



A SROI analysis of the Penwith Community Development Trust's: Plant Eat and Teach (PEaT) project.

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Abbreviations

ACGA	American Community Gardening Association
BME	Black Minority Ethnic
CCRI	Countryside and Community Research Institute
CEO	Chief Executive Officer
DCLG	Department for Communities and Local Government
FE	Further Education
FCFCG	Federation of City Farms and Community Gardens
HLC	Healthy Living Centre
HWtL	Healthier Way to Live
IAPT	Improving Access to Psychological Therapies
ONS	Office for National Statistics
M	Mean
nef	New Economics Foundation
NICE	National Institute for Health and Care Excellence
NOCN	National Open College Network
PCDT	Penwith Community Development Trust
PEaT	Plant Eat and Teach
SD	Standard Deviation
SWWB	South West Well-being
UWE	University of the West of England
WEMWBS	Warwick Edinburgh Mental Well-being Scale

Contents

Acknowledgements	3
Abbreviations	4
Content	5
Executive Summary	6
Introduction	9
What is SROI?	12
Establishing scope, identifying key stakeholders And developing the impact map	14
Evidencing outcomes and giving them value	16
Calculating the SROI	29
Establishing impact	35
Conclusion and Recommendations	41
References	43
Appendices	47

Executive Summary

Case study research suggests that community gardens: *provide tangible benefits to people's lives, increasing their well-being, community involvement and pride in their local environment.* (Quayle, 2008:2)

The Plant Eat and Teach (PEaT) drop-in, community garden offers a safe, quiet and respectful space in which local people meet new people and learn new skills. As a community garden it aims to help people from different backgrounds to improve their quality of life and well-being.

PEaT is now well-embedded in local health and well-being networks who value this resource as a healing space for their clients. Recognising the project's unique therapeutic approach as a space of recovery for their clients in crisis referring agencies include: Addaction a charity that helps people to address their addiction issues, Women's Aid, a secure ward at Bodmin Hospital, NHS Bolitho Support Worker and importantly the Samaritans.

A SROI impact analysis was conducted using impact data collected from: 108 Beneficiary Registration forms, 20 individual case studies/reflections (written with/by the beneficiaries), 18 interviews with beneficiaries following 3 field visits, 12 interviews with stakeholders either at the garden or on the telephone, 40 completed before and after Well-being Questionnaires and 40 PEaT Project Health Questionnaires.

Other SROI studies of community garden initiatives have demonstrated that they provide: *a significant catalytic effect towards lifestyle and behavioural change in their local areas.* (CCRI, 2013:24). This analysis of PEaT validates this claim.

Given the challenges faced by PEaT beneficiaries in terms of poor mental health at referral it is unsurprising that their Baseline scores on the Well-being Questionnaires reveal that at registration beneficiaries report considerably high levels of social isolation and poor well-being. Almost half the beneficiaries live alone and in social housing.

Using our Well-being Questionnaires and stakeholder interviews we have established the impact of the PEaT project on beneficiaries. Participating in the PEaT garden leads to improvements in beneficiary' sense of well-being, reduction in social isolation, reduction in depression and anxiety, helps certain beneficiaries to recover from addiction issues, improves self-esteem, enhances physical health and provides a space where beneficiaries can experience recovery.

There was a statistically significant increase in beneficiary connectedness on the Friendship Scale scores from baseline (M=17.03, SD=5.45) to follow-up (M=18.65, SD=4.93), $t(69) = 3.04$, $p < 0.001$. What we find when looking at the raw data is over half of the beneficiaries show significant improvement on the Friendship Scale.

On each of the Office for National Statistics well-being indicators PEaT beneficiaries report improvement in their well-being to the extent that average well-being scores improve from a low base and are now higher than the English average. On the *satisfaction* and *life is worthwhile* indicators beneficiary scores are now higher than the region and county averages. On three of the four ONS indicators these improvements are statistically significant ($p=0.0001$).

Average PEaT attendance by beneficiaries were 12 sessions over a 12 month period averaging a total of 44 hours/beneficiary. Attendance compares favourably with alternative therapies available to local people living with anxiety and depression disorders e.g.: Improving Access to Psychological Therapies (IAPT). With locally commissioned IAPT services typically people with mild to moderate depression might receive between six and 10-sessions over eight to 12 weeks.

Analysis suggests the cost per of attending a local Improving Access to Psychological Therapies (IAPT) session per patient is £102.38 for low intensity therapy, and £173.88 for high intensity therapy (Griffiths et. al. 2014). If all 108 PEaT beneficiaries were to be given 12 sessions of low intensity IAPT the actual cost would be £132, 684; i.e. 15% more expensive than running PEaT for a year. PEaT would be 50% cheaper than attending high intensity IAPT.

The use of SROI methodology is now accepted as an appropriate method for assessing third sector value (Cabinet Office, 2009). It enables third sector providers and commissioners an opportunity to see the broader value that third sector organizations can bring. SROI methodologies compare the monetary benefits of a program or intervention with the program costs. (Phillips, 1991)

In terms of an annual social value created through PEaT; improved mental health and well-being accounts for £221,279; improved physical health £32,945; improved gardens, gardening and food skills £16,081; improved employment and volunteering opportunities £13,218; enhanced environmental impact £9,919 and benefit to local businesses £10,560, making a total social value of £304,002.

Having established the impact of PEaT we calculate a Social Return on Investment ratio of £2:£1. This means that for every £1 of investment £2 of social value is created. We feel this is a very parsimonious reflection of the value created. Health economists like Knapp et. al. (2011) suggest actually quantifying these impacts across all beneficiary life years, whereas we are just quantifying the value for one year.

Through a sensitivity analysis we drew all PEaT beneficiaries into the calculation and valorised all their claims of impact, not just the ones we were able to independently validate by our own primary research. This suggests that the impact of PEaT can be calculated to be a Social Return on Investment ratio of £3.68: £1

For the future, continued use of our tool, the Beneficiary Registration form and the Health Questionnaire will help PCDT to map all its future impacts and provide it with an opportunity to revisit this calculated social value and explore the validity of the drop-off discount.

We have been guided by reported and validated impacts but the project could benefit from a full environmental impact study which is beyond the scope of the analysis provided here to fully valorise PEaTs' social impact.

Community gardens like PEaT take considerable time to develop and thrive. They should not be seen as a short term opportunity to provide an alternative mental well-being initiative but as a long term resource that local charities, health providers and local people see as a useful resource for achieving recovery and sustaining well-being for their clients.

Introduction

Case study research suggests that community gardens: *provide tangible benefits to people's lives, increasing their well-being, community involvement and pride in their local environment* (Quayle, 2008:2). Whilst there are reports of a growth in community gardens in the UK (Smithers, 2009; FCFCG, 2011) rigorous exploration of their value is often obscured due, in part, to their heterogeneous nature. In general we can define community gardens as a community managed project in which a piece of land is cultivated / gardened by the community. Currently a number of frameworks exist for characterising community gardens (e.g. DCLG, 2006). These draw upon aspects relating to, for example, the resources, membership, aims or values of initiatives. Others reflect national contexts, such as the US or Canada, which differ markedly from the UK context (e.g. ACGA, 2009). To date we are aware of no theorised, systematic and empirically tested typology of community gardens in the UK.

Against this backdrop the aim of this research is to evaluate the impact of one community garden developed by the Penwith Community Development Trust's (PCDT): the Plant Eat and Teach (PEaT) project, by undertaking a SROI analysis of its social value. The PEaT Project drop-in community garden offers a safe, quiet and respectful space in which local people meet new people and learn new skills. The garden itself is a one acre (0.4 hectare) site on the urban fringe of Penzance in Cornwall. Unlike allotments, this garden like other community gardens, are newer and more locally based spaces for their users than allotments (Roseland, 1997). Such spaces are increasingly popular and are developing and occurring in a wide variety of locations; both urban and rural. Our search through partner networks has revealed that such spaces are now based in a range of community locations e.g: schools, hosted in the grounds of specific institutions, reclaimed agricultural land, between back to back houses and on brown field. There is no easy way of understanding the number, scope or extent of community gardens in the country (Orme et al, 2011). Recent attempts (DCLG, 2006) have been only partial. What is clear is that most of these initiatives are unique.

As a community garden PEaT aims to help people from different backgrounds to improve their quality of life. It aims are to support individuals to build friendships, confidence, skills and knowledge around the garden space. Beneficiaries work in the garden on collective plots and projects and if their interest grows they can tend their own plot. On prearranged dedicated days it can also support adults with mental illness or learning difficulties to improve their quality of life by getting beneficiaries to engage. Attendees are supported by two paid workers. Beneficiaries learn how to grow vegetables, everything from sowing seeds, looking after plants, picking, harvesting and then eating. With help and support of friendly gardening enthusiasts it provides a supportive environment which believes it can aid confidence-building and self-esteem.

In addition to providing gardening opportunities to referred individuals the PEaT Project also runs group activities. This includes a series of workshops for beneficiaries on a variety of

topics including: cooking, horticultural knowledge and craft events. They also gave opportunities for beneficiaries to gain skills through National Open College Network (NOCN) accredited courses e.g: Introduction to Horticulture and Sowing and Growing Techniques.

