

Report of the One Year Continuation of the Mental Health Active Lifestyles Buddy Project



Background - What was the project?

In April 2009 Croydon Health Promotion Strategy steering group commissioned a one year pilot of the Mental Health Active Lifestyles Buddy Project (April 2009- March 2010). This project resulted in improved physical and mental health outcomes as well as increased employment opportunities for those volunteering. The outcomes are detailed in the Pilot report (Mind in Croydon, 2010), along with more detailed information about the project and why it was commissioned. Based on the success of the pilot the project was commissioned for another year (March 2011 to February 2012).

How did it work?

The project recruited volunteer buddies to work with people experiencing mental health difficulties to help them to access physical activities in the community.

The volunteer roles were advertised locally, at the Volunteer Centre and on do-it.org, as well as on The Guardian's website. Applicants were interviewed by the project coordinators and those who were accepted were offered a two day training package. The first day was an introduction to

Mind in Croydon, and focused on the role of the buddy. It included sessions on working with service users, the expectations for buddies and their match, including boundaries and confidentiality issues. The second day was run by an external facilitator and focused on communication and motivation. Once in a buddy relationship volunteers were supported with weekly phone calls and monthly supervised peer support sessions.

During this recruitment and training process the project coordinators were able to learn about the buddies, their likes and interests, so that a suitable matches could be made between the volunteer buddies and service users.

Each buddy worked with a service user for approximately 14 weeks, starting off in a very supportive role, such as travelling to and from the activity with the person and/or staying with them during the activity. As the service user's level of independence started to improve, the level of direct support was reduced to telephone support, until eventually the service users did not need buddy support at all. All buddied activities took place in mainstream settings such as gyms, parks, swimming baths etc.

Our focus was not only on the service users' experience and outcomes from the service but also the Buddies'. We actively

encouraged people who had experience of mental health problems to volunteer as buddies. This is because volunteering can be an important part of the recovery process and can offer learning opportunities. People who had accessed the project often wanted to volunteer as a buddy, as they felt that they had gained so much from the service and wanted to 'give something back'. It was also excellent work experience, and was often one of the first steps towards gaining paid employment.

The aims of the Active Minds project were:

- To support and enable people with mental health problems to access services within the local community.
- To improve mental wellbeing by developing people's knowledge of healthy living and improving physical health.
- To enable people with mental health problems to develop social networks within their community and to feel more socially included.
- To reduce stigma and discrimination towards people with mental health problems and increase awareness of mental health issues.



Service User Data

Referrals

From March 2011 to February 2012, 46 people were referred to the Active Minds Service, with an almost even ratio of 25 males to 21 females. The average age was 41, ranging from 20-71. Chart 1 (below) gives the breakdown of ages.

Ethnicity

The service reached people from a range of ethnic backgrounds, with almost 50% of service users being non-white. This reflects the diversity of Croydon, and demonstrates that the service was able to reach all communities. Chart 2 on page 3 details the ethnic breakdown.

Employment Status

The majority of people who were referred were unemployed (70%; 32 people), while one person was working, and two people were off work due to ill health. Two people were volunteering, three people were retired. One person had ticked 'other' and five people did not respond to this question. This is reflective of the group of people accessing the service; those with more serious mental health difficulties and accessing secondary care mental health services.

Sexuality

72% (33 service users) reported that they were heterosexual, while two people reported being homosexual. Two said they were asexual while the remainder said that they were unsure, or did not want to disclose this information.

Education

People from a range of educational backgrounds accessed

the service; with people 12 (26%) having no qualifications and 2 people (4%) having obtained a degree.

Self reported disability

We asked service users if they had a disability. 22 people (32%) answered yes, while 13 (48%) answered no. The remainder declined to answer or we have not been able to obtain the information. From a service provision perspective disability services include mental health, however, some people with mental health problems do not class themselves in this group.

Referrers

Referrals came from a range of services, with the majority coming from self-referral, other Mind services or Community Mental Health Teams, with 10 referrals each. Chart 3 gives the breakdown of this (page 4).

Diagnosis

We recorded the psychiatric diagnosis as well as the service users' own report of their mental health problems. This is shown in chart 4 on page 4. The majority of people agreed with their psychiatric diagnoses, with the exception of those diagnosed with schizophrenia, PTSD and Bipolar. From a service user perspective more people described themselves as experiencing anxiety and depression or multiple disorders. This may be due to the stigma attached to labels such as schizophrenia. Data was not recorded for 13 people, this is likely to be for people accessing groups (eg football), where it would not have been appropriate to discuss these issues in a group setting.

The demographic data shows that the buddying service is accessible to a diverse group of people. The popularity of the service

