How Loneliness Shapes Wellbeing at Growing Together

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Contents

1 Executive summary

This report presents findings from a longitudinal dataset of routinely collected Growing Together (GT) member data over a five-year period. GT is a therapeutic horticulture programme which supports adults with mental health and social challenges. The secondary analyses included wellbeing and loneliness data from 193 members and included 639 observations, collected between 2019–2025, alongside a qualitative case study to illustrate lived experience.

Key Findings

Wellbeing

Members joined GT with below average wellbeing but maintained stable wellbeing over time. For people experiencing significant distress, instability or social disruption, this stabilisation is a meaningful outcome and suggests that GT provides a protective, grounding environment. Women's baseline wellbeing was lower than men's, though the rate of change was similar for men and women. Forty-two (21.8%) members experienced meaningful change in wellbeing of three-points or more (figure1). Women were 3.2 times more likely to experience meaningful change when compared with men.

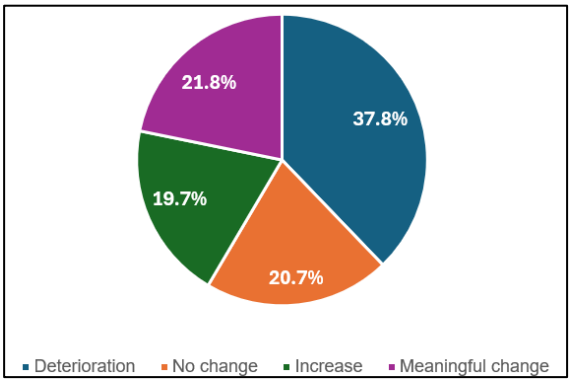

Figure 1: Categorical changes in wellbeing.

Loneliness

Loneliness strongly shaped wellbeing. Long term (trait) loneliness had the greatest negative impact. Short term (state) loneliness also related to lower wellbeing, but more modestly.

Emotional and Social Loneliness

Emotional loneliness appeared more responsive to the GT environment, revealing subtle improvements in wellbeing once accounted for. Social loneliness was more persistent and strongly linked to reduced wellbeing, suggesting that rebuilding wider social networks requires support beyond GT alone.

Member Case Study

The case study of "Giles" highlighted GT's role as a supportive community, offering connection, purpose and emotional safety during a period of crisis. Although wider social challenges remained, the programme provided continuity, belonging and space for personal growth.

Conclusion

GT provides a beneficial community setting that helps sustain wellbeing among adults facing mental health or social difficulties. Emotional loneliness appears responsive to the supportive environment, while persistent social loneliness remains a major barrier to improved wellbeing.

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2 Background and Rationale

Loneliness is now recognised as one of the UK's most significant public health challenges. Approximately, 80% of people in England report experiencing feelings of loneliness with 7% feeling lonely often or always (Department for Culture, Media & Sport, 2024). Furthermore, people experiencing mental distress are seven times more likely to be lonely for a prolonged period such as a year or more (Department for Digital, Culture, Media & Sport, 2022). English population studies have found that loneliness is associated with all mental disorders, especially depression, lower positive mental wellbeing, poorer physical and mental functioning, and higher healthcare service use to the value of approximately £900 per individual in healthcare costs over a 12-month period (Morrish et al., 2025, Meltzer et al., 2013). The Government's Loneliness Strategy and ongoing national monitoring underscore the importance of community-based approaches to reducing loneliness and improving wellbeing (HM Government., 2018).

Loneliness can be understood as a multidimensional construct, including both emotional and social loneliness (De Jong-Gierveld and Kamphuis, 1985).Emotional loneliness is linked to close attachment deficits, whilst social loneliness relates to broader social networks. This distinction is important as emotional loneliness may respond more rapidly to interventions that offer social support and opportunity to establish meaningful relationships. For example, through shared experiences and common goals such as collective food growing (Haslam et al., 2016). By contrast, social loneliness may require more complex and sustained interventions that promote broad social engagement (De Jong-Gierveld and Kamphuis, 1985). Longitudinal research allows loneliness to be measured as a chronic state and for temporal fluctuations to be observed, permitting the effect of both state (temporary feelings) and trait loneliness (constant feelings over time) on health outcomes to be investigated.

