

World Health Organisation  
*Collaborating Centre Natural  
Environments and Health*

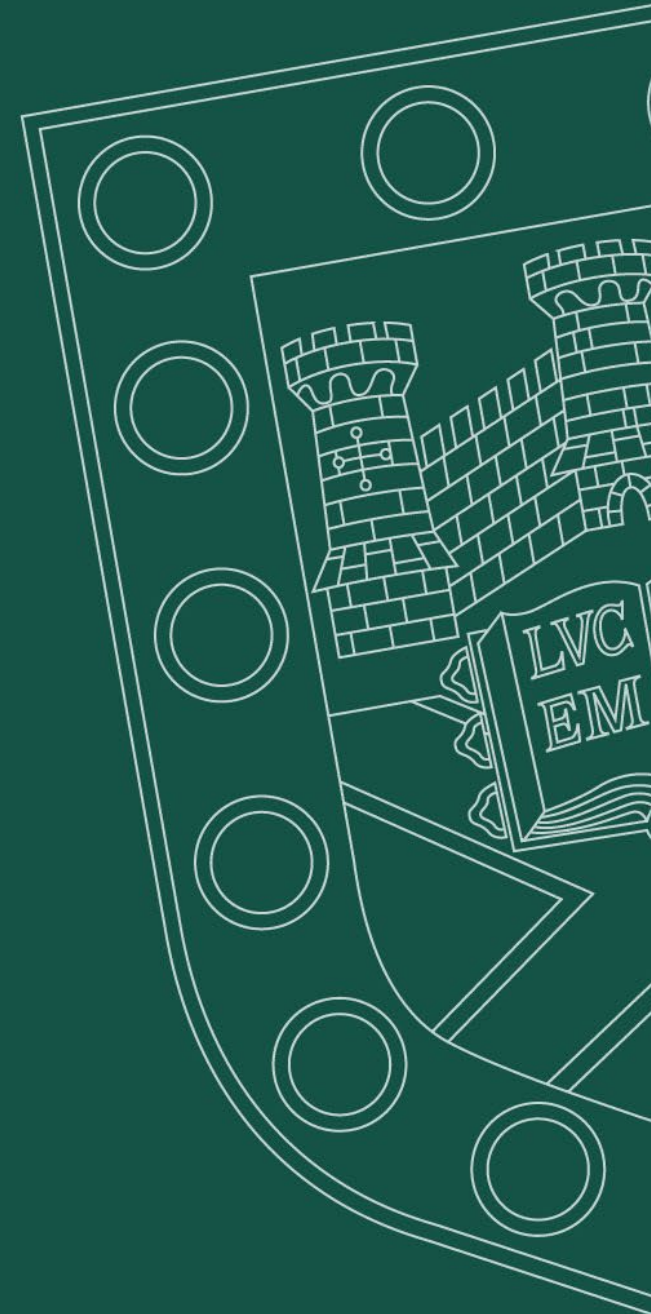


# Nature based social prescribing

Professor Ruth Garside and Dr Becca  
Lovell

European Centre for Environment and  
Human Health

University of Exeter Medical School





# Today

Becca will first talk about MRC funded work to clarify the active mechanisms of nature-based activities, focusing on what we know about if and how they work to address poor mental health.

Ruth will discuss the Defra funded evaluation of 7 test and learn (pilot) sites in the tackling and preventing mental ill-health through green social prescribing project.



# What is social prescribing?

Social prescribing consists of pathways linking individuals to social activities which have the potential to improve health and wellbeing.

This pathway expands the options available to individuals who have complex social as well as medical needs, by connecting people to community resources, information and social activities, as well as linking people to a range of statutory and non-statutory agencies.

It's about asking  
*'what matters to  
you?'*, not *'what's  
the matter with  
you?'*



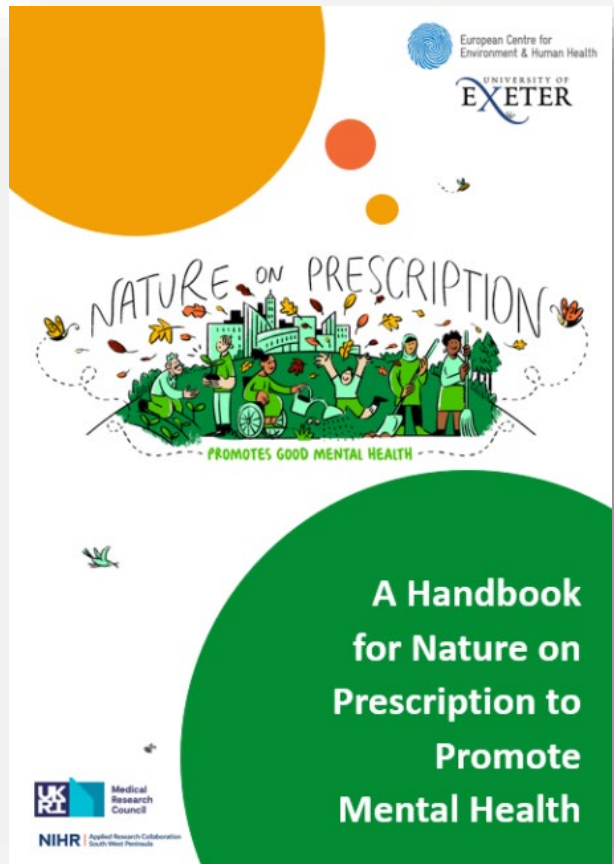
# What is *green* social prescribing?



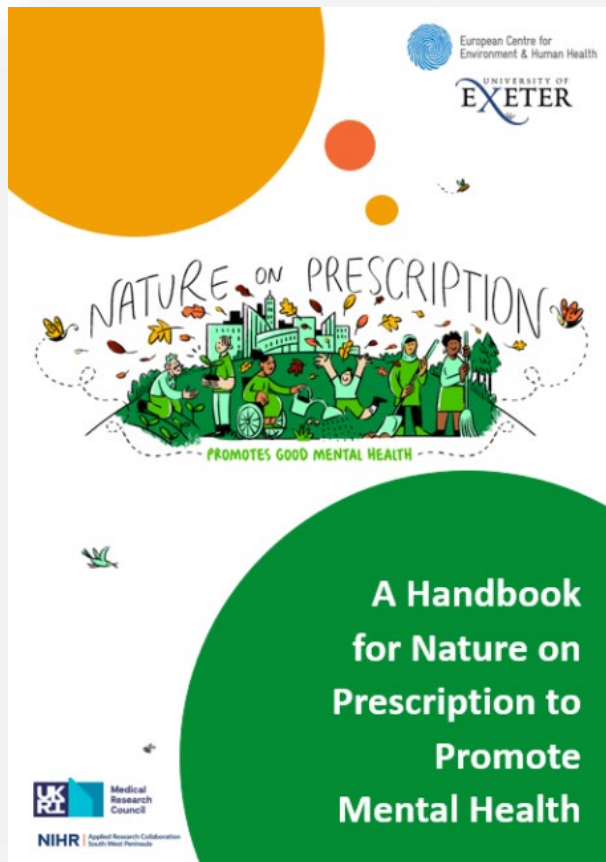
A set of activities, some of which have been around for a very long time

Recently gathered together and offered through social prescribing mechanisms and called ‘Green Social Prescribing’

A ‘complex intervention’



# What is *green* social prescribing?



- Horticulture
- Conservation activities
- Exercise focused
- Wilderness focused
- Sort aligned
- Integrating alternative therapies
- Craft focused
- Integrating talking therapies
- Care farming
- Nature appreciation



## Therapeutic interventions taking place in natural environment

e.g. talking therapy outdoors (but not actually doing anything to the environment)

## Using the natural environment as a setting for activities

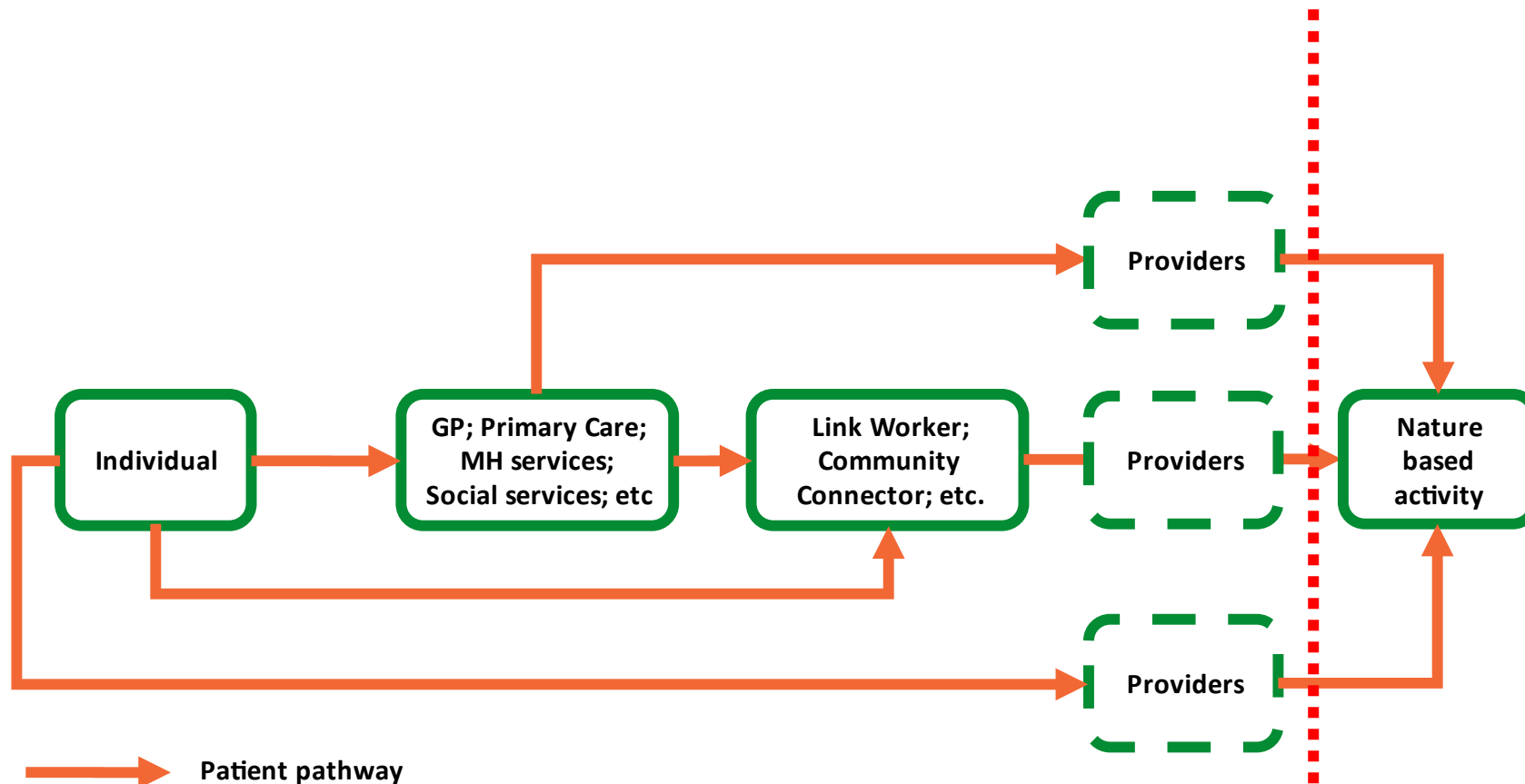
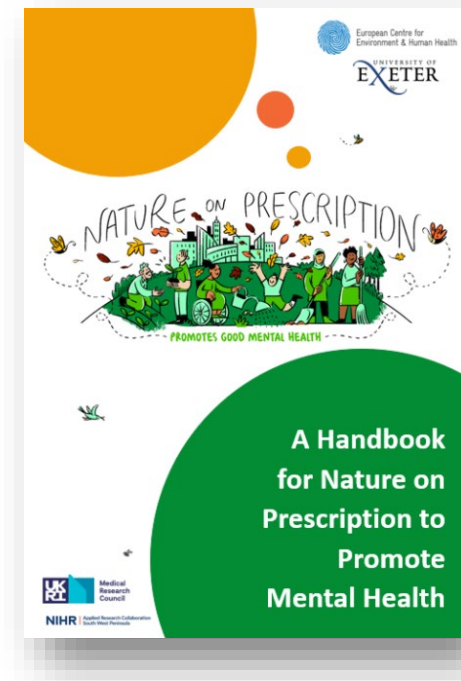
e.g. walking groups (in the natural environment but also could be in a built environment)

## Instrumental/intentional use of the natural environment

e.g. green gym, community gardening (actually doing something to the environment)

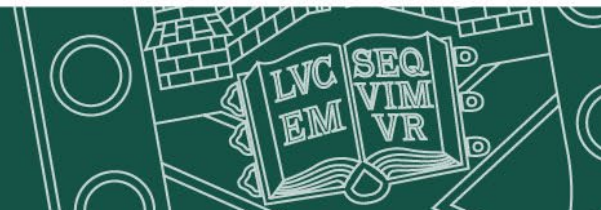
## What is the role of the natural environment?

