Thrive:
Social Return on Investment

Detailed Findings & Considerations

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Executive Summary

This report presents an independent Social Return on Investment (SROI) assessment of Thrive's Social and Therapeutic Horticulture (STH) programmes for the last two years. The assessment was undertaken by Bean Research, commissioned by Thrive, and follows the Social Value International Principles of Social Value.

The analysis estimates that an investment of £1.79 million generated £14.1 million in social value. This equates to £7.92 of social value for every £1 invested in Thrive. This value is created through improvements in mental wellbeing, physical health, social connection, confidence, gardening and other skills, connection with nature, and the wellbeing generated for carers and volunteers alongside those attending Thrive's programmes directly.

The majority of this value, 58%, is generated for Client Gardeners themselves. A further 24% is generated through carers, families and friends, and 18% through volunteers. This distribution is important as it shows that the social value created is not concentrated in a single group, but flows through the ecosystem around each Client Gardener, the person gardening, the person who cares for them, and the person who volunteers alongside them.

Thrive is a charity transforming the lives of disabled people and people living with ill health or disadvantage through gardening. Its adult therapeutic gardening programmes are delivered from three centres, in Reading, London and Birmingham, working with disabled people and people living with learning disabilities, mental ill-health, sensory loss or life-changing conditions.
Across the two years covered by this study, Thrive worked with 682 Client Gardeners, their carers, and 1,990 volunteers.

Across the 682 Client Gardeners supported by Thrive, Client Gardeners reported improvements across all measured outcomes: mental wellbeing (98%), social connection (94%), physical health (99%), gardening skills (97%), and a sense of contribution to their local community (85%). Improved mental wellbeing is the most consistently evidenced outcome, reflecting both the personal value of feeling better and the wider public value associated with reduced reliance on medical and care services.

Carer value is driven primarily by improved mental wellbeing and reduced worry about the person they care for, alongside the significant value of respite time, time that would otherwise need to be found or paid for elsewhere. Thrive generated nearly 91,000 hours of respite in this period, and 66% of carers report benefiting from this respite.

Across the 1,990 volunteers engaged with Thrive over the period, outcomes are experienced in their own right, distinct from the value volunteers help create for Client Gardeners. And this accounts for 18% of the total social value gained.

The SROI analysis draws on recognised valuation approaches, and sector-specific evidence from UK Government sources. Causality assumptions have been applied throughout to ensure the value claimed reflects only the change that can credibly be attributed to Thrive.

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Introduction

This report presents an independent Social Return on Investment (SROI) assessment of a selection of Thrive's Client Gardener-facing programmes across financial years 2024/25 and 2025/26, delivered at its three centres in London, Birmingham and Reading. The assessment was undertaken by Bean Research and follows Social Value International Principles of Social Value. Bean are Social Value International Level 3 Advanced Practitioners, and its' director sits on the Institute of Social Value's Integrity Board, helping uphold standards of good practice across the sector as well as in Bean's own work.

Bean Research's methodology draws on a wide range of evidence gathered through the evaluation process, including Thrive's own Client Gardener, carer and volunteer surveys, depth consultations with 20 stakeholders, and a stakeholder workshop that directly shaped the impact framework and theory of change. Listening to the people at the heart of Thrive's work, Client Gardeners, carers, volunteers and staff, is a central element of this approach, and these key stakeholder accounts sit alongside the quantitative findings throughout this report.

Thrive is a UK charity using Social and Therapeutic Horticulture (STH) to support health, wellbeing and quality of life through structured, non-clinical activity. Its work is particularly relevant for people with disabilities and people living with ill health or disadvanteges, providing a setting where people can build confidence, routine, social connection and a sense of meaningful occupation. For people with long-term conditions, the wider evidence base also points to the importance of knowledge, confidence and routine in supporting self-management (Deeny, Thorlby and Steventon, 2018). For commissioners and policy makers, this points to the potential value of STH within a broader health and wellbeing portfolio, including social prescribing, prevention, community mental health support and approaches to reducing loneliness.

This report sets out how that value has been calculated, the assumptions applied, and the evidence underpinning each outcome. The research, and resulting SROI assessment and report has also been used to feed into wider sector collaboration, seeking to advocate the opportunity, and the benefits of therapeutic social and therapeutic horticulture STH.

About Thrive

Established in 1979, Thrive is a UK charity that helps people to improve their health and transform their lives through gardening.

In its gardens, in Birmingham, London and Reading, people experience the life-changing benefits of nature-based care. These restorative green spaces support rehabilitation, recovery and personal growth for disabled people and people living with ill health or disadvantage.

With over 45 years' experience, Thrive promotes the benefits of gardening for health through Social and Therapeutic Horticulture (STH), a holistic, person-centred approach to improving health and wellbeing.

Thrive's work sits within the wider health and social care priorities of prevention, personalised care and social prescribing. STH complements statutory services by offering structured activity that supports wellbeing, social connection, confidence, routine and gentle physical activity outside clinical or formal care settings, through trained horticultural practice, meaningful occupation and clear opportunities to progress into continued participation, learning or volunteering.

Thrive delivers across four areas: Client Gardener-facing STH programmes, for disabled people and people living with ill health or disadvantage, delivered from three centres (London, Birmingham and Reading) alongside outreach work in care homes and the community; free online gardening advice, making gardening accessible and enjoyable for everyone; STH training and consultancy, offered to organisations, health and social care professionals and teachers; and advocacy, research and sector support, evidencing the impact of STH and representing it to the public, policy makers and commissioners. For example, Thrive's online STH information centre has been specifically developed to explain what STH is, how it works and to influence policy makers and commissioners.

Thrive creates value by using STH as a practical, non-clinical pathway to improved wellbeing, confidence, connection and independence for people facing significant barriers, while contributing to prevention and reduced pressure on public services. Client Gardener engagement ranges from a single short-term programme to several years of continued participation. Many Thrive Client Gardeners face barriers such as:

- Mental ill health
- Trauma impacts
- Long-term illness or injury
- Physical disabilities
- Learning difficulties and disabilities
- Loneliness or isolation
- Low confidence
- Limited access to work or community opportunities
- Difficulty engaging with formal clinical or classroom settings

Methodology

This theory-based outcome evaluation provides a retrospective SROI assessment across two financial years' worth of Thrive activity. The approach follows Social Value International Principles of Social Value and draws on established evaluation methodologies used by Bean Research. Bean are Social Value International Level 3 Advanced Practitioners, and Charlotte sits on the Institute of Social Value's Integrity Committee, helping uphold standards of good practice.

The SROI has been conducted at whole-organisation level rather than producing separate assessments or ratios for each site or programme. Assessing at organisation level avoids inappropriate comparisons between programmes or sites and ensures a consistent, robust estimate of overall social value.

Thrive commissioned this SROI study to understand and verify the quantified social and economic benefits of STH. Outside of the organisation, the primary audiences for this work are policy makers and commissioners.

The study covers the Thrive's activities in financial years 2024/25 and 2025/26, and focuses on in-person adult STH programmes.

Bean Research have conducted the following stages of work as part of this study:

- Document review
- Literature Review
- Depth consultations with 20 stakeholders (see Appendix 2 for full list)
- Site visits to all three Thrive centres
- Stakeholder mapping
- Impact framework development (co-designed with stakeholders through a face to face workshop)
- Programme survey refinement and results' analysis
- Financial proxy and causality factor research

Throughout the project, stages of work have been shared and discussed with Thrive and STH stakeholders in project meetings and workshops for consultation and agreement, ensuring that there is learning built from the project alongside the assessment itself. The data sources, stakeholder mapping, scope and framework presented below were agreed in advance of the SROI analysis being conducted.

The assessment covered data and evidence for financial years 2024/25 and 25/26:

- Client Gardener numbers for two years broken down by:
    - Programme attended,
    - Site,
    - Length of programme,
    - A physical disability,
    - A mental health challenge, neurodivergence or learning disability
    - and referral pathway.
- Volunteer numbers including numbers of those who progressed to employment for 2025/26

- Cost expenditure data for 24/25 & 25/26 broken down by: Direct costs, Management & Administration, Marketing & Communications, and Governance.

Bean Research drew upon the following existing Thrive data collection tools to create a sampling approach to the activity data provided by Thrive.

- Client Gardener Satisfaction Survey 2026 (n=99), completed March 2026
- Parent and Carer Satisfaction Survey 2026 (n=32), completed March 2026
- Volunteer Feedback Questionnaire 2026 (n=66), completed March 2026
- Pre and post programme surveys for Lifechangers 2025 (n=5), completed March 2026

The survey responses have been used on a sampling basis to represent the audiences of the Thrive, supported by additional qualitative data from 2025 surveys.

Consultations, Site Visits and Stakeholder Workshop

Between October 2025 and April 2026, Bean Research undertook three site visits to Thrive's centres in London (Battersea), Reading and Birmingham. These visits enabled the research team to observe Social and Therapeutic Horticulture (STH) sessions in practice and to engage directly with staff, Client Gardeners, carers and volunteers at each location.

Depth consultations were also conducted with 20 stakeholders, comprising ten Thrive staff members, four volunteers, three carers, two Client Gardeners and one external contact from the University of Birmingham (see Appendix 2 for the full list). These consultations informed development of the impact framework and provided qualitative context for the SROI analysis.

A stakeholder workshop was held in Battersea in April 2026, attended by Client Gardeners, carers, volunteers and staff from Thrive's Battersea programmes. The session was structured around three questions: who benefits from Thrive; what changes as a result of Thrive, in terms of knowledge, attitudes and behaviours; and what makes Thrive different to other services people could access. Participants used a post-it note exercise, mapped to the Knowledge, Attitudes and Behaviours (KAB) framework, followed by dot-voting to identify priority outcomes. The session closed with a presentation of the draft impact framework, on which participants provided feedback that informed subsequent refinements to outcome language and framing.

Scope of Assessment

The SROI analysis focuses on Client Gardener-facing programmes for adults where relevant outcome data has been available.

Thrive Programme	**Client Gardener Group**

General Sessions	Adults living with disability or ill health, or who are otherwise isolated, disadvantaged or vulnerable. Includes adults with learning disabilities or who are neurodivergent.
Life Changers	Adults (18+) who have experienced a life-changing condition or a life event that has affected their mental health or wellbeing, resulting in social isolation.
Sow and Grow	Isolated adults aged over 50 living in the community.
Garden Thyme	For adults living with dementia or memory loss.
Carers Connect to Gardening	Unpaid adult carers (18+) from across Birmingham, often experiencing social isolation and low-level mental health challenges.
Growing Out (Pathways)	Adults living with mental ill health, or who are socially isolated or disadvantaged.
Growing Out (Level 1 or 2)	Adults living with mental ill health, or who are socially isolated or disadvantaged. Participants have previously completed the 6-month Pathways programme.
Outreach Programmes	Service users of other charitable organisations where Thrive delivers an STH programme onsite. Adults living with disability, ill health, or those otherwise isolated, disadvantaged, or vulnerable.

The following areas are not included in the scope of work, due to a current lack of quantifiable outcome data at this stage:

- Thrive's programmes with under 18s
- Professional services including training and consultancy
- Information services
- Advocacy, research and sector support activities

There is potential to include these in the scope of future studies if relevant data collection is embedded.

Social Return on Investment



Social Value International Principles of Social Value

Valuation converts outcomes into economic terms by estimating savings to the state and wider societal returns. This stage relies primarily on secondary research and is central to ensuring credibility and rigour.

Where suitable proxies exist, Bean used established and trusted sources for this assessment, including:

- **Wellbeing valuation** (e.g. HACT Social Value Bank, ONS wellbeing data, WELLBY methodologies)
- **Public service cost data** (e.g. NHS Reference Costs,)
- **Peer-reviewed and sector research** (e.g. Pro Bono Economics, Sport England, Skills for Care)
- Academic, peer-reviewed and government sources are always the first point of reference. Secondary datasets and meta-analyses are used where appropriate to strengthen economic modelling.

Where no suitable proxy exists, Bean develops new ones based on the real-world cost of equivalent services or activities. This may involve triangulating multiple data sources such as specialist mental health and learning disability providers, and vocational skills training providers. All proxies are updated to present-day values using the Bank of England inflation calculator.

Bean is familiar with stated preference approaches (e.g. willingness to pay or accept). However, these are not used in this assessment, as responses can be inconsistent and difficult to generalise, which can weaken confidence in the resulting valuations.