Chart 1: The age range of people referred to Active Minds Buddying

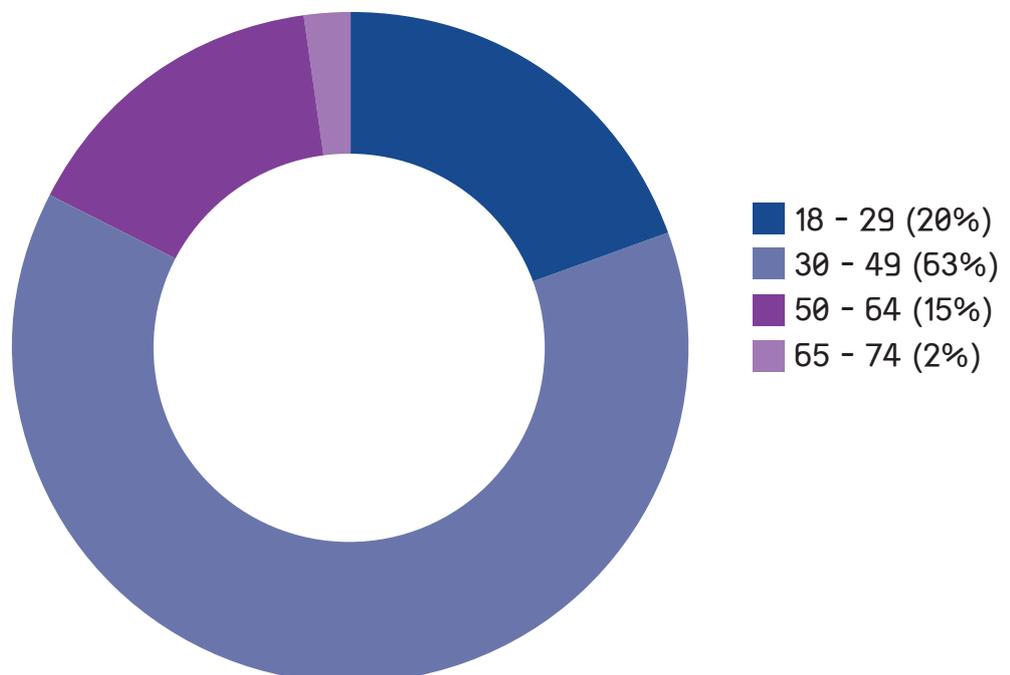
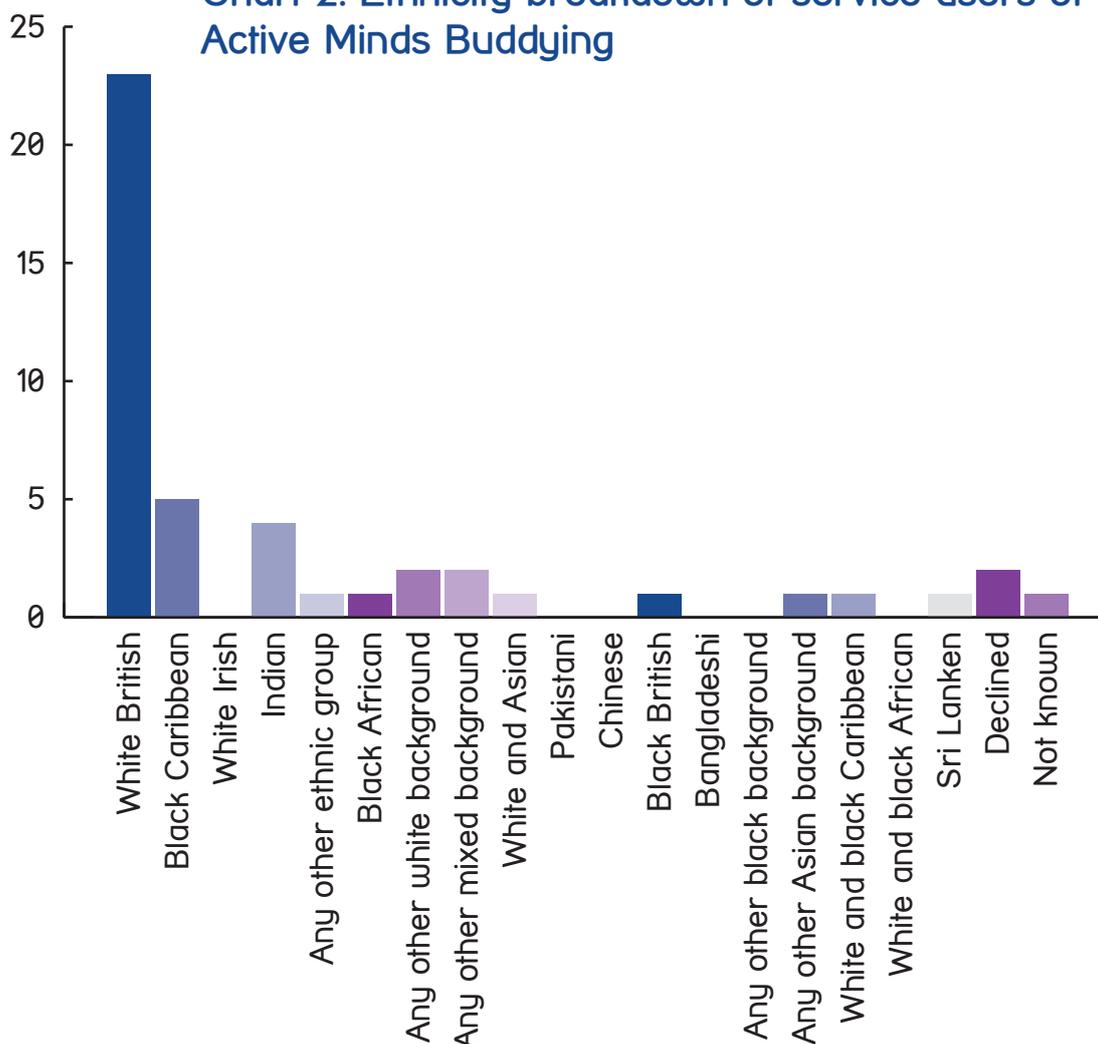




Chart 2: Ethnicity breakdown of service users of Active Minds Buddying



demonstrates the need for such support for people with mental health difficulties so they can access community services.

Service provision

All referrals were appropriate and accepted. All referrals were contacted within 48 hours, and 89% were given an appointment within 2 weeks.

People who were referred had a range of goals, outlined in chart 5 on page 5. The most common goals were to lose weight and get fitter. However, the next most common goals were to try a new activity and to become more physically active. Eight people wanted to access the buddy

service to improve their mental health. Five people hoped to meet new people and four wanted to increase their confidence and self-esteem. This highlights how people recognise the importance of having a good social network, as well as how important activity is in maintaining positive wellbeing.

Of the 46 referrals, 10 people met with a buddy on a one to one basis to do a specific activity. Activities accessed in this way included attending gyms based across Croydon, line dancing, walking, swimming and cycling. 19 people attended the boxercise groups where they were supported by a team of buddies who were graduates of boxercise themselves. Of these

19, two people have requested to become buddies for future boxercise sessions. 16 people received support to access the Exercise on Referral scheme at South Norwood, Thornton Heath and Purley leisure centres. 11 people received buddy support to access the Active Minds archery group based at Thornton Heath leisure centre. Five people received the support of a group buddy to access football practice sessions, and four people received support to go to the Active Minds swimming group. Some people accessed more than one activity, e.g. boxercise and gym.