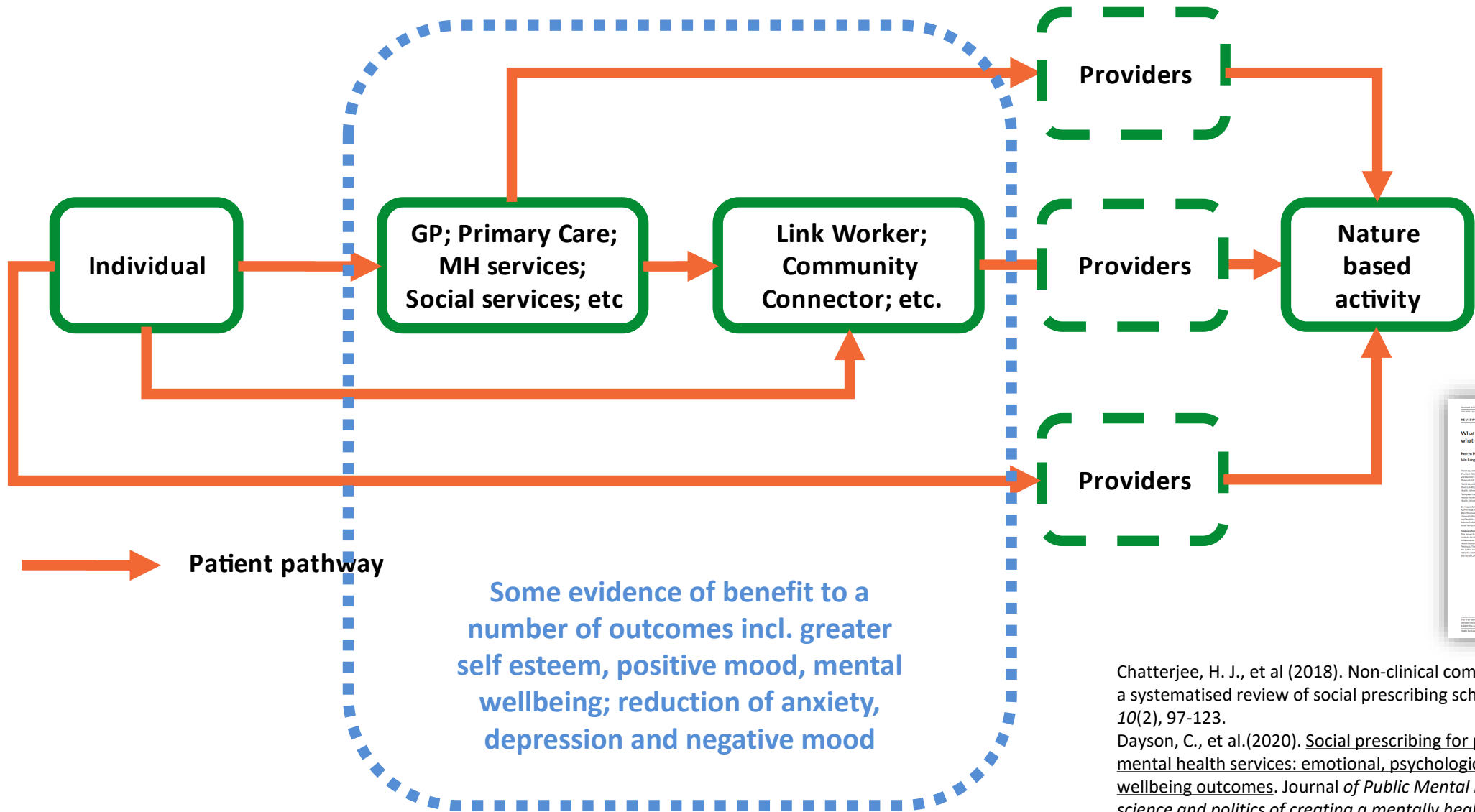




The referral pathway component

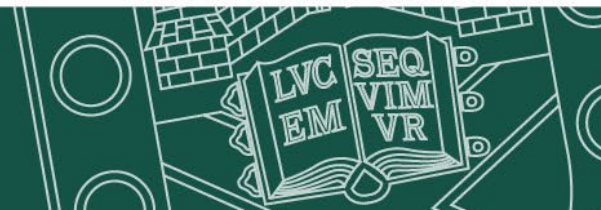
The activity component



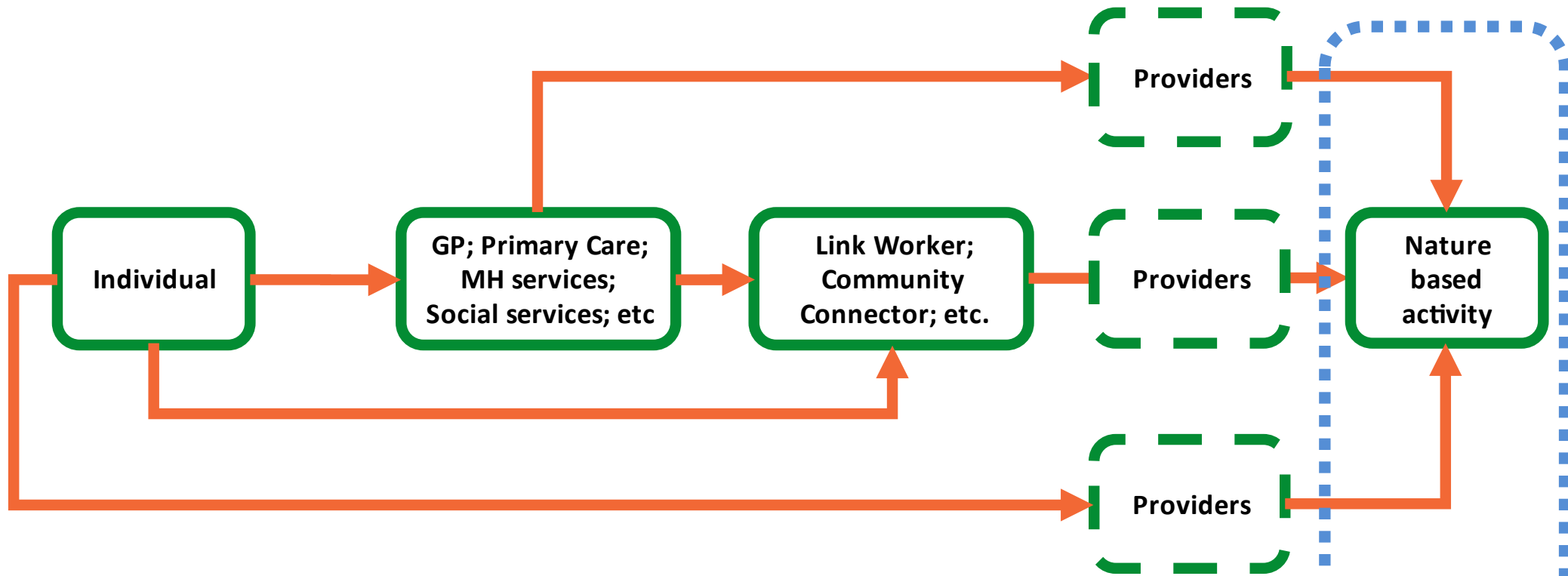


Chatterjee, H. J., et al (2018). Non-clinical community interventions: a systematised review of social prescribing schemes. *Arts & Health, 10*(2), 97-123.

Dayson, C., et al.(2020). Social prescribing for patients of secondary mental health services: emotional, psychological and social wellbeing outcomes. *Journal of Public Mental Health: the art, science and politics of creating a mentally healthy society*.



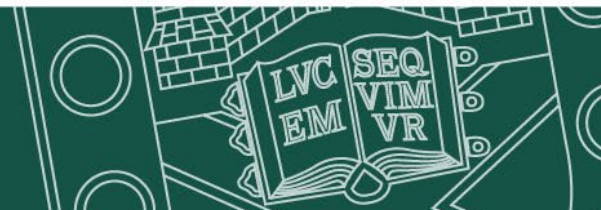




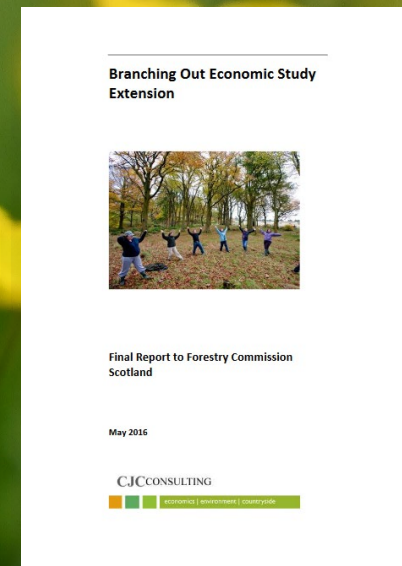
➔ Patient pathway



Impact across a range of wellbeing, quality of life, psychological, behavioural and occupational measures, some evidence from trials that nature-based activities may positively impact on depression, anxiety, mood and feelings of hope



# Some evidence that nature based activities are cost effective



# How does green social prescribing work?



# Our work on the question of *how* does green social prescribing work

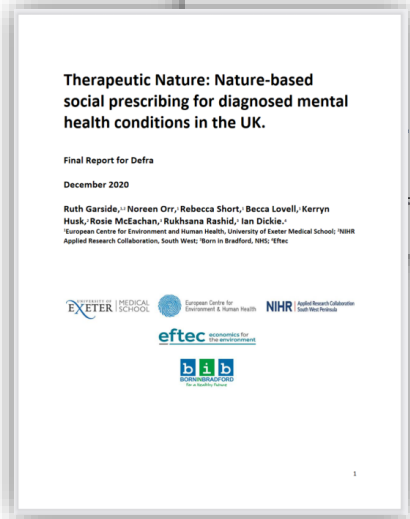
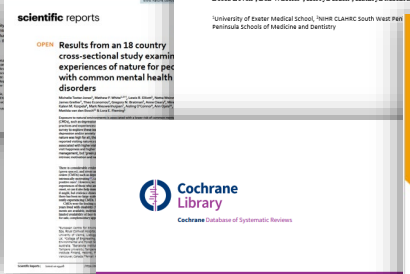
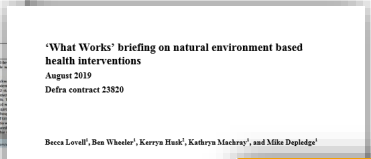
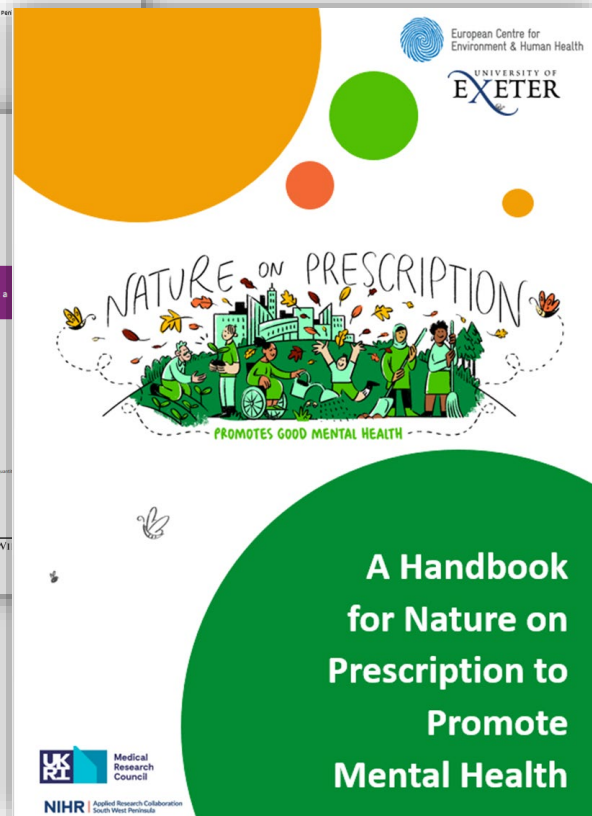
## Medical Research Council (MRC) Public Health Intervention Development (PHIND)

### Building on evidence reviews:

- What works, for whom and why, and in what circumstances?
- Understand the barriers to making NoP acceptable and sustainable

### Talking to people:

Interviews and workshops with stakeholders (social prescribing link workers, patient/user representatives, general practitioners, Nature on Prescription providers, and VCSE representatives)





They are complex!  
Lots of different things going on...