As with any SROI analysis, a key consideration is how much of the Social Value should be discounted as a result of causality. This is instrumental in making sure that the researcher only claims the value that activities are responsible for creating the referenced baselines, trends and benchmarks to help assess the extent to which a change is caused by the activity, as opposed to other factors. Which means that the financial proxies suggested are the maximum value that would be assigned to the indicator before the discount have been applied through causality. The causality elements are deadweight, attribution, displacement and drop off. Additional primary and second research was conduced in order to ascertain causality assumptions. Every assumption against every indicator is detailed below.

Thrive in Context

Social and Therapeutic Horticulture (STH) provides physical activity, creativity and future orientation, while the natural environment supports mental restoration and reduces stress. Goal-oriented tasks build confidence and achievement, and shared spaces create opportunities for social connection. Guided by practitioners, people take part in accessible activities tailored to their needs and goals with the support of volunteers. Through STH, gardening, purposeful activity and supportive environments are used as powerful tools for health and wellbeing, addressing identified individual needs and achieving clearly defined outcomes.

The available evidence indicates that STH can contribute to a range of outcomes for people taking part, particularly in relation to mental health, wellbeing, confidence, routine, social connection and meaningful activity. There is also a wider evidence base around green social prescribing and nature-based interventions, which supports the role of structured nature-based activity in improving wellbeing and reducing social isolation. However, the evidence varies in strength. While there is a growing body of positive findings, many studies are small, context-specific or limited by methodological weaknesses. Claims about outcomes should therefore be proportionate, particularly where the pathway from STH to longer-term health, social care or public cost savings is indirect.

This literature review sets out the wider evidence base for Thrive and its relevance to this report on the difference made as a result. It focuses on the context in which Thrive operates, the needs experienced by the people it works with, and the evidence supporting structured, practitioner-led gardening as a route to wellbeing, connection and self-management.

Context: pressure on mental health and social care systems

Mental ill health and social isolation place sustained pressure on NHS and social care services already stretched by rising demand. Green social prescribing policy has positioned nature-based activity as one route to supporting mental health, reducing inequalities and easing pressure on health and care services (NHS England, 2024).

The scale of what is at stake is illustrated by the Health Foundation's analysis of Patient Activation Measure data, which found that people with long-term conditions who were most able to manage their conditions had 38% fewer emergency admissions, 32% fewer A&E attendances and 18% fewer GP appointments than those least able to manage. Among people with both a mental health condition and a physical long-term condition, the most activated patients had 49% fewer emergency admissions (Deeny, Thorlby and Steventon, 2018). This underlines the value, at a system level, of building the knowledge, skills and confidence associated with self-management, and the relevance of community-based provision that can support this outside formal clinical settings.

Thrive's Client Gardener group and distinct needs

Access to structured day support for adults with learning and physical disabilities has narrowed considerably over the past decade. Mencap's survey of people with a learning disability and their family carers found that 57% of those known to social services no longer received any day service provision, up from 48% in 2009/10, with

three in five local authorities increasing charges for day services and transport by an average of 70% (Mencap, 2012). More recent survey evidence continues to find high levels of loneliness among people with a learning disability and a reduction in social care support, with almost a third reporting a negative impact on their mental health (Mencap, 2022). Health inequalities compound this gap: the Care Quality Commission's most recent assessment of health and social care in England found that only around a quarter of the 1.3 million people with a learning disability in England were recorded on their GP's learning disability register, and that reasonable adjustments were not consistently offered even where a person's needs had been recorded (Care Quality Commission, 2025, cited in House of Lords Library, 2026). Where local authority day centres have closed or reduced their offer, provision has often shifted toward personal budgets and direct payments intended to fund community-based alternatives, a shift that has not always translated into an equivalent level of structured activity, routine and social contact (Mencap, 2012).

Isolated older adults face a related but distinct gap. Age UK estimates that 1.4 million people aged 50 and over in England are often lonely, a figure projected to rise as the population ages, with those aged 80 and over reporting particularly high rates of chronic loneliness. People with a limiting long-term illness or disability are around three times more likely to experience chronic loneliness than those without (House of Commons Library, 2023). Structured, regular community activity is one of the few protective factors consistently identified against this kind of isolation.

For people living with dementia, day care provision is similarly under pressure. Around one million people in the UK are currently living with dementia, and Alzheimer's Society has described the wider dementia care and diagnosis pathway as failing people at every stage, with significant unmet demand for dementia-specific day care and limited availability in many areas (Alzheimer's Society, 2026). Structured, adapted activity of this kind is one of the few community-based options that can support people with dementia and give their families a period of reliable respite.

Across these groups, the common thread is a widening gap between need and statutory provision, met only partially by structured community-based activity. It is this gap, rather than a general wellbeing offer, that structured horticultural activity of the kind discussed in this review is best placed to address.

The evidence base for Social and therapeutic horticulture

Evidence specific to STH, rather than nature-based activity more broadly, is comparatively limited but includes at least one systematic review and meta-analysis. Wood, Barton and Wicks (2025) reviewed the evidence on STH and found large effects for depression and moderate effects for anxiety, while noting that the underlying studies varied in quality and that a high proportion carried a high risk of bias. This remains the most direct quantitative evidence that STH, as a defined intervention, is associated with mental health outcomes.

Economic evidence specific to nature-based social prescribing is also emerging. Bragg et al. (2023) conducted a health economics-informed social return on investment analysis of a nature-based social prescribing craft and horticulture programme, finding a demonstrable social value from participation. This provides a directly comparable methodological precedent for the current study.

Earlier UK-based research established STH's relevance to social behaviour and inclusion specifically. Sempik, Rickhuss and Beeston (2014) found that STH was associated with improvements in aspects of social behaviour, particularly for people

with learning disabilities, describing STH as a structured use of plants and gardening to promote health and wellbeing, delivered by trained practitioners. Research conducted at Thrive Battersea found that gardening supported belonging, identity, choice, responsibility and inclusion (Diamant and Waterhouse, 2010).

Thrive-specific evidence comes from an evaluation by the School of Geography, Earth and Environmental Sciences at the University of Birmingham, examining Thrive's 50-year TV Gardens project, funded by the Heritage Lottery Fund. The evaluation used questionnaires and focus groups with 143 users of Thrive activities, including volunteers, Client Gardeners and members of the public, and covered four outcome areas: learning and skills, nature connectedness, physical wellbeing motivation, and social wellbeing and engagement (University of Birmingham, 2026).

The Therapeutic Horticulture Stakeholder Group, convened by Thrive with the support of Natural England, sets out a five-level framework aligning gardening approaches to the NHS five-level model of mental health (Therapeutic Horticulture Stakeholder Group, 2024).

- Level 0 is self-directed gardening for general wellbeing, requiring no practitioner input.
- Level 1 is social or community gardening with light support.
- Levels 2 and 3 are where the group's guidance applies the term STH specifically: Level 2 is inclusive STH, practitioner-led and suited to people with mild mental health needs, and Level 3 is enhanced STH, a structured and person-centred offer for people with moderate needs.
- Level 4 is horticultural therapy, practitioner-led and integrated into clinical care for people with the greatest needs.

Unstructured contact with nature is itself linked in the wider literature to reduced stress and improved mood (Kaplan and Kaplan, 1989; Ulrich, 1991; Twohig-Bennett and Jones, 2018; White et al., 2019).

The sections below draw first on this STH-specific and Thrive-specific evidence, and then on the wider evidence base on green social prescribing and nature-based interventions, which is used as supporting context and flagged as such where it applies.

Mental health, confidence and identity

As set out above, STH-specific evidence is strongest for mental health and emotional wellbeing, with Wood, Barton and Wicks (2025) finding large effects for depression and moderate effects for anxiety. Thrive's own evaluation adds Thrive-specific detail: participants reported a calming mood boost even from brief gardening sessions, with reduced short-term stress and increased positive emotion, alongside greater awareness of seasonal change in plants and wildlife (University of Birmingham, 2026).

Evidence on nature-based outdoor activity more broadly, rather than STH specifically, provides supporting context. Green exercise and sustained outdoor activity have been associated with improved mental health (Coventry et al., 2021), and the national evaluation of green social prescribing found statistically significant improvements in life satisfaction, happiness, feeling that life is worthwhile, and reduced anxiety (Haywood et al., 2024). A systematic review commissioned by the National Academy for Social Prescribing (NASP), covering nature-based interventions including horticultural therapy, found 11 of 26 included studies reported on mental wellbeing outcomes, with improvements recorded across stress, depression and anxiety (Howarth, Relph and Fletcher, 2025).

Gardening also offers visible progress, achievable tasks and opportunities for responsibility, which can support confidence, self-worth and identity. Thrive's evaluation found that participants learnt new gardening techniques and built confidence to use these skills at home, with a significant increase in interest in gardening after taking part, and reported feeling physically and mentally proud of their accomplishments (University of Birmingham, 2026). A systematic review of blue-space interventions, which is not specific to STH, found increased self-efficacy and self-esteem, better problem-solving, development of new skills, and enhanced interpersonal competencies among 950 service users, offering broader corroboration of this outcome pathway (cited within Howarth, Relph and Fletcher, 2025).

Isolation, social connection and long-term condition management

Sempik, Rickhuss and Beeston (2014) found that STH was associated with improvements in aspects of social behaviour, particularly for people with learning disabilities. Research based at Thrive London found that gardening supported belonging, identity, choice, responsibility and inclusion (Diamant and Waterhouse, 2010). Thrive's own evaluation found that the project acted as a social connector, bringing together people from different life situations: participants described reduced loneliness, new friendships, mutual support and a stronger sense of belonging, with group gardening encouraging participants to share tips and support newcomers (University of Birmingham, 2026).

Wider evidence on nature-based activity and green space, rather than STH specifically, provides supporting context. Within the NASP systematic review, six of 26 included studies reported on outcomes relating to employability, self-efficacy and social skills (Howarth, Relph and Fletcher, 2025), and a scoping review of green space in the management of long-term conditions found positive outcomes for social networking, reintegration into society, and increased likelihood of returning to work among people with mental health conditions (Buckley et al., 2020).

Thrive's evaluation evidence also found that gardening activities supported gentle exercise, motivation to be active and the development of routines. Participants described tasks such as digging, planting and pruning as enjoyable, with many developing a weekly habit of activity, feeling more energetic, and reporting pride in visible accomplishments such as weeding or cleaning a pond (University of Birmingham, 2026). The NASP systematic review, covering nature-based interventions including horticultural therapy for people with long-term conditions, concludes that such interventions, used within a referral pathway, can complement medical treatment by addressing psychosocial determinants of long-term condition management, while noting that evidence on employability outcomes and on frail older adults remains limited, and that referral pathways in the underlying studies are often poorly described (Howarth, Relph and Fletcher, 2025).

Carers, volunteers and learners

Broader direct evidence on STH outcomes for carers is limited. The closest relevant evidence comes from the peer support literature: a review of over 1,000 studies found that carers are one of the groups for whom peer support has been shown to improve experience and emotional wellbeing, though evidence on whether this translates into improved health outcomes or reduced service use for carers specifically is less developed (National Voices and Nesta, 2015). Thrive's evaluation was not designed with carers as a primary evaluation group, but findings on reduced isolation, increased confidence, calmer mood and social belonging among Client

Gardeners indicate pathways through which carers may experience indirect benefit (University of Birmingham, 2026).

Evidence on nature-based volunteering more broadly, rather than STH volunteering specifically, indicates that practical outdoor and conservation volunteering supports physical, mental and social wellbeing, including reduced stress, improved fitness and a sense of doing something worthwhile (O'Brien, Townsend and Ebden, 2010). Thrive's evaluation included volunteers among its 143 participants, and the overall findings on learning, nature connectedness, physical activity and belonging apply to volunteers as well as Client Gardeners (University of Birmingham, 2026). A volunteer's own wellbeing is distinct from their contribution to Client Gardener wellbeing, which forms part of the delivery model, and the two should not be double counted in valuation.

In this context, learners refers to professionals and volunteers undertaking training in STH practice, rather than Client Gardeners participating in Thrive's gardening activities. Evidence on STH training and workforce development is less developed than evidence on wellbeing outcomes for STH participants, though the wider literature points to the importance of skilled practitioners and trained volunteers rather than exposure to gardening alone (Sempik, Rickhuss and Beeston, 2014; Thrive, n.d.). This group has not been included in the current SROI analysis, owing to a lack of quantifiable outcomes; this is not an indication of the value of the benefits experienced by learners at Thrive.