Chart 3: Breakdown of referrers to Active Minds Buddying

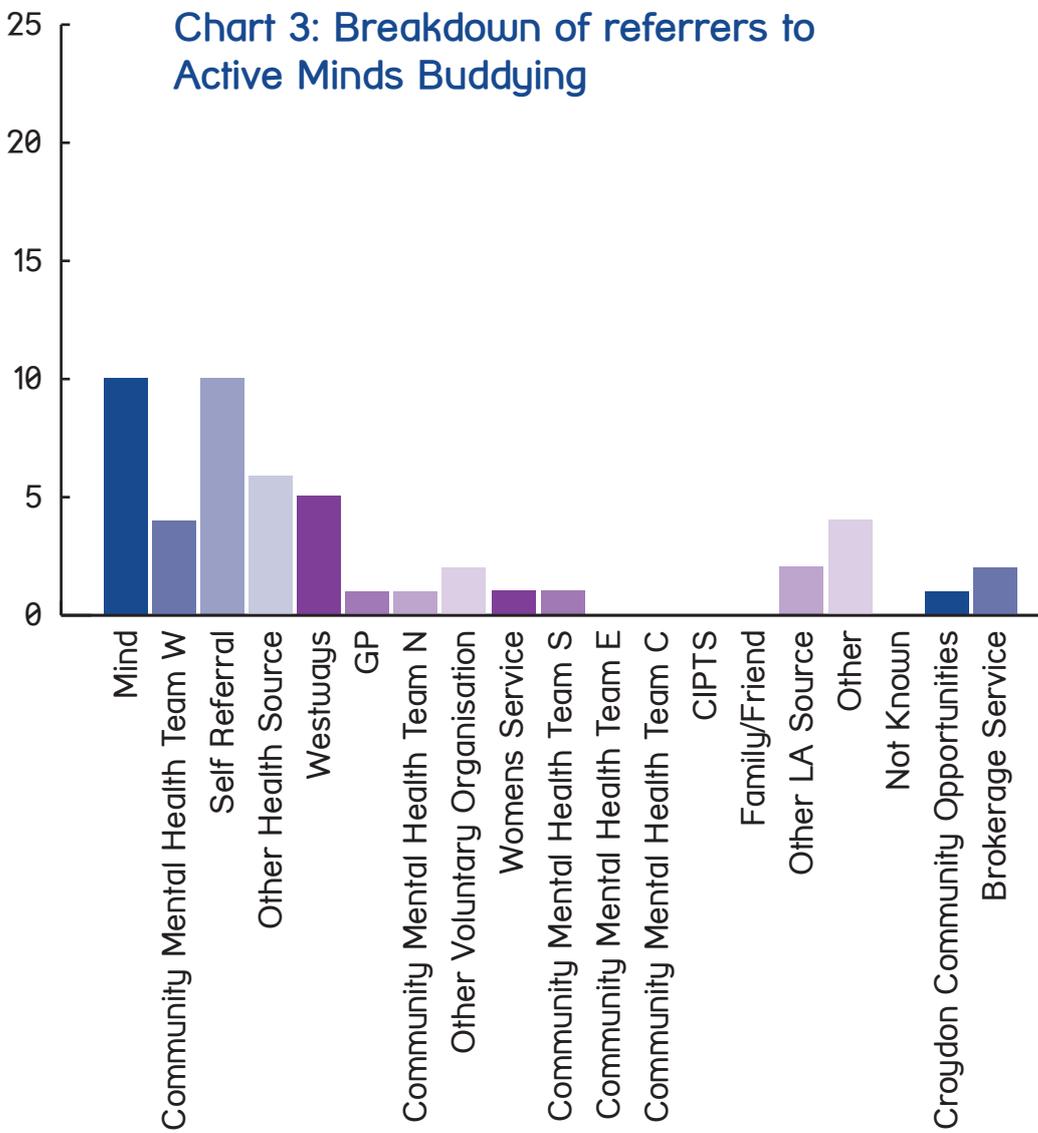
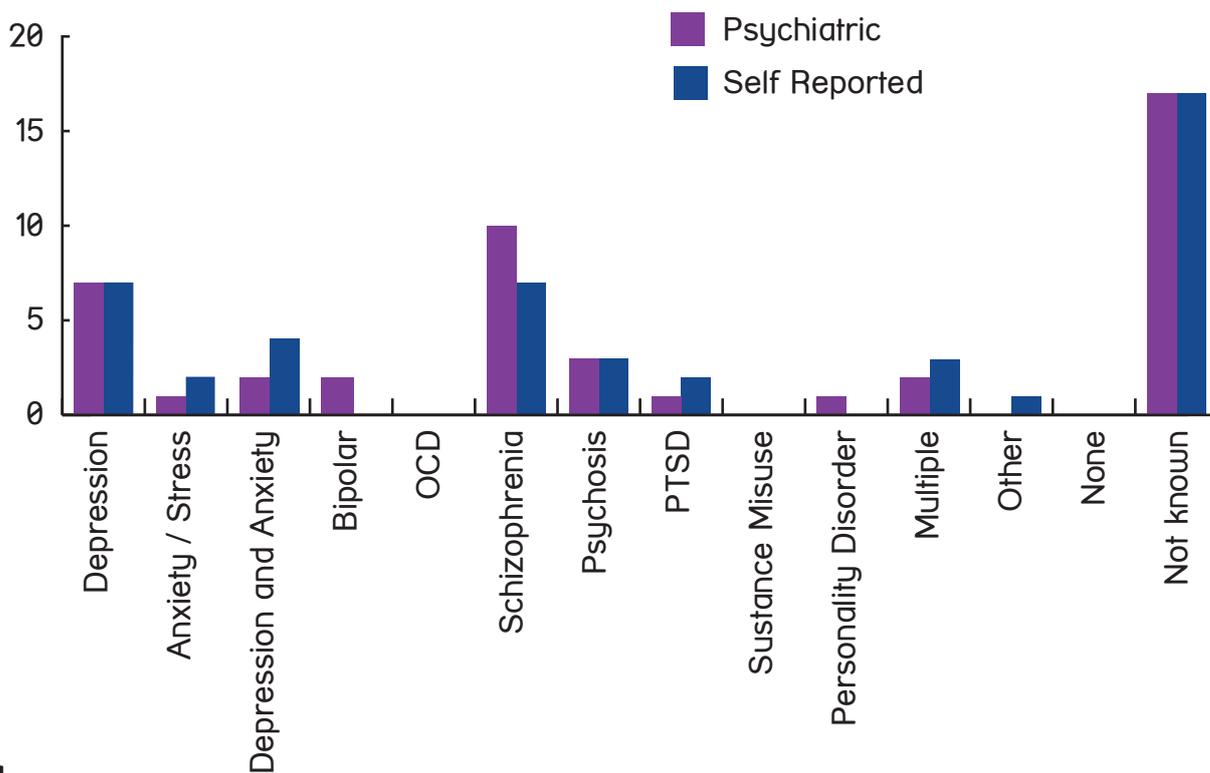
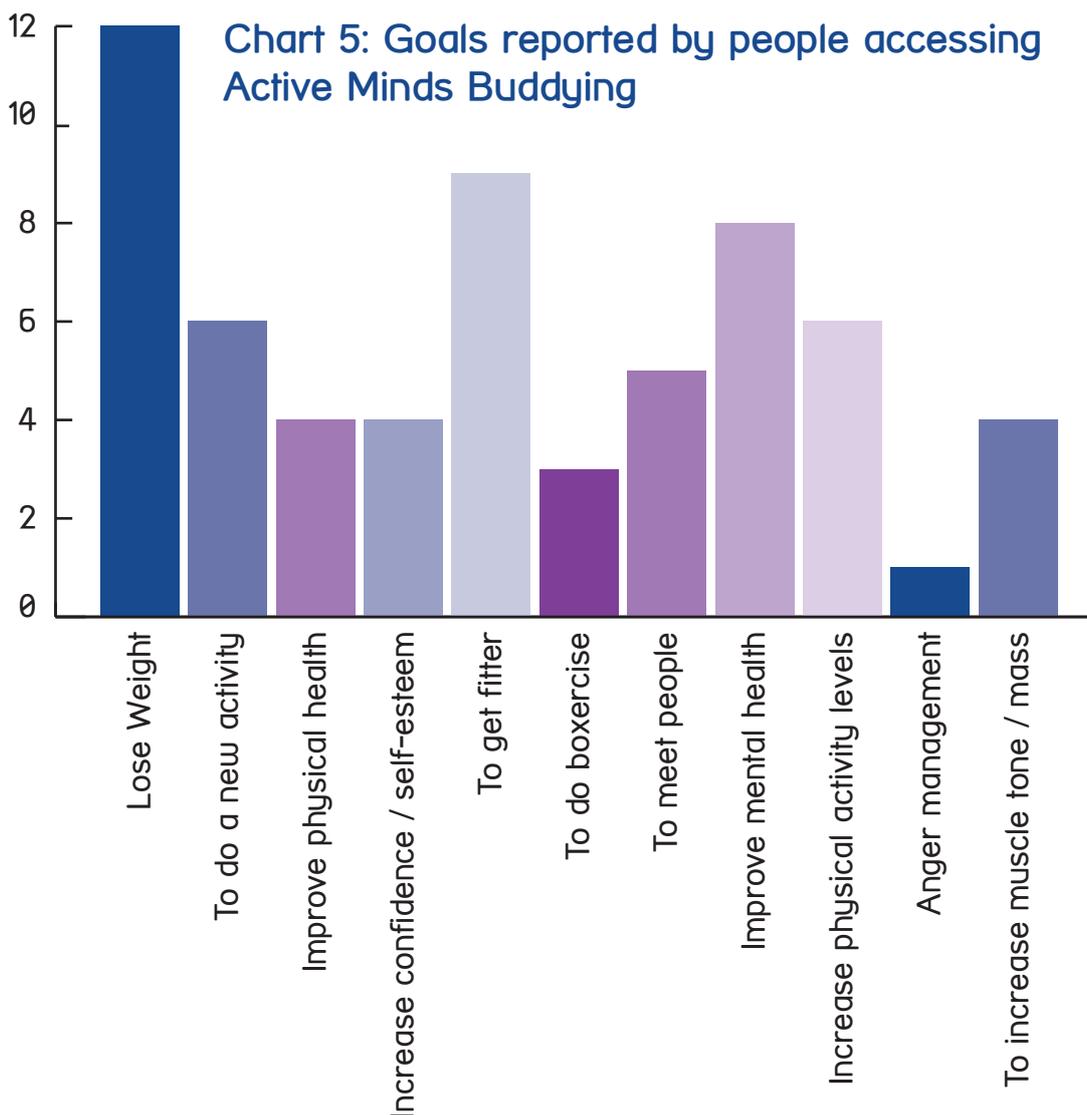