Interest in the use of nature-based interventions (NBIs) as an alternative or complementary therapeutic approach to tackling various mental health and social issues has grown substantially in the UK over recent years (NHS England., 2020). Therapeutic horticulture (TH), also referred to as social and therapeutic horticulture (STH), is a specific type of NBI, where trained practitioners work with plants and people, to improve an individual's physical, mental, and social well-being in a structured setting (Thrive, 2026). Previous research has demonstrated the effectiveness of TH for a range of psychosocial outcomes including anxiety, depression, wellbeing and social functioning (Wood et al., 2025, Panțiru et al., 2024, Soga et al., 2017, Nicholas et al., 2019). Furthermore, social pathways are often proposed as mechanisms through which TH exerts its effects (Briggs et al., 2023, Howarth et al., 2020). Despite this evidence, and the clear links between wellbeing and loneliness, there remains limited evidence on how TH influences loneliness directly. One known study of TH conducted during the coronavirus pandemic revealed that females' emotional loneliness experienced the greatest improvements over the course of the intervention (Wood et al., 2022a). However, as attendance at the TH intervention was restricted in response to the pandemic, the true impact of the

intervention may not have been realised. Furthermore, the study did not investigate the association between loneliness on wellbeing.

As research investigating the impacts of loneliness on adults experiencing mental or social issues is scarce, this evaluation addresses a clear gap in the existing evidence base. The research questions addressed are:

1. How does subjective well-being change over time for adults participating in a TH intervention?
2. To what extent do overall, emotional and social loneliness account for changes in subjective well-being over time?
3. Do state and trait overall, emotional and social loneliness predict subjective wellbeing with the same magnitude?

3 Methods

3.1 Growing Together

Growing Together (GT) is a TH project run by Trust Links, an independent charity aiming to improve mental health, wellbeing and the environment in Essex, UK. GT currently operates on six garden sites across South Essex. Beneficiaries of Growing Together are referred to as Members and join GT via community (e.g., voluntary sector) organisations, health providers or self-referral. GT functions as a therapeutic community where social, cultural, and environmental processes interact to support members in managing or recovering from mental ill-health, wellbeing and social challenges. Members participate in a range of activities including gardening tasks, such as potting, weeding, and harvesting, together with building life skills such as cooking, and opportunities to gain horticultural qualifications. GT is person-centred with each member able to choose the activities that suit their needs and interests, while also offering opportunities to develop informal roles and a sense of belonging within the community. There is no fixed intervention period with many members attending for multiple years and some members moving into voluntary roles or employment at GT. In response to the coronavirus pandemic, GT offered online activities between March to June 2020, after which a managed schedule of attendance was in place until October 2021 when usual attendance resumed.

3.2 Sample

The quantitative analysis used routinely collected data from adult members (18+ years old) of GT with a range of undisclosed mental and social needs. Data were gathered at entry, again at 8–12 weeks, and subsequently every 3–6 months while members remained in the programme (September 2019–June 2025). All members gave informed consent for their data to be used in research. GT staff collected data in-person and transferred it to an electronic database. Members contributed between 1 and 9 data points, depending on their length of attendance. Adults with at least one completed questionnaire were included; no new data were collected for this evaluation. After data cleaning, the final longitudinal dataset included 639 sets of data from 193 participants at multiple time points.

3.3 Measures

3.3.1 Demographic variables

The analyses included three demographic variables: Age (years) at baseline was provided or calculated using date of birth and the date of questionnaire completion. Members were also asked to report their gender as male, female, or other. No other demographic information was available within the dataset. The personal identification number assigned by GT was used to link individual data provided at different time points.

3.3.2 Wellbeing

The short form Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (Tennant et al., 2007) was used to measure subjective mental and emotional well-being. The measure consists of seven positively worded items, for example “I’ve been feeling useful”. Items are scored on a 5-point scale, ranging from "None of the time" (1) to "All of the time" (5), resulting in a total score between 7 and 35, where higher scores indicate higher wellbeing. English population-level data indicate that normal mean scores for this measure are: Men = 23.7, Women = 23.6 (Ng Fat et al., 2017). Changes in wellbeing between a member’s first and last wellbeing observation were grouped into four categories: “deterioration” where wellbeing decreased; “no change” where wellbeing remained stable; “increase” where wellbeing increased by less than three points; and “meaningful change” where wellbeing increased by three or more points. A change of three points or more is considered to represent meaningful change, as established in previous research (Stewart-Brown et al., 2009).