Implications for understanding social value

Green social prescribing policy has positioned nature-based activity as a means of supporting mental health, reducing inequalities and reducing pressure on health and care services (NHS England, 2024). The national evaluation of green social prescribing found positive wellbeing changes and evidence that projects reached people experiencing deprivation and health inequalities, while also noting the complexity of assessing value for money across multi-partner systems in which outcomes depend on referral pathways, link workers, local infrastructure and community organisations (Haywood et al., 2024). Thrive's evaluation provides local evidence on accessibility and community reach: over half of participants came from the immediate vicinity of the gardens, and 37% arrived on foot or by wheelchair, indicating a local, place-based role for the project (University of Birmingham, 2026).

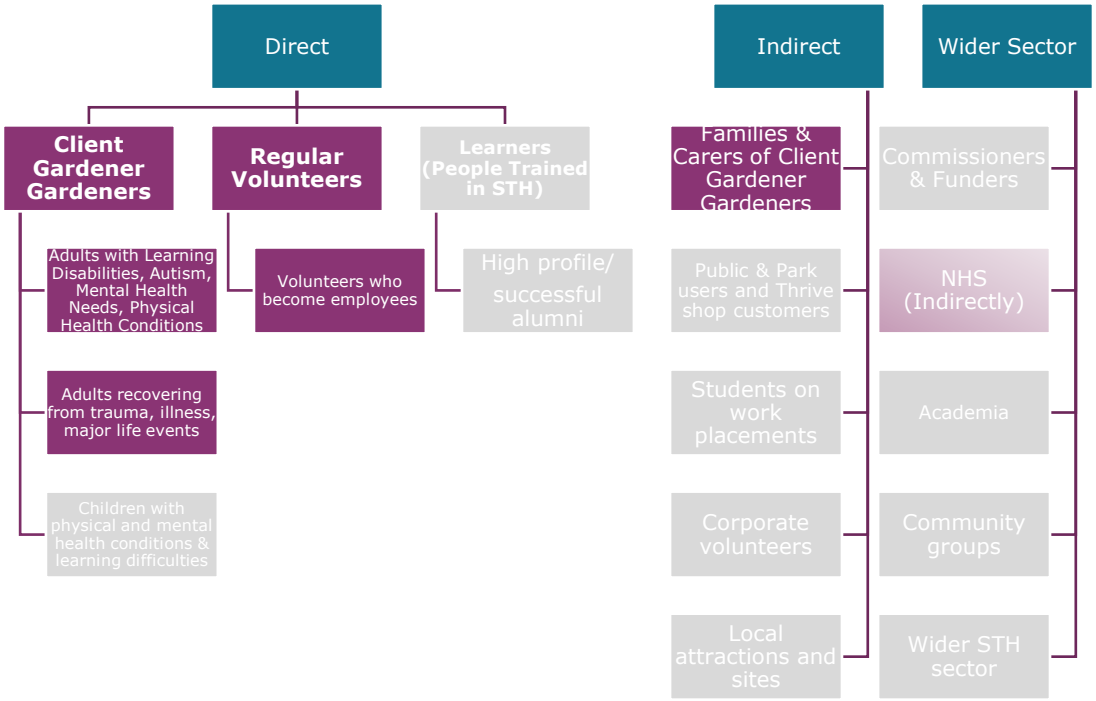
The most evidenced wider societal outcomes for STH are improved wellbeing, reduced isolation, increased volunteering, improved confidence, increased participation in meaningful community activity, and stronger local connection to green space. Downstream outcomes such as reduced emergency admissions, reduced social care need or public cost savings depend on a longer and less direct evidence pathway, and have not been included in the current SROI analysis owing to a lack of quantifiable outcomes. This is not an indication of the value of the benefits to wider societal outcomes generated by Thrive.

For the SROI, the literature supports valuing outcomes where Thrive has credible evidence of change and a clear pathway to social value, principally mental health and wellbeing, reduced isolation, confidence, social connection, learning and motivation to be active. It also supports using external evidence, including Thrive's own position within the Therapeutic Horticulture Stakeholder Group's five-level framework, to inform causality assumptions and to distinguish outcomes with a direct, STH-specific evidence base from those that depend on broader nature-based or green social prescribing literature.

Impact Framework Development

Stakeholder Mapping

As part of the SROI process, Bean Research conducted a stakeholder mapping exercise with Thrive, then evaluated which stakeholder groups to include within the assessment. Considering current and potential data collection, this identified the Client Gardener, carer and volunteer groups included within this study, with other stakeholders held out of scope where quantifiable outcome data was not yet available. The mapping is shown below.



Thrive's Activities

Thrive's full range of activity spans Client Gardener services, professional services and information services. Client Gardener services include General Sessions, Life Changers, Sow and Grow, Garden Thyme, Carers Connect to Gardening, Growing Out (Pathways and Level 1/2), Outreach Programmes, Grow & Learn, Pots & Petals and Garden Explorers.

Professional services include training and CPD offers such as Step into STH, the STH Practice Course, Demonstrating your Impact and Setting up an STH Project. Information services comprise the Gardening Club and website information service. This is alongside Thrive work supporting the sector and advocacy for the STH provision.

This full activity set is shown below, with the Scope of Assessment later in this section setting out which elements are included in the current SROI. Of the Client

Gardener-facing programmes, the programmes in scope sit at Levels 2 and 3 of the NHS five-level model of mental health described earlier in this report.



Outcomes of Consultations and Workshop

The consultations and stakeholder workshop generated qualitative evidence that directly shaped development of Thrive's impact framework and theory of change.Across staff, Client Gardener, carer and volunteer consultations, and reinforced through the workshop's Knowledge, Attitudes and Behaviours (KAB) exercise, a consistent set of outcome themes emerged:

- Reduced isolation and increased social connection
- Increased confidence, built from individual starting points
- Physical health benefits associated with outdoor, hands-on activity
- New skills and knowledge of plants, gardening and the seasons
- A strengthened connection to nature and the natural world
- Increased ability to manage and cope with health conditions
- For carers, respite time and reduced worry about the person they support
- For volunteers, a pathway towards paid employment, alongside wellbeing and confidence gains

These themes directly informed the outcome domains included in the Client Gardener, carer and volunteer audience groups of the framework. The workshop was also used to test framework language with stakeholders: participants indicated that the term "sustainability" did not resonate, and preferred framing centred on nature connection and seasonality, which was adopted in the revised framework.

The four audience groupings within the framework, Client Gardeners, carers, volunteers and learners, and wider systems, were affirmed by the group as appropriate.
Participants also highlighted the inherent difficulty of fully quantifying change, and the continued importance of qualitative stories and case studies alongside monetised outcomes. This is reflected in the report's approach to presenting case study evidence alongside the quantitative SROI analysis. Feedback further indicated that the wider systems component of the framework requires further development with

Thrive's senior leadership, which is carried forward as a recommendation for future work.

The discovery phase also surfaced outcome themes not previously captured in Thrive's own monitoring, including a sense of community contribution and custodianship among Client Gardeners, and increased pro-environmental behaviour at household level among carers. Both were added to the framework as areas for future measurement, alongside existing outcome domains.



Drivers of Change

Building on the discovery phase, Bean Research developed three drivers of change reflecting how Thrive creates change and describes its own model. These sit ahead of the theory of change to communicate the mechanism through which Thrive's outcomes are generated, before the detailed framework sets out the outcomes themselves.

- **Safe Spaces for Social Connection:** Thrive design inclusive, person-centred environments, in the gardens, through outreach and online, where people arrive as they are, without pressure or expectation. Thrive meet people where they are, build trust at their pace and support the reduction isolation.

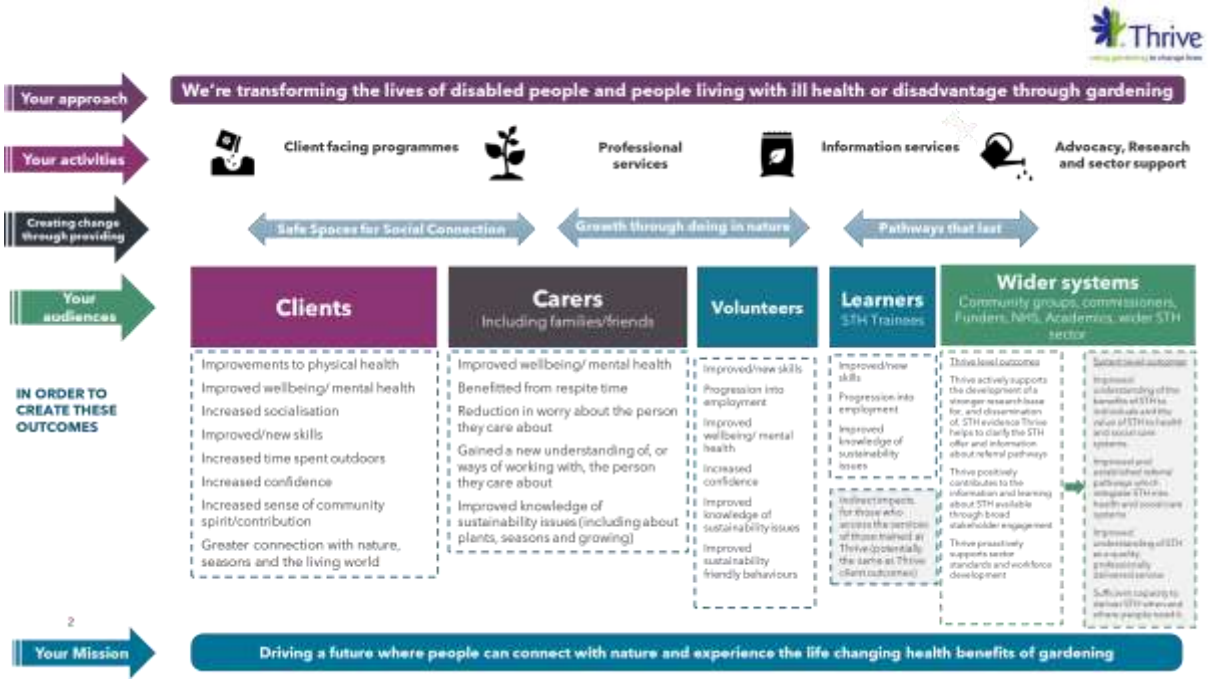
- **Growth through doing in nature:** Thrive use structured, physically focused, practitioner-led STH, not simply passive nature exposure, to create meaningful change. Through hands-on growing, seasonal rhythms and purposeful outdoor activity, Thrive help people build skills, confidence and resilience; and improve their physical and mental health. People learn about plants, gardening and the seasons at first hand and leave with a deepened respect for nature.

- **Pathways that last:** Thrive create routes forward from the very first session to qualification, from isolation to friendship, from Client Gardener to volunteer to employment. Thrive also work to shift wider systems: supporting the development of the evidence base for STH, informing health and social care commissioning, and demonstrating the value of therapeutic horticulture to funders, researchers and policymakers.

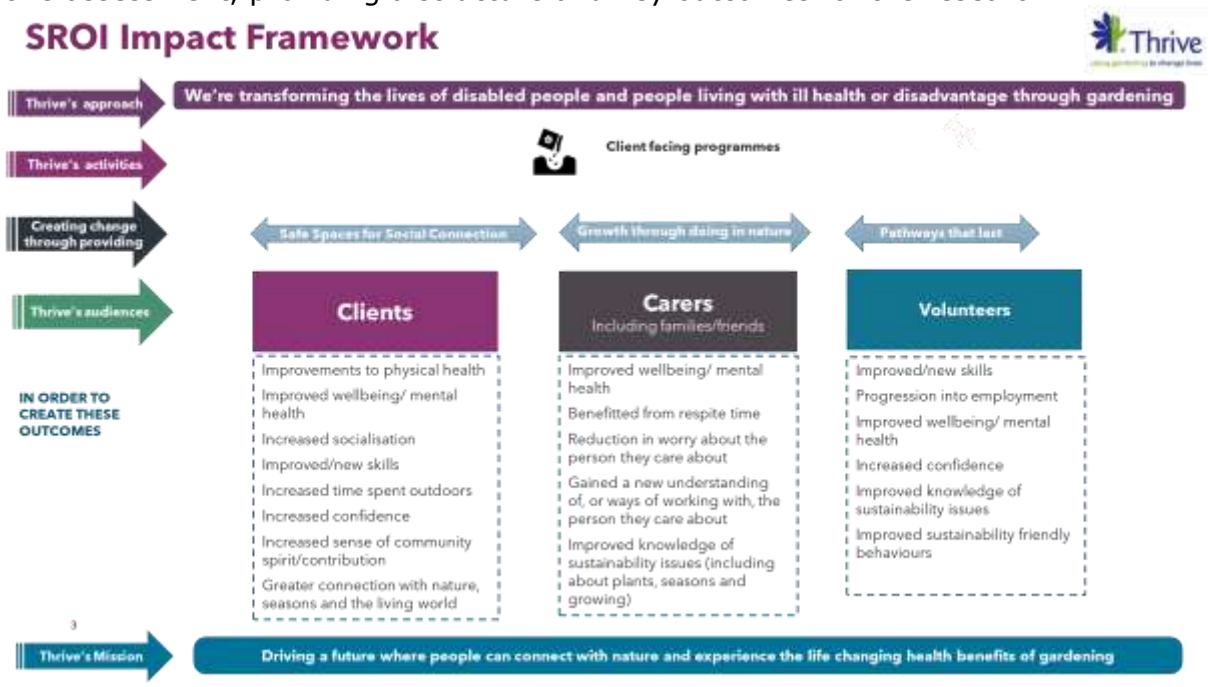
Impact Framework

A key part of the project was development of an impact framework for Thrive across all its programmes, following the literature and document review, depth

consultations and stakeholder workshop set out above to ensure any outcome evaluation remains theory-based. The full impact framework, capturing all of Thrive's activities and audiences, is shown below.