Chart 4: Comparison of Psychiatric diagnoses compared to service users self-reported mental health problems





Service User Findings

Outcome Measures

We measured weight, BMI, reported levels of activity (using the Adahl Physical Activity Scale) and mental wellbeing (using the Warwick Edinburgh Mental Wellbeing Scale). These were taken at first contact and at the end of the buddy relationship, and followed up at three and six months, where possible.

Weight and BMI

Body Mass Index is the most common method for measuring obesity, and takes into account a person's height and weight. The

World Health Organisation (1997) recommends a healthy weight to have a BMI of between 18.5 and 24.9. A BMI of 25-29 is classified as overweight, while a BMI of over 30 is obese.

Levels of activity

We asked people to report their levels of activity over the average 24 hour day. This was broken down into different categories, starting with the amount of time spent sleeping, to the time spent doing vigorous aerobic activity, such as running and cycling.

For health related benefits the recommended amount of physical activity is 150 min of moderate intensity aerobic activity such as walking, house work or vigorous

vacuuming together with muscle strengthening activity two or more times a week. This can be broken down into chunks of at least 10 minutes of activity, three times a day for 5 days a week (World Health Organisation 2012)

Warwick Edinburgh Mental Wellbeing Scale

This is a 14 item scale which looks at subjective mental wellbeing and psychological functioning. All items are positively worded and address the positive aspects of mental health. The minimum score is 14 and the maximum is 70 and the results are presented as the mean score for the population of interest. The average population mean is 51, with a high score indicating positive wellbeing.



