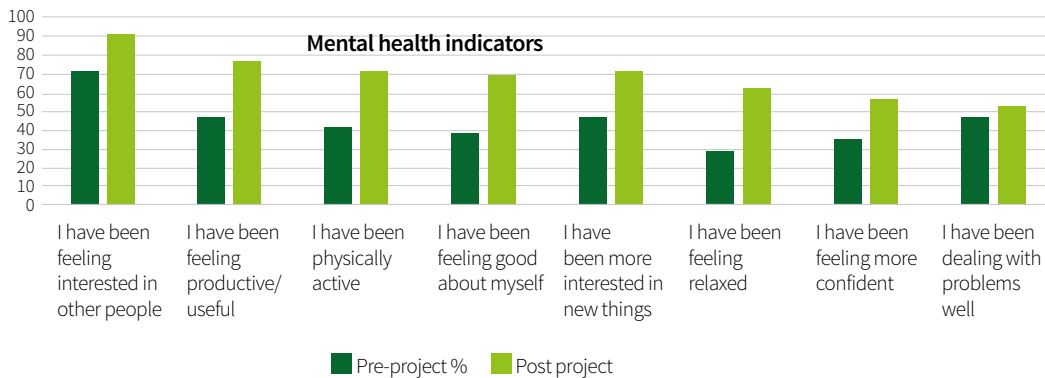


FIGURE 2 PARTICIPANTS MENTAL HEALTH STATUS PRE AND POST PROJECT

Participants were further asked to share any additional benefits experienced after the project part and this is what they said. (Words in larger fonts were the most frequent responses)



3.2.2 Increased social connectedness, relationships trust in families and communities

Source: Questionnaire

There was a 93% reported improvement in connecting and building relationships with others by participants. Findings aligns with initial project theory of a long-term impact of increased community participation and engagement, reduction in social isolation, increased social capital, improved resilience, and mental wellbeing on a community level.

“Great project to encourage people to get out in the garden or community more”

“The participation and sharing the experience with others”

“I enjoyed growing my own food and the information sharing on the network”

“I enjoyed engaging with other members of the community who had never grown anything before and seeing the excitement when plants started to come through”

“I got another neighbour excited as well and shared some seeds with her which she planted with her granddaughter. I shared my front garden area with a neighbour who doesn't have outdoor space and her pots were there as well”

“I ate my own peas and lettuce over the whole summer and in September had a ‘harvest’ meal with a friend”

"Helped me to connect with my neighbours as, some people in the building pitched in as we grew together."

"The best thing was just taking part, it took you away from the, I don't want to say real world, but it gave you a purpose and brought families and communities together which I think was excellent"

"Growing things from seed and doing something together (mother and daughter) that we could share for weeks and months"

"Growing my own food, helped me mentally and emotionally"

"Due to being on a low income I thought the seed boxes were fabulous because everything was provided, and I grew the seed with my daughter which she also enjoyed I wouldn't really have had the spare money to buy the items, so it was such a nice activity to take part in and gave us a reason to be outside in our garden"

"Growing better relationships with neighbours."

"I connected more with 4 of my neighbours around the gardening project, for which the seeds from you were the starting trigger. I spoke nearly daily with another neighbour about gardening."

mother&daughter
garden or community
 granddaughter garden area hobby seeds
people neighbours ●●● information sharing
seeds
 Proud outdoor space gardening project
fresh new things seeds
meal with a friend
 new vegetables
 purposely attempt



3.2.3 Learning opportunity (Acquired new skills)

Source: Questionnaire

There was 97% reported interest in growing own foods after project compared to baseline of 49%.

A further 87% (post-project) reported increased in food growing knowledge and skills from 64% (pre-project).

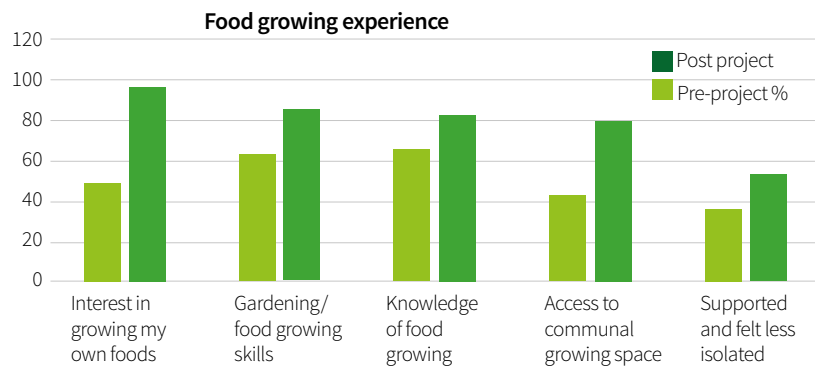


FIGURE 3 PARTICIPANT’S FOOD GROWING EXPERIENCE PRE AND POST PROJECT

“It was a starting block to growing and learning”