PEaT was developed by PCDT. PCDT is PEaT's umbrella organisation. It is a local charity. It was founded in 2001 and it works to promote and develop social and economic initiatives to benefit communities in Cornwall. Based in nearby Penzance it offers training and signposting to further advise and help for those in need. The PEaT project itself was started in 2010 with two years funding from the West Cornwall Local Action for Rural and Neighbourhood Learning in Deprived Community initiative.

Current funding from the project is diverse. It includes an annual grant of £72,332 (See Appendix 1) from the Big Lottery South West Well-Being (SWWB) Programme which enables community organizations to develop health and well-being initiatives as a means of improving people's quality of life. The SWWB Programme seeks to improve the well-being of people who are in poor health or experiencing isolation and living in socially disadvantaged neighbourhoods in the south west of England. There are ten other projects in the SWWB portfolio which deliver a broad base of linked social, non-medical alternatives to positive health promotion. This includes: lunch clubs, community kitchens, weight management programmes, community allotments, befriending groups, collective arts and creative activities. The projects share an emphasis on bottom-up community involvement and informal social networks. For individual beneficiaries the focus is on developing positive physical, social and mental states.

PEaT also benefits from Comic Relief funding of £46,645 (See Appendix 2) to specifically work with older people and PEaT are involved with several Care and Residential Homes locally. PEaT workers aim to encourage visits to the site where they can engage beneficiaries in light gardening activities. Funding has also been received from the Clare Milne Trust to support work with the disabled. Their funding allowed capital investment in infrastructure e.g. hard pathways for beneficiaries with mobility problems and raised beds for beneficiaries in wheelchairs and those who may have restricted movement. Funding has also been obtained from the Henry Smith Charity; that invests in projects that address social inequality and economic disadvantage. Their funding supports the Community Enablement Officer to work with people with poor mental health and/or learning difficulties.

There are two workers who support the project: a Project Co-ordinator and Community Enablement Officer. Both are passionate about their work and support they offer not just around gardening and growing but around using the space as a safe and peaceful environment. Beneficiary reflections reveal considerable respect and gratitude for the work that they undertake.

The SWWB programme is being funded by the Big Lottery fund as part of the Healthier Way to Live (HWtL) programme and the funding for this SROI evaluation and the evaluation of

other partnership organizations within the HWtL programme has been provided by the Big Lottery fund. UWE has been commissioned by the Westbank CHC and the SWWB consortium to undertake these evaluations as a means of obtaining a clearer picture impact and social value.

What is SROI?

To measure the social value of the PEaT project we opted for a SROI approach right from the start in the knowledge that this was an effective way of recording value for third sector organizations (Cabinet Office 2009). SROI puts a financial value on the impact of an intervention that otherwise may not be given value and therefore may not feature in decision making. It enables third sector providers and commissioners an opportunity to see the broader value that third sector create. SROI approaches compare the monetary benefits of a program or intervention with the program costs (Phillips, 1991). In this sense SROI represents a development from traditional cost–benefit analysis. Developed in in the late 1990's it aims to fully valorise all social impacts of any intervention (Emerson, 2000). This is a method for measuring and communicating a broad concept of value, which incorporates the social, environmental and economic impacts, generated by all the activities of an organisation (Greenspace Scotland, 2009). SROI therefore works to demonstrate the extent of this value creation by measuring a range of social, environmental and economic impacts, using monetary values to represent these impacts; enabling a ratio of benefits to costs to be calculated (Cabinet Office, 2009).

SROI developed from traditional cost–benefit analysis in the late 1990's (Emerson, 2000). The SROI approach will capture the economic value of social benefits by translating social objectives into financial measures. Below we outline the impact the PEaT project has had on beneficiaries using different tools and methodologies.

There are seven principles underpinning SROI:

1. *Involve stakeholders.* Stakeholders should inform what gets measured and how this is measured and valued.
2. *Understand what changes.* Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended and unintended.
3. *Value the things that matter.* Use financial proxies in order that the value of the outcomes can be recognised.
4. *Only include what is material.* Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.
5. *Do not over claim.* Organisations should only claim the value that they are responsible for creating.
6. *Be transparent.* Demonstrate the basis on which the analysis may be considered accurate and honest and show that it will be reported to and discussed with stakeholders.

7. *Verify the result.* Ensure appropriate independent verification of the account.

(Cabinet Office, 2009)

In addition to the principles the SROI methodology follows six stages:

1. Establishing scope and identifying key stakeholders.
2. Mapping outcomes through engagement with stakeholders to develop an impact map (also called a theory of change or logic model) which shows the relationship between inputs, outputs and outcomes.
3. Evidencing outcomes and giving them a value. This stage involves finding data to show whether outcomes have happened and then giving them a monetary value.
4. Establishing impact. Identifying those aspects of change that would have happened anyway or are a result of other factors to ensure that taken out of the analysis.
5. Calculating the SROI. This stage involves adding up all the benefits, subtracting any negatives and comparing the result with the investment. This is also where the sensitivity of the results can be tested.
6. Reporting, using and embedding. This vital last step involves verification of the report, sharing findings with stakeholders and responding to them, and embedding good outcomes processes.

Establishing scope, identifying key stakeholders and developing an impact map

The scope of the project was delineated through discussions between the lead researcher and Evaluation Officer from Well UK in the fall of 2013. Present at the meeting was the CEO from PCDT and the PCDT admin support, the PEaT Project Co-ordinator and the PEaT Community Enablement Officer. Both the Project Co-ordinator and the Community Enablement Officer were passionate about their work and the support they offer not just around gardening and growing but around using the garden space as a safe and peaceful environment. Subsequent beneficiary reflections (reported below) reveal considerable respect and gratitude for the work and support they offer. At these meetings the researchers were able to get an insight into programme delivery and perceived impact. We reviewed existing data collection techniques and made suggestions and agreed a Well-being Questionnaire to capture potential impact. This is in parallel with other HWtL projects in the SWWB portfolio.

PEaT was encouraged to use this tool to capture the impact of their intervention on beneficiaries. Historically the project itself had tried to capture potential impact data through their own questionnaire (See Appendix 3). This was useful. It was agreed with projects that our suggested impact tool should build on existing practice ensuring minimal burden on beneficiaries. Given that the Project Co-ordinator and Community Enablement Officer felt that their work significantly helped to improve well-being and reduce social isolation beneficiaries were asked to respond to a brief questionnaire containing two validated items: the ONS Well-being indicators and the Friendship Scale (See Appendix 4).

The ONS Well-being indicators were developed as part of the ONS's: *Measuring National Well-being Programme*. There are now four questions used in their Well-being Index which are regularly being answered annually by 200,000 people in the government's Integrated Household Survey (IHS). As such it is four questions validated against the general population. The four questions are seen as a way of assessing the subjective well-being of individuals, by measuring what people think and feel about their own lives (Self et al, 2012:31). It is one of three well-being measures recommended by nef. (Michaelson, 2012:11) And as such it is very useful in that it will allow service providers to compare their beneficiary scores with demographic and local authority scores to once again demonstrate the profile of their beneficiaries compared to a large national dataset. This is useful for organizations like PCDT when presenting evidence to local commissioners.

The literature on social isolation shows that it is often the self-assessed feelings of being isolated that are more important for our health and well-being than the number of social contacts (Hawthorne, 2000). In the 1960s and 1970s, research by Townsend revealed that there were two different, but related aspects of loneliness: perceived social isolation and perceived emotional loneliness. These two dimensions of social isolation have been widely confirmed by other researchers (Hawthorne, 2000). And as such both are addressed by the Friendship Scale which we included in our tool to capture isolation.

Given that guidance on conducting SROI puts great emphasis on stakeholders' involvement than do standard cost benefit analyses (Arvidson, 2010:6) we took considerable care to ensure that the project as a stakeholder were comfortable with our suggestion for data collection. We agreed a potential list of stakeholders and beneficiaries to contact and interview for our impact analysis and fieldwork commenced in the Summer of 2014. An agreed stakeholder interview schedule was developed (See Appendix 5) and stakeholders signed consent forms prior to engagement with the research (See Appendix 6).

Evidencing outcomes and giving them a value.

We had a broad range of data collection techniques to help us develop the impact map and also measure change in beneficiaries.

- 108 Beneficiary Registration forms. These were developed by PCDT and are completed by all beneficiaries of their service.
- 20 Individual case studies/reflections written with/by the beneficiaries while Attending the community garden.
- 18 Interviews with beneficiaries on three field visits made by the researchers to the community garden.
- 12 Interviews with stakeholders either at the garden or on the telephone.
- 40 Completed before and after Well-being Questionnaires.
- 40 PEaT Project Health Questionnaire.
- 3 Field visits

The interview schedule used with the stakeholders is outlined in Appendix 5. The interview was devised to provide the research with a qualitative insight into the impact of the PEaT. It assisted us in identifying the desired well-being and economic outcomes that were perceived to be achieved through the programme; as well as potential deadweight and attribution indicators for the SROI analysis.

Prior to the commencement of the evaluation new beneficiaries completed PCDT's In-house beneficiary registration form. Items included on the form request information on: gender, ethnicity, disability, age, referral, employment status, accommodation and other information on caring and housing status. When the two PEaT workers are aware that a beneficiary might move on the request that those going use their own Health Questionnaire for tracking impact of project. It included useful tick box information on impact as well as opportunities for open responses.