Aadahl Scale

The levels of activity are:

- a) Sleep: the recommended amount of sleep per night is eight hours (480 mins).
- b) Sitting quietly, e.g. reading, watching television.
- c) Sitting at a desk or table e.g. eating, writing, working on a computer.
- d) Standing or driving, e.g. washing up.
- d) Light housework, such as dusting, vacuuming.
- e) Cycling at a leisurely pace, walking briskly.
- f) Carrying, loading, gardening.
- g) Aerobics or gym based exercise.
- h) Running, football, racing on a bike.

Outcomes

Out of the original 46 referrals 23 have successfully completed the programme and are now regularly taking part in a new activity. Of these 23, 18 completed a planned exit of the service at six weeks due to the end of their group activity. One person had an unplanned exit due to deterioration in their mental health, one did not want to continue and two did not attend. The remaining two were supported by their buddy for 14 weeks. 17 people continue to access the service.

As this report is over a one year period and the buddy service provides support for 3 months, over 37 % of people have not yet completed the service, and the three and six month follow up data is not yet due for many people.

These are the outcomes for the 23 people who have completed the programme.

a) Weight and BMI

The average BMI of people being referred to the service was 31.7. The average weight was 92.2kg. We obtained the end weight data for 23 people who had completed their programme with the buddying service. The average change was a 0.4kg reduction in weight (SD = 2.0). The average change in BMI was 0.1 reduction (SD = 1.1).

Three month follow up measurements were obtained for two people, with the average weight change being an decrease of 0.5kg since the baseline data was collected (SD = 0.7), and the average change in BMI was a 0.3 decrease (SD = 0.4).

At six months follow up measurements were obtained for one person, which showed a 1kg decrease in weight since baseline and a 1.0 reduction in BMI.

b) Warwick Edinburgh Mental Wellbeing Scale

For all those who completed the programme we used the WEMWS. At baseline the scores for service users accessing the Buddying Service ranged from 23 to 64 with the mean score for service users accessing the service being 38.9. At completion the average score had increased to 44.9, moving nearer the general population average score of 51. The average change from baseline was an 8.5 increase (SD = 11.7).

Three people were followed up at three months, with the average score being 44, and the average change since baseline a 5.3 increase (SD = 2.9). Three people provided data after six months, with an average score of 45. The average change was a 3.5 increase since baseline (SD = 7.7).

c) Activity Levels

Activity data was obtained for 20 people. The results show that people reported an average 38 minute increase in time spent sleeping. This increase was an improvement for clients who have previously found it difficult to sleep. There was also an increase in more vigorous activities: 30 minute increase in aerobic activity and 20 minute increase in activities such as running. The standard deviation scores show a large variance in the results. However, generally these positive changes of an increase in activity levels and sleep were maintained for the three people who provided data at three month follow up, and for the three people who had provided data after six months. Although at six months aerobic activity dropped by 15 minutes, this may be due to the small amount of data collected at this stage.

People were also asked to rate their change in activity levels since accessing the service, with options of large increase, moderate increase, small increase, no change, small decrease, moderate decrease or large decrease. Data was collected for 17 people. The majority of these people (14) reported that they experienced a large or moderate increase in their activity levels. Three people reported a small increase. No one reported no change or decrease. After three months all respondents recorded a large or moderate increase (3) At six month follow up, two reported a moderate increase while one reported a small increase. No one reported no change or a decrease in activity levels.

Service User Feedback

“I found it very good, really, really very helpful. When I don't feel well she (Buddy) would come and make sure I was ok. In this last month when I was very

sick we would go for a walk in the park, I have been to the gym when I am feeling better with her.”

M service user

“Line dancing was lovely. A (Buddy) helped me to get the bus, she was very good. One day she said I was ready to get on the bus on my own. I was worried, thought I would get lost, but when I got there A was waiting for me! I said ‘Oh you waited for me’, she said she wanted to check I was ok, that was very nice. I felt like she wanted to help me so next time I did it on my own!”

Y service user

“I enjoy the gym, its good to know H (Buddy) will help me get there. Yes it is good”

B service user

“T (Buddy) was lovely; it was really encouraging and friendly to get a phone call from her every week. It makes you feel like people wanted you to be there (at boxercise), very polite.”

L service user

‘Very helpful, I felt I could ask her (Buddy) what to do, yes very approachable’

M Service user

Change in physical activity time spent (minutes)

	Start	End	Ave change	SD	3 month	Ave change	SD	6mth	Ave change	SD
N	37	20			3			3		
A: sleep, rest	415	459	38	53	640	367	574	510	0	0
B: sitting quietly	366	222	-76	164	-170	85	134	210	-90	127.28
C: sitting at a desk, eating	87	110	14	84	-15	140	92	210	60	84.853
D: standing or driving	71	86	24	73	140	40	250	90	5	7.0711
E: light housework	53	72	2	69	40	-60	104	120	-30	84.853
F: cycling, brisk walking	43	53	-12	63	80	40	69	90	-30	42.426
G: carrying, loading, gardening	25	29	-1	68	45	5	95	60	-60	84.853
H: aerobics, health club	15	43	30	50	25	15	21	45	-15	21.213
I: running, football, racing on a bike	30	49	20	63	123	3	6	635	545	728.32



Buddy Data

From March 2011 to February 2012 the project recruited 27 volunteer buddies. At the end of the year 18 buddies had been matched with service users and were based in various settings. 11 buddies supported and/or ran group activities, which included two swimming groups (a male and female group), two archery groups, boxercise and football sessions as well as supporting the Exercise on Referral gym sessions at South Norwood, Purley and Thornton Heath leisure centres. Three buddies were placed with each of the boxercise and football sessions to provide not only support for the group as a whole, but also to provide peer support to each other as these buddies were previous Active Minds service users. The remaining buddies supported people on a one to one basis to access Exercise on Referral gym sessions, to provide support to go swimming, take part in local guided walks and group exercise classes. Appendix 1 includes case studies, and provides further details of the activities buddies supported service users in, and how they delivered and adapted their support.

The volunteer buddies were recruited from a range of backgrounds. Many were seeking experience related to their studies (eg in psychology or health and social care). A large number of volunteers had experience of mental health services themselves and wished to volunteer as part of their recovery. These people discovered the opportunity at the local resource centres or once they had been involved with other Active Minds programmes.