This was then refined to focus on the scope of this study, and the anticipated outcomes for the Client Gardener, carer and volunteer audience groups included in this assessment, providing a structure and key outcomes for the research.



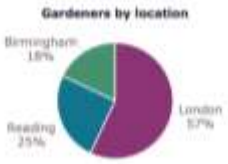
Thrive's Impact

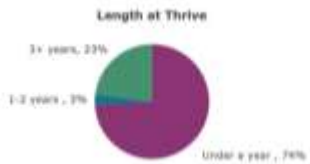
Across FY2024/25 and FY2025/26, Thrive supported 682 Client Gardeners across its three centres in Reading, Battersea/London and Birmingham, spending a combined 112,224 hours engaged in gardening-based activity, including 65 Client Gardeners on the Life Changer programme. This depth and consistency of engagement, rather than one-off contact, is central to understanding where Thrive's social value comes from.

Learning disability is the most common support need across the cohort, present in 76% of Client Gardeners, with a further 14% living with both a physical and a learning disability. This weighting towards learning disability, rather than physical disability alone, is an important feature of the population Thrive works with and is reflected in the outcomes and financial proxies applied later in this report.



Length of engagement varies considerably. Most Client Gardeners, 74%, have been with Thrive for less than a year, while a further 3% have engaged for one to two years. A smaller but notable group, 23% of the cohort, have been with Thrive for three years or more, representing long-standing participants whose sustained engagement points to deeper, cumulative outcomes over time. Referral pathways are similarly varied: just over half of Client Gardeners, 52%, were referred through routes outside of local authority funding, including the NHS, private therapists, women's refuges and social prescribing, while 23.5% (n=160) were referred by the Local Authority with direct payments made to Thrive, 20% self-referred to access a service which is free at the point of delivery, 2.6% (n=18) accessed Thrive through local authority adult social care personal budgets, and 1.6% self-referred and paid personally for a service. This mix reflects Thrive's position across statutory, health and voluntary sector referral networks, rather than reliance on a single commissioning pathway.





Thrive's delivery is underpinned by a substantial volunteer base, with 1,990 volunteers engaged across the period, of whom 1,027 were active in 24/25 and 963 in 25/26. Volunteers support the running of sessions, horticultural activity and the wider Client Gardener experience, and their contribution is valued both through the practical delivery they provide and through the wellbeing benefits they experience from sustained, purposeful volunteering.

Thrive is fulfilling, I love my volunteer days which help affirm how healing nature can be and what a positive role gardening plays for mental health and wellbeing. - Thrive volunteer

Client Gardener outcomes

Across the 682 Client Gardeners supported by Thrive, improved mental wellbeing is the most consistently evidenced outcome. 599 Client Gardeners (88%) reported that the programme had improved their mental wellbeing "a lot," with a further 69 (10%) reporting "a little," a combined 98%. Parents and carers gave a weighted average of 4.4 out of 5 observing this improvement. This reflects the Safe Spaces for Social Connection driver at the heart of Thrive's model: a calm, non-judgemental setting where people can arrive as they are. Among trauma-affected Client Gardeners on the Life Changers programme, 50 participants (77%) reported their mental wellbeing had improved "a lot," and pre- and post-programme surveys showed improvement in four of five participants.

"For me it has been a game changer, from my lack of confidence and poor mental health to now feeling a lot more hopeful about the future. I feel happy when I am here and I love being around everyone." - Client Gardener attending general sessions at Thrive

"Thank you for having such a positive impact on my life." - Client Gardener attending the Life Changers programme

Improved social connection sits alongside this. 641 Client Gardeners (94%) reported improved socialisation, 517 "a lot" and 124 "a little," with a parent/carer weighted average of 4.1 out of 5. This is where the Safe Spaces for Social Connection driver is most directly visible: STH creates a low-pressure social environment where people can participate alongside others without the intensity of formal therapeutic conversation, something Client Gardeners and staff described repeatedly during consultation.

"There's no expectation, just to be. That's very unusual. And that's very therapeutic." - Carer at consultation workshop

"Four Client Gardeners formed a WhatsApp group, and they've now since met up two or three times... for them to form that little friendship group is really huge." - Staff member at consultation workshop

"I think my daughter benefits a lot from coming to Thrive, with regards to socialising and getting out and being active, and loves coming." - Parent/carer survey comment

Physical health improved for 675 Client Gardeners (99%), with parents and carers giving a weighted average of 3.9 out of 5. Gardening skills improved for 661 Client Gardeners (97%), 558 "a lot" and 103 "a little," with a parent/carer weighted average of 4.5 out of 5. Time spent outdoors increased for 675 Client Gardeners (99%), 579 "a lot" and 96 "a little," and 489 Client Gardeners (72%) reported learning "a lot" more about caring for nature, seasons and the living world. These outcomes sit within Growth through Doing in Nature, the driver built around structured, hands-on horticultural activity rather than passive time in a garden.

"It's good to be active, makes me feel well, exercise, not feel tired & feel strong." - Client Gardener attending general sessions at Thrive

"They learn from each other... the Client Gardeners actually teach the volunteers sometimes, and that's really nice because it gives the Client Gardeners confidence." - Staff member at consultation workshop

A sense of contribution to the local garden or community was reported by 579 Client Gardeners (85%), 365 "a lot" and 214 "a little." This connects to the Pathways that Last driver: the sense of progression and purpose that comes from visible, valued contribution over time, rather than a single session's activity.

"Thrive is a wonderful place. So peaceful, so much kindness, no judgement, staff responsive to Client Gardeners needs, respectful, mindful of previous experience of Client Gardeners that might make some days difficult. When I first joined Thrive I cried every session as I was not accustomed to being treated in such a positive way." - Client Gardener on Growing Out programme

Outcomes for Carers

Carers of Client Gardeners, which include family members, supported by Thrive, outcomes arise through two linked routes: direct respite, where the carer gains trusted time away from caring, and indirect reassurance, where seeing the Client Gardener more engaged, confident or settled reduces worry. Both connect to the Safe Spaces for Social Connection driver. Thrive generated 90,901 hours of potential respite time, and 448 carers (66%) reported benefiting from this respite "a great deal" or "a lot." The same number, 448 carers (65%), reported improved mental health as a result of Thrive, and 405 carers (60%) reported feeling less worried about the person they care for.

Outcomes experienced by Thrive's Client Gardener's carers include benefits from respite, improved wellbeing, reduced worry, and greater confidence in how to support or communicate with the person they care about.

The Health Foundation's work (Deeny, Thorlby and Steventon, 2018) is relevant here because it recognises that people with long-term conditions and their carers manage the majority of day-to-day health and wellbeing outside formal healthcare. For carers, Thrive may contribute by creating trusted time away from caring, showing what the person they care about can do, and providing ideas for meaningful activity beyond the garden.

Carer outcomes may therefore arise through two linked routes. The first is direct respite, where the carer has time for rest, work, household tasks or other responsibilities while the Client Gardener attends Thrive. The second is indirect reassurance, where the carer sees the Client Gardener becoming more engaged, confident or settled. This may reduce worry and improve the caring relationship.

"Excellent staff and volunteers I have a lot of respect for them and am grateful for the personal break from caring knowing that my son is benefiting immensely from the structured programme at Trunkwell. He returns happy each day and has now got his own greenhouse and vegetable patch at home . Giving him a purpose in life means a lot to his well-being ." - Parent / carer survey comment

"Outstanding service. So appreciate my son being able to attend and have a purpose in life with joy and supported by amazing staff and volunteers" - Parent / carer survey comment

A further outcome, gaining a new understanding of, or ways of working with, the person they care about, was reported by 234 carers (34%). This connects to Pathways that Last: the relationship between carer and Client Gardener deepens and evolves as the Client Gardener progresses.

Volunteers' Outcomes

Across the 1,990 volunteers engaged with Thrive over the period, outcomes are experienced in their own right, distinct from the value volunteers help create for Client Gardeners. Volunteering is associated with a positive impact on wellbeing more broadly, alongside an economic value in the work volunteers contribute (DCMS, 2020), and evidence from nature-based volunteering specifically points to benefits for physical, mental and social wellbeing, including reduced stress, improved fitness and social contact (O'Brien, Townsend and Ebden, 2010).

Improved wellbeing was reported by 482 volunteers (50%) "a lot" and a further 379 (39.4%) "a little," a combined 89%, extending the Safe Spaces for Social Connection driver to volunteers themselves.

"I volunteer for different charities but Thrive has had the biggest impact on both my mental and physical wellbeing. As an older person I have felt energised and more mindful. The social contact with younger people has been stimulating and has brought me a lot of joy." - Thrive volunteer (survey)

"Volunteers feel part of something, they don't feel like they're just leaving at the end of the day." - Thrive Volunteer (consultation)

"Being a Client Gardener support volunteer helps my mental health every week I can attend. I no longer have 1:1 counselling as Thrive is such a caring place with like-minded kind people... I recommend volunteering at Thrive for anyone who feels there must be more to life but who still has mortgage payments to make." - Thrive volunteer (survey)

Physical health improved for 175 volunteers (18.2%) "a lot" and 525 (54.5%) "a little," a combined 73%. Gardening skills improved for 569 volunteers (59.1%) "a lot" and 306 (21%) "a little," a combined 80%. Connection with nature, seasons and the living world was reported by 365 volunteers (86%) "a lot," and pro-environmental behaviours at home increased for 102 volunteers (10.6%) "a lot" and 554 (58%) "a little," a combined 68%. These outcomes sit within Growth through Doing in Nature.

"My understanding of neurodiversity has improved significantly by being a volunteer. Also I belong to a kind and positive community at Thrive and this has significant effects on my physical and mental wellbeing." - Thrive volunteer (survey)

"The charity not only helps me to understand those who have learning, physical or psychological challenges. But it helps the wider community through its open days where friends, families and the local population get to see for themselves the

worthwhile impact that Thrive has, not just for the Client Gardeners but the volunteers as well." - Thrive volunteer (survey)

Development of new employment-related skills was reported by 131 volunteers (13.9%) "a lot" and 216 (23%) "a little." Progression into paid employment was considered as part of the framework but was not included as a valued outcome in this SROI: no volunteers moved into employment with Thrive during the period covered by this study, and more broadly, progression into paid work is difficult to attribute directly to volunteering at Thrive given the range of other factors involved. Improved employment-related skills were felt to be a more defensible and directly attributable outcome, and are valued accordingly.

"I think that the training and all the other access to opportunities has proved invaluable. And also the CPD opportunities we have to put on knowledge."
- Thrive Volunteer

Volunteers at Thrive span a range of arrangements, from long-term volunteers to corporate volunteers supported by their employer for a small number of days a year, and from those of retirement age to a small number volunteering to gain skills and experience for employment. All volunteers are treated as one category in this analysis, as the data does not allow for confident sub-categorisation. It is also important to distinguish between outcomes experienced by volunteers themselves and the value volunteers help create for Client Gardeners: a volunteer's improved wellbeing is a separate outcome from their contribution to Client Gardener wellbeing, which forms part of the delivery model, and the two are not double counted in the valuation.

A small number of volunteers, 11 of 31 open comments, noted that they already came with strong gardening skills or good physical and mental health, or felt the survey questions didn't fully capture the additional benefits they had gained from volunteering.

