



SUPPORTED BY
MAYOR OF LONDON

Supporting and expanding green social prescribing to address mental health inequalities in London

Author: Ben Plimpton



Contents



Acknowledgements	3
Executive Summary	4
Introduction	5
Method	7
Barriers Identified	8
Recommendations	13
Summary and Conclusions	18
References	19
Appendix 1 Methodological Detail	21
Appendix 2: Discussion Questions	23
Appendix 3: Roundtable Attendees	24
Appendix 4: Additional Resources	25



Acknowledgements



A broad range of people gave their time and expertise to the engagement process that informs the contents of this report.

Special thanks goes to the participants at the community conversations, focus groups in Waltham Forest, Lewisham and Camden, the individual interviews with representatives of the community and voluntary sector, NHS, and local government, as well as the seven green social prescribing taster sites across Greater London.

In addition, this work has been guided since the beginning by an advisory group, convened by the GLA, and representing a range of stakeholders in the emergent green social prescribing system. Their feedback informed the direction of this research and contents of this report.

- **Stephanie McKinley**
London Plus
- **Tony Leach**
Parks for London
- **Hamida Diriye**
Parks for London
- **Suzi Griffiths**
Healthy London Partnership
- **Laura Brown**
Natural England
- **Aimee Pickering –**
One Westminster
- **Saera Haque**
One Thornton Heath PCN
- **Daniel Lescure**
Mental Health and Wellbeing, GLA
- **Sarah Blakemore**
Mental Health and Wellbeing, GLA
- **Juliette Young**
Green Infrastructure & Climate Change Adaptation, GLA
- **Katrina Ramsey**
Green Infrastructure & Climate Change Adaptation, GLA
- **Susan Crisp**
Health Inequalities, GLA
- **Sumreen Farooq**
Health Inequalities, GLA
- **Karen Steadman**
Health Inequalities, GLA
- **Gus Wilson**
Health Inequalities, GLA
- **Nathan Winch**
Health Inequalities, GLA

Executive summary



Expanded use of London's public green spaces through the practice of green social prescribing can help to address mental health inequalities. While green spaces in London – such as parks and playing fields – are relatively plentiful compared to other urban areas in the UK, they are not equally distributed or equally accessed. Green social prescribing has the potential to facilitate access to and engagement with green space among a broader range of Londoners, including those most at risk of poor mental health, but barriers persist to its successful implementation.

The aim of this piece of work was to identify opportunities for supporting the expansion of green social prescribing in London, by first investigating the barriers to this. A broad range of Londoners who have some relationship to green social prescribing – either as link workers, nature-based activity providers, community members, or other stakeholders in health, environment or local government – were engaged through a series of community conversations, focus groups, interviews, and site visits to nature based-social prescribing projects around London (taster days).

The barriers identified fall in to four thematic categories:

1

Communication

Between social prescribers and nature-based activity providers, but also between these stakeholders and the wider public.

2

Access and engagement

For people to reach delivery sites, but also for them to feel welcome.

3

Representation

The need to improve diversity in nature-based activities.

4

Funding

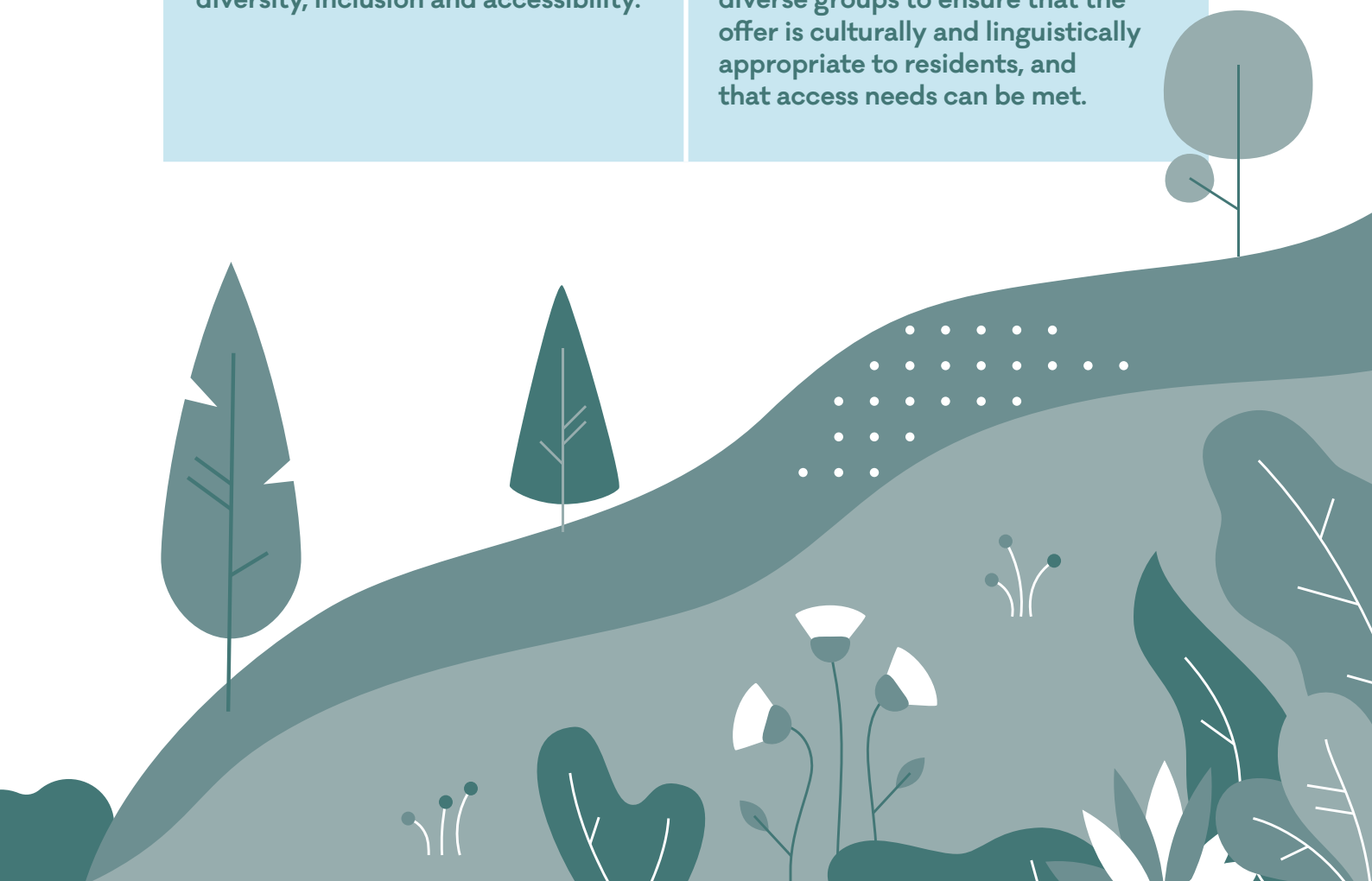
Particularly for activities delivered by Voluntary, Community and Social Enterprise VCSE partners – that is more sustainable in the long term.