The buddies we recruited came from a wide range of backgrounds and age groups. This added to

the strength of the service as we were able to match service users and buddies appropriately. Buddies were interviewed and received a two day induction before being matched with service users. This allowed us to take into account buddy interests and life experiences to further ensure the success of the buddy relationship.

Over the year staff spent 348 hours supporting 18 buddies. 42 hours were spent facilitating group support sessions. Approximately 2 hours was spent with each buddy to interview and match them with a service user totalling 36 hours. 270 hours were spent offering one to one support with buddies though face to face and phone contact.

The information on chart 6, page 9, is obtained from the 18 buddies matched with service users.

Buddies came from 11 different post codes; ages ranged from 19 to 54, with the average age being 32. Just over 50% were non-white, which is similar to the ethnic breakdown of the service users (and reflective of Croydon). Of the 18 volunteer buddies, one third (6) had current or past experience of using mental health services. As with the pilot these buddies reported that they wanted to volunteer for the project, not only to share their experience and interest to help others, but also to maintain their wellbeing.

Buddy Warwick Edinburgh Mental Wellbeing scale

We measured wellbeing scores for volunteer buddies when they were first matched with a service user and at the end of their time supporting the service user. Scores at the time of being

matched ranged from 53 to 63 with the mean score of 55.4 (which is above the average population score of 51). At the end of their work with the Buddying service the average score had increased to 56.7, showing an increase above the average population score. The average change from baseline was a 2.7 increase (SD=2.9)

The chart 7 on page 9 shows an improvement in Buddies employment status after volunteering for the service with nine buddies being unemployed on recruitment, which changed to none at follow up. Some buddies have reported taking part in more than one type of employment related activity such as volunteering and part time employment. In this instance volunteering is only recorded if it is for a project other than Active Minds Buddy project.

Issues arising from buddy support sessions

Throughout the project the most frequent issues raised by volunteer buddies was that of service user motivation and engagement. This had an impact on the volunteer buddy's motivation to continue giving their time to the project. We addressed this by providing buddies with training on motivation techniques, as well as ensuring regular monthly support sessions in which the buddies could receive peer support. These sessions were really useful and provided volunteers with the chance to hear about what other people were finding difficult (as well as share successes) and to work together to think of useful solutions and techniques. 'The regular meetings helped me realise one of the issues is first finding the facts





Chart 5: Breakdown of ethnicity of buddies

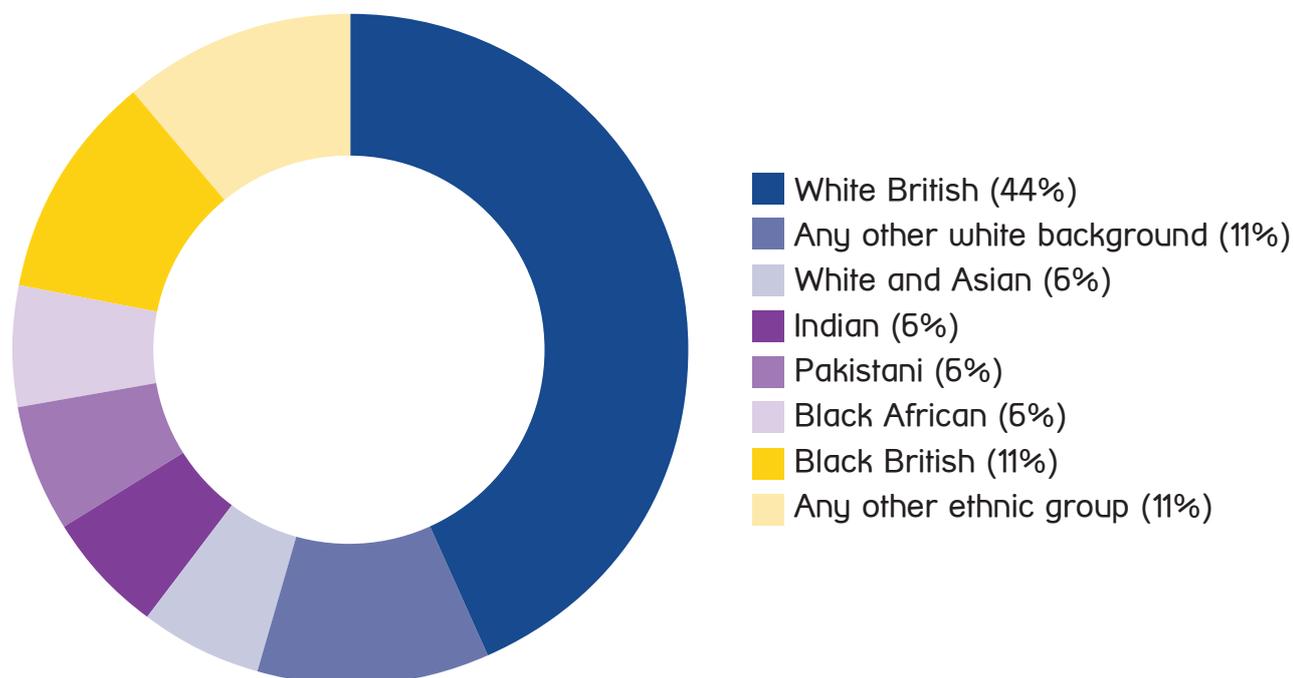
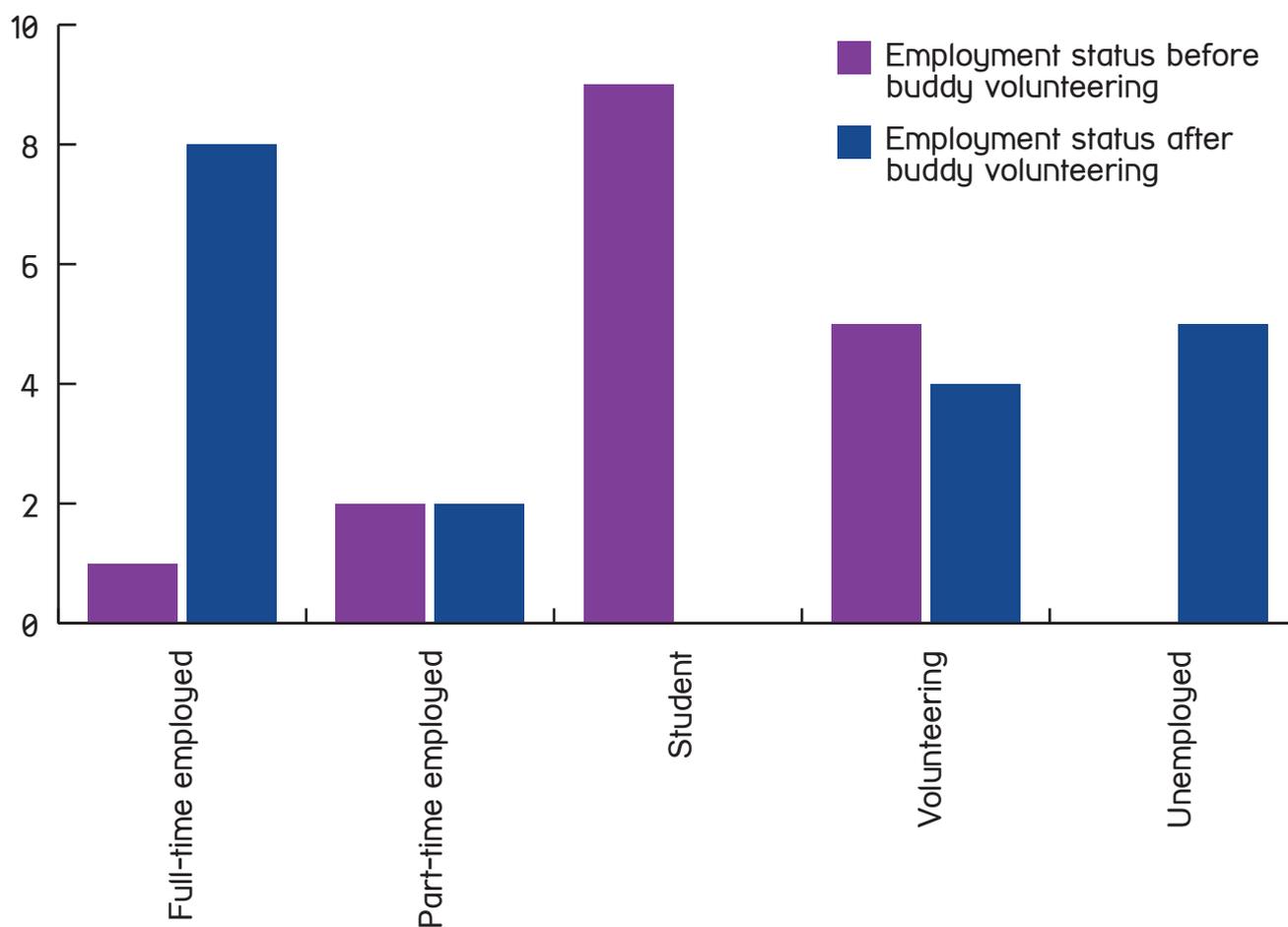