“Liked growing things, that I wouldn’t purposely attempt”

“Get the opportunity to try something new and exciting”

“Thanks so much for the growing packs last Summer, some of the kids got magnificent harvests from their plants, and many of them still talk to me about it and have really taken to gardening. I myself planted some daffodils last month as I really enjoyed my first-time growing things!”

“My daughter loved what we have grown and will try new vegetables once they are ready. She took pride in watering them daily and took ownership. Valuable skills taught.”

“Helped me to educate the children I care for”

“Since I’ve enrolled into a horticulture course which I absolutely love.”

“The support it gave me to try new things”

“Satisfaction of achieving something new”

3.2.4 Improved productivity

There was reported increase in self-confidence, increased interest to try something new and grow own food produce, reduction of stress and anxiety after the project. Findings indicate that

food growing activity can result in significant improvements in self-esteem and mood (indicators of mental health) through. See table and quotes by participants below.

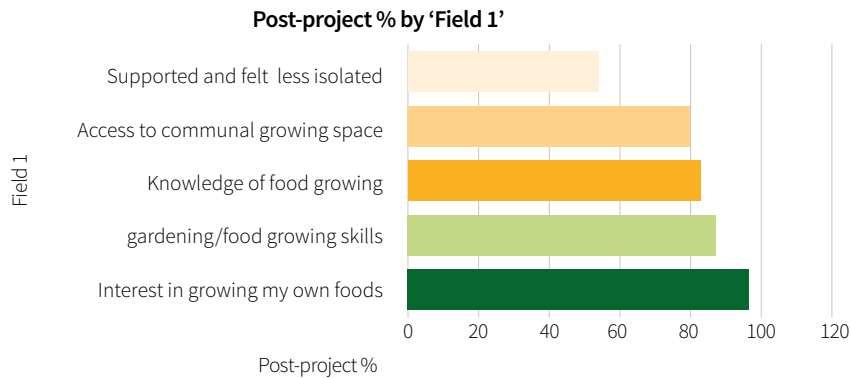


FIGURE 4 DESCRIPTION OF PARTICIPANTS EXPERIENCE POST PROJECT ACROSS SEVERAL INDICATORS

Row Labels	Average of Pre- project %	Average of Post-project %
Interest in growing my own foods	49	97
Gardening /food growing skills	64	87
Knowledge of food growing	67	83
Access to communal growing space	43	80
Supported and felt less isolated	38	54
Grand Total	52.2	80.2

"It kept my mind busy from everyday stress and anxiety. I feel so proud that i have managed to grow something"

"Felt confident and wanted to do more after seeing the harvest"

"Gave me pleasure watching them grow and giving my neighbours produce"

"It was a nice first impulse and 'trigger' to get started gardening again"

"I enjoyed being part of the scheme. My 2 grandchildren and I had fun with the planting watching lettuce etc. grow so could taste what we grew. Although they do not normally eat greens or fruit. But were quite keen in the growing".

3.2.5 Improved volunteering opportunity

In addition to the improvements across several mental health indicators, the volunteers who helped with packaging and distribution of growing kits and other administrative tasks reported, increased social support, networking, improved communication, and other lifelong skills acquired by taking part in the project. Some of the volunteers saw this as an opportunity to stay active and connected to the community after retirement, others reported improved connection with other growing groups within their community and showed interest to continue volunteering. (See quotes below)

“For me, the most rewarding piece was delivering the Growing packs out to the various communities in Aberdeen, including schools, care homes, clubs, and individuals, some in the most deprived areas of the city. The recipients were all very grateful, recounting their previous years successes with me on their plants and vegetables grown and always asked me to express their thanks back to the KGA team for the provision of this service”.

“I did enjoy making up the packages – others already well versed to the process, were welcoming, and kept giving friendly advice and instructions”.