3.3.3 Loneliness

The De Jong Gierveld loneliness scale (De Jong-Gierveld and Tilburg, 2006) was used to measure participants’ feelings of loneliness. The scale consists of six questions each scored either 0 or 1. The scores are used to calculate two subscales of social and emotional loneliness (score ranges 0 to 3), which can be summed to calculate overall loneliness with a score range of 0 to 6, where higher scores indicate higher feelings of loneliness.

To understand how long-term loneliness and short-term changes in loneliness each affect wellbeing, each dimension of loneliness (overall, social and emotional) was split into two parts:

1. **Trait loneliness:** This was each person’s average loneliness score across the whole study. It shows how lonely someone tends to be overall.
2. **State loneliness:** This was how much a person’s loneliness score went up or down at each measurement compared with their own average.

This allowed investigation of whether GT members’ general level of loneliness (trait) or the ups and downs around that level (state) had different effects on their wellbeing.

3.3.4 Nature connection

The Nature Connection Index (NCI) (Richardson et al., 2019) was used to measure feelings of connection with the natural environment. The measure consists of seven positively worded items, including “I always find beauty in nature”. Items are scored on a seven-point scale ranging from 1 to 7. The raw scores are converted using a weighted points index ranging from 0 to 23 and summed to

calculate a total score ranging from 0 to 100, with higher scores indicating higher levels of nature connection.

3.3.5 Time related variables

Intervention duration: People could join the programme at any time. Members took part for different lengths of time, ranging from 93 to 298 weeks. In the analysis we tested to see if there was any relationship between length of time members took part and wellbeing.

Follow-up duration: The duration of time elapsed between each occasion that a member completed a questionnaire was calculated into number of weeks. The amount of time between follow ups ranged from 7 to 279 weeks. This reflects the flexible nature of the community programme.

3.4 Analyses

Prior to the main analyses, tests of difference were conducted to check whether there were important differences in key variables that should be accounted for. The tests indicated significant gender differences in baseline wellbeing and social loneliness scores. Gender was therefore included as a control variable to take these differences into account. As “male” and “female” were the only gender categories with sufficient sample sizes to be included in the analyses, members who either had missing data on gender (3 people) or identified as another self-specified gender (2 people) were excluded prior to analyses. One member with missing data on age was excluded to ensure consistency across the analysis. Eleven members did not have complete outcome data at any observation and were excluded. An additional 1729 observations were excluded where participant ID numbers were provided but no outcome data was recorded.

Two different statistical modelling frameworks were used:

1. Multinomial logistic regression was used to test whether the length of time participating in GT or gender might influence wellbeing. In this model, the impact on wellbeing was grouped into categories: deterioration, increase in wellbeing, “meaningful” increase in wellbeing and “no change”
2. Linear multi-level modelling (MLM) was used to examine the average wellbeing trajectory of GT members over time; any individual differences in wellbeing on entry to GT; and rates of change in wellbeing. This approach is helpful when we have data involving individuals at different time points but where there are different numbers of time points and irregular follow-up intervals for each person.

Variables were included in the MLM analysis step by step to explore which combination of variables offered the greatest precision for predicted changes to wellbeing when using overall loneliness as the main predictor. Variables that were not significantly associated with wellbeing were removed at each step. In total, five combinations of variables were tested and the grouping of variables that represented the best statistical fit was selected. The variables included in the final analyses were: wellbeing, gender, intervention duration, follow-up duration, trait loneliness, and state loneliness.

Instead of assuming everyone started at the same level and changed in the same way, the analyses allowed each person to have their own baseline wellbeing score and their own pattern of change in wellbeing over time.

3.5 Case study method

A single semi-structured interview was conducted with a former GT member to illustrate their journey into GT, their experiences of participating, and the ways in which involvement influenced their recovery and life beyond the gardens. The participant responded to an email invitation to take part and received full information about the study before providing informed consent. The interview was audio-recorded, transcribed, and anonymised.

4 Results

A summary of member characteristics is presented in Table 1. Approximately three quarters of the sample were male, and the average age was 46.40 years (SD = 14.68), with ages ranging from 18 to 85 years. Duration of exposure to the intervention varied substantially, ranging from 93 to 290 weeks. On average, female members had a slightly longer period of engagement than male members (193 and 185 weeks, respectively).