Chart 7: Employment status before and after volunteering as a buddy



to identify the persons needs. It helped me ask S (service user) his views and listening to the other buddies helped me to understand S's symptoms and work out how I could help'. T Active Minds Buddy.

Buddy feedback

“It’s a very positive thing, I have seen a lot of positive things coming out of it for me as well as for the people I buddied. I really enjoyed it, I feel like I’m socialising and going to the gym helps me.”

“I feel proud and very happy that I have helped someone to start to live an enjoyable life again. I am now at college studying counselling, because thanks to Mind I realise how much I enjoy helping people.”

“I have really enjoyed being a buddy. It’s a good feeling when they turn up and come back the next week, helping them consistently reach their goal of swimming

while forming friendships within the group. I have found since the group has been swimming I can now take much more of a back seat as they all get along.”

Professional’s feedback

“The Buddy scheme continues to offer much needed support to users of the Exercise Referral service. Feedback from service users has revealed that a barrier to accessing the scheme was attending alone, having a buddy’ to motivate and encourage helps develop an individuals’ confidence and improve overall health & wellbeing”

Lois Curtis, Active lifestyles

Summary of outcomes

Generally these results reinforce those found during the initial pilot of the buddy service. We have continued to find positive results from the buddying service with positive feedback from service users and buddies. The main outcomes are:

- A reduction in weight and BMI for service users, which has been maintained for those who have been followed up.
- An increase in activity levels for service users, which has been maintained for those people who have been followed up.
- An improvement in mental wellbeing for both buddies and service users being supported by a buddy.
- Buddies demonstrating better employment outcomes after the experience of being a buddy.

Case Studies

Case Study One

B buddied 4 people at South Norwood leisure centre, and he has been meeting up with service users once a week for one year. B contacted his matched service users every week by sending them a text the day before the session to remind and encourage them to meet with him the following day. B met the service users in the gym. 'At first when they are new I help out with the machines, how to work them. Then I take a step back and take a more understanding approach, helping out with the new things they have not done before and just being there to chat to people. Towards the end some people smile – its great to see then. I think people enjoy the chats as well, it helps people to keep coming along'

Since starting buddying with active minds B has completed his personal trainer qualification. He is not currently practicing but has had clients in the past. B said

"I was not into fitness for others but now I really enjoy helping others. It's a very positive thing, I have seen a lot of positive things coming out of it for me as well as for the people I buddied. I really enjoyed it, I feel like I'm socialising going to the gym helps me."

Case Study Two

H buddied B to go to Thornton Heath Exercise on Referral session once a week. B experienced high levels of anxiety

and found it very difficult to leave the house. H met with B once a week for 3 months. She called him once or twice a week depending on B's anxiety levels to prepare him for their trip to the gym.