"As a competent horticulturist, rather than learning about gardening and the environment, I've had the opportunity to pass my skills and knowledge onto others... learning to support and communicate effectively with the Client Gardeners who have differing abilities and life needs." - Thrive volunteer

Valuing Outcomes, Indicators & Financial Proxies

For all outcomes identified through the Thrive impact framework, appropriate financial proxies have been sourced and applied to estimate their social value. Proxies have been drawn from established, credible sources wherever possible, including the HACT Social Value Bank, DCMS wellbeing valuation of volunteering, Sport England's social value model for physical activity, and DESNZ Green Book guidance on the valuation of greenhouse gas emissions, alongside sector-specific sources such as horticultural training providers where no existing proxy was suitable. Where more than one potential proxy existed for an outcome, the most conservative and best-evidenced figure has been selected, and all values have been uprated to current prices using the Bank of England inflation calculator where required.

Each proxy has been applied only to the portion of an outcome supported by Thrive's own Client Gardener, carer and volunteer survey data, using the "a lot" and "a little" response bands reported in the 2026 surveys.

Across the three stakeholder groups, a total of 20 outcomes have been valued: 9 for Client Gardeners, 3 for carers and 8 for volunteers. The following tables set out each outcome in detail, alongside the corresponding indicator, the survey or activity evidence underpinning it, the financial proxy applied, and the rationale for that proxy's selection.

Client Gardener Outcomes

Outcome	Indicator	Activity	Financial Proxy	Rationale
Improved mental wellbeing (All Client Gardeners)	Self reported improved mental wellbeing And parent/carer reported improvement in mental wellbeing	599 participants (88%) reported that the programme had improved their mental wellbeing *"A lot"* (Client Gardener Survey, 2026) Parents/carers weighted average of 4.4/5 observing improvement in mental wellbeing. (Parent/carer survey 2026) 11 comments from Client Gardeners relating to improved mental wellbeing 4 comments from parents/carers relating to improved mental wellbeing 69 participants (10%) reported that the programme had improved their mental	**£13000 per person per year**	Methodology: this proxy reflects a general improvement in wellbeing rather than clinical recovery from a diagnosed condition, and is drawn from HM Treasury supplementary Green Book guidance on wellbeing valuation, cross-referenced against the Simetrica-Jacobs and HACT guidance for applying WEMWBS-based wellbeing measures in social value analysis. Self-reported Client Gardener improvement is supported by independent parent/carer observation of the same change, together with qualitative comments from both groups, giving a consistent evidence base across two respondent groups for the same outcome. Uprating: this figure has not been uprated. It is a wellbeing valuation figure published by a central methodology body and is held at the current published rate rather than adjusted individually via the Bank of England Inflation Calculator. ***References:****MacLennan, S., Stead, I. and Little, A. (2021). Wellbeing guidance for appraisal: Supplementary green book guidance. Simetrica Jacobs and HACT. (2017) Measuring wellbeing: A guide for using the WEMWBS in social value analysis. London: HACT*

Outcome	Indicator	Activity	Financial Proxy	Rationale
		wellbeing "A little" (Client Gardener Survey, 2026)		
Improved mental wellbeing (Trauma affected Client Gardeners)	Self reported improved mental wellbeing	50 participants based on 77% of Client Gardeners on the Life Changers programme reported their mental wellbeing had improved "A lot" (Client Gardener Survey, 2026) 4 participants (80%) showed improvement in mental wellbeing in pre- and post- surveys (Life Changers surveys 2025)	**£6,229.58 per person per year**	*Methodology:* This proxy is based on the average economic cost of service provision for adults experiencing depression or anxiety disorders, originally estimated at £3,841 per person per year (2008 prices), covering direct healthcare costs, support services and associated resource use. The figure represents a fiscal cost rather than a stakeholder-experienced value, and is applied in addition to the general wellbeing improvement proxy above. It has been applied only to Life Changers Client Gardeners who reported their wellbeing had improved "a lot", reflecting the more acute presenting needs of this Client Gardener group (adults aged 18+ who have experienced a life-changing condition or event affecting their mental health or wellbeing, resulting in social isolation). *Uprating:* Uprated from 2008 prices to December 2025 prices using the Bank of England Inflation Calculator, giving a value of £6,229.58. *"Thank you for changing my life 💞"* *"Thank you for having such a positive impact on my life"* Quotes from Life Changers Client Gardeners, Client Gardener Survey (2026) Reference: McCrone, P., Dhanasiri, S., Patel, A., Knapp, M. and Lawton-Smith, S. (2008) *Paying the price: The cost of mental health care in England to 2026*. London: King's Fund.
Improvements to physical health (All Client Gardeners)	Self reported improvement in physical health And parent/carer reported	675 participants (99%) of Client Gardeners reported improved physical health (Client Gardener Survey, 2026)	**£335.87 per adult per year**	**Methodology:** This proxy is drawn from Sport England's national social value model for community sport and physical activity, produced by State of Life, Sheffield Hallam University, and Manchester Metropolitan University. The health value captures avoided direct healthcare costs (disease prevention across 14 health outcomes, reduced GP visits, reduced mental health service use, net of sports injury costs) plus indirect societal costs (social care, informal care, and productivity). Productivity savings refer to the wider economic value of avoided

Outcome	Indicator	Activity	Financial Proxy	Rationale
	improvement in physical health	Parents/carers weighted average of 3.9/5 observing improvement in physical health. (Parent/carer survey 2026)		productivity losses associated with preventable ill-health among working-age adults (16–64); these are indirect societal savings, not direct public sector budget savings, and should be treated separately from NHS, social care or informal care cost savings, and from any employment-related proxies used elsewhere in the same analysis to avoid double counting. **Uprating:** The original figure of £330 (November 2025 prices) has been uprated to £335.87 using the Bank of England Inflation Calculator, reflecting the equivalent cost in April 2026. *"I like mowing, digging and seeing my friends"* Quotes from Client Gardener attending the General Sessions **Reference:** Davies, L., Ramchandani, G. and Ping Kung, S. (2025) *The social value of sport and physical activity in England: secondary (wider health) value technical report*. Sport England, State of Life, Sheffield Hallam University and Manchester Metropolitan University.
Improved socialisation / reduced loneliness & Increased sense of community contribution	Participants self report they have socialised more with others Self report in survey been able to help or contribute in local garden or community	641 Participants based on 94% of all Client Gardeners on reported improved socialisation 517 "A lot", 124 "A little" (Client Gardener Survey, 2026) Parents/carers weighted average of 4.1/5 observing socialising more with others. (Parent/carer survey 2026) 11 comments in Client Gardener open responses relating to	**£3,753 per person per year**	*Methodology:* This proxy uses HACT's "feeling belonging to neighbourhood" wellbeing value from the UK Social Value Bank. The two survey outcomes — increased socialising and increased sense of contribution to the local community — have been combined under a single proxy to avoid double-counting the wellbeing benefit, since both relate to the same underlying construct of belonging and social connection. Two attribution values have been applied, differentiated by Client Gardeners who reported the change "a lot" versus "a little". *Uprating:* The original 2014 published value of £3,753 has been uprated to December 2025 prices using the Bank of England Inflation Calculator, giving £5,035.31 *"Thrive is hugely appreciated by carers and Client Gardeners alike.* *There are few opportunities for those with learning disability to be involved in something instructional and supported whilst involved in*

Outcome	Indicator	Activity	Financial Proxy	Rationale
		increased socialising (Client Gardener Survey, 2026) 579 participants based on 85% of all Client Gardeners reorting a sense of contribution to local community (Client Gardener survey 2026) 365 "A lot", 214 "A little". Parents carers weighted average of 3/5 observed Client Gardener has been able to contribute to local community.		*constructive social activity with a common goal and sense of achievement."* Comment from parent / carer survey *"This has been great for my Mental Health & boosted my confidence with other people, it's time for me & I forget my problems for a few hours ."* Comment from Client Gardener participating in the Growing Out Pathway **Reference:** Trotter, L., Vine, J., Leach, M. and Fujiwara, D. (2014) Measuring the social impact of community investment: A guide to using the wellbeing valuation approach. London: HACT.
Improved or new gardening skills	Self report in survey they have learnt new skills / new things about gardening	661 participants (97%) of all Client Gardeners reported gaining new gardening skills (Client Gardener Survey, 2026) 558 "A lot" , 103 "A little" Parents/carers weighted average of 4.5/5 observing increased gardening skills. (Parent/carer survey 2026)	**£395 per person**	*Methodology:* This proxy is based on the course fee for "Start Gardening – The Basics and Beyond" from the Horticultural Correspondence College, at the 2026 published price. As a self-led correspondence course without individual guidance, this gives a conservative figure that reflects variation in the cohort: some Client Gardeners will have required guidance, some will have had pre-existing gardening skills. *Uprating:* Not applicable — this is a current 2026 price and requires no uprating. Reference: Horticultural Correspondence College (2026) *Start gardening – the basics and beyond*. Available at: https://www.hccollege.co.uk/index.php/course/start-gardening-the-basics-and-beyond (Accessed: 6 July 2026).

Outcome	Indicator	Activity	Financial Proxy	Rationale
		Comments in Client Gardener (n =8) and parent / carer (n=5) open responses relating to increased gardening skills (Client Gardener & Parent/carer Surveys, 2026)		
Increased time spent outdoors	Self report in survey spent more time gardening or outside	675 Participants based on 99% of all Client Gardeners on reported more time spent outside (Client Gardener Survey, 2026) 579 "A lot" , 96 "A little" Parents/carers weighted average of 3.9/5 observing spent more time outside. (Parent/carer survey 2026) Comments in Client Gardener (n =6) and parent / carer (n=3) open responses about spending time outside (Client Gardener & Parent/carer Surveys, 2026)	**£382.69 per person per year**	*Methodology:* This proxy is based on an ONS valuation of the health benefits of nature access, at approximately £356 per person, representing the equivalent NHS treatment cost of the health benefits gained from time spent in nature. This is applied in addition to the mental wellbeing and socialisation proxies elsewhere in this bank, as time spent outdoors is treated as a distinct benefit from those captured by the other wellbeing measures. *Uprating:* Uprated to December 2025 prices using the Bank of England Inflation Calculator, giving a value of £382.69. Reference: Trenbirth, H. and Clowser, E. (2023) *UK natural capital accounts methodology guide: 2023*. Office for National Statistics.

Outcome	Indicator	Activity	Financial Proxy	Rationale
Improved connection with nature, season and living world	Self report in survey learned more about caring for nature	489 Participants based on 72% of all Client Gardeners on reported learning "a lot" more about caring for nature (Client Gardener Survey, 2026) Parents/carers weighted average of 3.9/5 observing increased caring for nature. (Parent/carer survey 2026)	**£1116.4 per person per year**	*Methodology:* This is a curated proxy, built by tracing the HACT "Gardening" value through its underlying sources rather than taking it at face value. A Leeds Beckett evaluation of Wildlife Trust volunteering programmes used a nature-relatedness outcome measure, drawing on University of Essex research, and applied gardening as a proxy for active engagement with nature rather than for gardening activity itself. The Leeds Beckett report used a lower age/location-specific HACT value of £847, rather than the £1,411 average value published in the wider LSE/Home Group framework for "Gardening" (which requires regular participation at least once a week for at least two months, and varies by age and location according to the HACT calculator). *Uprating:* The original 2019 value of £847 has been uprated to December 2025 prices using the Bank of England Inflation Calculator, giving £1,116.40. Reference: Bagnall, A.-M., Freeman, C., Southby, K. and Brymer, E. (2019) *Social return on investment analysis of the health and wellbeing impacts of Wildlife Trust programmes*. Leeds: Leeds Beckett University, in partnership with The Wildlife Trusts.