Table 1: Descriptive Statistics of Study Sample and Key Variables at Baseline.

	Total (n=193) Mean (SD)	**Male (n=136) Mean (SD)**	**Female (n=57) Mean (SD)**
Age Range (18-85 years)	46.40 (14.61)	45.97 (13.99)	47.43 (16.06)
Duration of participation in GT (weeks) Range: 93-290	187.21 (52.39)	184.69 (51.78)	193.21 (53.80)
Follow-up duration: (Range 7-279 weeks)	130.40 (77.20)	132.01 (75.56)	125.95 (81.27)
No. observations: (Range 2-13)	5.70 (2.94)	5.92 (2.95)	5.11 (2.81)
Baseline wellbeing Sample range: 9.51-35	21.12 (4.95)	21.47 (5.13)*	20.13 (4.45)*
Nature connection Sample range: 0-100	69.87 (27.25)	69.79 (26.66)	70.07 (28.86)
Trait total loneliness Range: 0-6	3.00 (1.64)	2.95 (1.67)	3.12 (1.59)
Trait social loneliness Range: 0-3	1.17 (1.07)	1.10 (1.07)*	1.32 (1.07)*
Trait emotional loneliness Range: 0-3	1.84 (0.91)	1.85 (0.92)	1.80 (0.9)

Note: SD=standard deviation. *Indicates statistically significant baseline differences between males and females at p=0.05 level.

Table 1 shows that at baseline (when a member first starts attending GT), the mean wellbeing score was 21.12, which is statistically lower than the national average of 23.6. Females reported significantly higher levels of social loneliness than males indicating that women joined GT with greater

social disadvantage which is an important consideration for interpreting the results of this evaluation. No significant gender differences were observed for any other variables.

4.1 Wellbeing Over Time

The MLM analysis revealed that across the full sample, wellbeing remained stable during the study timeframe. Although this meant there was no statistically significant improvement in average wellbeing, the stability itself is meaningful in a population likely to experience ongoing mental health challenges and life disruptions, including the coronavirus pandemic which occurred during the data collection period. At the same time, there was significant variability in wellbeing at baseline across individuals and wellbeing also fluctuated within individual members over time. This means that, while the overall average remained steady, individual experiences of wellbeing were more dynamic and did not follow a simple linear pattern.

Following calculation of changes between first and last observation, 42 (21.8%) members were found to have experienced a meaningful increase (an improvement of at least three points) in their wellbeing (see Figure 1). However, the dataset did not reveal any consistent characteristics or circumstances that explained why these individuals improved while others did not. However, women were significantly more likely to experience meaningful change, with 3.27 times the probability compared with men.

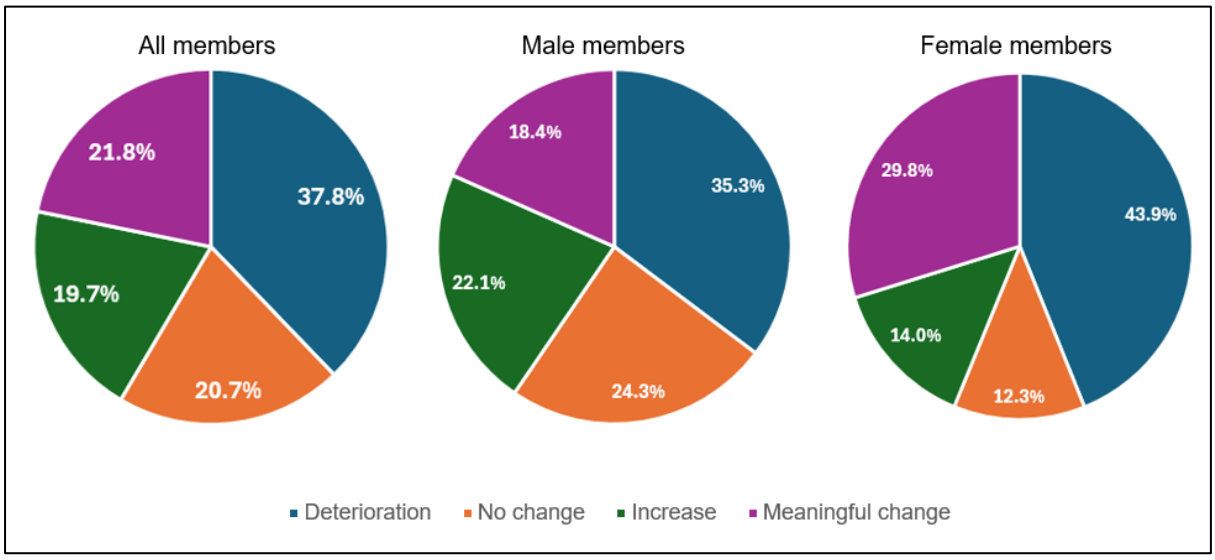

Figure 1: Categorised change in member wellbeing between first and last observations.