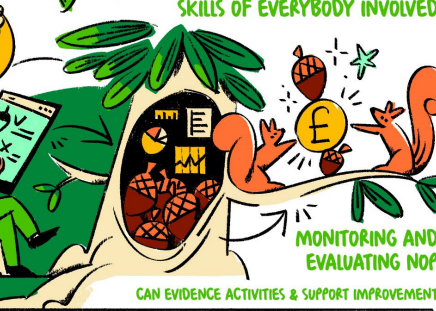
# NATURE ON PRESCRIPTION



## A HANDBOOK FOR NATURE ON PRESCRIPTION TO PROMOTE MENTAL HEALTH

<https://www.ecmh.org/research/nature-prescription-handbook/>  
 FULLAM, J, HUNT, H, LOVELL, R, HUSK, K, BYNG, R, RICHARDS, D, BLOOMFIELD, D, WARBER, S, TARRANT, M, LLOYD, J, ORR, N, BURNS, I, GARSIDE, R. (2021)

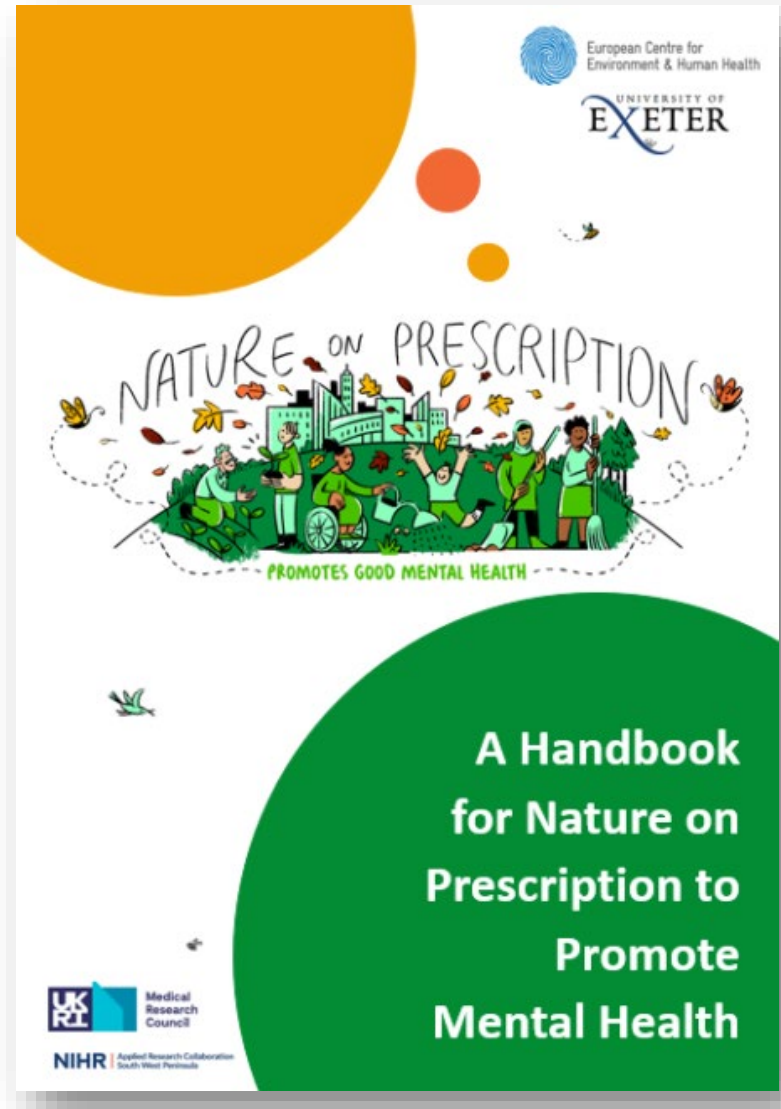
## HOW DOES NOP WORK?



GOOD NOP PRACTICE DEPENDS ON THE SKILLS OF EVERYBODY INVOLVED

THIS GUIDE WAS DEVELOPED BY THE NATURE ON PRESCRIPTION RESEARCH TEAM. THE RESEARCH WAS FUNDED BY THE MEDICAL RESEARCH COUNCIL (MRC) PUBLIC HEALTH INTERVENTIONS DEVELOPMENT SCHEME. THE VIEWS EXPRESSED ARE THOSE OF THE AUTHORS AND NOT NECESSARILY THOSE OF THE MRC OR THE UNIVERSITY OF EXETER. THIS GUIDE CONTAINS INDEPENDENT RESEARCH SUPPORTED BY THE NATIONAL INSTITUTE FOR HEALTH RESEARCH (NIHR) APPLIED RESEARCH COLLABORATION SOUTHWEST PENINSULA. THE VIEWS EXPRESSED IN THIS PUBLICATION ARE THOSE OF THE AUTHOR(S) AND NOT NECESSARILY THOSE OF THE NIHR OR THE DEPARTMENT OF HEALTH AND SOCIAL CARE.

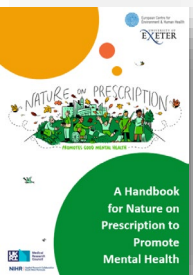
Scriberia





It's the nurturing side of what horticulture is, that is helpful for somebody's wellbeing...you plant this dot of a seed, which looks like nothing, and within weeks it's a beautiful pink flower or purple flower...and you care for it...you've helped it to survive. Not only have you survived but you've helped something else survive and thrive.

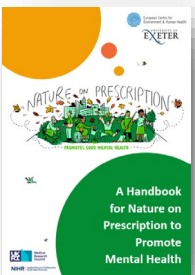
*- Therapeutic horticulture Participant*





The point is that it's so much more than a walk in nature, it's about developing a base for someone to have a sense of belonging to something and that might be the natural world, they might not have otherwise been able to access. So, by prescribing it you're in some way giving it value as a worthy thing to engage with.

- GP and Nature-based provider

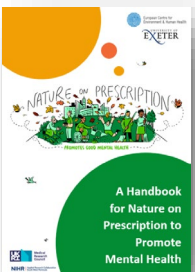






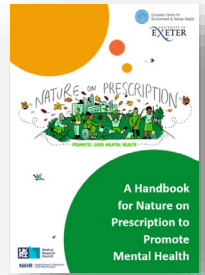
It's not just looking physically at what they've done, it's that social input from people who have no vested interest really in patting them on the back.

*Nature-based provider*



# NATURE ON PRESCRIPTION

PROMOTES GOOD MENTAL HEALTH



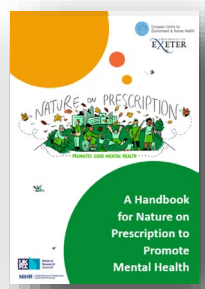


I think that sensory awareness and being aware of oneself and the world around you and taking notice and appreciating those things, you know: “Wow, the sun’s shining, the birds are singing!”

- Nature-based provider

One of the most common bits of feedback that we get from people is that they don't feel judged and they feel that they are able to be themselves and they feel safe. So that makes you realise how unsafe people feel a lot of the time in their lives. They come to the wild woods and they feel safe.

- Nature-based provider



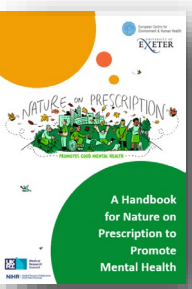


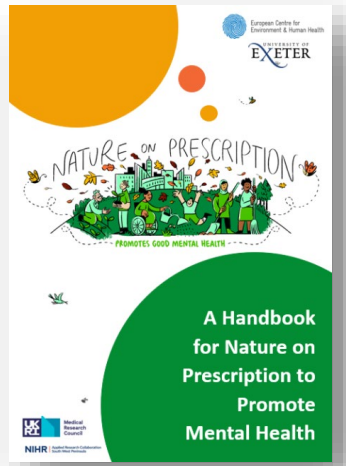
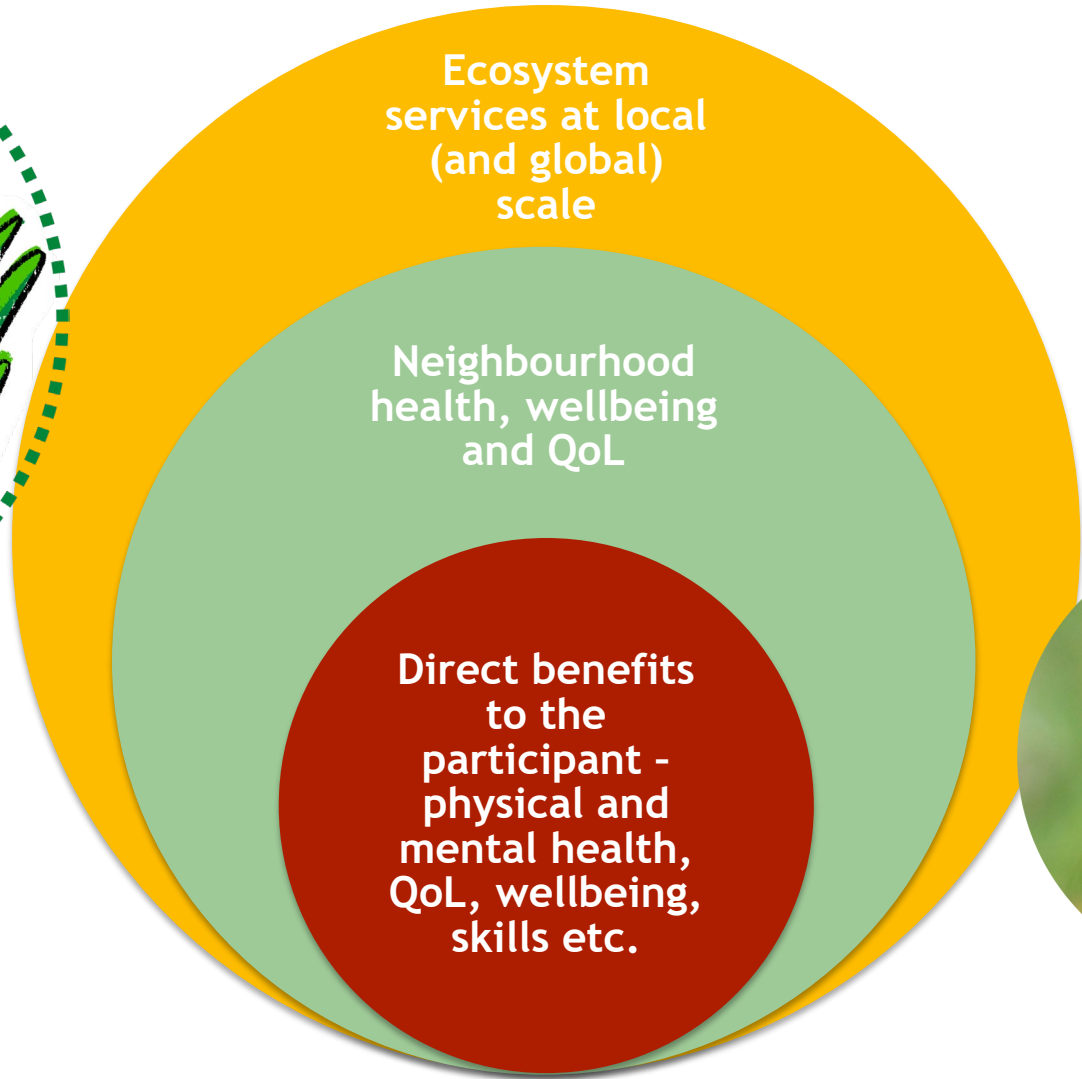
The biggest thing is providing opportunities for individuals to have that connection with nature but also to do something positive where they feel valued, valuable and they're actually making a contribution... And then, obviously, year on year you see the benefit. I think that's really important: connection with nature, somebody that you can trust and depend on but also seeing that you are contributing in a very valuable and positive way.