*“In this world of troubles
We have to muddle through
All the twists and turns
What else can we do
A kind word from a stranger
A call from a friend
The smallest comfort
All help in the end”*

“I have to say that most of the people I delivered to were also in the elderly and needy groups, well deserving with no transport of their own, but they were also all very cheery and appreciative of the service. So, you are most definitely doing the right thing”.

“Firstly, my experience with KGA has all been very positive. Having retired, I did have some spare time to fill, and I had heard from several others on CFINE’s contributions to the community.

I volunteered to assist in the growing section, and in delivering seeds and potting materials throughout Aberdeen.”

“I would thoroughly recommend anyone to volunteer to assist in any capacity that they can, as you do make a difference”.

“I gave the beetroot over to Tillydrone Flat as I know they have a garden and I know some of the people who work there”.

“I was only able to help with Keep Growing Aberdeen on two occasions, but both were very positive experiences. It is always great to be working with enthusiastic people and this was very much the case with the KGA Team. It was good to see them working around Garthdee Field and hosting one bit of the project with us was a pleasure. I hope I and our volunteer squad may be able to help in the future”.

3.2.6 Improved Dietary Habits

The project delivered a cookery workshop in the following formats.

Virtual cook along: A total of 6 sessions was delivered over four weeks period. Average number of attendants recorded was 10 per session.

Pre-recorded videos: Video recipes were pre-recorded and shared on the KGA platform. An average of 100 views per recipe was recorded.

Participants were asked about their nutrition knowledge and dietary habits before and after the project to evaluate if any changes have been made.

Keep Growing Aberdeen *Eat!*

Take part in 'cook-a-long' cooking workshops to find out more about what to do with the food you have grown! these workshops are designed for participants of the Keep Growing Aberdeen initiative and will feature ingredients grown by participants but are open to everyone.

Event details

Cook along with 'The Mixing Bowl' as they share their passion for good food using ingredients you might have grown at home!

19 July - 15 August

2 recipes every week!

For more details, including dates, visit the CFINE website: <https://www.cfine.org>

Get a free recipe pack

Recipe packs are available each week with all the ingredients needed for that week's recipes.



FIGURE 5 IMAGES FROM VIRTUAL COOKERY WORKSHOP

Number of respondents reporting improved dietary habits: There was an average of 25% improved attitude towards cooking across several cooking categories. Participants reported improved cooking and eating habits across several measures such as:

- Improved confidence to cook with fresh ingredients.
- Preparing meals from fresh ingredients increased from 49% to 81% (32% change) post project
- Reduction in the use of convenience and ready meals changed from 21 % to 19%.
- Use of readymade ingredients to make complete meals changed from 25% to 0% post project
- Shift in cooking habits from ‘don’t cook at all’ 5 % (Pre-project) to 0 % post project
- Increased enjoyment and intention to try cooking new recipes post project

‘Pre-projects %’, ‘Post project %’ by ‘categories of cooking habits’

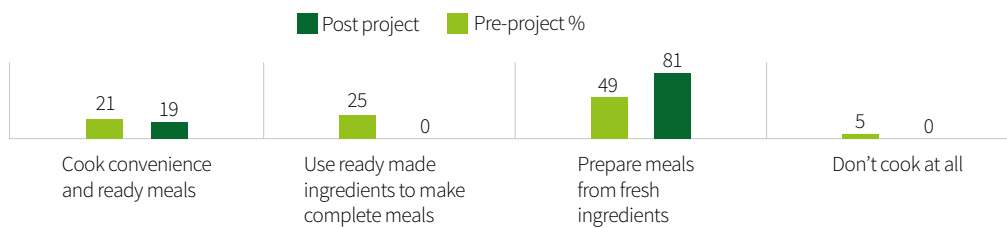


FIGURE 6 PERCENTAGE IMPROVEMENT ACROSS SEVERAL CATEGORIES OF COOKING HABITS PRE AND POST PROJECT

Increased confidence to cook and try new foods: There was also a reported average of 20% change in confidence across several measures after the project as shown in table 7 below. This suggests that the intervention improved confidence to cook and try new foods.