4.2 Overall Loneliness as a Predictor of Wellbeing

Trait (long-term) loneliness had a strong and consistent negative association with wellbeing. A one-point increase in trait loneliness was associated with nearly a two-point decrease in wellbeing. State (short-term) loneliness also predicted lower wellbeing but with a smaller effect of 0.69-point decrease in wellbeing for each one-point increase. This suggests that enduring loneliness is a substantial barrier to improved wellbeing improvement. Longer follow-up duration was significantly

associated with higher wellbeing scores over the study period. However, this may simply reflect that the measurements taken further apart captured more stable, less reactive states.

4.3 Social and Emotional Loneliness and Wellbeing

When emotional loneliness was used as the main predictor, wellbeing was found to improve over time. This suggests that differences in emotional loneliness may be masking any underlying positive trend in wellbeing in relation to overall loneliness. Once emotional loneliness was accounted for separately, a gradual improvement in wellbeing became apparent. Gender differences in wellbeing also remained apparent in this analysis.

When social loneliness was used as the main predictor, no improvement in wellbeing over time was detected, and the gender difference disappeared. This suggests that emotional and social loneliness influence wellbeing in different ways within the GT context. Emotional loneliness appeared more changeable over time, allowing an improvement in wellbeing to be observed once its effects were taken into account by the analysis. By contrast, social loneliness exerted a stronger and more stable negative impact on wellbeing and was experienced in a similar way by both men and women.

4.4 Case Study: Member Experience of Mental Ill Health and Relationships

"Giles" was self-employed and living with his partner when he experienced a sudden onset of severe anxiety, having had no prior history of mental health difficulties. His symptoms escalated to the point of requiring an inpatient hospital stay, resulting in loss of income and eventually the home he shared with his partner. After leaving hospital, Giles moved in with his mother while his partner relocated elsewhere in the region. He described feeling intense guilt about being unable to work and about claiming benefits. The distress caused by his symptoms meant that his partner and family often witnessed frightening episodes and needed to call paramedics, and Giles felt they "*did not know what to do with [him].*"

Giles contacted Growing Together (GT) after seeing an advertisement. Gardening appealed to him because of early experiences gardening with his father. During the initial phone call and subsequent assessment, he felt reassured by the staff member's compassion and immediately sensed that GT could be a place where he might "*heal*".

Once attending the gardens, Giles found comfort in the shared experience of other members. Even though each person joined for different reasons, he felt an underlying understanding among the group. He described the unexpected sense of friendship and warmth from both staff and members. A typical day at GT included gardening tasks, regular tea breaks, and lunch, all at a pace set by the individual. Giles emphasised the absence of pressure or expectations, describing the environment as "*comfortable, like an old pair of socks*."

Reflecting on his recovery, Giles highlighted the value of community and togetherness, alongside clinical care when needed. He shared how GT supported him through difficult times even after he was no longer a regular member: *"It's like having a friend, a real friend… the ones you don't normally speak to, but in times of trouble, they're there. Got your back."*

Giles believes that GT played a central role in reshaping his outlook on life. He now places greater value on people and relationships, has learned to listen and understand others' experiences, and finds meaning in gardening, nature walks, and time outdoors. He no longer prioritises pleasing others at the expense of his own wellbeing and recognises that self-care "*isn't selfish*".

Giles now volunteers at local charities and continues to be involved with GT, wanting to "*give back*" after the support he received.

5 Summary and Discussion

5.1 Wellbeing Over Time

Attendance at GT was not associated with significant changes in wellbeing over the course of the data collection period. Members began the programme with wellbeing scores below the UK average but within the "average" population range of 20-27 points (Ng Fat et al., 2017). Given that members typically join GT while managing mental health and/or social difficulties, both of which can reduce resilience (Burns et al., 2011), maintaining stable wellbeing over several years suggests that the GT programme may help sustain wellbeing during periods that could otherwise lead to decline.