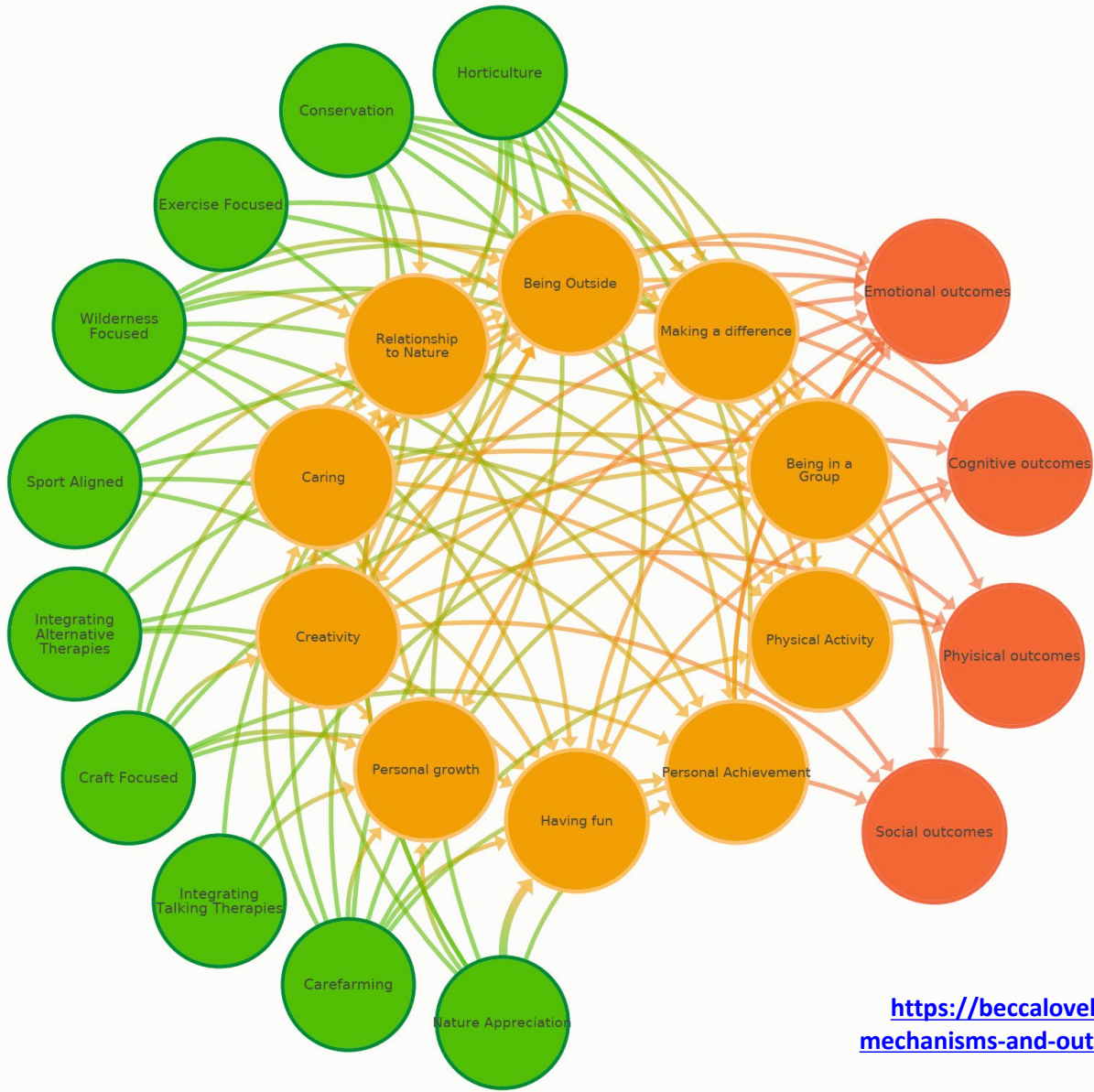
*- Nature-based provider*

One of the points of social prescribing is change. So, it's creating a change in a person. In order to do that it has to be change all round, the environment and everything has to change, to reinforce the changes that you're trying to make for that individual.

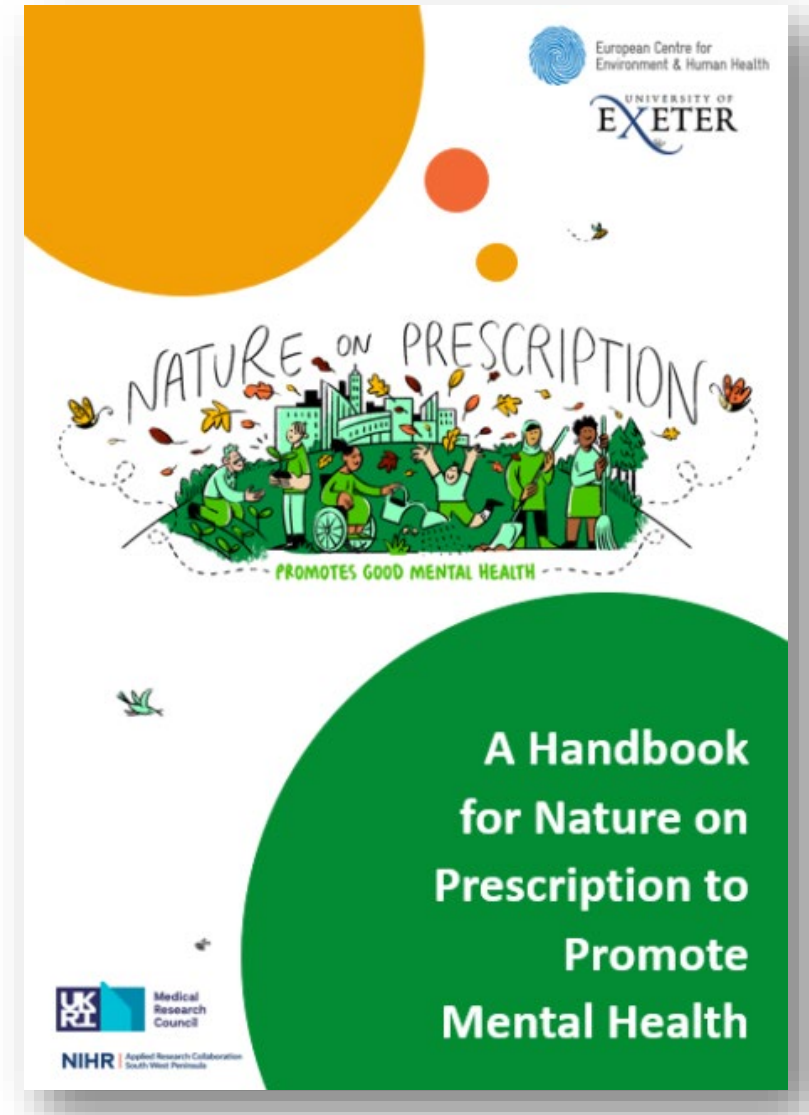
*- Nature-based provider*







<https://beccalovell.kumu.io/activities-mechanisms-and-outcomes-in-nature-on-prescription>



# How we deliver nature based activities for health matters for outcomes and equity

scientific reports

www.nature.com/scientificreports

OPEN **Results from an 18 country cross-sectional study examining experiences of nature for people with common mental health disorders**

Michelle Tester-Jones<sup>1</sup>, Mathew P. White<sup>1,2,3,4</sup>, Lewis R. Elliott<sup>1</sup>, Netta Weinstein<sup>5</sup>, James Grellier<sup>6</sup>, Theo Economou<sup>7</sup>, Gregory N. Bratman<sup>8</sup>, Anne Cleary<sup>9</sup>, Mireia Gascon<sup>7</sup>, Katevi M. Korpela<sup>10</sup>, Mark Nieuwenhuis<sup>11</sup>, Aisling O'Connor<sup>12</sup>, Ann Ojala<sup>13</sup>, Matilda van den Bosch<sup>14</sup> & Lora E. Fleming<sup>15</sup>

Exposure to natural environments is associated with a lower risk of common mental health disorders (CMDs), such as depression and anxiety, but we know little about nature-related motivations, practices and experiences of those already experiencing CMDs. We used data from an 18-country survey to explore these issues (n = 10,930), taking self-reported doctor-prescribed medication for depression and/or anxiety as an indicator of a CMD (n = 2699, 14%). Intrinsic motivation for visiting nature was high for all, though slightly lower for those with CMDs. Most individuals with a CMD reported visiting nature once a week. Although perceived social pressure to visit nature was associated with higher visit likelihood, it was also associated with lower intrinsic motivation, lower visit happiness and higher visit anxiety. Individuals with CMDs seem to be using nature for self-management, but 'green prescription' programmes need to be sensitive, and avoid undermining intrinsic motivation and nature-based experiences.

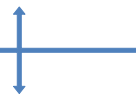
There is considerable evidence that contact with (safe) natural environments such as parks and woodlands (green spaces), and rivers and lakes (blue spaces), can reduce the risk of onset of common mental health disorders (CMDs) such as depression and anxiety<sup>1</sup>. This may, in part, be because contact with the natural world is intrinsically motivating<sup>2,3</sup>, i.e. enjoyable for its own sake<sup>4</sup>, and can both reduce negative emotions and increase positive ones<sup>5</sup>. However, we know relatively little about the everyday nature-related motivations, practices and experiences of those who are already experiencing CMDs. Is nature contact only good for reducing the risk of onset, or can it also help management and recovery? 'Green care'<sup>6</sup> and 'green prescription'<sup>7</sup> initiatives suggest that it might, but evidence draws largely on small-scale studies using self-selected samples<sup>8</sup>. As far as we are aware, there has been no large-scale examination looking at everyday green/blue space experiences by individuals currently experiencing CMDs. The current research aimed to explore these issues.