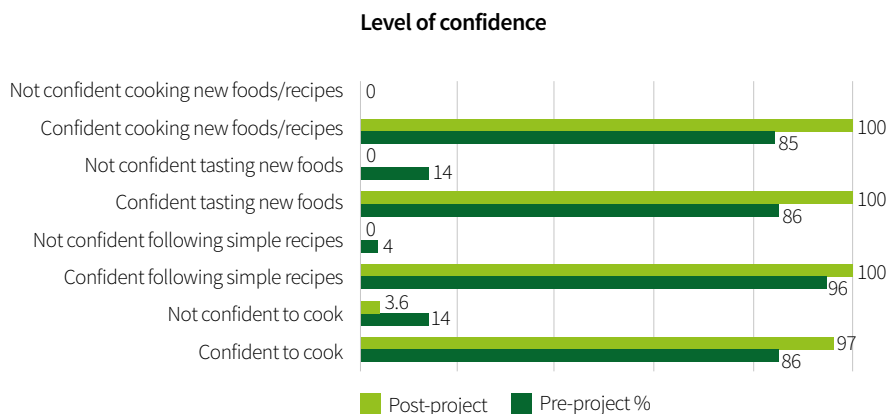


FIGURE 7 LEVEL OF CONFIDENCE ACROSS SEVERAL CATEGORIES PRE AND POST PROJECT

There was an average of 33% change in vegetable consumption from monthly to daily for adults (<18 years) and 31% for children (<18 years) post project when asked about frequency of vegetable consumption. See table 8 and 9 below. Data suggests an improvement in daily vegetable consumption compared to pre-project.

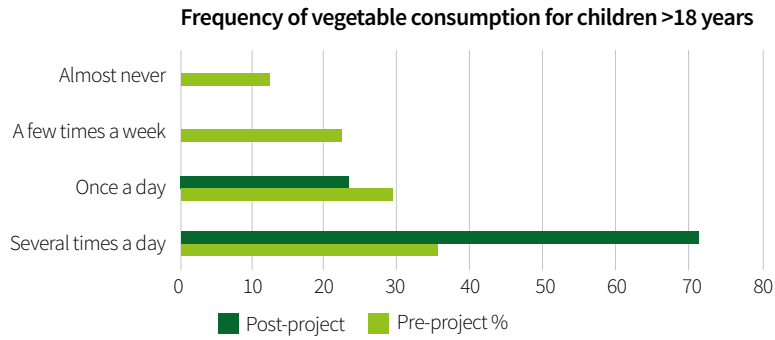


FIGURE 8 FREQUENCY OF VEGETABLE CONSUMPTION PRE AND POST PROJECT FOR ADULTS (>18 YEARS)

The proportion of people who almost never ate vegetables or did eat vegetables few times a week improved significantly after the project as indicated by data above.

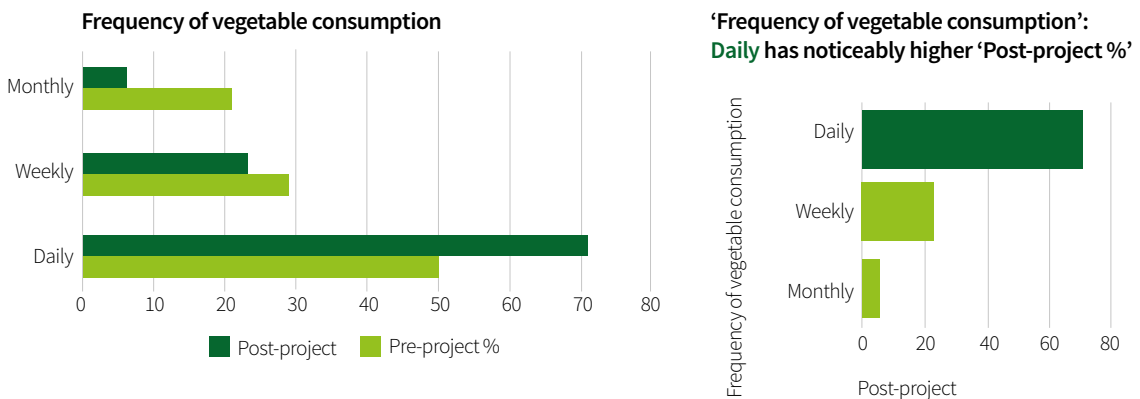


FIGURE 9 FREQUENCY OF VEGETABLE CONSUMPTION PRE AND POST PROJECT FOR CHILDREN (<18 YEARS)



Average 'post -project % for frequency of vegetable consumption for children <18years' which is not a few times a week' (31.3%)

When participants were asked to share other benefits from the cooking workshop, this is what they said:

"I have enjoyed growing my own vegetables and eating them fresh"

"I enjoyed the whole process from growing the veg from a seed to the point of cooking then eating it"