Giles' experience provides a concrete illustration of this pattern. He joined GT after a period of acute mental health crisis, resulting in housing and employment loss, and disrupted relationships. For him, GT did not instantly restore his wellbeing; instead, the garden environment offered a steady, grounding space where the absence of pressure and the presence of informal routine (gardening, tea breaks, shared lunches) helped stabilise his emotional state. His reflection that GT felt "comfortable, like an old pair of socks" echoes the quantitative finding that wellbeing may remain steady rather than undergoing rapid change.

Substantial variation was observed both between members at baseline and within members over time, indicating diverse wellbeing pathways among members with varying challenges and stages of recovery. However, 22% of members experienced an increase of at least three points to their wellbeing which indicated meaningful improvement on the wellbeing scale used (Stewart-Brown et al., 2009). The duration of exposure to GT or "dose" did not statistically increase likelihood of experiencing meaningful change. More specific reasons for the change in this subset of members could not be explained by the available data. Therefore, collecting additional demographic information about members including ethnicity and relationship status may allow for the distinct characteristics of this subset to be explored in the future.

Giles' narrative also resonates with this heterogeneity: he attributed aspects of his recovery to the combination of community, gardening, and emotional connection, but these influences were woven through a broader course of personal recovery not easily captured through quantitative predictors.

5.2 Gender Differences

Women entered the intervention with lower average wellbeing than men, and their overall rate of change did not significantly differ compared with men. However, women were 3.27 times more likely to achieve a clinically meaningful improvement. This suggests women's wellbeing may be more

sensitive to change, which aligns with research on greater female emotional reactivity to social stressors (Kendler et al., 2001, McLeod et al., 2016). However, the study's long follow-up intervals may have obscured short-term wellbeing fluctuations - both positive and negative - that drove these distinct gender outcomes.

Although Giles' experience represents a male perspective, his account of relationship breakdown, guilt about financial instability, and fear of distressing loved ones highlights the salience of interpersonal stressors that frequently shape wellbeing. His narrative underscores how relational contexts—whether for men or women—often frame initial wellbeing levels on entry to GT.

5.3 Overall Loneliness and Wellbeing

Both trait (long-term) and state (short-term) overall loneliness were associated with lower wellbeing. Trait loneliness represented stable differences between members and had the stronger influence, with individuals experiencing persistent loneliness showing consistently lower wellbeing across the study. State loneliness captured temporary increases or decreases in loneliness, and although it also related to lower wellbeing, its effect was smaller. This suggests that GT may offer a supportive environment that helps protect members' wellbeing despite short-term changes in loneliness.

Giles' experience illustrates this dynamic well. He arrived at GT following a period of profound social disconnection—his relationship had broken down, he had moved back to live with his mother, and he described feeling that others "did not know what to do with [him]." Although loneliness was deeply embedded in these circumstances, he spoke about the everyday interactions at GT, particularly the informal companionship and shared purpose. This may have helped counteract general feelings of isolation, even if deeper relational disruptions could not be repaired immediately.

5.4 Emotional Loneliness

Wellbeing improved over time only when emotional loneliness was included in the analysis as a distinct predictor. Attending GT appears to be effective in supporting members to overcome emotional deficits, which explains the improvement in wellbeing seen over time. Gender differences remained in this model, with women continuing to show lower wellbeing.

Giles' reflections highlight how emotional connection may shift through membership at GT. He repeatedly described the gardens as a place of genuine warmth and understanding, noting that he felt an immediate sense of reassurance from staff and that other members offered a "real friend… the ones you don't normally speak to, but in times of trouble, they're there." This type of emotional connection aligns with the form of loneliness that appeared more responsive in the statistical analyses. More broadly, GT has been shown to promote belonging, shared purpose, and emotional connection within the garden environment (Wood et al., 2022b). These relational experiences may help reduce emotional loneliness over time. Giles' account directly reinforces this: he emphasised the value of community, mutual understanding, and the ability to connect with others through shared activities.

5.5 Social Loneliness

When social loneliness was included in the model, no improvement in wellbeing over time was observed. This suggests that attendance at GT alone may be insufficient to overcome the impact of broader social disconnection. Social loneliness showed a consistent negative association with wellbeing and appeared similar across genders.

