

MOOR HEALTH AND WELLBEING TOOLKIT



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**RESEARCH
WITH
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EXMOOR
NATIONAL PARK



INTRODUCTION

A growing interest in social and green prescribing has resulted in different models and referral mechanisms across the UK (Natural England, 2017). The Moor Health & Wellbeing evaluation project (Howes, Edwards-Jones and Waite, 2018) aimed to identify processes and factors which inhibit or support the successful use of nature engagement across the National Parks to promote health and wellbeing. Our findings echo those identified within other recent national and local work in this field (Bloomfield, 2017; Grant et al, 2017; The Conservation Volunteers, 2016; Natural England, 2017; Richardson et al, 2012) and indicate that successful outcomes are dependent upon:

- Developing relationships and working in partnership
- Excellent clear communication
- Joint ownership & community engagement
- Link workers directing referrals to appropriate services
- Link workers brokering access to natural environments, social opportunities and novel experiences.

This toolkit provides ten step guidance about how stakeholders can support provision of quality services. These steps are not sequential but form building blocks for a successful programme.



STEP 1: FIND OUT WHO IS INVOLVED

Gain a clear understanding of who will be involved in the process from start to finish and consider all the advised steps so that these can be kept in mind from the outset. Bloomfield (2017) suggests that consultation should be rooted in community, run by local groups.

- **Prescriber** – the healthcare professional referring to a wellbeing in nature scheme.
- **Prescribing service** – the service team and link workers ensuring that participants are linked to the relevant wellbeing in nature service or activity. Additionally, support to ensure services have appropriate DBS checks, first aid, insurance, transport arrangements.
- **Participant** – any individual referred to a nature based programme for health and wellbeing.
- **Volunteers** – any individuals who provide voluntary input to support the delivery of services
- **Activity coordinators** – help participants to interpret the natural environment, manage group processes and attend to the needs of participants.
- **Public Health & Commissioners** – health commissioners involved in funding and reporting outcomes, central to schemes' longevity. CCG's working with social prescribing. Public health teams and local government associations.
- **Academics** – ongoing evaluation of services and recommendations for development
- **Existing community groups** – groups and networks providing opportunities for engagement in green and blue space.

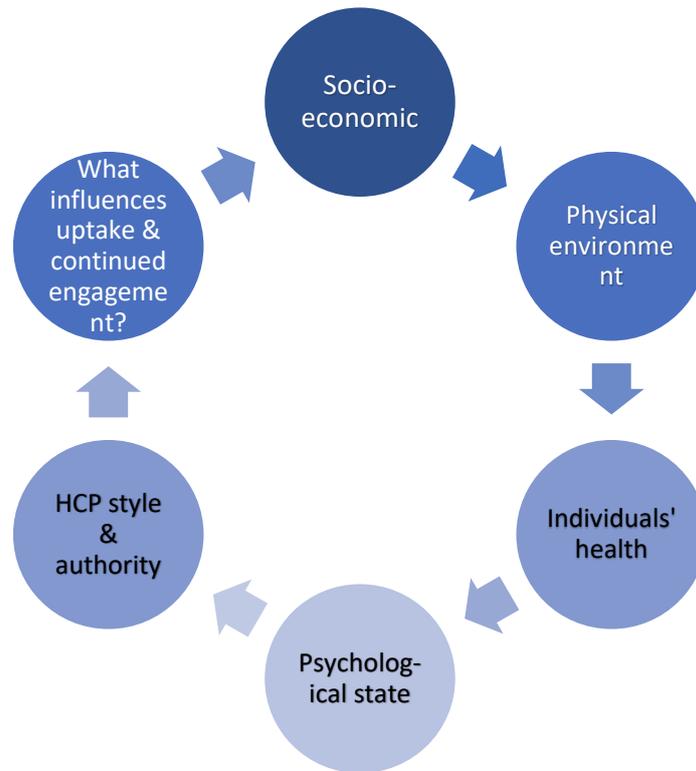
STEP 2: DEVELOP A COMMUNITY ENGAGEMENT MODEL

Find out what is important in each community and what will support continued involvement. Social-connectedness and a sense of belonging are fundamental in promoting wellbeing in nature programmes. Partnership with existing groups appeared to be more effective than GP referral alone.

Make sure there are:

- Agreed transparent roles and responsibilities especially for health and safety
- Great communication about what to expect, travel, site and activity information and ways to raise personal concerns (SWPLF, 2007)
- Links with existing networks to build strong sustainable partnership
- Time investment at all points in the chain of referral to increase trust, especially for traditionally less engaged groups (SWPLF, 2007)
- Establish or link with local 'green area partnerships' (Bragg & Atkins, 2016) and consider links to national groups with similar profile.
- Healthcare professionals or 'green champions' that can enhance credibility and uptake of schemes (Jepson et al, 2010).
- Enabling pathways for people who are self-referrers.