CMDs were the leading cause of disability in 2015, with depression accounting for around 50 million person years lived with disability (YLD) and anxiety around 25 million YLDs, globally<sup>9</sup>. Although a range of treatments are available, individuals face challenges getting access to, and/or responding to, treatment, including limited availability of face-to-face psychotherapy, potential side-effects of medication, and stigma<sup>10</sup>. The need for safe, complementary approaches, with a low risk of side effects is widely acknowledged<sup>11</sup>. Evidence suggests

<sup>1</sup>European Centre for Environment and Human Health, University of Exeter Medical School, c/o Knowledge Spa, Royal Cornwall Hospital, Truro TR1 3HD, Cornwall, UK. <sup>2</sup>Cognitive Science Hub, Department of Psychology, University of Vienna, Liebiggasse 5, 1010 Vienna, Austria. <sup>3</sup>School of Psychology, Cardiff University, Cardiff, UK. <sup>4</sup>College of Engineering, Mathematics, and Physical Sciences, University of Exeter, Exeter, UK. <sup>5</sup>School of Environmental and Forest Sciences, University of Washington, Washington, USA. <sup>6</sup>Griffith University, Brisbane, Australia. <sup>7</sup>Barcelona Institute for Global Health, Barcelona, Spain. <sup>8</sup>Faculty of Social Sciences, Psychology, Tampere University, Tampere, Finland. <sup>9</sup>Environmental Protection Agency, Waterford, Ireland. <sup>10</sup>Natural Resources Institute Finland, Helsinki, Finland. <sup>11</sup>School of Population and Public Health, University of British Columbia, Vancouver, Canada. \*email: mathew.white@univie.ac.at

Avoiding harm





- Positive societal/ community perceptions of non-medical referral options

- Positive interaction between GP and patient
- Reason for SP referral given and understood / accepted
- Additional support to address root causes or other health challenges provided

- One – to – one support for referee
- Time to explore need / referral options
- Ongoing availability to referee
- Supported transition to activity
- Recognition of barriers to uptake, referee supported to access activity
- LW have a good understanding of a) the patient need, b) the kinds treatment / therapeutic etc. options necessary to address patient need and c) the active components of the SP offers

- Adequate societal infrastructure to support uptake
- Accessible /available natural capital resources
- Flexible, sustainable funding options

- Therapeutic elements such as CBT, talking therapies
- Resilience building elements
- Skills development
- Development of self efficacy
- Development of self-awareness
- Physical therapeutic elements
- Reflexive and reflective elements
- Leaders skilled in delivery including MH provision
- Peer support
- Flexibility in delivery, resilient to adverse conditions (e.g. weather)
- Appropriate length / frequency of NBSP activity
- Support to access activity (e.g. transport / childcare etc.)
- The setting - outdoors / in nature / other to institutions
- Meaningful activities
- Enjoyment
- Goal setting
- Forward looking, continuity
- Challenging activities
- Process of improving NBSP activity informed by suitable monitoring and evaluation

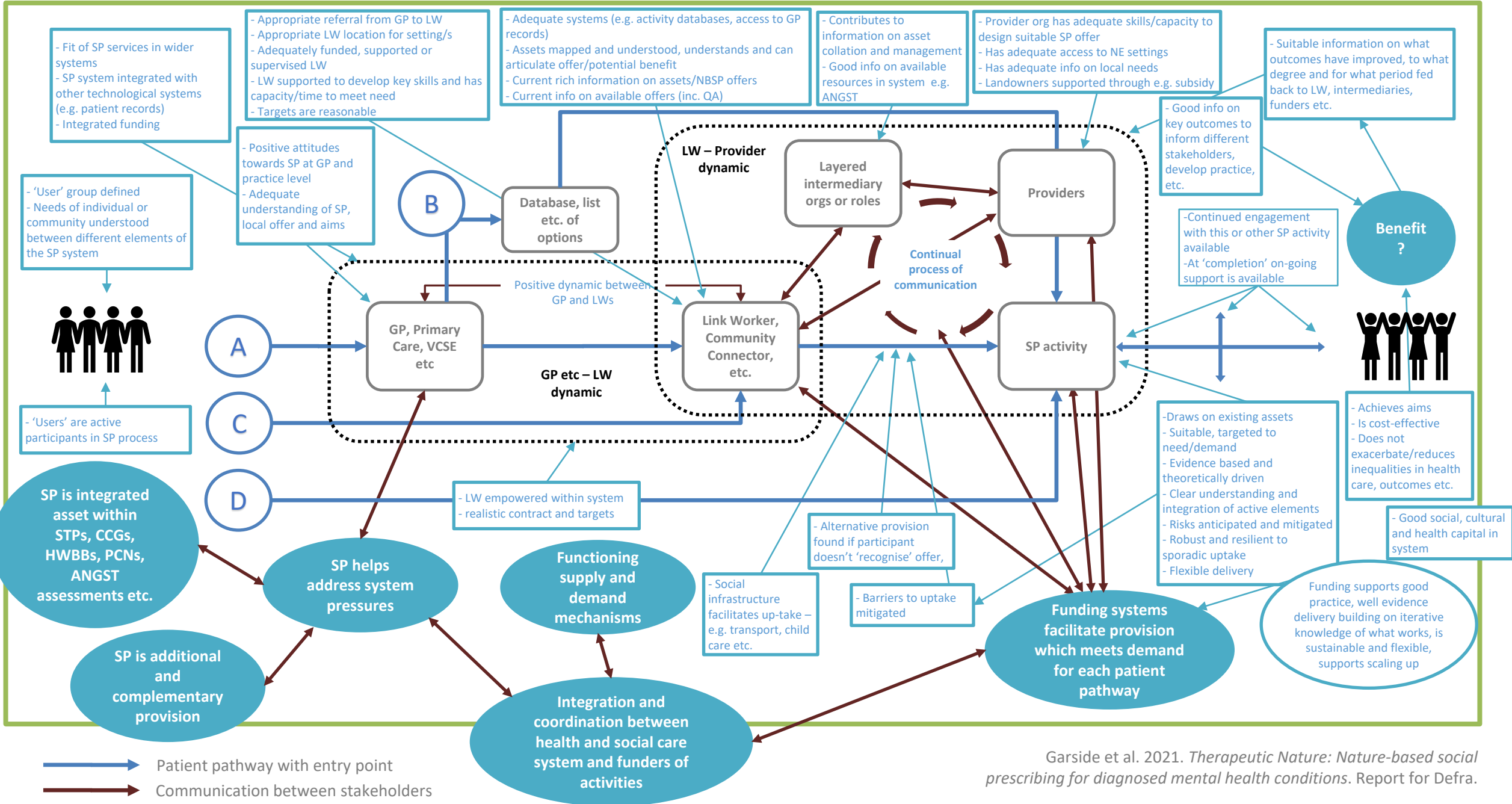
- Ongoing options
- Alternative options at completion

# How we deliver nature based activities for health matters for outcomes and equity





# The logic model of (success factors in) nature based social prescribing for mental health system



# Ensuring we balance protection of the environment with therapeutic use

## Therapeutic Nature: Nature-based social prescribing for diagnosed mental health conditions in the UK.

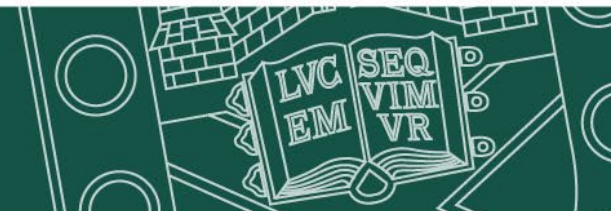
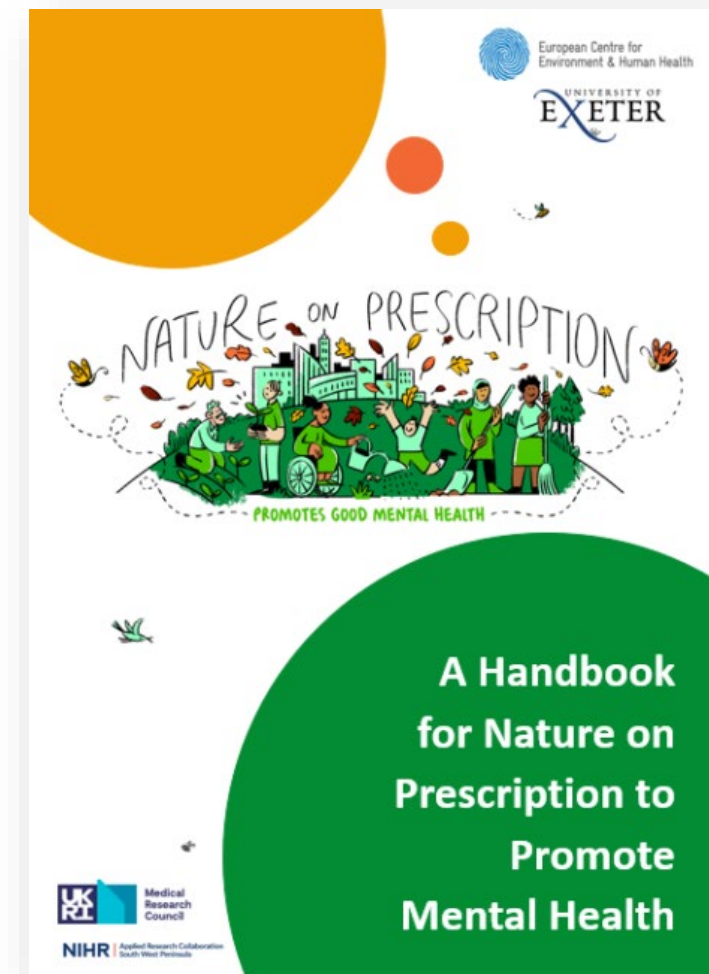
Final Report for Defra

December 2020

Ruth Garside,<sup>1</sup> Noreen Orr,<sup>2</sup> Rebecca Short,<sup>3</sup> Becca Lovell,<sup>4</sup> Kerry Husk,<sup>5</sup> Rosie McEachan,<sup>6</sup> Rukhsana Rashid,<sup>7</sup> Ian Dickie.<sup>8</sup>  
<sup>1</sup>European Centre for Environment and Human Health, University of Exeter Medical School; <sup>2</sup>NIHR Applied Research Collaboration, South West; <sup>3</sup>NIHR Applied Research Collaboration, South West; <sup>4</sup>NIHR Applied Research Collaboration, South West; <sup>5</sup>NIHR Applied Research Collaboration, South West; <sup>6</sup>NIHR Applied Research Collaboration, South West; <sup>7</sup>NIHR Applied Research Collaboration, South West; <sup>8</sup>NIHR Applied Research Collaboration, South West



- The Handbook is resource that can be used by new or existing providers:
  - guide project development,
  - refine practice, or
  - guide efforts to improve outcomes.
- Provides broad guidance and pragmatic advice, not intended to be prescriptive - a wide variety of activity is being undertaken and groups have access to different types of experience, and location.
- Nature on Prescription and Social Prescribing are dynamic areas, we wanted to produce a resource that is responsive to this and remains current and adaptive



Next: **NIHR** | National Institute for  
Health and Care Research

A development and feasibility study for an  
Randomised Controlled Trial of nature-based  
social prescribing for mental health



# Next: **NIHR** | National Institute for Health and Care Research

- To identify feasible and acceptable NBSP intervention components and delivery system from the perspectives of NBSP stakeholders, including publics/patients, GPs, link workers and NBSP providers.
- To finalise the target population, comparator group(s), and outcomes to be assessed in a future randomised controlled clinical trial (Stage 2).
- To identify the key study design elements for the Stage 2 RCT.
- To develop a research plan and funding proposal for the Stage 2 clinical trial.
- To assess the feasibility and acceptability of the proposed research plan for NBSP stakeholders, including publics/patients/carers.

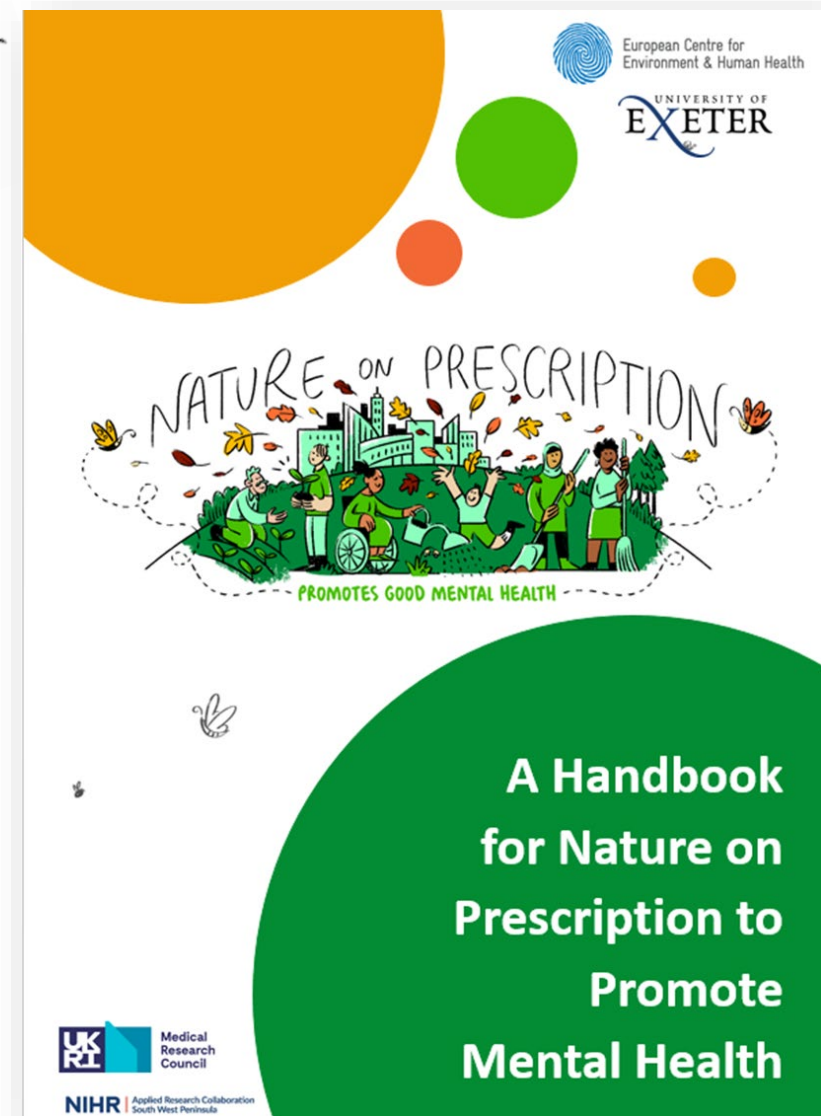


## MRC and related work co-authors:

James Fullam, Harriet Hunt ,  
Rebecca Lovell, Kerryn Husk, Richard  
Byng, David Richards, Dan  
Bloomfield, Sara Warber, Mark  
Tarrant, Jenny Lloyd, Noreen Orr,  
Lorna Burns, Ruth Garside.