Beneficiaries

Who are the beneficiaries? Looking at the data from the Beneficiary Registration forms at the third quarter in 2014 it is clear that the volunteers at the project come from a variety of backgrounds. Interestingly the project has an equal mixture of men and women. This experience of higher levels of male engagement in horticulture based well-being programmes has been noted before (Big Lottery, 2015, Accessed 29th January 2015). The average age of the beneficiaries was 45, with the eldest beneficiary aged 72. 3% of beneficiaries were from a BME background. Almost a third of beneficiaries are unemployed (32%, n=29), a quarter (23%, n=21) are permanently sick or disabled, a tenth (11%, n=10) are in some kind of employment and there are some people who are retired (12%, n=11). Additional profiling information suggests that amongst the beneficiaries over a quarter have self disclosed that they have mental health challenges (27%, N=29), others have declared they have learning difficulties (20%, n=22) and (17%, n=18) have special needs and (26%, n=28) report a current medical condition.

Given the challenges faced by beneficiaries in terms of mental health it is unsurprising that their Baseline scores on the Well-being questionnaires reveal considerably high levels of social isolation and poor well-being. These are reported on below. But 55% (N=22) report some degree of social isolation compared to an adult average of 16%. And scores on the ONS Well-being index suggest that at baseline beneficiaries have lower well-being scores than adults in the county, region and across England.

Looking at their accommodation type it is clear that the beneficiaries overwhelmingly come from the rented sectors rather than owner-occupation. This suggests that income levels are probably likely to be less than the broader population in the county. Almost half the beneficiaries live in social housing.

Table 1: Accommodation Tenure (Percentages)

Accommodation Type	PEaT beneficiaries	Cornwall*	England*
Owner Occupation	31%	70%	62%
Private Rented and other	25%	18%	18%
Social Housing	46%	12%	20%

* Data from Cornwall Council (2011:3)

From the beneficiary registration forms we know 65% (n=67) joined the project before the end of September 2013. It is hard to know the exact amount time beneficiaries spend at PEaT. Looking at attendance data collected on 84 beneficiaries by the project workers it suggests that over a third (36%, n=30) attended just once. Excluding these; average attendance of committed volunteers was 12 sessions over a 12 month period averaging a total of 44 hours/beneficiary. This is likely to be an underestimation of intervention exposure because the PEaT garden is a big space and during open times people are free to come and go as they work on either the community plots or their own plots.

Many local agencies and charities refer to the project. Addaction a charity that helps people to address their addiction issues refer their service users to the garden. Women's Aid, who support families that have suffered domestic abuse. Samaritans, referred three beneficiaries. Penzance Volunteer Bureau, who offer local people opportunities to work with community initiatives in the local area, also refer. Beneficiaries might attend because they may hear about PEaT from different services and institutions including a secure ward at Bodmin Hospital or through NHS Bolitho Support Worker.

Other beneficiaries attend because charities use the project to accommodate groups of people who are being supported by their services.

This project is well organised and so welcoming. It's a great place to bring our groups as it has so much to offer with a lot of variety.

Stakeholder 1.

Establishing Impact

One of the key ways we establish the impact of an intervention is looking at the responses given by beneficiaries to our before and after Well-being Questionnaires. Our database shows we have 40 matched questionnaires. We look at this below; but we also use quotes from beneficiaries and stakeholders to validate the findings obtained from our data analysis of the questionnaires.

The biggest impact that our interviewees felt the project had was that it enhanced beneficiaries sense of mental well-being:

I had never volunteered before and for many years I have had mental health issues and have found it very difficult to be with other people. I am enjoying the PEaT Project. It has helped me with my confidence and self-confidence issues. I feel more motivated. Since coming to the project I have taken part in many different activities such as weeding, digging and planting. I think coming to the project has been good for my confidence. I feel more able to do things outside the house. I realise that taking part in the PEaT Project is helping me feel better both mentally and physically.

Beneficiary 75

Mental Health: Social isolation

One of the commonest issues faced by beneficiaries when they first attend at the PEaT site is social isolation. Beneficiaries who present or who are referred to the PEaT project also seem to face a considerable array of other challenges in addition to their social isolation: e.g. addiction, anxiety, depression. We noted when we looked at Baseline scores on the Friendship Scale that more than half of the beneficiaries expressed that they felt isolated (55%, n=22). The table below shows that after a while on the project (2 to 4 months) there were still some beneficiaries experiencing social isolation, but those experiencing connectedness had grown from (45%, n=18) to (58%, n=23).

See the table below.

Table 2: Baseline and Follow-up Friendship scale scores (n=43)

	Very isolated	Socially isolated	Some isolation	Socially connected	Very connected
Friendship Score Baseline	7.5% (n=3)	35% (n=14)	12.5% (n=5)	17.5% (n=7)	27.5% (n=11)
Friendship Score Follow-up	7.5% (n=3)	15% (n=6)	27.5% (n=11)	7.5% (n=3)	50% (n=20)
Friendship Score All adults*	2%	5%	9%	25%	59%

* See Hawthorne et al (2000)

There was a statistically significant increase in connectedness in the Friendship Scale scores from baseline (M=17.03, SD=5.45) to follow-up (M=18.65, SD=4.93), $t(69) = -3.04$, $p < 0.001$. The 95% confidence interval is -2.715 to -.535. The eta squared statistic (0.18) indicates a large effect. The mean increase in the Friendship Scale scores was 1.62 with a 95% confidence interval ranging from -2.71 to -0.535. What we find when looking at the raw data 50% (n=20) beneficiaries show improvement on the Friendship Scale, 32% (n=13) no change and 18% (n=7) of beneficiaries reveal that they are experiencing more isolation at follow-up.

Responses to questions on the PEaT Project Health Questionnaire supports this view with 92% (n=36) agreeing that they have made more friends as a result of attending PEaT. This is true for Beneficiary 27 who had previously been a befriender but felt the co-dependence of looking after one person a little limiting in terms of addressing her own social isolation needs. PEaT helped to change that:

I found out about the PEaT Project through A4E. Through family circumstances I started early retirement and by coming to the project it helped me to change my social and physical well-being. I found it very happy place to be and I have made new friends. As a result of gardening I am much fitter and happier now. It helped me to put life into perspective.

(Beneficiary 7)

Before I came to PEaT I did not get out a lot in the fresh air and as I live on my own I needed to get more social contact. Through volunteering at PEaT I found I enjoyed the group activities as everyone is welcoming and I feel fitter and more interested in life in general.

(Beneficiary 22)

*I had never volunteered before and I was very anxious and nervous. I didn't go out anywhere except with my family and *****. I have found coming to the project very helpful. I am able to come here on my own now, which is great. I've*

made friends with other people in the PEaT Project. I've started sowing my flowers which I hadn't done for a very long time! I have been able to laugh a lot more than I used to.

(Beneficiary 52)

Evidence suggests that sharing tasks in the gardens lead to beneficiaries sharing experiences, making new friends leading to a stronger sense of community. Community gardens provide opportunities for socializing with and learning from fellow gardeners thus aiding community cohesion. (Lewis, 1992) And it makes an important contribution to ending isolation amongst vulnerable people as a recent SROI study has demonstrated in Gloucestershire. (CCRI, 2013)

Mental Health: Improved well-being

One of the key aims of the Big Lottery funding is promotion of well-being. Looking at our baseline and follow up questionnaires there have been significant improvements on three of the key ONS indicators of well-being.

Table 3: Baseline and Follow-up scores on ONS indicators

ONS Well-being Indicator	Baseline (n=40)	Follow-up (n=40)	England Adult average (ONS, 2013)*	South West Region (ONS, 2013)*	Cornwall Region (ONS, 2013)* <small>* Source ONS 2014</small>
Overall, how satisfied are you with your life nowadays?	6.9	7.95	7.49	7.55	7.72
Overall, how happy did you feel yesterday?	6.74	7.85	7.73	7.76	7.97
Overall, how anxious did you feel yesterday?	3.41	2.90	2.94	2.89	2.84
Overall, to what extent do you feel the things you do in your life are worthwhile?	7.46	8.56	7.37	7.41	7.49

This suggests that there are real improvements in beneficiaries' sense of well-being. On each indicator beneficiaries report improvement in their well-being to the extent that average well-being scores are now higher than the English average. On the satisfaction and life is worthwhile indicators scores are higher than the region and county averages. On three of the indicators these changes are statistically significant as summarised by the table below. This is line with other SROI studies of community gardening initiatives. According to an analysis of beneficiaries of a community garden project in Gloucestershire the Warwick Edinburgh Mental Well-being Scale (WEMWBS) revealed that 76% of beneficiaries showed an increase in well-being at some point during their involvement with the community garden. (CCRI, 2013)

Table 4: Baseline and Follow-up t-values on scores ONS Well-being indicators

	t-value	Mean change	SD	Significance	Eta effect values
Satisfied	-4.708	-1.051 CI -1.503 to -.559	1.395	Significant P=0.001	0.36 (large effect)
Happy	-4.484	-1.103 CI -1.600 to -.605	1.535	Significant P=0.001	0.38 (large effect)
Anxious	0.905	0.513 CI -.634 to 1.660	3.538	Not Significant P=0.371	0.02 (small effect)
Life worthwhile	-4.535	-1.103 CI-1.595 to -.610	1.518	Significant P=0.001	0.37 (large effect)

Interestingly, although there is an improvement in people's scores on the anxious indicator, the improvement is not statistically significant. Research elsewhere has suggested that gardening activity can promote relief from acute stress where significantly lower cortisol levels were found in a group assigned gardening, rather than reading, after performing a stressful task. (Van der Berg et al 2010)

Mental Health: Gaining confidence

With improved well-being and a reduction in social isolation for most beneficiaries, participants report improvement in their confidence. The PEaT Project Health Questionnaire reveal that 90% (n=35), agree or strongly agree that their confidence has improved. Improving self-confidence is particularly important for those beneficiaries who have perhaps been victims of domestic abuse or those who are long term unemployed. Many of the

beneficiaries who find or are referred to PEaT talk about lacking self-confidence at baseline. But, the project aids recovery, particularly after dramatic events like being made redundant (Beneficiary 5):

Before coming here I volunteered at TCV which I still do occasionally. Before that I was a long term carer but became stressed out and anxious. I lost my confidence and felt very low. By interacting with other people it has really helped me to change. It makes me think I am not so bad as I think I am. It lifts you and keeps you going. I have started to see the old me and can feel me grow in confidence. Since coming to PEaT I feel mentally stronger and the exercise has improved my fitness and I take part in a lot more activities.