Giles' experience illustrates this pattern. While he developed a sense of emotional closeness within the gardens, wider social disruptions—such as relationship breakdown, reduced employment, and a diminished sense of social role—persisted. These broader aspects of social life are less easily addressed within a single community-based intervention, reflecting the more enduring nature of social loneliness observed in the data.

Social loneliness captures the breadth and stability of wider social networks, which are often disrupted by mental health challenges, stigma, and reduced participation in work and community life. Addressing these deeper forms of disconnection typically requires broader, multifaceted approaches. Giles' efforts to rebuild his life—through volunteering, reconnecting with nature, and redefining his identity—highlight that change is possible, but gradual and shaped by factors beyond GT. In this context, GT may serve as a foundational step, supporting a sense of belonging and holding members' mental health steady, while enabling them to begin rebuilding connections outside the gardens.

The disappearance of gender differences after accounting for social loneliness suggests that women's lower initial wellbeing may be partly explained by higher levels of social loneliness at baseline. Once attending GT, however, men and women showed similar wellbeing trajectories, indicating that the programme provides a stabilising environment for both. Even where wider networks remain limited, the sense of belonging within GT can offer emotional support that helps buffer against further decline.

Mental health conditions are closely linked to adverse social determinants, including loss of employment, reduced social participation, and diminished societal roles, all of which can undermine a person's sense of contribution. While GT can foster belonging and purpose within the gardens, the persistence of social loneliness highlights the limits of its reach. Strengthening external networks is therefore likely to require complementary interventions beyond GT to support longer-term social integration.

5.6 Strengths and Limitations

This study drew on five years of routinely collected information, offering a rare long-term view of how members' wellbeing changed while attending GT and how different forms of loneliness shaped those experiences. Looking separately at short-term fluctuations in loneliness and more long-standing loneliness provided valuable insight into which aspects may shift through participation in the programme and which tend to remain more stable.

Exploring emotional and social loneliness also added depth, helping to show that these two forms of loneliness affect people differently. Together, these findings offer useful evidence for both practice and public health, showing how TH programmes can support people living with mental health and social

challenges. This includes fostering emotional connection and a sense of belonging through relationship-building activities, while also highlighting the need for additional support to address broader social isolation beyond the programme itself.

The data were collected at irregular intervals, which made it harder to capture short-term changes in wellbeing or loneliness. Because of this, some improvements or dips may not have been recorded. The study could not account for life events that occurred between assessments, including the potential impact of the COVID-19 pandemic, so these may have influenced members' wellbeing in ways not reflected in the data.

Some useful information was not available, such as reasons for joining GT, how often members attended, and more detailed background or demographic details. Including these would have allowed a more complete understanding of members' experiences and differences between groups.

6 Conclusion

The study shows that TH provides a beneficial community intervention that helps sustain wellbeing among adults facing mental health or social difficulties. While wellbeing trajectories did not significantly differ between men and women, women's wellbeing may be more susceptible to positive and negative fluctuations. Emotional loneliness appears responsive to the supportive environment of the intervention, while persistent social loneliness remains a major barrier to improved wellbeing. Addressing this deeper form of loneliness will likely require complementary community-based strategies alongside TH. The findings highlight the value of place-based, socially rich environments and reinforce the importance of long-term, community-centred support in public health provision.

7 Recommendations for Growing Together

The below recommendations are proposed to support both future evaluations of the impact of GT on member's health and wellbeing outcomes and to further support members to overcome the challenges which brought them into GT.

- Collect additional demographic and contextual information (e.g., ethnicity, relationship status, employment/role changes, housing situation) to help interpret different recovery pathways.
- Introduce simple categories capturing why members join (e.g., mental health symptoms, social isolation, life crisis, role loss). This will support future analysis of how starting points shape outcomes.
- While GT has a strong foundation in relation to data collection, explore ways that data collection consistency could be further improved and staff burden reduced, e.g. automated follow-up requests via electronic data collection system.
- Strengthen links with external community groups, volunteering programmes, and peer-led initiatives to help members rebuild wider social networks. This may help to tackle social loneliness.

- Develop optional women-focused support (e.g., women-only groups or peer sessions) and ensure social prescribing pathways recognise women's higher baseline social loneliness and lower wellbeing.

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