## Research Partners:

Wildfowl and Wetlands Trust





# THANK YOU



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Aquafolium  
 Butterfly Conservation (Devon Branch)  
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 Devon Patient Participation Group Network  
 Eden Project  
 Health and Environment Public Engagement group, ECEHH, University of Exeter  
 Lived Experience Group @Mood Disorders Clinic, University of Exeter  
 Nature Workshops Cornwall  
 Newquay Community Orchard  
 Somerset Wildlife Trust  
 Surf Action Cornwall  
 The Conservation Volunteers  
 The Mersey Forest Team  
 The Wildlife Trusts  
 Wiltshire Wildlife Trust



The following organisations and individuals have consented to being publicly acknowledged for their contributions to our co-development workshops held in Spring 2021:

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Ellen Devine, Forestry England  
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 Emma Molony, Double Elephant Print Workshop  
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# Thank you for listening

Thanks to colleagues

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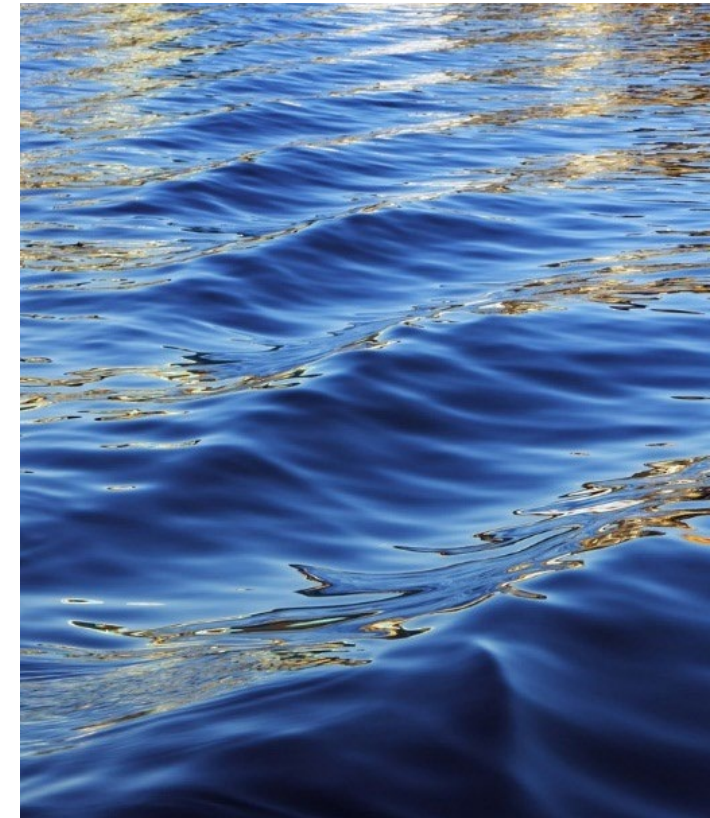
[www.beyondgreenspace.net](http://www.beyondgreenspace.net)





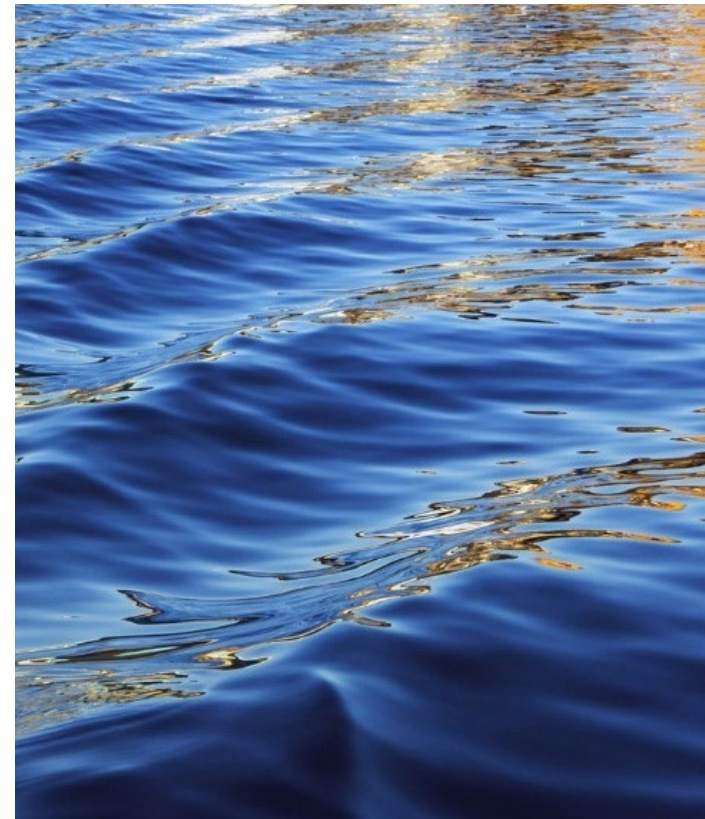
# National Evaluation of the Preventing and Tackling Mental Ill Health through Green Social Prescribing Project

Interim report: key findings -  
December 2022





# Introduction



- Part of a £5.77m cross-governmental initiative exploring how connecting people with nature can improve mental health and wellbeing.



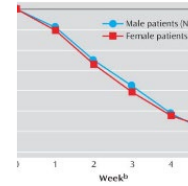
## Delivery

- **Local pilot delivery** in 7 funded test and learn sites across England Test and Learn sites



## Evaluation

- **National Evaluation** of how GSP can be successfully embedded in delivery & wider SP landscape



## MH impact

- **National Research** workstream:
  - Research on clinical effectiveness
  - Scalability potential

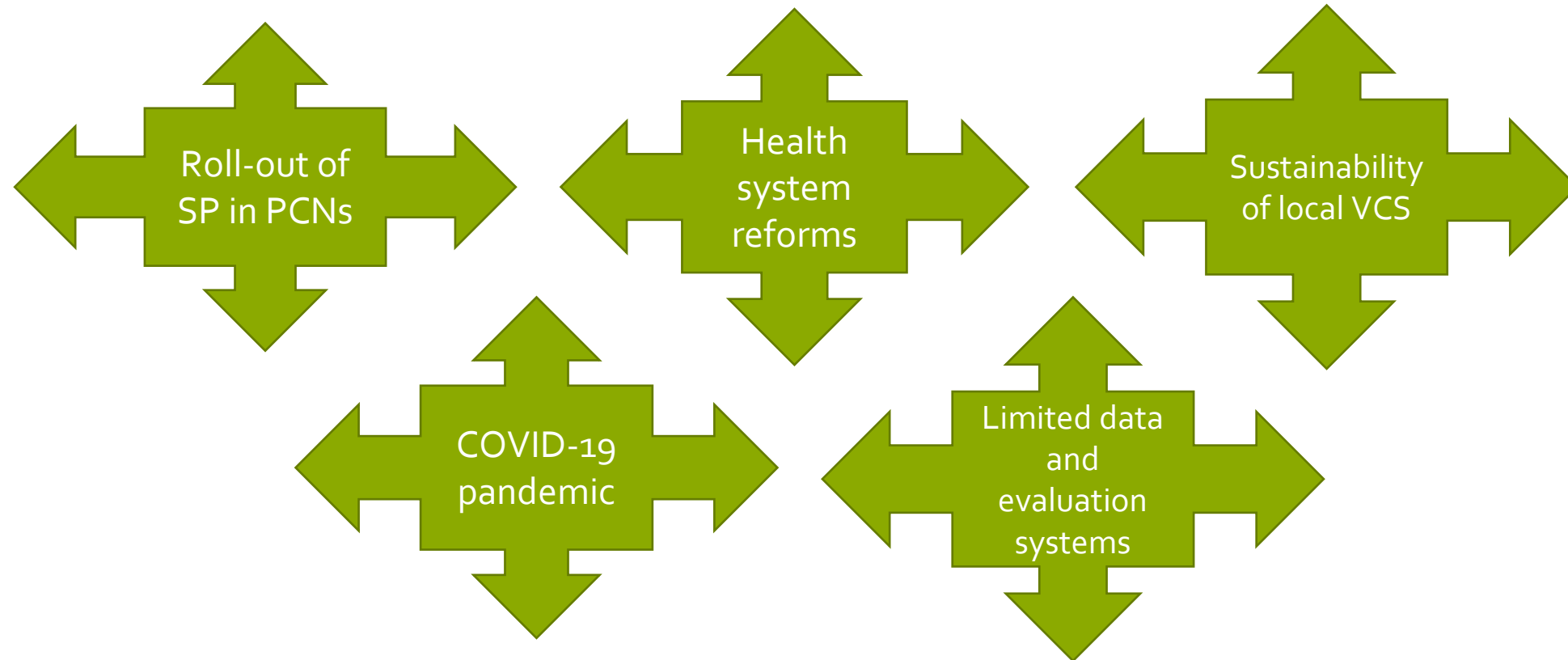
# Overview of the National GSP Evaluation

- Consortium led by **University of Sheffield** working with **University of Exeter**, **University of Plymouth**, and **Sheffield Hallam University**.
- We combine **expertise around social prescribing and the role of nature-based activities** to improve health outcomes
- The evaluation will assess **processes, outcomes and value-for-money**. It has four key aims:
  1. To understand the **different systems, actors and processes** associated with GSP.
  2. To understand the **key factors associated with improving access** to GSP.
  3. To understand **how GSP can be targeted at particular groups**, including **underserved communities**.
  4. To improve understanding of **how to embed GSP** within key systems, policies and practices.
- Purpose of this presentation: summarise **preliminary and emergent learning** based on data analysed and collected so far

# Evaluation design

- Iterative and developmental
- Flexible mixed methods approach
- Realist informed
- 7 interlinked work packages guided by the following principles:
  - Theory based
  - Complexity informed
  - Contribution focussed
  - Mixed methods
  - Co produced
  - Focus on equity

# GSP project is being delivered within a complex context



# Importance of Whole System Approaches to GSP

- Sites are **working in a whole systems way** to embed GSP . This will enable them to:
  - Harness the power of individual and organisational relationships within a system to achieve change.
  - Generate knowledge about current working, possible problems and how these can be overcome.
  - Solutions may be localised vary from one place or system to the next: role of evaluation is to distil findings that may apply in and across certain contexts.
- Reflecting the complexity in which the GSP project is being delivered, **each site is taking a different approach** to the project.
- They have been prioritising **different activities** and focussing on developing relationships and processes in **different parts of their local system** to support the delivery of GSP.

# Drawing on a Multi-Method Approach

## For this presentation...

- Intensive and extensive qualitative data collection by embedded researchers in the seven test and learn sites.
- Surveys of social prescribing link workers (n=92 respondents) and providers of green activities (n=122).
- Quantitative data collection by the sites.
- Light touch qualitative research in other areas and systems.
- Interviews & workshops with representatives of the national partners involved in the project (n=12).
- ToC workshops with sites
- Specific and targeted evidence synthesis on systems change to inform sites and analysis.