(Beneficiary 32)

It has helped me with my confidence and self-confidence issues. I feel more motivated. Since coming to the project I have taken part in many different activities such as weeding, digging and planting. I think coming to the project has been good for my confidence. I feel more able to do things outside the house. I realise that taking part in the PEaT Project is helping me feel better both mentally and physically.

(Beneficiary 75)

Clearly gaining confidence can improve an individual's self-esteem. There is considerable evidence to show that simply being in a pleasant open space has a significant good effect on self-esteem. (Pretty et al 2005) At PEaT the two project workers talents go a considerable way to fostering improved confidence amongst beneficiaries.

***** and ***** are very helpful and understanding. I have become a little more confident and happier and more able to cope with situations that life throws at me and if I need help ***** and ***** are there to help me put a difficult situation in to perspective. (Beneficiary 52)

Addressing other Mental Health issues

The importance of having and accessing the PEaT space to allow beneficiaries time to come to terms and address various mental health issues is another theme repeated by beneficiaries. Having a space and a project that will and is open and accessible for several days in the week is vital. And as such it is a unique mental health intervention.

Being able to say that you are going to have a project that lasts three-four years is very powerful; it's the length of time that is crucial. (CCRI, 2013:21)

We interviewed Beneficiary (17) who presented with complex mental health needs. He described himself as being bi-polar as well and having learning difficulties. He has cycles of manic highs and lows. The endurance and open access of the PEaT Project supports him in a way that allows him to use the project when he is well but also gives him the confidence to return back after a period of being down. The enduring nature of PEaT is a welcome change for many beneficiaries. Other services supporting people with mental health challenges are often more short term and less ephemeral:

I had never volunteered before and for many years I have had mental health issues and have found it very difficult to be with other people. I am enjoying volunteer at the PEaT Project.

(Beneficiary 75)

Mental health: anger management

One of our case studies is of still quite a young man (Beneficiary 51). As a teenager he became addicted to drink and drugs. It was a means of coping with the demands of school when his ability to achieve was restricted by learning difficulties and mental health issues. He spent several years as a carer to his mum, was diagnosed with a stomach disorder because he could not consume food without experiencing pain. Previous schemes visited by the beneficiary were too short-term and structured for him to cope with. But the space provided through the PEaT project proves invaluable to his recovery.

I 've been coming here for four weeks now and I am enjoying all the time. I've been coming, I was really angry with everybody and everyone. Now I 'm more at peace with myself, now. But I am trying to help here where I am getting friends out of this and can just talk to someone when I need to.

(Beneficiary, 51).

Suicide prevention

Suicidal thoughts and being desperate were feelings that a few beneficiaries expressed. In times following an economic crash as in 2008-10, individuals come under increasing pressure. Stuckler et al (2013) point out that at a time of austerity suicide rates increase. Suicides were falling in the UK before the recession, they spiked in 2008 and 2009 at the

same time as a sudden rise in unemployment. As unemployment fell again in 2009 and 2010, so too did suicides. But, in the past few years, as austerity measures have begun to take effect, suicides have risen again (Arie, 2013:10). It is hard to prove whether the PEaT project directly prevented a beneficiary from committing suicide, but here are the reflections of two beneficiaries.

For many years I've been depressed to the point of self-harming and attempting suicide, dealing with overwhelming feelings of guilt because of past physical and mental abuse. With help from my Community Psychiatric Nurse, my doctor and my GP I have been feeling better but still socially unfit. (Beneficiary 56)

I was angry myself and I went to dark places that were cul de sacs where the only way out was to drink and down pills. (Beneficiary 38)

The Samaritans refer clients to the PEaT project. They particularly see it as a useful resource for aiding recovery in men.

Health issues

One of the clear outcomes of PEaT participation is improved beneficiary health. The PEaT Project Health Questionnaire reveals that during 2014, 3 people report quitting smoking, 2 report quitting drinking and 2 people report giving up drug taking. Our beneficiary interviews reinforced this; Beneficiary 40 attends the project 2 or 3 times a week. Previously, he had lived an itinerant's life. He presented with alcohol addiction. This had led to a stroke which meant he had lost the use of one arm and hand.

Thanks to the project I am now much fitter and now I realise that I owe this to the PEaT project. I have another string to my bow and have met new friends and learnt more about growing vegetables.

(Beneficiary 27)

Beneficiaries report increased levels of physical activity. Data from the PEaT Project Health Questionnaire shows that 92.3% (n=36) say that they *agree* or *strongly agree* that working on the project has increased their physical activity. Evidence from elsewhere shows that

green spaces in urban areas counteract “sedentary” lifestyles and could make a contribution to increased beneficiary physical activity. (Hu et al, 2008)

Importantly our 1 to 1 stakeholder interviews revealed evidence to suggest that some beneficiaries believe they are visiting GPs less. We haven’t been able to collect self report on this beyond improvements in well-being scores and WEMHWP scores. However there is additional evidence for this impact from a similar community garden project. A survey of (n=94) beneficiaries on a similar community garden project suggests a reduction of 311 hours of GP attendance. (Pank, 2011:15)

Healthier diet

Other SROI studies of community garden initiatives suggest that they can provide a *significant catalytic effect* towards lifestyle and behavioural change in their local areas. (CCRI, 2013:24). We found evidence for this in our interviews with beneficiaries and through their case studies:

Since being part of the PEaT Project I now watch what I eat and since coming here I have lost 2 ½ stone in weight just by eating more healthily and I don’t comfort eat so much anymore.

(Beneficiary, 52)

By growing my own food and eating the fresh vegetable I feel healthier and I get out more as I love the outside.

(Beneficiary 35)

Beneficiary 40 suggested that coming to the project had helped him to stop drinking. Others report a reduction in smoking and drug consumption. In this sense the PEaT space aids recovery. Beneficiary 12 was referred to PEaT as a recovering drug and alcohol addict. He realised that accessing PEaT was an appropriate way of integrating back into society. Finding recovery spaces after intensive support around addiction is seen as a key option in assisting rehabilitation.

It’s great to be here - to be around normal people. I have spent twenty or so years surrounded by drug addicts, alcoholics - you name itbut coming from Bosence and being here I have a chance to get back to normality.

(Beneficiary 12)

The same sense of recovery was repeated by beneficiary 40. A recovering alcoholic he enjoyed the company of normal people (non-drinkers) at PEaT. Other recovery programmes like Alcohol Anonymous meant he was simply talking about his problems with other addicts. Thus, dwelling on the problem and not moving on. This is true of beneficiary 61 who had been referred by Women's Aid.

The PEaT Project had given me something to aim for. There is no stress in going to the project, I can leave when I need to but I feel comfortable in staying.

(Beneficiary 61)

Beneficiary 39 could not particularly highlight anything that she was recovering from but in the garden she found things that were: *very peaceful and relaxing*. To Beneficiary 4 it is *a lovely peaceful place to retreat away from the outside world*. For Beneficiary 7 it was just her *sanctuary*. And for Beneficiary 56 he reported that after his first day he: *felt really good, when I got home. Nice people, nice place! Inspirational*.

The garden is therefore looked upon as a healthy, therapeutic space and a variety of organizations bring their beneficiaries to the space and open days to encourage sociability and sharing. A recent literature review on the importance greenspace on general health suggests that even after controlling for socio-economic status several studies demonstrate that better health is related to greenspace regardless of socio-economic status. However these studies do not explain the mechanisms by which greenspaces have a positive effect on a population's health, nor do they demonstrate whether different types of greenspace have a greater or lesser impact on health in urban environments (Croucher et al 2008:2).

Improved gardens, gardening and food skills.

Our stakeholder interviews, data base records and individual case studies show that beneficiaries report improved gardening skills. This is sometimes formalised when some beneficiaries take formal qualifications to support and expand their interest. Several beneficiaries have undertaken health and safety training to support the development of the site. Craft and cooking sessions are frequent events at the project and the workers undertake outreach work often taking their skills and produce to people who would have difficulty accessing the site e.g. beneficiaries in care homes.

I love being at PEaT, working in a relaxed atmosphere, growing things and exchanging skills with other people.