H says about her buddying,

"Currently, I meet B either by his house or the gym; depending on how well he is on the day, although more often than not these days it is by the gym. When I first met B, he was too ill to live at home, so I would meet him at a rehabilitation clinic every Tuesday. The doctors were very encouraging of him doing exercise as it helped with his recovery. B was very anxious at first and would appear quite tense, but after a few weeks in the gym he was discharged from the clinic and able to live at home. At first, I would stand next to him at the gym as he was extremely anxious to use the equipment, and sit next to him on the bus. Now his confidence has grown significantly and he is able to walk down the

street on his own and I can let him get on in the gym alone. What I am doing now is to let him walk in first, get started on his own and helping him with stretches. The next step is for him to feel confident enough to stretch on his own but ask the personal trainers in the gym if he is unsure. He is almost there."

When asked how H found being a buddy she said,

"I have thoroughly enjoyed working with B. To see the change in him is very rewarding. It did take some time and he still needs medication to help him with his day, but I believe the exercise has been a vital part of his on-going recovery. When we chat for a coffee after the work out, he tells me how he feels more relaxed and how he is looking forward to being able to come alone when he is ready. He has even felt comfortable enough to talk about his illness; he told me that he hasn't always suffered from anxiety."



Thinking back to the first day I saw him until now, he has already come a really long way, so I feel proud and very happy that I have helped someone to start to live an enjoyable life again. I am now at college studying counselling, because thanks to Mind I realise how much I enjoy helping people. This is vital work and in the long run can save money. The doctors in the clinic told me that the exercise and the social aspect of going out frequently contributed greatly to B's recovery, therefore him being able to be discharged and living at home again."

Case Study Three

M has been meeting a number of buddies for a year each Friday at South Norwood leisure centre for a men's swimming group. Currently M is buddying four service users. M usually sends a text to the service users on a Wednesday or Thursday to remind them about the group and encourage them to attend. M then spends around half an hour in the pool with the service users. He said,

"My role has been to try and get everyone

to the pool. Also I try get people talking to each other, usually if someone is new to the group I introduce them and get them involved in conversation."

When asked how he found being a buddy M said,

"I have really enjoyed being a buddy. It's a good feeling when they turn up and come back the next week, helping them consistently reach their goal of swimming while forming friendships within the group. I have found since the group has been swimming I can now take much more of a back seat as they all get along, hopefully they will go on to swim without me some time. I have also enjoyed swimming regularly myself getting more exercise which I was lacking!"

M has started paid work supporting mental health service users to take up activities since volunteering as a buddy.

Case Study Four

P and E each supported J to attend the Mind in Croydon Football sessions. JM found it very

difficult to motivate himself and both P and E struggled to engage him in the group.

P supported J for 7 weeks until he started university. J was then matched up with E for the remaining 7 weeks. Both buddies met with J in his home, calling him the day before the session started. Often they found J said he could not come to the session because of another commitment or because he felt unwell. When this happened P did not meet up with J but E found if he suggested meeting closer to home in the local park for a walk this motivated J to leave the house.

J became unwell a week before his buddy session was due to finish, with his GP recommending he did not exercise for a month. E is planning on meeting with J after this time to encourage him to continue activity as they seemed to be slowly making progress. This may require J to receive an extended period of buddying.

E said,

"We try to enjoy the football game and discuss different games, and try to get enjoyment from the environment."

Case Study Five

A supported Y to attend Age UK line dancing classes in Broad Green. A worked with Y over 20 weeks, meeting once a week at East Croydon train station to take the bus to Broad Green. Once at the group A would sit on the side and then work with Y on returning to East Croydon. Y had been to the line dancing classes twice before being matched up with a buddy but found it very difficult to get the venue, as she was new to Croydon and worried she would





get lost on the way. Y often felt disorientated going to new places so A had to ensure they always met at a place that was familiar to Y. The focus of the buddy session was to build Ys confidence in travelling on public transport to enable her to get to the sessions. A did this by talking Y though the journey each time they made it together, showing Y that she did know the route. A gradually gave Y more responsibility each time the journey was made asking her to decide what bus to take and what bus stop to get off at until A made the decision that Y could make the journey alone. Even then A continued to make Y feel supported by following her on the bus and meeting her at the end of the journey. Y reported feeling very grateful for this as it helped her realise that A always had her best interests at heart. Once Y felt confident enough to go to the classes alone A gave Y weekly phone calls to check she enjoyed the sessions and encourage her to go the following week, she then reduced these to every other week and then once a month. Y continues to attend the line dancing classes without the support of A.

A started buddying after becoming unwell herself having had some time off work. On her return to work she wanted to support someone in their own recovery. A has now returned to work full time and has reported very much enjoying her buddying experience.

Case study Six

J met with A once a week to support her to access Wheels for Wellbeing, a cycling project with adapted bikes to allow C, who has physical problems, to cycle. J met with C at the local tram stop and accompanied her to South Norwood Sports Arena where she helped her complete the introductory forms

and introduced her to the group leader. J went with C three times until A felt comfortable to go on her own. Then J called C the day before the session to help motivate A, and in the afternoon once the session had completed. J gradually cut down on the number of phone calls she made to C until she called only once a month to check that A was still getting to the sessions.

J is now completing a counselling qualification and has asked to be matched with another service user. She will be running the Active Minds Women's swimming group acting as a buddy to support women to attend this session.

Case study Seven

C met with M once a week. Initially this was to support M in accessing the Exercise on Referral scheme at Thornton Heath leisure centre. C met with M at her home each week following a phone call the same morning to establish if the meeting was to go ahead. Initially C and M did go to the gym sessions but after the third session M became too physically unwell to attend the gym. This had the affect of making M feel more anxious about leaving the house. In order to keep M motivated and not isolated, M and C arranged to go for short walks to enable M to continue leaving the house with the aim of building up to returning to the gym. They continued with this for 25 weeks until C could no longer support M due to work commitments. M said she would like to continue to meet with a buddy as she has found the experience very helpful. We are currently seeking a suitable match for M.

Case Study Eight

Three service users attending Active Minds football coaching sessions completed a Level one

Football Coaching Qualification funded by the Football Foundation and are now running a football practice session in a local park once a week. 2- 6 service users attend the session in which the coaches put together various practice games and activities to improve the football skills of the group. The group have been meeting since June with a month break over Christmas and New Year. One of the buddies has since returned to volunteering for an independent horticulture project.

Thank you!

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