## Additional methods...

- Value for money data collection and assessment.
- Follow-up surveys of link workers and providers.
- Ongoing qualitative data collection by embedded researchers.
- Additional ToC workshops with partners and sites





# Key findings: Interim Report

Data collected September 2021 to June 2022

# Key features of the test and learn sites:

## *Vision*

- Most sites wish to effect **system wide change**.
- Shared goal to **improve linkages** between existing systems and green/nature-based providers.
- Aim to **connect more people from more diverse populations with nature** and reduce health inequalities – specific foci vary from site to site.
- Acutely aware of the **need to ensure that GSP is sustainable** and focus on increasing **funding and support for nature-based activities** and providers.

# Key features of the test and learn sites:

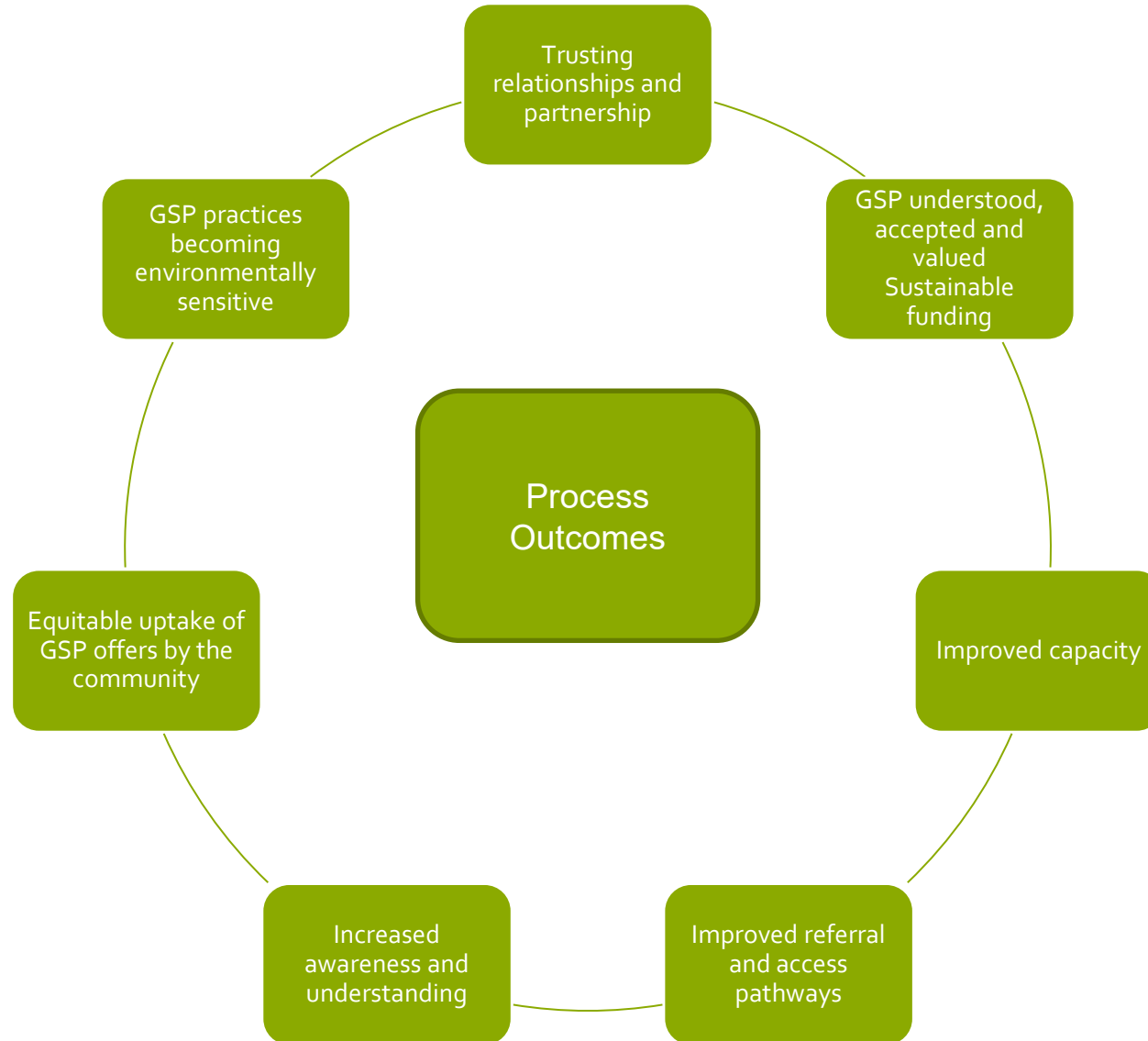
## *Change*

- Each site has identified **the changes they believe are needed** to achieve the necessary systems change:
  - Generating **better evidence** to gain clinician buy in.
  - Building links and **aligning with the broader system**.
  - Developing **clearer referral pathways** and more effective connections and relationships.
  - Increasing **provider capacity**.
  - Raising **awareness of nature-based activities** and their benefits.
  - Ensuring **equitable access to nature** across local populations.

# Key features of the test and learn sites:

## *Outcomes*

**Longer-term goal:**  
empowered and  
resilient communities  
and improved mental  
and physical health  
outcomes across their  
populations.



# An Overview of the Quantitative Data

Clear differences between link worker client-base and who accesses nature-based providers



**Link workers see...**

- More women than men
- Older, white people less socio-economically deprived areas



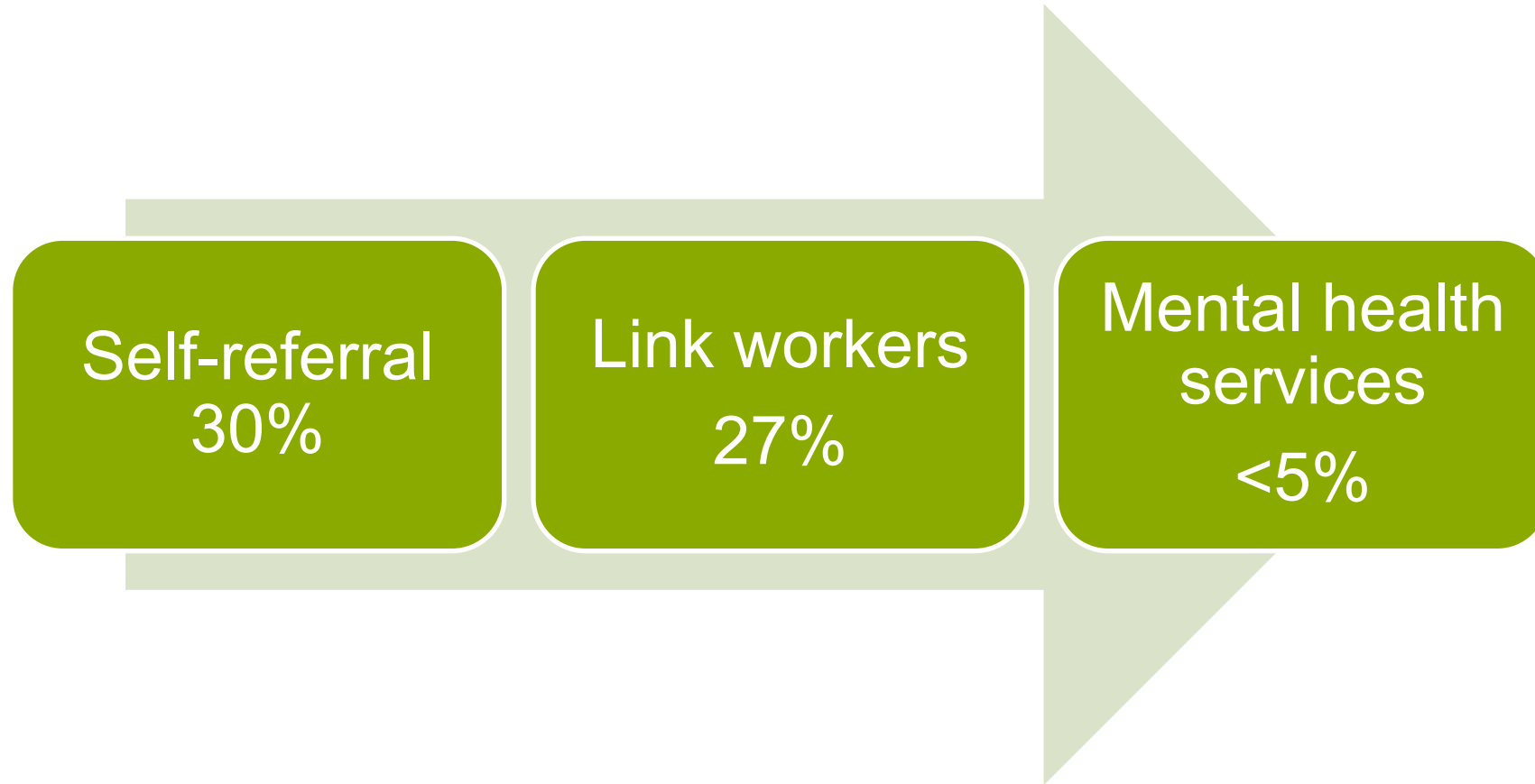
**Nature-based providers see...**

- Similar proportions of men and women
- People from across the age spectrum
- More people from ethnic minority backgrounds
- More people from socio-economically deprived areas

**Both report high levels of mental health need**

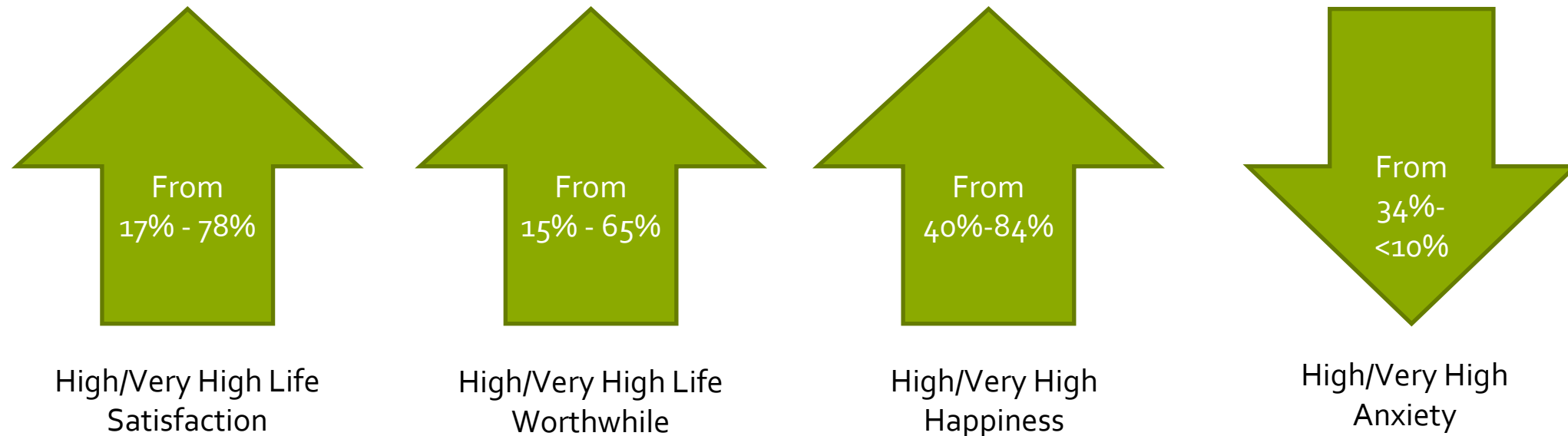
# An Overview of the Quantitative Data

Some interesting patterns about referral routes and pathways



# An Overview of the Quantitative Data

Some evidence of mental health and wellbeing outcomes (ONS<sub>4</sub>)



**CAUTION!** Very small post intervention n's, may be subject to bias

# Learning About Embedding and Scaling GSP

**10 contextual thematic findings of relevance to policy and practice**

1. The importance of aligning local and national GSP priorities



2. The need to invest significant resources if systems change is a goal



3. The importance of embedding a system level understanding of GSP



4. VCSEs, inc. nature-based providers, are facing major challenges



5. Tailoring of referrals and activities to reflect need is important





# Learning About Embedding and Scaling GSP

## 10 contextual thematic findings of relevance to policy and practice

6. It is vital to improve referral pathways if GSP is to become embedded



7. The social prescribing model is under pressure



8. There are challenges collecting robust quantitative data, particularly re outcomes



9. GSP can be effectively targeted at underserved populations if resourced appropriately



10. There needs to be a focus on sustainable GSP systems and delivery



# 1. Relationships and connections across the GSP system

- ▶ Sites have undertaken huge amounts of work to engage stakeholders from across the GSP system, through creating networks, stakeholder groups, workshops and management structures. Some gaps in active involvement remain in some T&L sites, particularly at a strategic level.
- ▶ Where existing networks already existed, this has facilitated sites moving more quickly to delivering nature-based activities through GSP. Elsewhere it has taken longer to understand the local landscape and develop these networks.
- ▶ Many sites report strong support and buy-in for GSP from stakeholders. Some remain unaware or sceptical of GSP benefits or are unconvinced of its relevance for specific groups
- ▶ Dedicated Project Managers have a central and critical role in developing and promoting GSP
- ▶ Power imbalances between statutory and VCSE sectors remain

## 2. Test and Learn site project delivery

- ▶ Support from the national GSP project has been highly valued both to support delivery, as a catalyst for action, and as a way of providing legitimacy for the project and facilitating local buy-in.
- ▶ Perceived lack of clarity and shifting priorities from the national partnership were found to be unhelpful and, in some cases, thought to negatively impact the potential of the sites' success
- ▶ Sites are still working to align the vision, aims and priorities of stakeholders in relation to GSP.
- ▶ Sites are very positive about what has been achieved by the GSP project despite some feeling they have not done as much as they hoped to by this point.
- ▶ The timescale of 2 years is recognised as insufficient for the ambition of the project to affect systems change.