Improved employment and volunteering opportunities

Beneficiary 4 was a socially isolated young woman with learning difficulties. A regular at the project over several months she was able to re-engage with her family and friends and has now decided to undertake an Art course at a local FE college. However her ideal is to get a job in gardening or horticulture. Beneficiary 3 was using PEaT while waiting to get that call of a job. It helped to get over the shock of being made redundant after working all their life. Beneficiary 22 has gone on to work with a community interest company. In fact we are aware of 5 beneficiaries who have been able to return to work after developing and improving their confidence at PEaT. The project is also able to utilise and inspire beneficiaries to take on further volunteering opportunities both at the project and in the community.

In our SROI analysis below we also valorise two other areas of impact which are not directly associated with effects at a beneficiary level. As a gardening project the plot itself and the produce made is creating important social value in terms of sustainability and environmental impact. We have replicated methodologies employed in other social value studies to calculate the value produced: CCRI (2013), Pank (2011) and Greenspace (2009). Additionally, we have also calculated some value in terms of its impact on local business a methodology used elsewhere Shergold et. al. (2012), Kimberlee et al (2014).

Calculating the SROI.

To calculate the SROI we were able to obtain financial information from the Finance Manager at PCDT.

Table 5 below calculates income for the PEaT project for the period 1 January 2014 – 31 December 2014 (See Appendix 1). The final figures are calculated from the information provided for the first three quarters of the year.

Table 5: Income for the PEaT project 2014

Income	Total SWWB Programme For all 2014 (£)
Big Lottery / SWWB Grant	72,332
Other Grants	46,645
Donations	4,000
Own funds / Reserves	1,400
TOTAL INCOME	124,377

The direct costs are outlined below. They are again based on information provided for the first three quarters of the year. (See Appendix 2)

Table 6: Costs of running the PEaT programme

Direct Costs	Organizations' entire SWWB Programme
Salaries NI & pension	65,410
Recruitment	72
Rent	11,369
General running expenses	2,356
Producing information	201
Training for staff and volunteers	229
Travel for staff and volunteers	764
Consultancy and advice/evaluation	70
Volunteers equipment	892
Web hosting	664
Management fees -	13,510

external	
Course materials etc	456
Telephone and Internet	309
Repairs and renewals	385
Depreciation	2,264
TOTAL DIRECT COSTS	98,954
Indirect Costs (Overheads)	
Line management	6,384
Management charges	8,196
TOTAL OVERHEADS	14,580
TOTAL ALL COSTS	113,534

Giving value to outcomes.

We need to give value to the outcomes we have identified. Many of these are long term benefits that need to be considered when assessing cost-effectiveness. The governments focus on outcome and impact, along with the concept of 'value for money', is growing within philanthropic sector (Leat, 2006). Using SROI methodology is accepted an appropriate method for assessing third sector value (Cabinet Office, 2009). It enables third sector providers and commissioners an opportunity to see the broader value that third sector organizations can bring. SROI approaches compare the monetary benefits of a program or intervention with the program costs (Phillips, 1991). The costs are reported above it is now time to look at the monetary value of its impact.

One of the difficulties of assessing impact of community gardens is that they are an open space where people are free to participate. Collecting registration and attendance data is challenging. Looking at attendance data collected on 84 beneficiaries by the project workers it suggests that over a third (36%, n=30) attended just once. Excluding these; average attendance of committed beneficiaries was 12 sessions over a 12 month period averaging a total of 44 hours/beneficiary. This compares favourably with alternative therapies available to people locally with anxiety and depression disorders who could be referred to e.g.: Improving Access to Psychological Therapies (IAPT). With locally commissioned IAPT services typically people with mild to moderate depression might receive between six and 10-sessions over eight to 12 weeks. In cases of serious depression, up to 20 sessions of counselling are recommended. In most NHS depression services people are likely to be seen once a week for 50 to 60 minutes. (NHS South West, 2015)

One of the clear benefits that stakeholders and beneficiaries report is improvement in mental health. This effects the beneficiaries in various ways including improved connectedness and wellbeing. It was reported above that a big outcome on the project is improved social connectedness for beneficiaries with 93% of beneficiaries (n=40/43)

showing improvement on their before and after scores on the Friendship Scale. The PEaT questionnaire also reveal significant improvement in wellbeing with reported life satisfaction greater than regional and national averages. These scores were replicated on WEMWBS items as well. Beneficiaries also report an overall feeling of improved self-confidence as well.

On an individual level during our 1 to 1 interviews and through other paper data collection techniques individuals report other mental health issues were addressed, they have been valorised here and include: supporting beneficiaries with bi-polar disorders, anger management addressed, suicide prevented, confidence gained. We have costed into the analysis the care and therapy costs of managing these mental health issues. This includes suicide. We know from previous research (Kimberlee, 2013) that the cost of mental health accounts for 2% of GDP according to Professor Layard (2005). A lot of this cost is in services expended to deal with attempted suicides. In their review of mental health costs for the NHS Platt et al (2006) have argued that the average cost of a completed suicide for those of working age only in England is £1.67m (2009 prices). This includes intangible costs (loss of life to the individual and the pain and suffering of relatives), as well as lost output (e.g. employment), (both waged and unwaged), police time and funerals. But, there are also costs to the public purse from recurrent non-fatal suicide events. Overall it is estimated that costs are averted to £66,797 per year per person of working age where suicide is delayed. Figures will vary depending on means of suicide attempt. One recent English study indicates that only 14% of costs are associated with A&E attendance and medical or surgical care; with more than 70% of costs incurred through follow up psychiatric inpatient and outpatient care (Knapp et al, 2011:26).

Where we can we have used official NHS estimates or NHS known values for mental health impact and therapies and improved health e.g. suicide averted, managing beneficiaries with bi-polar disorder, improved well-being, fewer visits to GPs etc. Elsewhere we have looked for local (where possible) proxies to place a value on impact. In the case of improved social connectedness we have used the cost of joining a local social group for the year.

For calculating impact of gaining employment we have looked at official benefit savings rates and to valorise volunteering we have used the standard proxy of the minimum wage rates. The value of local training courses has been used to valorise skill acquisition and training. And we have started to put a value on the environmental impact of the project. There is probably more value here than we have calculated. We have been guided by reported impacts but the project could benefit from a full environmental impact study which is beyond the scope of the analysis provided here.

Table 7: The social value created for beneficiaries on the PEaT project

Outcome	Data Source	Quantity	Proxy and source	Value (£)
Mental health and Well-being				
Increased connectedness/reduced social isolation	Friendship Scale on PEaT questionnaire	40	£200 the cost of joining local social group per year (Cornwall Social Group). http://www.cornwallsocialgroup.com Accessed 23 rd February 2015	8,000
Improved well-being	Friendship Scale on PEaT questionnaire. WEMWBS scores	53	Improved well-being reported by 53 beneficiaries after 3 months. Use £80 x 0.33 months cost of a workplace intervention to promote well-being (McDaid et al 2011:22).	1,399
Improved confidence and self esteem	PeaT Questionnaire / 1-1 interviews with volunteer beneficiaries	53	£129.99 the cost of confidence building training course (per person). Local online social confidence building course: http://www.hotcourses.com/uk-courses/Level-2-Confidence-Building-Award-courses/page_pls_user_course_details/16180339/0/w/50201160/page.htm Access 23 rd February 2015	6,889
Managing two beneficiaries with bipolar disorder	1-1 interviews with volunteer beneficiaries	2	Mental healthcare clusters have an estimated cost of treatment for people with bipolar disorder and depression may require 16–20 sessions of therapy, producing a cost of between £1800 and £2200 per person. (NICE, 2014:4)	4,400
Managing two beneficiaries with anger management issues	1-1 interviews with volunteer beneficiaries	2	£100 cost of an anger management course. http://empathic-anger-management.co.uk/courses/anger-rage-relationship-2/ Accessed 23 rd February 2015	200
Three suicide averted for a year	1-1 interviews with volunteer beneficiaries	3	Knapp, M., McDaid, D., & Parsonage, M. (Eds.). (2011:25). Mental health promotion and mental illness prevention: The economic case. London: Department of Health.	200,391
Improved physical health				
Improved physical activity.	1-1 interviews with volunteer beneficiaries / PeaT questionnaire - I have undertaken regular physical exercise	53	Cost per hour of joining a guided walk / one off group exercise session (£4.40). Each attends on average 44 hours in a year. http://www.leisurecentre.com/penzance-leisure-centre/PriceList Accessed 23 rd February 2015	10,260
Improved diets	1-1 interviews with volunteer beneficiaries	53	Cost of a takeaway meal (equivalent per session attended) 1/per month per person as average volunteer attends once per month £8.80 x 12. http://www.vouchercodes.co.uk/press/release/fast-food-britain-spends-29-4-billion-on-takeaways-every-year-298.html Accessed 23 rd February 2015	5,596
Number of volunteers reporting decrease in drug/alcohol/cigarette consumption	Database	7	Cost of attending private alcohol / drug / cigarette cessation support sessions (CBT for 5 sessions at £45.00 per hour). http://www.garrymaddocks.co.uk/fees-and-coaching-sessions.php Accessed 23 rd February 2015	1,125
Fewer visits to GP	Database.	53	Pank (2011) 311 hours for 94 beneficiaries. An assumed 5 hours/person Unit cost database. Unit Costs of Health & Social Care 2013 £3.80 minute(Curtis, 2013.:191) Assume 1 hours /beneficiary in this project.	12,084
Number of beneficiaries report improved relationships with their families / carers	1-1 interviews with volunteer beneficiaries	10	Cost of relationship counselling (£40 per session x 5 sessions) http://www.rscpp.co.uk/counselling/167268/counselling-penzance-relationship-problems.html Accessed 23 rd February 2015	2,000
PEaT provides organizations with a safe and therapeutic environment to take their clients to that	1 – 1 interviews with stakeholders.	20 adults 20 senior citizens	Cost of visit to the Lost Garden of Heligan is £12/adult and £10/Senior citizen http://heligan.com/visiting-us/opening-hours-and-prices Accessed 23 rd February 2015. Plus cost of travel 80 miles @45p/mile	1,880