"I did enjoy the cooking but unfortunately if you fall behind even a minute on the live video it's not possible to catch up"

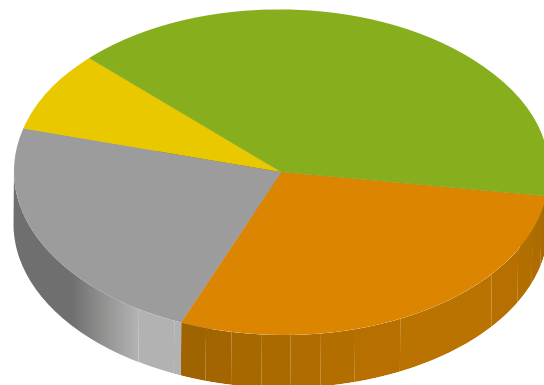
"We really enjoyed cooking recipe I had never made before"

"I enjoyed the interaction and seeing live cooking"

Percentage (%) Change in cooking habits after project

When asked if cooking habit have improved generally after the project.

40% responded yes, 29% maybe, 23% No and 8% other.



Yes % Maybe % No % Other

FIGURE 10 COOKING HABITS POST PROJECT

4.0 Recommendations (Implication for practice)

The findings from this evaluation adds to the evidence base of mental wellbeing benefits of community food growing and gardening.

There is an increasing prevalence of mental ill-health, followed by people experiencing social isolation and poor health all of which adds a burden to the health system⁷. An integrated approach to community food growing could prevent many of these problems and could result in savings. Therefore, four key messages has been identified for health practitioners, project team and policy makers or local authorities. These are arranged under the WHAT? HOW? And WHY? Below.

What?

- Strengthen awareness and engagement with young people and the elderly.**

Findings from survey suggests very low engagement (3%) with young people (12-18 years) and the elderly (65 years and above) compared to other age groups who took part.

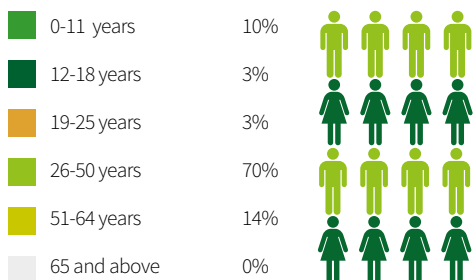
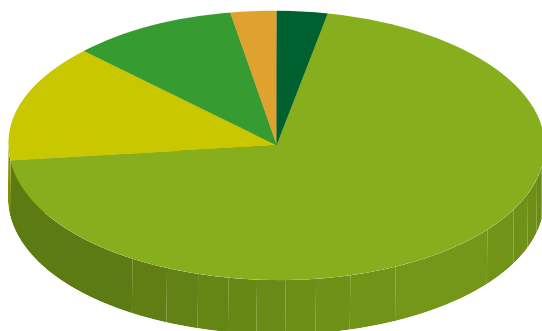


FIGURE 11 AGE PROPORTION OF PARTICIPANTS



“Open it to school groups officially”

How?

Organise open days or taster sessions in schools and academy, identify and collate interest. Engage with care homes and sheltered housing.

Why?

People learn more about benefits and commitment to food and growing when it is reinforced by lived experience. Increased engagement with young people and the elderly can ensure that the health and wellbeing benefits of food growing activity is experienced by this population group. This will also foster inter-generational learning.

What?**2. Strengthen social support and social networks:**

Strive towards a consistent approach to supporting people in the community by promoting local activities available to them and strengthen strategies for continuity of community health-based activities. Findings suggests that perceived quality of social network is associated with improved positive and lifestyle behaviours such as improved dietary habits, increased self-confidence, motivation to connect with others, participation, trust in community, reduced stress and anxiety and satisfaction which are all protective of mental wellbeing^{7,8,9,10}

(See 2.1 above)

“More awareness and maybe involving teenagers through schools and academy”

How?

Social prescribing of community health-based activities by general practitioners and health professionals, signposting of funding opportunities to local groups, delivery of activities via channels appropriate and relevant to target population.

Why?

Perceived social support, correlates strongly with measures of mental health. A lack of social support is associated with depression and other mental health problems and decreased likelihood of recovery from mental health problems.^{7,8,9,10} Social support in general is protective against suicide amongst a range of population groups who have experienced abuse.^{8,10}

Social networks can act as a protective factor for the onset and recurrence of mental health problems and may affect the course of an episode of mental illness.