STEP 3: MAXIMISE PARTICIPANT ENGAGEMENT



(Sources: Burls, 2007; Urban Green Spaces Task Force, 2007; Elley et al, 2007; Pringle, 2008. Richardson et al, 2012)

It is important to hear concerns *and* communicate the positive. Potential participants are much more likely to engage if they have faith in the advice being given. Factors to discuss include:

- Identification of perceived barriers to accessing & working in green and blue space.
- Identification of participants' own concerns about their health and wellbeing
- Participant current enjoyment of and participation in exercise
- Realising personal health and wellbeing goals
- Potential for weight loss
- Perceived enjoyment
- Increased social connection.

STEP 4: DEVELOP PROGRAMMES TO MEET IDENTIFIED NEEDS

Cumulative effects from multiple methods of engagement were found to be particularly helpful within our study. It is therefore suggested:

- Programmes should offer a range of activities for different needs
- Progression from familiar to more novel experiences will help to develop confidence for a broader range of potential participants
- Opportunities for new experiences, social opportunities and access to high quality natural environments were identified as key factors to include in any programme
- Programmes should be clearly described and well-advertised so that all parties know what to expect.

Clearly presented and easy to find information for participants should include:

- Site facilities
- Travel arrangements
- What support is on offer
- What level of personal fitness is required
- What the terrain is like
- Activity details
- Availability of equipment (and what they may need to bring)
- Opportunities for participants to raise worries or concerns
- A statement of inclusivity (that everyone is welcome)
- Specific identification of any restrictions (such as for wheelchair users)
- Contingency plans for adverse weather.

STEP 5: PROMOTE AND RECRUIT

Factors that emerged as important to build awareness and uptake of the opportunities included:

- Word of mouth rather than advertising
- Outreach services
- Local advertising – shops, community facilities and local newsletters
- Volunteer promotion
- Leaflets and activity programmes at local medical centre
- Clear information about what to expect made available beforehand
- Event reminders – texts or email alerts
- Contact details clearly displayed.

Practically across all these methods, consider font size, clarity and appropriateness of language and its inclusivity.

Additionally, taster days could be helpful in supporting individuals – and prescribers – to get a flavour of the services on offer and understand first-hand how they might contribute to wellbeing.

STEP 6: KEEP COMMUNICATING & RESPONDING

- Regular updates and feedback to and from key referral partners (Green Gym).
- Flexibility – programmes will need to adapt in line with the needs of stakeholders. Care must be taken that health professionals not only value work in terms of health outcomes, and that conservation partners do not only see potential environmental gain or an income boost. Look for mutual benefits. Identification of questions and practical solutions – timings, activities, weather, dates, options and transportation through partnership.
- Respect confidentiality, but gain consent to share key details about health conditions, which would better enable organisations to help map individuals to appropriate interventions (Natural England, 2017).
- Identify and communicate the ‘added value’ from nature-based programmes for health. See NHS Five Year Forward View: New Models of care; Healthy New Towns; and Social Movements for Health.
- Identify if there are different tiers of services, e.g. mild to moderate mental health difficulties, severe and enduring mental health difficulties, long-term conditions (e.g. diabetes, heart disease, etc.) and develop programmes accordingly.
- Feedback and publicise the wellbeing promoting aspects of time in nature/programmes to encourage referral and participation.
- Consider the views of and impacts of projects and activities upon the local community (Richardson et al, 2012).

STEP 7: USE RANGE OF REFERRAL PROCESSES

A softer, more informal and personalised referral process appears more successful than a formal green prescription service. Natural England (2017) highlighted that some GP’s prefer the term referral to prescription to minimise anxieties about liability and responsibility.

Clear communication between referrer, referee and providers of services may better help to match patients to suitable types of activity and increase the potential for success. Identifying mechanisms for following up on reasons for non-engagement with referral (Kimberlee, 2013) will help to tailor programmes and referral processes.

Developing a clear referral system with defined steps and processes is fundamental to the success of any scheme (Bloomfield, 2017). Simple processes with minimum time and paperwork for referral will help all parties.

A range of access points will help maximise the reach:

- **GP or healthcare practitioner** referral may be more helpful where individuals are suffering from long-term conditions and enduring health problems
- **Self-referral** enables an individual to access support at different stages of their wellbeing journey
- **Community and support groups** offer ready-made contexts to accelerate engagement.