would otherwise not be available or would have to be paid for.				
Improved gardens, gardening and food skills				
Improved gardening skills.	1-1 interviews with volunteer beneficiaries and stakeholders	53	Cost of attending basic gardening / cooking course per person £55. http://www.hotcourses.com/uk-courses/Cook-Learn-how-to-courses/page_pls_user_course_details/16180339/0/w/55711342/page.htm Accessed 23 rd February 2015	2,915
Number of volunteers undertaking NOCN entry Level 3 Horticulture 1 training	Database	5	Cost of gaining similar level qualification at a local college (£100 per person). http://www.trainingandcourses.com/cornwall/subject-courses/qualification/study/penzance/default.html Accessed 23 rd February 2015	500
Number of volunteers reporting increased knowledge and skills	Database	26	26 x £14 The cost of employment mentoring provided by Third Sector Solutions http://www.thirdsectorsolutions.net/services/support-services/personal-support.htm Accessed 6th September 2013.	364
Garden Rescues for elderly and or people with physical challenges.	1 to 1 interview with stakeholder	6	Penzance Garden Services would charge £100 for a labourer to work in a garden and take away the waste. 6 gardens rescued. One a day using 4 volunteers.	2,400
Cooking sessions with skill learning	1 to 1 interview with stakeholder	2	On site 6 sessions with 10 beneficiaries and 1 session off site with 29 people £8 the cost of various cooking classes http://www.foodnation.org/cooking-skills Accessed 24 th February 2015	712
Monthly craft or skill workshop event.	1 to 1 interview with stakeholder	1	12 events with 10 beneficiaries. Various RHS workshops cost between £35-£60. Assume £50. https://www.rhs.org.uk/education-learning/courses-workshops Accessed 25 th February 2015	6,000
Beneficiary undertakes Health and Safety training	Database	6	£169 cost of CITB one day health and safety training. http://www.citb.co.uk/training-courses/health-and-safety-courses/health-and-safety-awareness/ Accessed 25 th February 2015	1,014
Days gardening activity at a care home	1 to 1 interview with stakeholder	2	15 – 16 people at each home. Assume 32. Enjoying a workshop on seed and bulb planting. Various RHS workshops cost between £35-£60. Assume £50. https://www.rhs.org.uk/education-learning/courses-workshops Accessed 24 th February 2015	1,600
Days gardening at Leonard Cheshire.	1 to 1 interview with stakeholder	1	6 people living with disabilities and 6 carers. Enjoying a workshop on seed and bulb planting. Gardening workshops for disabled people can cost £48. http://www.regard.co.uk/easyread/owl-town-farm-workshop-how-much Accessed 24 th February 2015	576
Improved employment and volunteering opportunities				
Number of volunteers started new volunteering opportunities through PEaT.	Database	6	£6.50 x 6 for six months. https://www.gov.uk/national-minimum-wage-rates Accessed 23 rd February 2015	1,014
Gained employment	Database	5	Benefit savings for 5 beneficiaries over 6 months based on Housing Benefit and JSA rates for a single person aged over 25. £86.55/week. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/302150/dwp035-apr-14.pdf Accessed 23 rd February 2013.	11,251
Additional hours worked on site by project workers to support the programme	1-1 interviews with stakeholders	2	0.5 hours a day - 2 hours a week x 34 weeks = £68 hours at wage of £10 per hour.	680
Beneficiary manning volunteering pop-up shop at Penzance Volunteer Bureau	1-1 interviews with stakeholders	1	6 Volunteers worked at a Pop-up shop event. Using a vacant shop space to sell plants goods and profile the PEaT project. 6 different volunteers worked on one day for 6 days. £6.50 x 42 hours. https://www.gov.uk/national-minimum-wage-rates Accessed 23rd February 2015	273
Social value of environmental impact				
Spaces for wildlife and value diversity	Pank (2011:16)	1 hectare	Biodiversity value of land/ha/year estimated in 2003	115
Taken out own allotment space	PEaT exit questionnaire	32	32 beneficiaries have their own allotment space. Assume additional cultivation value to beneficiaries of cultivation of produce in one year. (Pank, 2011:16)	289
Engagement of beneficiaries in their	Database	65 (77% of 84)	Average household spend on gardening equipment. Average annual spend £135.20. (ONS, 2012:1)	8,788

own gardens.		registered beneficiaries living in social housing or their own homes)		
Growing more vegetables in the garden	Site visit		Value of carbon savings from home growing vegetables as opposed to buying them. £6.54/100m2 of productive vegetable garden/year (2009 prices) Assume 0.2 hectare (2,000 square meters) growing vegetables. Half of plot. Greenspace (2009:9)	130
Development of a pond to attract new water born species	Site visit	1	Value of pond/ lake habitats per hectare. £5,949/hectare/year (2007 prices) Size of pond = 0.05 hectare. Greenspace (2009:9)	297
Installation of a compost toilet.	Site visit	1	There are a number of higher costs for the average household in Cornwall compared to the national average or to other parts of the UK – this includes water and sewerage charges (Cornwall Council, 2012). Average cost of sewerage treatment in the South West.	300
Value to local businesses				
Engagement of beneficiaries in their own gardens.	Database	65 (77% of 84 registered beneficiaries living in social housing or their own homes)	Average household spend on gardening equipment. Average annual spend £135.20. (ONS, 2012:1)	8,788
Project trip to Lost Gardens of Heligan	1-1 interviews with stakeholders	29 beneficiaries + 2 project workers	Cost of visit to the Lost Garden of Heligan is £12/adult http://heligan.com/visiting-us/opening-hours-and-prices Accessed 23 rd February 2015. Plus cost of travel 80 miles @45p/mile £5 lunch. £1.50/visitor on shop spend. http://www.aim-museums.co.uk/downloads/629171cb-13e8-11e2-b292-001999b209eb.pdf Accessed 25 th February 2015	1772
Total social value created				£304,332

The table summarises the value of impact created in the different sectors identified above. Overwhelmingly improvements in terms mental health and wellbeing is where the greatest social value is created.

Table 8: Summary of social value created by the PEaT:

Type of Value	£
Mental health and Well-being	£221,279
Improved physical health	£32,945
Improved gardens, gardening and food skills	£16,081
Improved employment and volunteering opportunities	£13,218
Social value of environmental impact	£9,919
Value to local businesses	£10,560
Total Value	£304,002

Establishing the impact

We have valorised the impact and scaled up the values to ensure they reflect the beneficiaries' experience. However we need to establish impact to reduce the risk of over-claiming. It is only by measuring and accounting for all of these factors that a sense of the value of the impact of the PEaT project can be understood. There are four aspects of establishing impact:

Deadweight – how much of the activity would have happened anyway

Attribution – how much of the outcome was caused by the contribution of other organisations or people

Displacement – what activities or services are displaced by the project

Drop-off – the decline in the outcome over time (only calculated for outcomes that last for more than one year)

Deadweight

Deadweight is a measure to describe the amount of the outcome that would have happened anyway, even if PEaT had not been available or if beneficiaries had not been referred onto the intervention. In establishing deadweight, and through exploring deadweight during our interviews, it was believed that in most cases the beneficiaries would have done very little without some form of intervention in their lives. We have already highlighted in our discussions around the context to the project that for some of these beneficiaries have already experienced alternative interventions and found them wanting. Those who have mental health challenges are already in a desperate situation when they come to PEaT. Some talk about the project offering them free space where they can experience recovery from issues not addressed elsewhere e.g. addiction. The fact that the project is open and accessible throughout the week is seen by many people to be a unique opportunity that they could not access anywhere else.

Health economists Knapp et al (2011) in their advice to the DoH argued that the economic case for intervening and developing mental health interventions should be expanded to deliberately restrict the burdening and increasing costs of mental health and their pharmacological solutions. Thus the premise here is that deadweight is not necessarily an issue. These beneficiaries are sometimes desperate people. In fact there is evidence to suggest that the trends in wellbeing demonstrated here is sometimes counter to what is happening around them.

It is quite conceivable that a few may have had help and support from elsewhere that may have yielded the same effect. Given that a considerable number live alone and others report that their family/partner told them to access this project suggests that improvement in well-being might not have occurred without this opportunity. As a result, in the absence of a clear comparator it is important to try and use a 'best estimate' (Cabinet Office, 2009:56) to assess deadweight. Taking health and well-being deadweight as an example, secondary data indicates that around 7% of benefits would have occurred anyway, for example as part of the national drive towards well-being improvements and/or changes to the delivery of health services at a local level. This deadweight figure has been used in other studies of community gardens/ food plots. (CCRI, 2013:25)

Attribution

Attribution is an assessment of how much of an outcome was caused by the contribution of other organisations or people external to the programme. This is difficult to judge as details of the support offered to beneficiaries outside of the intervention were not available. A question was asked, which was used as the basis for our attribution calculations, around what approaches had been made to other support agencies. In a few of our interviews beneficiaries said things like a partner had helped, but it is hard to quantify these impacts especially when for some beneficiaries if a partner exists they were often vital in getting them to attend PEaT to aid their recovery.