There is some evidence from that quantity and perceived quality of social networks are predictive of recovery^{7,8,9}. There is also supporting evidence from this project that better social networks were associated with improved confidence in self, trust in others and happiness. (See 2.1 above)

What?**3. Strengthen the delivery of plot to plate approach to community food growing**

Provide more opportunities for a blended session of 'in person' and virtual cookery for people via formats relevant and easily accessible to them.

How?

Increase the availability of community kitchen spaces, people should also have access and support for virtual engagement. Organise cookery workshops or events to bring people, families, community groups together to inspire, motivate and improve confidence in cooking and eating locally grown food produce.

Why?

Promotion of health behaviour activities with method of engagement or resources relevant to target group can increase motivation to engage and continue to adopt a sustainable lifestyle behaviour. Improving sustainable diets such as locally grown food produces also helps with reducing carbon food prints.

What?**4. Establish an enabling environment for food growing****What?**

Normalise an integrated approach to food growing in the wider community, schools, and workplaces. People should be encouraged to see the connections between growing, a healthy diet, and a healthy environment and how it inter-connects positively with community health and wellbeing.

How?

Organise local gardening festivals, cookery workshops or events to bring people, families, community groups together to inspire, motivate and improve confidence and acceptance of sustainable food practices.

Why?

Increased community participation in sustainable food practices can have a long-term impact in improving community food resilience, quality of life and mental wellbeing at a population level.

“Visit and participate in gardening activities”

4.1 Lessons Learned**Project team perspective:**

- Engagement with local community growing groups is key to delivery of project aim
- Recruitment /volunteer involvement increases the capacity to reach more people
- Engagement and understanding of tasks required from all partners is a priority
- More work to be done in recruitment of participants to ensure a diverse representation of population groups within the community and to understand barriers to engagement.

4.2 Limitations

While these findings provide an understanding of impacts at an individual level, It also contain methodological limitations. This mean that findings reveal only a part of the impact of the project and cannot provide detailed information about the experiences of different groups of people within the population either due to incomplete data or loss to follow up.

The reported project outcomes are based on number of responses and not total number of participants, hence not reflective of experiences of the entire population who took part in the project. It is also notable that the number of responses received after the project was less than the response rate before the project, suggesting a likelihood of incomplete data which might have impacted upon the reported outcomes. Some post project experiences were not captured. i.e. reported project impact across several indicators could be more than what was experienced for participants. More so, despite these limitations there were significant changes between pre and post across several performance indicators it would have been good to control for range of socio-economic factors such as housing, life stage, education, occupation. Future evaluation should seek to incorporate these variables to better understand other underlying triggers to mental health and how future project can be tailored to provide a health promoting activity that is responsive to the need of the target population.

Areas for improvement will also include ways to increase response rate of participants and monitoring of long-term impacts on a community level.

5.0 Conclusion

Overall, the outcomes from this project confirm and expand on the findings from previous project (KGA 2020) and other established research evidence demonstrating the health and wellbeing benefits of taking part in food growing activity such as reduction in anxiety, stress, increased satisfaction, and productivity. Therefore, Improving the communities and environments where people live.^{1,3,8} These findings evidencing the positive impact of widespread access to green area and social networking on positive mental health, suggests that community food growing might help reduce the prevalence of mental health problems long term.

Furthermore, in order to continue to improve mental health and wellbeing for people, community food growing should involve the organised effort, informed choices and participation of individuals (across all age groups), communities, local groups and organisations at large. It is therefore important that engagement is achieved across the life course as this will help reduce gaps in inequalities in health. This will require adequate public health promotion approach both within schools, colleges, community, and social setting, using models of support that improves outcomes for all people especially those in deprived communities.

Finally, Information gathered indicates that the Grow, Share, Eat! Project achieved its objectives and aims of improving health and wellbeing for people within priority neighbourhoods. This suggests that community food growing activity could be effective in improving mental health and wellbeing, community trust and participation. High levels of community trust and participation have been associated with reduced psychological distress from other established evidence^{8,9,10}. Health organisations, policy makers and local public authority should consider improving support and access to communal green spaces to increase opportunities for communities to engage in what keeps them well. (Community participation).

5.1 Next steps

This evaluation report will be circulated to key stakeholders, funders and be made accessible to all participants.

The evaluation outcomes will be discussed with partner organizations so that themes and key messages can be considered where appropriate.

6.0 References

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