Carer Outcomes

Outcome	Indicator	Activity	Financial Proxy	Rationale
Benefitted from respite time	**Hours of respite time**	90,901 hours of potential respite time across the two years covered by this study, 81% of total Client Gardener engagement hours (Thrive Client Gardener data request) 448 Participants based on 66% of all carers reported they have benefitted from the respite time provided **"A great deal"**or **"A lot"** (Parents & Carers Survey, 2026) refinforces this data point.	**£22.71** **/per per per hour**	The proxy below is an average calculation of care costs. It represents an average of support levels ranging from companionship and domestic support through to specialist care for those living with dementia or complex needs. *Methodology:* This proxy reflects the estimated hourly cost of providing informal care equivalent to a home care visit, positioned conservatively against publicly funded home care rates rather than private self-funder rates. The Homecare Association's 2025-26 analysis of fee rates paid by English local authorities found that almost a third (27%) of councils pay below £22.71 per hour — the amount the Association calculates is needed to cover the statutory minimum employment costs of a careworker, before any contribution to a provider's other operating costs. £22.71 per hour has been used as a conservative estimate consistent with this lower, publicly funded band, rather than the considerably higher rates typically charged to private self-funders (£26–£38 per hour in 2026). *Uprating:* Not applicable — this reflects a current 2025–26 published rate. Reference: Homecare Association (2025) *Fee rates for state-funded homecare in 2025-26*. Sutton: Homecare Association. Available at: https://www.homecareassociation.org.uk/static/2f698bc3-6906-4555-aab7ccbf11797b0b/Fee-Rates-for-State-Funded-Homecare-in-2025-26.pdf (Accessed: 16 July 2026).
Improved wellbeing/mental health	Carers self report an in crease in their own mental wellbeing	448 Participants based on 65% of all carers reported they have improved mental health as a result of Thrive **"A Great deal"**	**£13000 per person per year**	*Methodology:* This proxy reflects a general improvement in wellbeing rather than clinical recovery from a diagnosed condition. It is drawn from HM Treasury supplementary Green Book guidance on wellbeing valuation, cross-referenced against Simetrica-Jacobs and HACT guidance for applying WEMWBS-based wellbeing measures in social value analysis. This is the same proxy applied to Client Gardeners'

Outcome	Indicator	Activity	Financial Proxy	Rationale
(& reduced concern about the person they care for)		or **"A lot"** Parents & Carers Survey, 2026) Comments in volunteer survey 2026 in open responses about: improved mental wellbeing (n=8), improved socialisation (n=7)		own improved wellbeing elsewhere in this bank, applied here to the carer cohort as a distinct beneficiary group. *Uprating:* Not uprated. This is a wellbeing valuation figure published by a central methodology body and is held at the current published rate rather than adjusted individually via the Bank of England Inflation Calculator. "I feel happy leaving my son at Thrive knowing that he will have a good day in a safe environment. There needs to be more places like Thrive." Comment from parent/carer Reference: MacLennan, S., Stead, I. and Little, A. (2021) *Wellbeing guidance for appraisal: Supplementary Green Book guidance*. London: HM Treasury. Simetrica-Jacobs and HACT (2017) *Measuring wellbeing: A guide for using the WEMWBS in social value analysis*. London: HACT.
	Carers self report a reduction in worry about the health and wellbeing of the person they care for	405 Participants based on 60% of all carers reported feel less worried about the person they care for as a result of Thrive **"A Great deal"** or **"A lot"** (Parents & Carers Survey,2026)		
Gained a new understanding of, or ways of working with, the person they care about.	234	234 Participants based on 34% of all carers reported they have gained **"A great deal"** or **"A lot"** of new understanding of ways of working, with the person they care about (Parents & Carers Survey,2026)	**£192 per person**	**Methodology:** This proxy is based on the cost of a two-day family and carer training course delivered by a qualified practitioner at the National Centre for Autism and Mental Health (NCAMH), which builds carers' understanding and practical skills for supporting the person they care for. This reflects a service-replacement approach — the market cost of the professional input a carer would otherwise need to purchase to gain equivalent understanding. **Uprating:** Not uprated. This is a current (2026) published course price, so no inflation adjustment is required. Note: NCAMH lists this as a discounted price (list price £299, current £192) — confirm the discount is still live before this goes into a final report, and consider flagging it as time-limited in the methodology line. **Reference:** National Centre for Autism & Mental Health (2025) *Autism courses and training from NCAMH*. Available at: https://www.ncamh.co.uk/ [Accessed 6 July 2026].

Volunteers' Outcomes

Outcome	Indicator	Activity	Financial Proxy	Rationale
Improved wellbeing/mental health (general)	Number of volunteers self-reporting an improvement in wellbeing / mental health	482 volunteers based on 50% volunteers reported wellbeing has improved **"A lot"** and a further 379 volunteers based on 39.4% reported **"A little"** with the remainder being NA. (2026 volunteer survey)	£673 per volunteer per year	**Methodology:** This proxy measures the personal wellbeing benefit experienced by a person who volunteers occasionally. The value is taken from the UK Government's wellbeing valuation of volunteering, which estimates the equivalent increase in annual household income required to generate the same improvement in life satisfaction. DCMS conducted regression analysis using large national datasets (including Understanding Society), controlling for age, income, employment status and health to isolate the independent effect of volunteering, and converted the resulting life satisfaction coefficient into a monetary value using HM Treasury Green Book wellbeing valuation guidance. The £673 figure represents the income equivalent required to replicate the psychological and social benefits of occasional volunteering — increased sense of purpose, social connection and confidence. It captures only benefits experienced by the volunteer, excluding the value of services delivered to others or organisational gains, so it can be combined with labour replacement values without double counting. **Uprating:** Not uprated. This is a current (2025-published) DCMS figure covering 2021/22 volunteering activity, held at its published rate rather than individually inflated. **Reference:** Cannings, J., Lingard, E., Profanter, M., Patrignani, P. and Conlon, G. (2025) *Estimating the economic and social value of volunteering*. London: Department for Culture, Media and Sport.
Improved physical health	Number of volunteers self-reporting their physical health has improved	175 volunteers based on 18.2% volunteers reported **"A lot"**	£335.87 per adult per year	**Methodology:** This proxy is drawn from Sport England's national social value model for community sport and physical activity, produced by State of Life, Sheffield Hallam University, and Manchester Metropolitan University. The health value captures avoided direct healthcare costs (disease prevention across 14 health outcomes, reduced GP visits, reduced mental health service use, net of sports injury costs) plus indirect societal costs (social care, informal care, and productivity). Productivity savings refer to the wider economic value of avoided productivity losses associated with preventable ill-health among working-age

Outcome	Indicator	Activity	Financial Proxy	Rationale
		525 volunteers based on 54.5% reporting **"A little"** (2026 volunteer survey)		adults (16–64); these are indirect societal savings, not direct public sector budget savings, and should be treated separately from NHS, social care or informal care cost savings, and from any employment-related proxies used elsewhere in the same analysis to avoid double counting. **Uprating:** The original figure of £330 (November 2025 prices) has been uprated to £335.87 using the Bank of England Inflation Calculator, reflecting the equivalent cost in April 2026. **Reference:** Davies, L., Ramchandani, G. and Ping Kung, S. (2025) *The social value of sport and physical activity in England: secondary (wider health) value technical report*. Sport England, State of Life, Sheffield Hallam University and Manchester Metropolitan University.
Economic value of the volunteering programme	Volunteer participated at least once in the past 12 months	1027 volunteers in 24/25 963 volunteers in 25/26	£1,339 per volunteer per year	This proxy estimates the economic value of the work undertaken by volunteers using a labour replacement cost approach. The method calculates on average what it would cost an organisation to deliver the same activities using paid staff. Median pay is used to represent typical labour market cost and to avoid distortion from unusually high or low wages. Employer on-costs (such as National Insurance contributions and overhead assumptions) are incorporated to reflect the true employment cost rather than take-home pay. Applying the hourly replacement rate to typical annual participation levels for occasional volunteers produces an estimated annual service value of £1,339 per volunteer. This value reflects productive contribution only and deliberately excludes wellbeing effects experienced by volunteers, meaning it can be combined with wellbeing valuation without overstating impact. **Uprating:** Not uprated. This is a current (2025-published) DCMS figure covering 2021/22 volunteering activity, held at its published rate rather than individually inflated. **Reference:** Cannings, J., Lingard, E., Profanter, M., Patrignani, P. and Conlon, G. (2025) *Estimating the economic and social value of volunteering*. London: Department for Culture, Media and Sport.
Improved or new	Number of volunteers self-reporting	569 volunteers based on 59.1%	£395 per volunteer	*Methodology:* This proxy is based on the course fee for "Start Gardening – The Basics and Beyond" from the Horticultural Correspondence College, at the 2026 published price. As a self-led correspondence course without individual guidance,

Outcome	Indicator	Activity	Financial Proxy	Rationale
gardening skills	that they their gardening skills and knowledge have increased	volunteers reported **"A lot".** 306 volunteers based on 21% reporting **"A little"** (2026 volunteer survey)		this gives a conservative figure that reflects variation in the cohort: some Client Gardeners will have required guidance, some will have had pre-existing gardening skills. *Uprating:* Not applicable — this is a current 2026 price and requires no uprating. Reference: Horticultural Correspondence College (2026) *Start gardening – the basics and beyond*. Available at: https://www.hccollege.co.uk/index.php/course/start-gardening-the-basics-and-beyond (Accessed: 6 July 2026).
Development of new employment skills	Number of volunteers self-reporting that they have developed new skills that may help them get a job in the future Number of volunteers moving along pathway into employment (vol>casual worker>practitioners>permanent staff)	131 volunteers based on 13.9% volunteers reported **"A lot".** 216 volunteers based on 23% reporting **"A little".** (2026 volunteer survey) 15 volunteers entered into employment (Thrive volunteer numbers 2026)	*£807 per volunteer*	*The HACT UK Social Value Bank assigns a proxy value of £807 per person for employment training (any age), reflecting the wellbeing value gained from developing skills, increasing confidence, and improving employability prospects. Calculated using wellbeing valuation methods, it represents the non-financial benefits of training, with care taken to avoid double counting where other proxies capture similar outcomes.* ***Reference:*** *Trotter, L., Vine, J., Leach, M. and Fujiwara, D. (2014). Measuring the social impact of community investment: A guide to using the wellbeing approach. London: HACT.*
Improved connection with nature,	Number of volunteers self-reporting	365 volunteers based on 86% volunteers	£1116.41 per volunteer	The Leeds Beckett report used data from a University of Essex evaluation of Wildlife Trust volunteering programmes. For the nature-relatedness outcome, the SROI counted people whose nature-relatedness score improved between

Outcome	Indicator	Activity	Financial Proxy	Rationale
season and living world	they have learned more about caring for nature	saying they have learned more about caring for nature by **"A lot"** (2026 volunteer survey)		baseline and six weeks. The report appears to use gardening as a proxy for active engagement with nature, rather than for gardening itself. A public-facing LSE/Home Group framework lists HACT "Gardening" at £1,411 as an average value, with the evidence requirement being regular participation at least once a week for at least two months. That same document explains that HACT average values are more fully set out in the calculator, where values vary by factors including age and location. This helps explain why the Wildlife Trust report used a lower age/location-specific value of £847. This has been uprated to 2026 prices using the Bank of England Inflation Calculator, giving a value of £1116.4 per person per year. ***Reference:*** *Bagnall, A.-M., Freeman, C., Southby, K. Leeds Beckett University (2019). Social return on investment analysis of the health and wellbeing impacts of wildlife trust programmes. The Wildlife Trusts.*
Improved pro-environmental behaviours	Number of volunteers self-reporting their pro-environmental behaviours have increased at home eg: recycling, saving energy or water, composting etc	102 volunteers based on 10.6% report their pro-environmental behaviours have increased **"A lot"** at home. 554 volunteers based on 58% reporting **"A little"** (2026 volunteer survey)	£7.90 per volunteer	*Methodology:* This proxy is based on DESNZ's Green Book supplementary guidance on the valuation of greenhouse gas emissions, which sets a central non-traded carbon value of £273 per tonne CO2e for 2025 (2022 prices), with a ±50% sensitivity range. A cautious approach has been taken, using the low-sensitivity value of £136.50 per tonne, applied to an assumed 0.05 tonnes CO2e per person per year for light household behaviour change, giving a base figure of £6.83 per volunteer per year (2022 prices). We recognise that as the environment is a high-profile issue in the media, improved pro-environmental behaviours may have happened anyway in the absence of Thrive; this is reflected at the causality stage rather than in the proxy value itself. *Uprating:* Uprated from £6.83 (2022 prices) to £7.90 (March 2026 prices) using the Bank of England Inflation Calculator. Reference: Department for Energy Security and Net Zero (2023) *Green Book supplementary guidance: Valuation of energy use and greenhouse gas emissions for appraisal*. London: DESNZ. Available at: https://www.gov.uk/government/publications/valuation-of-energy-use-and-greenhouse-gas-emissions-for-appraisal(Accessed: 6 July 2026).

Outcome	Indicator	Activity	Financial Proxy	Rationale

Causality Assessment

The following table sets out the causality adjustments applied to each outcome. These discounts ensure the SROI only includes and reports the value derived that Thrive can reasonably be held responsible for creating. This approach follows HM Treasury additionality guidance and standard SROI practice. It is designed to avoid overclaiming and to reflect the real world context Client Gardeners, carers and volunteers are operating in.