One study has found positive results when comparing communities with gardens to communities with no gardens. The researchers concluded that community gardens help to build cohesion and vitality in a community, contributing to the generation of bonding, bridging and linking social capital (Firth et al., 2011). It is hard to see where else locally that these benefits could be achieved. Other influences include: building skills to develop food security, human health, local ecology as well as creating opportunities for community development through education, skills and training. The integration of membership contribution and the fulfilment of needs are two more benefits that community gardens offer, satisfying members' needs through the sharing of goods, resources, and time. (Schneider et al., 2012)

In the CCRI (2013:29) study attribution of one community garden food project impact was put at 63%, but in the sensitivity analysis this was modelled up to 78%. Pank et al (2011) varied attribution rates depending on outcome. Following the latter study it is possible to argue that the values attributed to: improved gardens, gardening and food skills, the improved employment and volunteering opportunities, the improved social value of environmental impact and increased value to local businesses would probably not have happened without the existence of this project. These are direct skills, training opportunities and environmental improvements that are directly attributable to the project's

development. However, it is conceivable that mental and physical health improvements could have been achieved because of outside influences and support, this, despite the strong acclamations given to the project by beneficiaries.

****** and ***** are very helpful and understanding. I have become a little more confident and happier and more able to cope with situations that life throws at me and if I need help ***** and ***** are there to help me put a difficult situation in to perspective.*

(Beneficiary 52)

Without their patience and understanding I doubt I would be where I am now. They listen....but it is this space that has made me grow again and got me to cope with all my demons of the past

(Beneficiary 48)

Given the strengths of endorsements offered by the beneficiaries we will provide the more conservative attribution rate of 22% as used in the CCRI (2013) study to mental health and wellbeing and improved physical health values.

Displacement

Displacement is a calculation applied to the calculated impact value to valorise the extent to which benefits are truly additional or moved to/from elsewhere. Other projects have suggested that displacement has limited relevance for community garden projects developed to address well-being needs because such projects are rare and potential funders are unlikely to fund and support a similar mental health-focused project in an area where one already exist (RM Insight, 2012). Similarly it is very unlikely that local organisations and charities in Cornwall are likely to establish a similar project in the near future. In fact our stakeholder interviews suggest that PEaT has been actively sort out for clients with specific needs. This includes organizations like MIND, the Samaritans, Addaction etc. Thus it was evident through our stakeholder and beneficiary interviews that the extent to which the project had displaced other activities or benefits in the local area was negligible. Therefore, we felt that displacement was not that relevant in this case, but to adhere to the principle of not over claiming, and in the interests of producing a conservative estimate, displacement of impact of has been adopted in line with other community garden studies. (CCRI, 2013)

Table 9: Establishing impact

Total Value from Table	£304,002
Deadweight @ 7%	£21,303
Attribution @ 22% on mental health and well-being and improved physical health values.	£55,929
Displacement @1% on all	£3,043
SROI	£223,727

Having established the impact of PEaT we calculate a Social Return on Investment ratio of £2: £1 based on the costs outlined in table 6.

This means that for every pound of investment £2 of social value is created. We feel this is a very parsimonious reflection of the value created. Health economists like Knapp et al (2011) suggest quantifying these impacts across all beneficiary life years, whereas we are just commenting on one year.

Drop off

Discounting is usually applied to these values that could be projected for longer than one year. The interest rate to be used to discount the value of future benefits should be 3.5% as recommended in the HM Treasury's (2011) Green Book. For the wellbeing benefits identified in the analysis we could reduce the value by a still quite conservative 10% drop-off rate. Our thinking is that almost without exception the beneficiaries and particularly the stakeholders we spoke to felt that PEaT considerably improved the health and wellbeing of beneficiaries who were on the programme. Our data using validated items shows that over time the majority of beneficiaries make really significant and positive improvement to their lives having come from situations and experiences that in essence were threatening their mental health. Continued use of our tool will help PCDT to revisit the drop-off discount.

Sensitivity analysis

The aim of the sensitivity analysis is to challenge the robustness of the assumptions and in turn how sensitive the SROI ratio is to changes in key indicators and proxies. This allows a confidence range to be presented, based upon the information currently available. The calculations above are based on certain assumptions. Sensitivity analysis allows these assumptions to be tested to assess the extent to which the SROI results would change if some of the assumptions made in the previous stages were changed. The aim of such an analysis is to test which assumptions have the greatest effect on the model.

The key impact in terms of value is the extent to which the project has helped three beneficiaries to resist feelings of suicide. These revelations came through sensitive interviews by the researchers. We remain convinced of the sincerity and gratitude expressed by beneficiaries around this outcome. Given that the Samaritans refer to the project, it suggests to us that PEaT is a safe environment that allows beneficiaries to recover from the challenges that cause suicidal intent. It is conceivable that other beneficiaries have benefited from the same outcome. But we are not aware of this because we were only able to directly interview 18 beneficiaries. It is conceivable that other beneficiaries may express similar feelings around the role of the project in reconnecting them to the world and helping to prevent suicide. The sensitivity analysis modelled below assumes that there were an additional three beneficiaries who benefitted in this way. Again we stress that we are being parsimonious here in just calculating these as a one off costs, health economists elsewhere have suggested that these values should be calculated over a lifetime (Knapp et al, 2011)

On the PEaT database at the time of reporting there were 146 beneficiaries registered on the project. Our analysis here is based on proven outcomes as demonstrated by beneficiaries in completing questionnaires or participated in a formal interview with the researchers. It is possible that all beneficiaries have experienced improved social connection, well-being and self-confidence etc. Table 10 below applies additional values on these three indicators for all beneficiaries who have experienced the PEaT intervention.

It is also possible that all the beneficiaries also experienced improved physical activity, improved diets, enhanced gardens and spent more money on gardening activities. Again these values have been scaled up to 146 beneficiaries and added to the values calculated above.

Table 10: Sensitivity analysis applying impacts to all PEaT beneficiaries

Type of Value	£
Mental health and Well-being	£457,567
Improved physical health	£60,767
Improved gardens, gardening and food skills	£21,196
Improved employment and volunteering opportunities	£13,218
Social value of environmental impact	£23,137
Value to local businesses	£21,511
Total Value	£597,396

With the new value calculated by modelling the impact to all PEaT beneficiaries registered with the project we need to apply the same deadweight, attribution and displacement deductions.

Table 11: Sensitivity analysis applying impacts to all PEaT beneficiaries with deductions for deadweight, attribution and displacement.

Total Value from Table	£597,396
Deadweight @ 7%	£41,817
Attribution @ 22% on mental health and well-being and improved physical health values.	£131,427
Displacement @1% on all	£5,973
SROI	£418,179

Drawing all beneficiaries into the calculation and valorising all their claims of impact, not just the ones we were able to validate by our own primary research suggests that through a sensitivity analysis the impact of PEaT can be calculated to be a Social Return on Investment ratio of £3.68: £1 based on the costs outlined in table 6.

Conclusion and Recommendations

It is clear from the interviews we conducted and the studies reported in the introduction that community garden beneficiaries come to the garden with a range of challenges and experiences that may have hitherto undermined their well-being. Many attendees come from very poor backgrounds. Almost half of the beneficiaries at PEaT live alone in social housing and their testimonies are very powerful and sometimes difficult to hear. It is really interesting to report that for some of these beneficiaries the garden offers a space away from the trauma they face or have faced in life. But (interestingly) it also offers a different therapeutic approach to conventional well-being interventions. As one addict said: *It's great to be here - to be around normal people!* Other beneficiaries talk about mindfulness and relaxation as their experience, but it is clear that what PEaT provides is a great space for relaxation and recovery. In a very short time it has instilled the commitment of well over one hundred local people to its ethos and approach.

As a well-being intervention PEaT is now well-embedded in local health and well-being networks who value this resource for what it offers for their clients. Referring agents include Addaction (a charity that helps people to address their addiction issues), Women's Aid, a secure ward at Bodmin Hospital, NHS Bolitho Support Worker and importantly the Samaritans.

In this analysis we have been able to validate the claim that community gardens provide: *a significant catalytic effect towards lifestyle and behavioural change in their local areas.* (CCRI, 2013:24). Given the challenges faced by PEaT great (and appreciated) credit should go to the two workers for helping over 100 beneficiaries achieve: improvements in their well-being, reduction in social isolation, reduction in depression and anxiety, recovery from addiction issues, improvement in self-esteem and enhanced physical health.

This project creates great social value not simply through improved mental health and well-being and physical health, but in generating improved gardens, gardening and food skills, improved employment and volunteering opportunities; enhanced environmental impact and benefit to local businesses. However we feel this is a very parsimonious reflection of the value it helps to create. Partly, because we calculate the value over one year and not a life time and secondly because we feel that with limited resources we were unable to measure all the value it creates.

For the future, we recommend the continued use of our tool, the Beneficiary Registration form and the Health Questionnaire. Additional validated items on depression and physical health could be added if approaches are going to be made to health providers. These tools should be used with all beneficiaries to capture value and impact. And they should be used following their initial engagement with the project. We have also been guided by reported impacts but the project could benefit from further analysis and particularly a full

environmental impact study which is beyond the scope of the analysis provided here to fully valorise their social impact.