### 3. Use of T&L funds to build GSP system and support activity delivery

- ▶ Funds have been used in a myriad of ways depending on the local context and needs, the priorities identified by project management and through co-development processes and in response.
- ▶ The development of ICSs, have provided systems change opportunities with which to align the T&L project.
- ▶ Different approaches and sequences were taken to the pilots,
  - ▶ A) Initial system building and strengthening with direct funding of activities at a later stage of the project;
  - ▶ B) Parallel system building and direct funding of activities and/or awarding of funds to address factors that prevent uptake; and
  - ▶ C) Primarily system building and strengthening with relatively little to no direct funding of activities or other factors.

### 3. Use of T&L funds to build GSP system and support activity delivery (cont.)

- ▶ All areas have used substantial proportions of funds to develop the 'system' & most to support GSP development and delivery, or to tackle barriers to participation.
- ▶ Sites have leveraged additional funding.
- ▶ Importance of involving communities and service users was acknowledged. Some struggling to find meaningful ways to include communities and service users.
- ▶ All sites have worked with wider professional sectors to determine how best to use funds, success of involving some groups varies
- ▶ Initial lack of clarity re data requirements. Arguably not designed to deliver the data requirements that developed through the project.
- ▶ Plurality and complexity of the GSP system was not adequately recognised or considered when data requirements associated with the use of T&L funds were being developed.

## 4. Integration of GSP in the health system

- ▶ VCSE groups may lack skills, training and expertise to deal with complex needs.
- ▶ GSP is gaining significant traction but viewed by some in the health system as a 'nice to do' and additional service, rather than a viable and wholly embedded option for specific cohorts.
- ▶ Given the diversity and diffuseness of organisations, individuals, and roles delivering GSP, coordination was often challenging.
- ▶ Commissioning of GSP poses multiple challenges, from who qualifies for each stream, and how committed that stream is to existing organisations, to the bias towards larger organisations in funding applications. Ensuring fair access to funding and sustainable investment by small and micro-organisations is central.
- ▶ Addressing health inequalities is seen as a priority. However, how to structure the system and design or deliver nature-based activities to reduce inequalities more systematically is still being addressed.

## 5. Link Workers and referral process

- ▶ LWs central to the function of GSP, however it is a role under ever increasing pressure. Decreasing caseloads, increasing link worker numbers and empowering link workers to decline referrals best managed elsewhere would all be beneficial.
- ▶ GSP is only one of many options available to LWs. Communicating in what ways, for whom and when GSP can be most appropriate is essential.
- ▶ Multiple points of entry to the GSP system are needed, so assessing and managing self-referrals as well as referrals from diverse community organisations is important and also of value to the NHS.
- ▶ LWs are overworked. To prevent burnout and to meet targets, being realistic about the caseload of Link Workers (particularly of those managing higher complexity cohorts) is critical.

## 6. Nature-based system and providers

- ▶ Preventing mental ill-health, and maintaining good mental health, were seen as important outcomes, but felt hard to evidence these, & data typically collected not thought valued by commissioners.
- ▶ Currently unclear whether the myriad challenges faced by providers and LWs are due to lack of availability or capacity, or a lack of connectivity, and what factors contribute to this variation.
- ▶ The scale and spread of organisations providing NBA is not necessarily known by those who may be able to make referrals.
- ▶ Relationships between link workers and NBP are often the method by which referrals are made, but individual connections are fragile, and risk being lost.
- ▶ Access often through self-referral or community referral.
- ▶ Precarious, short-term funding cycles and lack of system level support for the VCSE sector is a barrier to sustainability and embedding.
- ▶ High degree of variation across sites in terms of availability and accessibility of delivery settings.



## 7. Targeting of GSP for particular groups

- ▶ T&L sites have purposefully engaged service users with lived experience of mental ill health to inform the design and delivery.
- ▶ Working directly with target groups is sometimes constrained or guided by the focus of funders and funding opportunities.
- ▶ Many examples within the project of T&L sites successfully reaching marginalised groups with focused interventions.
- ▶ However, significant barriers to engagement remain. Overcoming barriers such as poverty, digital and physical access, fluctuations in mental health, language, and cultural differences, requires time, effort and representation such as working with trusted gatekeepers.

## 8. Referral experiences

- ▶ Initial experiences of referral may be negative due to long waiting times to see LWs.
- ▶ High levels of service user drop-off between referral and joining an activity signals a need for additional contact and support. Proposed peer support/buddy models may help.
- ▶ Nature-based providers and health care professionals emphasised the importance of a person-centred approach, where individual choice was paramount. There are concerns that a medicalised model of “prescription” and associated language may undermine user buy-in.
- ▶ Most providers reported the single biggest challenge was getting users to the first session – once this had happened, people generally return and engage positively.

## 9. System Data Collection

- ▶ Collecting robust, accurate and accessible data is one of the key challenges. Barriers include the spread of data across multiple organisations, data remit, lack of resource to collect or collate data, and a lack of agreed standardisation.
- ▶ An appropriately senior, dedicated role responsible for data collection, collation and reporting may help.
- ▶ SP software offers potential solutions but has not always translated into practice.
- ▶ There is debate about how to measure whether there are benefits from GSP, given that programmes seek to address such diverse and broad mental, physical and social health needs. Sites sought guidance from the existing literature, the evaluation team, national partners and further afield; but there was often a lack of consensus between sources and for different audiences, as well as a disconnect between prioritised measures and the practicality of data collection.

## 10. Developing sustainable GSP systems and delivery

- ▶ Sustainability was a core component of the T&L pilots from outset.
- ▶ There is a common aim to try to break the 'cycles of innovation' that have dogged previous efforts to address intractable 'wicked' issues.
- ▶ The apparent maturity of the GSP and wider SP systems, and progress in ensuring sustainability is mixed.
- ▶ Several sites have secured additional funding to contribute to the sustainability of progress.
- ▶ Embedding GSP within wider, but related policies and strategies, as well as within relevant structures is a key approach to longer term sustainability. There is variability in how well this has been achieved to date.
- ▶ Concerns about sustainability as some key factors such as delivery funding are outside of the control of those involved.
- ▶ Concerns that progress made will be lost as attention shifts to other programmes, or due to system pressures such as the cost-of-living crisis.



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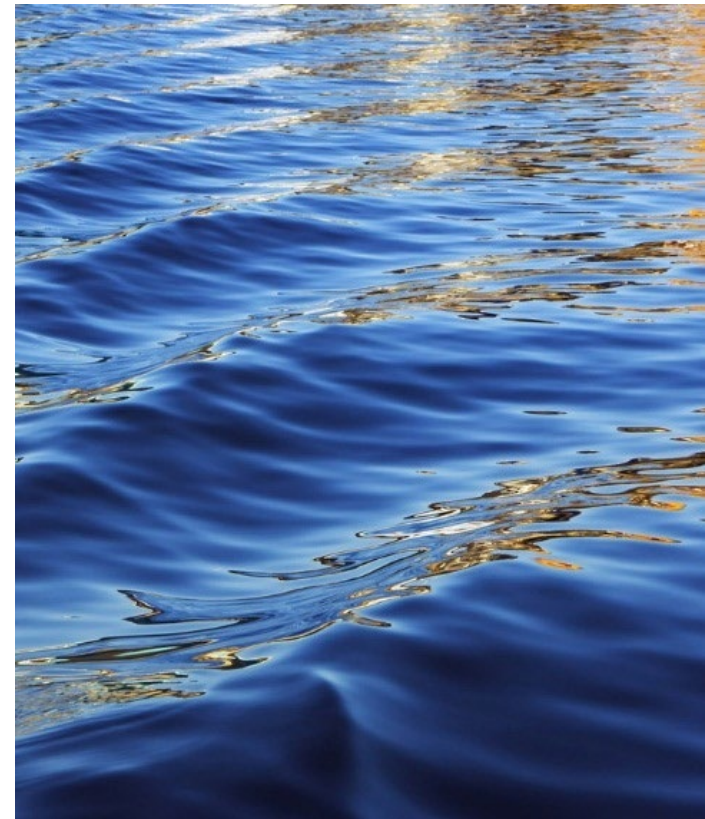
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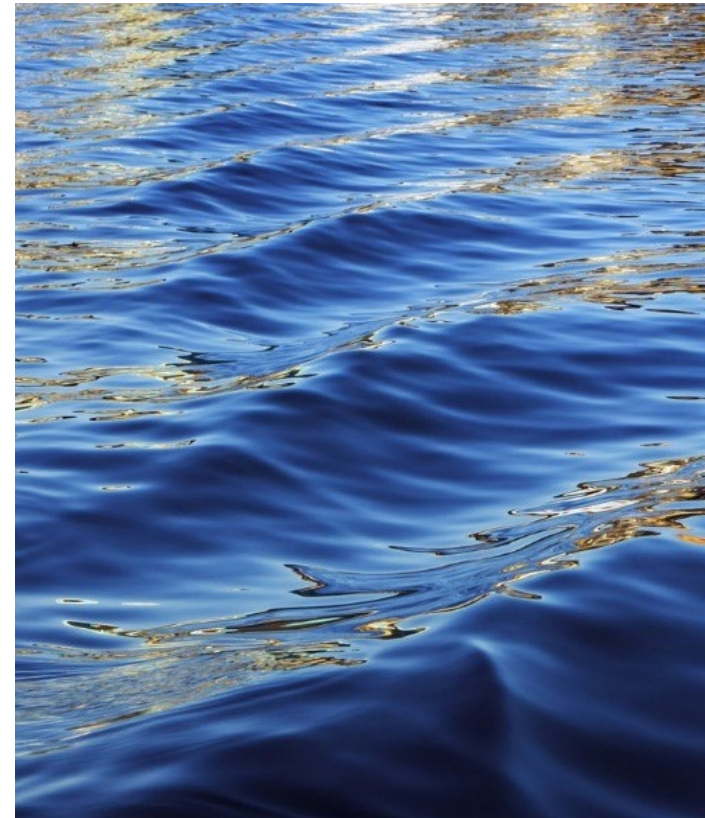
With many thanks to Vera Fibisan and  
Merryn Kent for admin support.



# Thank you!

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# Implications for GSP Policy and Practice

## Considerations when applying this learning to your own work

1. Ensure clarity of and agreement on aims and objectives, and how you will achieve them

2. Flexibility is key to respond to differing needs and contexts

3. Develop a clear strategy for sustainable investment in nature-based providers

4. Ensure link workers have sufficient skills and capacity to manage caseload complexity and demand

# Implications for GSP Policy and Practice

## Considerations when applying this learning to your own work

5. Recognise and promote the importance of multiple pathways to accessing nature-based activities, including self-referral

6. If there is a goal to target underserved communities, expand and support specialist provision for people with more severe needs

7. System-level work requires ongoing investment if progress is to be embedded and learning shared