Causality definitions

- Deadweight is the amount of the outcome that would have happened anyway. It answers the question: what would have happened without the activity? It is expressed as a percentage.
- Attribution assesses how much of the outcome was influenced by other organisations, services or individuals. It answers the question: who else contributed to the change? It is expressed as a percentage.
- Displacement considers whether this outcome has reduced outcomes elsewhere. It answers the question: what activity did you displace? Rates are informed by qualitative data and expressed as a percentage.
- Drop off reflects how much the outcome reduces over time beyond the initial year. It answers the question: what percentage reduces in future years?

Application of assumptions

For Client Gardeners who said Thrive improved their mental wellbeing 'a lot', we assume 15% of that improvement would have happened anyway, without Thrive; this is known as deadweight. For those who said 'a little', we assume a larger share, 40%, would have happened regardless, since it is harder to know how much of a smaller change is down to Thrive rather than other support the person may be receiving. Where someone was referred to Thrive by a GP or another professional, we assume less of the change would have happened anyway, since this reflects a deliberate, professionally recommended intervention rather than a general improvement that might have occurred on its own.

Higher deadweights were set where the outcomes may have happened anyway, without Thrive. For example, the carer outcomes of 'Benefit from respite time, & improved mental wellbeing and reduced worry about the person they care about', and 'Gaining a new understanding of, or ways of working with, the person they carer about' were all set at 30%. This is in recognition that respite care may have been found elsewhere, or other friends and family may have provided this, together with other sources providing new ways of working with the person they care about.

Attribution recognises that Client Gardeners, carers, and volunteers are rarely supported by one service alone, or that they exist in isolation. Thrive is a significant contributor to change for all of these stakeholder groups, but not the only one.

Displacement is low for most personal outcomes because improvements in mental wellbeing, physical health and improved socialisation skills do not reduce outcomes

for others. Higher displacement rates are applied to services to reflect possible substitution effects, for example carers not paying an agency for respite care, or Client Gardeners and volunteers not paying for a gardening course from a different provider.

Stakeholders and responses were split into separate calculations for some outcomes, for example improvements in mental wellbeing were calculated separately for those answering 'A lot' or 'A little'. For the purposes of this section, average values that were applied to deadweight, displacement, attribution and drop off have been used below.

Outcome	Deadweight	Displacement	Attribution	Drop off	Rationale for the causality assumptions applied
Client Gardeners					
Improved mental wellbeing (self-reported, all Client Gardeners)	15-40%	3%	25%	40%	For the 599 Client Gardeners (88%) rating their improvement 'a lot', a low deadweight (15%) and attribution (25%) were applied, reflecting the strength of the self-reported change and consistent with supporting survey comments. For the 69 Client Gardeners (10%) rating improvement 'a little', deadweight rose to 40%, as a smaller reported change cannot be confidently attributed to Thrive over other factors such as informal support or natural recovery. The wider evidence (Wood, Barton and Wicks, 2025; Haywood et al., 2024) supports STH as a plausible driver of improved wellbeing, but recommends deadweight and attribution remain moderate rather than low unless there is strong individual-level evidence, as is present here for the 'a lot' group. Source: Simetrica-Jacobs Wellbeing Valuation Methodology.
Improved mental wellbeing (trauma-affected Client Gardeners, Life Changers)	15%	15%	40%	30%	This outcome uses a service-cost-avoidance proxy (King's Fund) rather than the self-reported wellbeing valuation used for other Client Gardeners, reflecting the specific circumstances of the Life Changers cohort. Deadweight is low, as 100% of Life Changers respondents reported improvement. Attribution is set higher (40%) than for other Client Gardener wellbeing outcomes, following Health Foundation guidance (Deeny, Thorlby and Steventon, 2018) that downstream, service-related outcomes should carry a stronger attribution discount, reflecting the likely involvement of NHS mental health services in trauma recovery. Displacement (15%) reflects the possibility that some Client Gardeners would otherwise have accessed a different funded support service.
Improved physical health	20%	10%	30%	40%	Deadweight and attribution are moderate, consistent with the literature's framing of STH as a multi-component model (environment, activity, group and practitioner together), where physical health gains cannot be attributed to a single mechanism. Drop off is conservative, given no longitudinal data confirming whether physical health gains persist after participation ends. Source: Sport England (2024) The social value of sport and physical activity in England.
Improved socialisation / reduced loneliness & Increased sense of	15-40%	20%	25%	40%	This blends Client Gardeners rating their socialisation as improved 'a lot' (n=641, lower deadweight) and 'a little' (n=124, higher deadweight). This is consistent with the literature (Sempik, Rickhuss and Beeston, 2014; Diamant and Waterhouse, 2010), which finds deadweight is likely to be lower for Client Gardeners who were socially isolated before attending and had limited access to other groups, and attribution stronger where the garden group is a Client

Outcome	Deadweight	Displacement	Attribution	Drop off	Rationale for the causality assumptions applied
community contribution					Gardener's main or only source of structured social contact. Displacement (20%) reflects that socialising at Thrive may in some cases substitute for social contact Client Gardeners would otherwise have had elsewhere. A higher deadweight has been applied to the Client Gardener group reporting 'a little'. Attribution is low, as socialisation and community contribution are increased by the nature of the Thrive sessions. Drop off is 40%; the same figure given to drop off for improved mental wellbeing. As discussed above, increased socialisation and sense of community contribution are outcomes during the Thrive sessions. But there is some evidence of this persisting outside of Thrive, and it can be hoped that the improved skills and confidence in these areas can be applied elsewhere.Source: HACT Social Value Bank, Outcome 24 (feeling belonging to neighbourhood).
Improved or new gardening skills or knowledge	15%	15%	5%	10%	Attribution is set low (5%) because gardening skills are taught directly and specifically by Thrive practitioners, leaving little room for other contributors. Drop off is low (10%), as once learned, gardening skills are not expected to be quickly lost. Source: cost of a self-led 'Start Gardening' course, used as the financial proxy.
Increased time spent outdoors	40%	10%	10%	50%	Deadweight and drop off are set relatively high, as time spent outdoors is a lower-intensity outcome that Client Gardeners could plausibly achieve through other means (a home garden, a local park), and is judged less likely to be sustained without continued attendance than more structured outcomes.A high deadweight has been applied to reduce a risk of double counting mental and physical wellness benefits from being outside. Drop off has been set at 50% as this may not persist beyond attendance at Thrive. Source: ONS UK Natural Capital Accounts Methodology Guide (2023).
Improved connection with nature, season and living world	15%	10%	10%	15%	Deadweight, attribution and drop off are all set low, reflecting that this outcome is closely tied to the structured, practitioner-led engagement with the garden that is distinctive to Thrive's STH model, in line with the literature's emphasis on STH as a facilitated, multi-component model rather than passive exposure to nature. Source: Bagnall et al., Leeds Beckett University, drawing on the HACT Social Value Calculator.
Carers					
Benefit from respite time	40%	30%	50%	50%	The Care Agency Rate Calculator proxy for respite carries relatively high discounts. The literature notes that deadweight for respite may be moderate to high where the person also attends other services, receives paid care or has

Outcome	Deadweight	Displacement	Attribution	Drop off	Rationale for the causality assumptions applied
					family support, and that its value is closely tied to ongoing attendance rather than a lasting change. The higher deadweight attribution for this proxy recognises that not all carers/parents would have to pay for care for e.g. if family members were available.
Improved mental wellbeing and reduced worry about the person they care about	30%	3%	25%	30%	Simetrica-Jacobs wellbeing valuation is applied, consistent with Client Gardener wellbeing outcomes. Deadweight is set at 30%, as some carers indicated in the survey that they had limited direct insight into their relative's experience at Thrive, meaning part of the reduced worry may stem from any positive activity rather than Thrive specifically. S Deadweight has been set at 30% as it is likely that the Client Gardener enjoyment of Thrive sessions have directly decreased worry / improved mental wellbeing of the carer. However, there were a number of survey responses indicating that the carer didn't / couldn't receive a great deal of information from the person that they care for; so there is a chance that it was the taking part in any activity that has reduced the worry rather than Thrive specifically. ource: Simetrica-Jacobs, Wellbeing Valuation Methodology.
Gained a new understanding of, or ways of working with, the person they carer about	30%	25%	30%	30%	Moderate causality discounts are applied because carers can gain new understanding of the person they care for through other routes, such as professional carer training, informal peer networks or online resources, rather than through Thrive alone. This is consistent with the literature's caution that carer evidence is thinner than Client Gardener evidence, and that Thrive should rely on its own carer data rather than assuming attribution from the wider STH literature. Attribution is shared, reflecting that Thrive is typically one part of a wider care package. A number of comments from the parent / carer survey indicate that they have learnt more about working with the person they care about, by attending open days with them and good communication between Thrive staff and parents / carers. However, others have highlighted that communication about what is done in the sessions could be better; which is reflected in attribution and deadweight values of 30% being applied to this proxy to avoid over claiming. Source: National Centre for Autism and Mental Health (NCAMH) course costs, used as the financial proxy.
Volunteers					
Improvement in wellbeing due to volunteering	15-40%	3%	25%	50%	This blends volunteers rating their wellbeing improvement 'a lot' and 'a little'. The literature notes that deadweight for volunteers may be moderate, as many are already motivated and could seek alternative volunteering roles, while attribution can be stronger where Thrive provides specialist training,

Outcome	Deadweight	Displacement	Attribution	Drop off	Rationale for the causality assumptions applied
					supervision and a distinctive sense of purpose not available in general volunteering (O'Brien, Townsend and Ebden, 2010). Drop off is set high (50%), reflecting that volunteer wellbeing benefits are considered closely tied to the continuation of the volunteering role itself. Source: UK Government guidance on estimating the economic and social value of volunteering.
Improved physical health	10%	10%	25%	30%	As with Client Gardeners, the Sport England proxy is applied. Deadweight is lower than for Client Gardeners, reflecting that structured, regular volunteering activity is judged a stronger and more consistent driver of physical health change than general attendance, consistent with the literature's view that Thrive's distinctive, practitioner-led model supports stronger attribution than passive nature exposure.
Improved or new gardening skills and knowledge	10%	20%	10%	5%	Attribution is set low, reflecting that this skill is taught directly through the volunteering role at Thrive. Displacement (20%) recognises that some volunteers may otherwise have paid for a course themselves. Source: cost of a self-led gardening course.
Development of new employment skills	10%	5%	10%	5%	Low causality discounts reflect that volunteers directly identified these as new skills gained through their role at Thrive, consistent with the literature's guidance that attribution can be relatively strong for immediate knowledge and confidence gained through training. This is a comparatively small value outcome overall, reflecting that most volunteers in this cohort are of retirement age and not actively seeking employment. Source: HACT UK Social Value Bank.
Improved knowledge of sustainability issues	20%	10%	40%	5%	Attribution is set higher than most other volunteer outcomes (40%), because environmental awareness is also strongly shaped by wider media coverage and public debate on climate issues, not only by volunteering at Thrive. Source: Leeds Beckett University research on Wildlife Trust volunteering, drawing on a University of Essex evaluation.
Improved sustainable / climate-friendly behaviours at home	10%	5%	20%	5%	As with sustainability knowledge, attribution is set above the volunteer average, reflecting that behaviour change at home may also be driven by wider environmental awareness rather than volunteering at Thrive alone. Source: UK Government carbon valuation guidance.

Sensitivity Analysis

A sensitivity analysis tests how robust the SROI ratio is by modelling how the overall return changes under different assumptions. Three scenarios are applied: Conservative, Base Case and Optimistic. This shows the range of plausible returns and highlights which assumptions most strongly influence overall value.

Scenario	Key Assumption	Total Social Value	SROI Ratio (per £1 invested)
Conservative	Higher deadweight, displacement and attribution; additional 10% displacement applied to all of the above; annual drop off increased to 20% for gardening skills in Client Gardeners and volunteers	£94,798,72 (value minus the investment is £76,939,85)	£5.31
Base Case	Causality adjustments as set out in this report; conservative activity numbers; predominantly 1-year duration	£14,147,057 (value minus the investment is £12,361,170.33)	£7.92
Optimistic	Lower deadweight and attribution where evidence is strongest; reduced displacement; reduced annual drop off	£19,013,727 (value minus the investment is £17,227,840)	£10.65

Under more cautious assumptions, for example if more change was driven by external factors and the benefits lasted for a shorter period, the return reduces to **£5.31 per £1 invested**.