Community gardens like PEaT take considerable time to develop and thrive. They should not be seen as a short term opportunity to provide an alternative mental well-being initiative for people in need but as a long term resource that local charities, health providers and local people see as a space for achieving recovery and sustaining well-being.

Further time could be spent trying to gauge the impact and cost of IAPT therapies locally. Some exploratory work has been done here but PEaT impact could be favourably compared and reported to local commissioners and existing referral agencies to enhance its sustainability.

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Appendices

Appendix 1: Funding of the PEaT programme

Income	Total SWWB spending 01/01 to 30/09/2014 (£)	Total SWWB Programme For all 2014 (£)
Big Lottery / SWWB Grant	54,249	72,332
Other Grants	34,984	46,645
Donations	3,000	4,000
Contract Income	-	-
Earned Income / Fees	-	-
Own funds / Reserves	1,050	1,400
TOTAL INCOME	93,283	124,377

Appendix 2: The annual running costs of the PEaT project

Direct Costs	Organizations' entire SWWB Programme 01/01 to 30/09/2014 (£)	Total SWWB Programme For all 2014 (£)
Salaries NI & pension	49,058	65,410
Recruitment	54	72
Rent	8,527	11,369
General running expenses	1,767	2,356
Producing information	151	201
Training for staff and volunteers	172	229
Travel for staff and volunteers	573	764
Consultancy and advice/evaluation	53	70
Volunteers equipment	669	892
Web hosting	498	664
Management fees - external	10,133	13,510
Course materials etc	342	456
Telephone and Internet	232	309
Repairs and renewals	289	385
Depreciation	1,698	2,264
TOTAL DIRECT COSTS	74,216	98,954
Indirect Costs (Overheads)	Organizations entire SWWB Programme	
Line management	4,788	6,384
Management charges	6,147	8,196
TOTAL OVERHEADS	10,935	14,580
TOTAL ALL COSTS	85,151	113,534



PEaT Project Health Questionnaire

Name _____

Date completed

At PEaT we would like to know if by volunteering with us has been beneficial to you. We would like to hear about your experiences, please take a moment to fill in this form.

Circle the most appropriate answer.

...I feel more positive about myself

- A. Strongly Agree B. Agree
C. Disagree D. Strongly Disagree

...I am more confident when making every day decisions & choices

- A. Strongly Agree B. Agree
C. Disagree D. Strongly Disagree

... I have learnt new skills through volunteering

- A. Strongly Agree B. Agree
C. Disagree D. Strongly Disagree

If you have learnt new skills can you list them below?

...I take part in more social activity (meeting friends, clubs etc.)

- A. Strongly Agree B. Agree
C. Disagree D. Strongly Disagree

...I walk / cycle/ use public transport more

- A. Strongly Agree B. Agree
C. Disagree D. Strongly Disagree

... I have learnt skills which could be used in employment

- A. Strongly Agree B. Agree
- C. Disagree D. Strongly Disagree

... I feel I can make a positive impact in my community

- A. Strongly Agree B. Agree
- C. Disagree D. Strongly Disagree

Finally, please use the space below to write anything you like about how volunteering with the PEaT Project has affected your health and well-being (for example, your diet, fitness, habits, employment, social life etc.):

Appendix 4: ONS Wellbeing Scale and Friendship Scale

Overall, how satisfied are you with your life nowadays?

Where 0 is not satisfied at all and 10 is completely satisfied.

0 1 2 3 4 5 6 7 8 9 10

Overall, how happy did you feel yesterday?

Where 0 is not at all and 10 is completely.

0 1 2 3 4 5 6 7 8 9 10

Overall, how anxious did you feel yesterday?

Where 0 is not at all and 10 is completely.

0 1 2 3 4 5 6 7 8 9 10

Overall, to what extent do you feel the things you do in your life are worthwhile?

Where 0 is not at all worthwhile and 10 is completely worthwhile.

0 1 2 3 4 5 6 7 8 9 10

During the past four weeks:

Has it been easy to relate to others:

Always	Most of the time	About half the time	Occasionally	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I felt isolated from other people:

Always	Most of the time	About half the time	Occasionally	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I had someone to share my feelings with:

Always	Most of the time	About half the time	Occasionally	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I found it easy to get in touch with others when I needed to:

Always	Most of the time	About half the time	Occasionally	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When with other people, I felt separate from them:

Always	Most of the time	About half the time	Occasionally	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I felt alone and friendless:

Always Most of the time About half the time Occasionally Not at all

To help us understand the impact of our work and the benefits emerging from our activity our funders, the Big Lottery, have asked us evaluate our activity. To help us in this project we are asking for your consent to release anonymised data collected on this form to our evaluation team based at the University of the West of England (Bristol).

I consent to the release of anonymised data collected in this form to the University of the West of England (Bristol) for evaluation purposes.

Signature _____

Date _____

Appendix 5: Stakeholder Interview Schedule

Key Questions for external stakeholders – With Prompts

1. Name:
2. Your organization:
3. Your role within the organization:
4. Please describe your/your organisations, relationship to/experiences of, the PeaT programme?
5. How positive has your experience of the PeaT programme been? (Ease of referral, general impressions, positive and negative aspects / issues)
 - Has this changed over time? In what way?
5. What do you think are the Aims of the PeaT programme?
6. What impact do you think the PEaT-time programme has on its participants / the wider community?
 - Community Cohesion?
 - Tackling Mental Health Issues
 - Other benefits? (Economic?)
 - Displacement, Attribution, Drop off etc
7. What do you think are the most / least effective aspects of the programme?
 - What works particularly well?
 - What are the negative or unintended consequences?
8. Are you aware of any other services that offer activities similar to that of PEaT in the local community?
9. How do these projects compare with the PEaT programme (relative strengths / weaknesses?)
 - What sets the Dream-time programme apart from other projects? (Unique aspects)
10. If you could change anything about the project, what would it be (length of time? Referral process?)

11. Is there anything else about the PEaT programme that you would like to discuss that has not come up during the course of this interview?

Appendix 6: Information sheet for stakeholders

Evaluation of the Plant Eat and Teach (PEaT) project

Dear

Val Johnson (Project Co-ordinator) recently contacted you to explain that we are conducting a Social Return On Investment evaluation of the PEaT Community Garden project in Penzance. You have been identified as a potential stakeholder to their centre and work. We would therefore like to invite you to take part in our research. This research is being carried out by researchers at the University of the West of England, Bristol (UWE). Please read the following information carefully. If you have any questions, you will find our contact details at the end of this letter.

What is this research about?

The purpose of this research is to evaluate the PEaT Community Garden project which form part of its well-being programme. These activities form part of "A Healthier Way to Live", a £3.2 million programme funded by the Big Lottery and led by Westbank Community Health and Care, Devon. This programme is promoting healthier nutrition, physical activity and mental well-being through community and voluntary sector agencies such as Penwith Community Development Trust. UWE's research aims to determine the impact of the "A Healthier Way to Live" programme to help funders to decide whether it is a worthwhile investment. In order to do so, we would like to get some information from you. We are inviting you to take part in our research.

Who is conducting the research?

The research team includes Oliver Biggs, Dr. Richard Kimberlee and Mathew Jones, from UWE. The research is being funded by the Big Lottery as part of the "A Healthier Way to Live" programme.

If I take part what will it involve?

If you agree to help us we will ask you a series of standard questions in an interview. It will take up to 30 minutes of your time. We would like to do this face to face but if it is inconvenient to you we can also interview by telephone or at an event in the garden. The questions are designed to enquire about the impact of the PEaT programme. If we meet face to face we would like to make an audio record of the interview for transcribing

purposes. This recording will be wiped following transcription and the researcher will not share this recording with anybody.

Confidentiality of information

Everything you say will be treated in confidence. Your answers will provide us with data. All data, audio recordings and consent forms will be kept confidential and stored in a locked filing cabinet at UWE. Your anonymised answers from the interview will be transcribed by the researchers. Your identity will remain anonymous. Any identifiable information, such as your name, age, occupation or role, will be removed from the typed up notes and also from any reports or publications that are produced using the data we collect. Any audio recordings will be wiped once the information has been transcribed.

Withdrawal of data

You are free to withdraw from the research at any time. The researcher will explain this in more detail. If you wish to withdraw your contribution, please contact the researchers (contact details below). However, please note that, due to the nature of the anonymised process, once this data has been collected, and your contribution anonymised, this will no longer be possible. So if you wish to withdraw your data, you will need to do so within 2 weeks of the interview taking place.

Please keep this information in a safe place.

If you have any questions about this research, please contact:

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University of the West of England
Glenside Campus
Blackberry Hill
Bristol
BS16 1QY
Tel: 0117 3288 804
Email: Oly.Biggs@uwe.ac.uk

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Glenside Campus
Blackberry Hill
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BS16 1DD
Tel: 0117 3288 923
Email:
Richard.Kimberlee@uwe.ac.uk

If you have any questions about Art-ease or any other Well-being activities at KWHP, please contact:

Val Johnson
Project Co-ordinator
The Penwith Centre,

Parade St,
Penzance,
Cornwall
TR18 4BU
Tel: 07595567676
Email: val.johnson@pcdt.org.uk