Service providers need to convey suitability criteria and programme information clearly to potential referees to ensure appropriate referrals.

STEP 8: EMBED EVALUATION & MONITORING PROCESSES

Natural England (2017) suggest the need for quality assurance mechanisms, drawing on codes of good practice, (e.g. Care Farming Codes of Practice). The collection of monitoring data centred on patient outcomes pre and post intervention, help to establish the cost effectiveness and efficacy of programmes being offered. This may be a useful ally in a) understanding financial impact and securing ongoing funding and b) identifying health trends (improvements, no change or decline).

The Conservation Volunteers (2016) advocate for the use of systematic monitoring and measurement of outcomes, coupled with a core set of measures to help to capture health outcomes. This needs to be enshrined in information governance policies with data collection processes outlined. The literature also highlights an ambition for the development of schemes with activities for people with specific health needs, such as depression.

Recommendations for future programme evaluation include:

- Engage and embed academics and funders in the project from the outset and use methods to agree common indicators of success
- Use a collaborative evaluation approach that involves stakeholders
- Ensure evaluation is both formative and summative. Mechanisms to feedback information to the projects during their lifetime increase effectiveness and success.
- Provide training and development support to enable project officers to collect data effectively
- Ensure that local evaluations (natural sector organisations) contain core common questions. This will enable comparison across regions and potentially allow for larger, combined datasets.
- Develop a protocol for sharing standardised evaluation data such as the Warwick Edinburgh Mental Wellbeing Scale and the Nature Relatedness Scale v6 to enable aggregation across other National Parks or similar environmental sector organisations. This will help to enable collection of larger sample sizes and support funding of future research.

- Continue collecting small scale, qualitative data, which can provide rich data on the lived experience of participants that is culturally relevant to particular contexts.
- Work towards reporting standardised outcome measures and evaluations within green care partnership.

STEP 9: INVEST IN ONGOING RESEARCH AND DEVELOPMENT

- Robust clinical trials using comparison groups are a form of evidence that is valued in clinical contexts. Work should be done towards increasing the size of green care interventions by carrying out large-scale demonstration trials and through the provision of support for providers by green care partnership organisations to access larger scale health and social care contracts and sustainable funding. These can remove some of the perceived barriers such as concerns over health, safety, and longevity of provision and provide credibility to activities forming part of the larger scheme (Bragg & Atkins, 2016; Jepson et al., 2010).
- Recommend that evaluation tools are consistent across services to allow for the collection of comparable data sets from smaller scale interventions.
- Ensure written ethical consent is gained from all participants so that monitoring and evaluation data can be used for quality assurance, feedback and contribute to aggregated research findings (The Conservation Volunteers).
- Identify impacts for the natural areas themselves. Conservation activities to promote biodiversity, attractiveness, etc. have emerged in the literature as significant for human health.