Under more favourable but still evidence based assumptions, for example if the outcomes are more strongly attributed to Thrive programmes, and benefits are sustained for a longer period, the return increases to **£10.65 per £1 invested**.

Across all scenarios, the programme generates substantial positive social value. Even under deliberately conservative conditions, the SROI remains strong.

The spread between £5.31 and £10.65 demonstrates that while the ratio is sensitive to assumptions around the duration of mental wellbeing and physical health, the overall conclusion is stable: the programme delivers significant social return relative to investment.

Results and Analysis

This work reflects support for 682 Client Gardeners, their carers, and 1,990 volunteers. An investment of £1,785,886.78 generated £14,147,057.11 in social value over three years (£12,361,170.33 value minus the investment), a return of £7.92 for every £1 invested.

Client Gardeners account for the largest share of value (58%). Of the 682 Client Gardeners, 599 (88%) reported that Thrive had improved their mental wellbeing "a lot" and a further 69 (10%) "a little", a combined 98%, the largest single driver of Client Gardener value (66%). 641 Client Gardeners (94%) reported improved social connection, contributing a further 23% of Client Gardener value, with gardening skills, time outdoors and connection with nature making up the remainder; gardening skills in particular sit predominantly with Client Gardeners new to gardening, rather than with volunteers who often bring existing horticultural experience.

Carers generate 24% of total value. Thrive provided 90,901 hours of respite time, and 448 carers (66%) reported benefiting from this "a great deal" or "a lot". The same number, 448 carers (65%), reported improved mental health, and 405 carers (60%) felt less worried about the person they care for; a further 234 carers (34%) gained a new understanding of how to support them. Together these outcomes account for 87% of carer value, with respite time contributing the remaining 13%.

Volunteers generate the remaining 18% of value. Of the 1,990 volunteers engaged over the period (1,027 active in 24/25, 963 in 25/26), the economic value of their time is the largest single driver (59%), reflecting their contribution to programme delivery; the remainder reflects the wellbeing, physical health and skills benefits volunteers experience directly, likely shaped by the cohort's predominantly retirement-age profile rather than active job-seeking.

Viewed by outcome area rather than stakeholder group, improved mental wellbeing is the largest driver of value overall (61%, £8.61m), reflecting the consistency with which Client Gardeners, carers and volunteers alike report meaningful change in how they feel. Social connection contributes a further 13%; together these two outcomes represent 74% of total value. The economic value of volunteer time contributes 11%, and gardening skills, time outdoors, connection with nature, carer respite, physical health and employability skills together make up the remaining 15%. Physical health is valued conservatively, reflecting additional activity rather than broader change in underlying health conditions, and should be read alongside the substantially higher value recorded for mental wellbeing given how closely the two are linked in practice.

Outcome area	Value	% of total social value
Improved mental wellbeing	£8.61m	61%
Social connection	£1.85m	13%
Economic value of volunteer hours	£1.51m	11%
Gardening skills & time outdoors	£0.75m	5%
Connection with nature & sustainability	£0.55m	4%

Outcome area	Value	% of total social value
Carer respite & practical support	£0.46m	3%
Improved physical health	£0.26m	2%
Employability skills	£0.16m	1%
Total	**£14.15m**	**100%**

Mental Wellbeing: Breakdown by Stakeholder Group

Mental wellbeing accounts for 61% of total value. Client Gardeners contribute £5.21m, reflecting the 668 Client Gardeners (98%) who reported improved mental wellbeing; carers contribute £2.97m, reflecting 448 carers (65%); and volunteers contribute £0.30m. A further £0.135m is attributed to the 50 trauma-affected Client Gardeners on the LifeChangers programme who reported improvement "a lot", valued instead using a service-cost-avoidance approach based on King's Fund estimates of mental health care provision.

Stakeholder group	Value	Basis
Client Gardeners	£5.21m	Self-reported improvement in mental wellbeing, split between "a lot" (£4.82m) and "a little" (£0.39m)
Carers	£2.97m	Self-reported improvement in mental wellbeing and reduced worry about the person they care for
Volunteers	£0.30m	Self-reported improvement in wellbeing due to volunteering, split between "a lot" (£0.16m) and "a little" (£0.14m)
Trauma-affected Client Gardeners	£0.135m	Reduction in need for mental health service provision (LifeChangers programme)

Wellbeing improvement for Client Gardeners, carers and volunteers is valued using the Simetrica-Jacobs wellbeing methodology, applied at £13,000 per person for the higher-intensity response and reduced pro rata for lower-intensity responses. The LifeChangers cohort is valued separately, using a service-cost-avoidance approach uprated to current prices; this reflects the most appropriate available evidence for each group's circumstances, rather than an inconsistency in approach.

The proportion of value attributed to mental wellbeing across a Client Gardener population with high rates of learning disability and physical ill health is notable, and worth stating explicitly in the narrative: wellbeing improvement is not incidental to work with a physically or cognitively disabled population, it is a primary and measurable outcome in its own right, and one that is frequently overlooked when mental health needs are considered separately from learning disability or physical health needs.

Learnings & Recommendations

Reflections from the STH Steering Group

Emerging findings from the SROI were presented to the STH Steering Group on 13 July 2026, a cross-sector group of academics, NHS practitioners, RHS representatives and nature-based sector organisations, ahead of the report's finalisation.

The group welcomed the robustness of the methodology applied, noting the significant variation typically seen in social and economic evaluation approaches across the nature-based and long-term conditions sector, and viewed the study as a strong, well-evidenced benchmark for the sector.

The disproportionate value generated for carers relative to their headcount was raised as a notable and welcome finding, with members reflecting that the wellbeing benefit experienced by carers, families and friends is often under-recognised in sector narratives.

Members also discussed the finding that improved mental wellbeing accounts for 61% of total value, considerably outweighing physical health at 2%, despite many Thrive Client Gardeners living with physical health conditions. Members reflected that mental wellbeing is frequently overlooked as an outcome for people with learning disabilities specifically, and agreed this distinction is an important one for the report to make clearly.

There was strong interest in how the findings could be used to support commissioning conversations, particularly given the current policy focus on neighbourhood health models, with members offering to share the findings through their own networks and suggesting the report could inform future roundtable discussion

Recommendations

This analysis has drawn on a strong existing base of survey and monitoring data across Thrive's Client Gardener, carer and volunteer groups. Building on this foundation, the process of developing this SROI has surfaced several opportunities to strengthen future data collection, sharpen causality assumptions, and widen the scope of what future SROI cycles are able to measure and value.

Scope expansion

- **Widening scope to include Learners:** This SROI focuses on Client Gardener-facing programmes for adults. Learners, people trained in STH by Thrive, are not yet included as a distinct stakeholder group, reflecting the current stage of outcome data collection for this audience. Given that progression into training and STH practice is one of Thrive's own drivers of change, Pathways that Last, building structured outcome data collection for Learners, covering skills gained, confidence and progression into paid or

voluntary STH roles, would position this group well for inclusion as a distinct stakeholder in future SROI cycles.

Measurement and standardisation

Several of the measurement opportunities identified through this process are closely linked, and point to a shared next step: building on the strong self-reported data already in place to bring even greater clarity to the specific physical and mental health changes Thrive's programmes support.

- **Standardised, validated wellbeing scale:** Thrive's current survey tools capture rich, self-reported wellbeing data across the cohort. Building on this, adopting a standardised, validated scale such as WEMWBS (Warwick-Edinburgh Mental Wellbeing Scale) across a wider range of programmes would strengthen the evidence base further and support comparison against established wellbeing benchmarks and proxies. Some programmes, particularly those working with Client Gardeners with more complex needs, will need further work to identify or adapt suitable standardised tools, ensuring any new approach continues to reflect the full diversity of Thrive's Client Gardener group.
- **Disaggregated wellbeing:** The improved wellbeing outcome, accounting for the majority of total value in this analysis, currently brings together several distinct experiences, including improved mental health and increased confidence, within a single, well-evidenced aggregated figure. As Thrive's data collection matures, introducing distinct survey items for mood, anxiety and self-confidence would allow this outcome to be disaggregated in future value maps, giving stakeholders even greater clarity on which specific aspects of the Thrive experience are driving value.
- **Standardised, validated physical health scale:** Physical health accounts for a comparatively small share of total value in this analysis, reflecting the current proxy's focus on additional physical activity rather than broader change in physical health status, alongside the close interrelationship between physical and mental health seen throughout this study. Introducing a standardised physical health measure, such as EQ-5D, for Client Gardeners able to self-complete it, would build on this foundation and provide a robust, NHS and NICE-recognised basis for valuing physical health outcomes in future cycles, with a direct route to QALY-based monetisation. EQ-5D includes an anxiety/depression domain alongside its physical health domains, so a resulting physical health value would retain some overlap with mental wellbeing; this would be stated transparently as part of adopting the measure.

Taken together, these represent a natural next step for Thrive's data collection: moving from strong, consistent self-reported measures towards standardised, validated tools and pre- and post-programme data collection, when Thrive is ready to take this step. This would build directly on the evidence base established through this assessment, sharpening the picture of what changes for participants and how confidently that change can be attributed to their time at Thrive.

Stakeholder-specific granularity

- **Disaggregating volunteer data:** Volunteers are currently considered as one group in this analysis, reflecting the current level of detail in volunteer monitoring data. Building in more granular data on volunteer role type, for

example distinguishing those working directly with Client Gardener groups from those in other roles, and frequency of engagement, would allow future SROI cycles to apply differentiated values, giving fuller recognition to the greater contribution and deeper outcomes associated with regular, hands-on volunteering.

- **Carer and family engagement and categorisation:** Carers, families and friends were considered as a single group in this analysis, and carer survey responses indicated that increased communication with carers would enhance their experience of Thrive and support them in putting new ways of working with the person they care for into practice at home. Building on this, there is a valuable opportunity to develop richer categorisation within this group, for example distinguishing carers who remain present during sessions from those who leave and return, which would allow future SROI cycles to capture the fuller range of experiences and value within this stakeholder group.

Data infrastructure and evidence over time

- **Longitudinal tracking of individual Client Gardener progress:** The current Client Gardener survey approach captures a strong, consistent snapshot of each cohort, but treats each year as a distinct dataset, meaning it is not currently possible to track an individual Client Gardener's progress from one year to the next. Introducing a simple Client Gardener identifier within the survey system would allow future SROI cycles to follow the same person's outcomes over time, building a longitudinal picture of change alongside the strong cross-sectional data already collected. This is a modest change to implement and would meaningfully strengthen the evidence base for sustained outcomes over multiple years of engagement.
- **Tracking post-engagement progression:** This analysis captures outcomes during a person's active engagement with Thrive, but does not yet follow what happens afterwards, for example whether Client Gardeners or volunteers go on to use skills or confidence gained at Thrive in new settings, including moving into volunteering or further activity elsewhere. Building light-touch follow-up data collection to track this kind of progression would complement the longevity and drop-off recommendation below, and would help demonstrate the fuller, ongoing value of Thrive's model over time.
- **Longevity and drop-off data:** Causality assumptions in this analysis, including drop-off, have been applied conservatively, reflecting the current absence of longitudinal data on how long outcomes are sustained after Client Gardeners, carers or volunteers stop engaging with Thrive. Introducing simple follow-up data collection, even at a single interval after programme completion, would allow future SROI cycles to apply more precise, evidence-based drop-off assumptions, and may support a stronger, more fully evidenced valuation of the same activity.

Taken together, these recommendations set out a practical path for strengthening Thrive's evidence base in future SROI cycles. Several build directly on data collection already in place and would require only modest changes to implement, while providing a stronger basis for tracking outcomes and attributing value with greater precision over time.

Appendix 1: Stakeholder consultations

First names only have been provided for some stakeholders to retain anonymity.

Name	Role
Ben Thomas	Chief Executive
Sarah Bowers	Head of Client Services
Trish Matthews	Research Officer
Clare Fletcher	Trusts Fundraiser
Anne McLaughlin	Centre Manager, Reading
Cathy Graham	Centre Manager, London
Sam Gamblin	Centre Manager, Birmingam
Jo	STH Practitioner, Reading
Vicky	STH Practitioner, Reading
Fiona	STH Practitioner, Battersea
Dot	Carer, Birmingham
Hilary	Carer, Battersea
Rachel	Carer, Battersea
Cath W	Volunteer, Battersea
Jane	Volunteer, Battersea
Anna	Volunteer, Battersea
Ruth	Volunteer, Battersea
Imogen	Client Gardener, Battersea
Alex	Client Gardener, Battersea
Lesley Batty	GEES Head of Employability and Placements, University of Birmingham

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