STEP 10: EMBED PROGRAMMES IN INSTITUTIONAL CULTURES

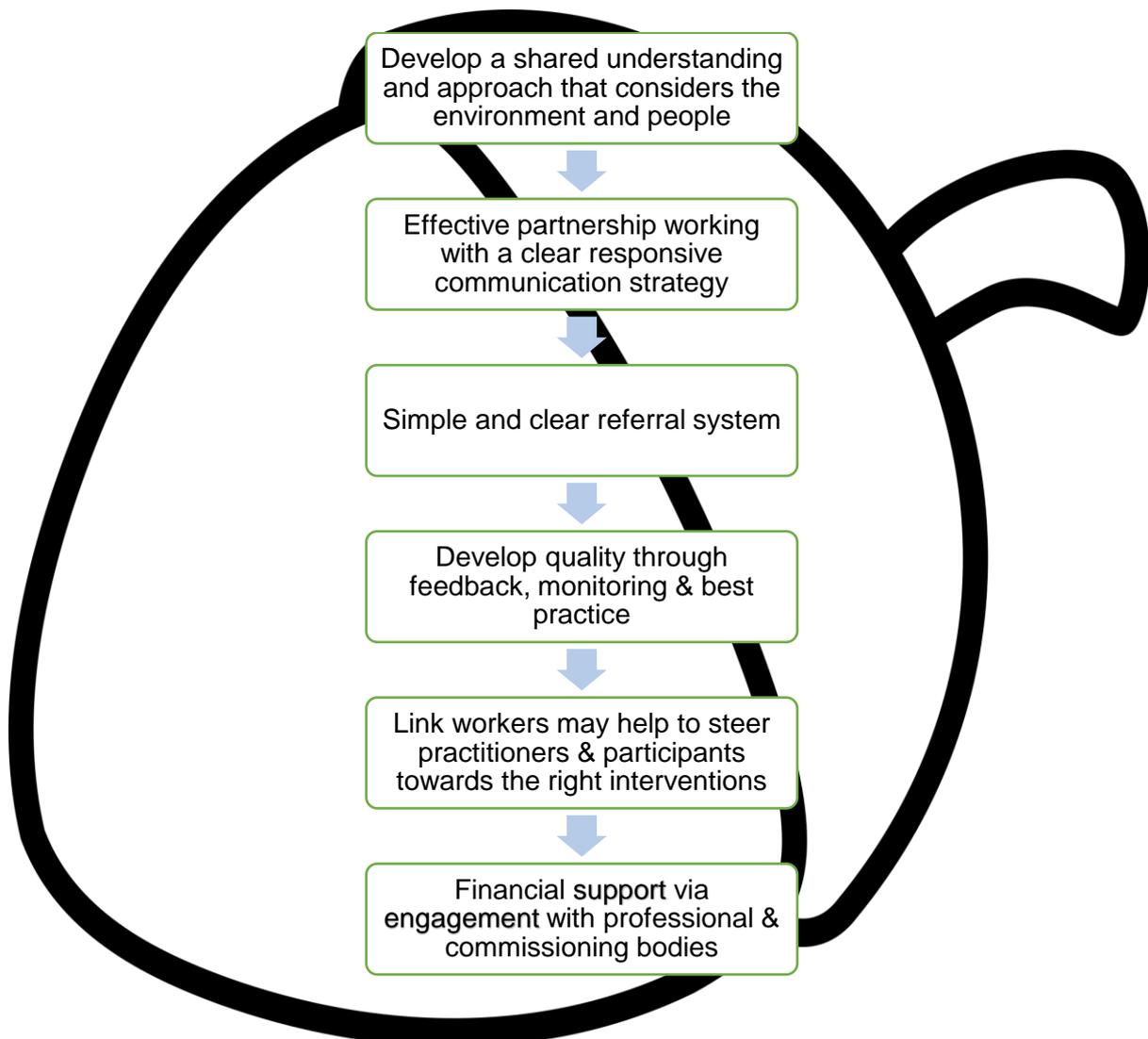
- Programmes designed using the toolkit will need to be championed and disseminated through public health and other policy channels to influence practice (Richardson et al, 2012)
- Funding is required to make services sustainable and increase referrer confidence
- Organisations with an interest in nature and wellbeing work together to establish partnerships and programmes built upon a mutual understanding
- These partnerships should engage directly with health commissioners to promote green prescriptions as part of a suite of referral mechanisms
- Succession strategy to develop community mentors as volunteers or establish defined roles within existing organisations
- For detailed information about finance, see Natural England (2017).

NHS England (cited by Natural England, 2017) suggest that they could work in collaboration with Public Health England and NICE alongside clinical commissioning groups and social prescribing services to develop a Standard Evaluation Framework (SEF). This is a development worth keeping an eye out for. It is suggested that this begins with a focus on social prescribing for mental health and wellbeing.

OVERARCHING APPROACH: MANAGING IMPACTS ON THE ENVIRONMENT

- Each of these steps must also consider the potential impacts upon the natural environment.
- The environment is not just a resource to ‘use’ but a living landscape upon which we are all dependent for health and wellbeing as a matter of social and ecological justice (Goodman, 2015). Every initiative should ensure protection, care and stewardship is in place for the natural environment.
- The United Nations Sustainable Development Goals (United Nations, 2015) propose a commitment to protect the planet and provide good health and wellbeing to all global citizens by 2033. The 17 inter-related goals assert a commitment to a range of key areas such as health and wellbeing, life below water, life on land, climate action, responsible consumption and production, sustainable cities and communities and partnership for the goals. We recommend mapping against the sustainable development goals for future projects to identify available resources and opportunities present.
- Identify the importance of protected and natural areas for recreation, exercise and relaxation alongside mental and spiritual renewal. Engagement provides the added opportunity to participate in conservation and protect future generations from the poor health effects associated with reduction in biodiversity and landscape wellbeing (IUCN & WCPA, 2015; United Nations, 2015)
- Invest in the future of nature. The use of a natural environment is often ‘not free’ and is increasingly being commodified. Natural environments are financial assets and our green and blue spaces and national parks should be recognised as ‘National Treasures’.

IN A NUTSHELL



ISSUES FOR FURTHER EXPLORATION

- Development of a green care partnership
- Establishment of green prescription champions to help build trust and relationships with other less engaged groups
- Community transport solutions – mobilisation of community vehicles warrants further investigation.

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