Participants' views on how best to address these barriers in order to expand the nature-based offer across the city have been developed into a series of recommendations, outlined below:

Priority	Key recommendation for action
Focus on local neighbourhoods and local priorities.	Creation of local forums to facilitate communication among social prescribers, nature-based activity providers, and local residents.
Supporting the Green Social Prescribing ' <u>Ecosystem</u> '.	Co-production of a broad range of nature-based activity, so people have multiple options for initial and sustained engagement.
Commissioning with a focus on diversity, inclusion and accessibility.	Targeted funding and support for diverse groups to ensure that the offer is culturally and linguistically appropriate to residents, and that access needs can be met.



Introduction



Parks and other public green spaces provide London residents opportunities to engage with the natural world and enjoy the mental health and wellbeing benefits of nature.

London is a city with considerable green space but not everyone has the same access. The more economically deprived parts of London (as in urban centres around the UK) have lower access to private green space (namely gardens), placing greater pressure on public green spaces such as parks, even if they are nearby (ONS, 2020). In addition, spaces are sometimes not equipped to meet access needs, often excluding those with lower levels of mobility. Even if a green space is nearby, social inequalities in how it is used and by whom can make it feel unsafe or unwelcoming, particularly for some minoritised ethnic and religious communities (Groundwork, 2021).

These inequalities are echoed in the disproportionate risk of poor physical and mental health faced by some London communities (PHE, 2014-16), brought into sharper relief by the COVID-19 pandemic. The link between poverty and poor mental health has long been established (McDaid & Kousoulis, 2020). And during the COVID-19 pandemic the increased financial hardship faced by already deprived communities (along with disproportionate risk of severe illness and death) had a measurably negative impact on mental health (Mental Health Foundation, 2020). At the same time, during pandemic lockdowns up to 45% of people polled reported using nature as a way of managing their mental health. But inequalities in access make this option less available to the same communities who might benefit most from it (Mental Health Foundation, 2021).

Social Prescribing	Green Social Prescribing
The practice of primary care health professionals (often GPs or nurses) referring patients to social prescribing link workers, who then work with the individual referred to connect them to local, non-clinical activities for the benefit of their health, mental health, and overall wellbeing. ¹	The practice of social prescribing link workers connecting the individuals with whom they work to nature-based activities in the community for the benefit of their health, mental health, and overall wellbeing. ²

1. See [What is social prescribing?](https://www.kingsfund.org.uk/publications/what-is-social-prescribing) – The King’s Fund (kingsfund.org.uk)
2. See [Social Prescribing: the power of nature as treatment](https://www.naturalengland.org.uk/blog/social-prescribing-the-power-of-nature-as-treatment) – Natural England (blog.gov.uk)



There is a wealth of nature-based activity across London and community, voluntary, and public sector effort to care for public green space and also use it for the benefit of Londoner's health and mental health (Groundwork 2017; Parks for London, 2021; O'Neill, Clifford and Jones, 2022; Sustain, 2019). The scoping carried out for the present report reflected the impressive breadth and depth to this activity. At the same time, there are also opportunities to widen access to sectors of the population who face barriers to engagement.

Social prescribing offers GPs, nurses and other primary care health professionals the option of referring patients to link workers, who then support patients to identify community-based activities that they are most likely to enjoy. The aim is to meet a social need, and reduce loneliness and isolation, thereby improving mental health (see illustration of referral pathway by **London Plus**). Growing evidence suggests that social prescribing can improve indicators of mental health, and take pressure off primary care services (Kimberley et al 2022; Polley et al 2022). It has been estimated that Londoners already avoid £370 million per year in mental ill health costs through accessing public parks (Vivid Economics, 2017).

Green social prescribing referrals can take the form of connecting service users to community gardens or local history walks that make use of parks or other green space (see Case Studies below for Ital Community Garden and Caledonian Park Health and History

Walk). Natural England has identified the key combination of ingredients for green social prescribing as natural space, meaningful activity, and a group setting (Bragg & Atkins, 2016). There has been growing interest in blue prescribing as well, though this is less widespread, partially because of the greater prevalence of green versus blue spaces in London (see **London Green Cover Map**). (For the purposes of this report, blue social prescribing is defined largely along the same lines as green social prescribing, but with the key difference that it involves accessing watery natural spaces such as lakes, ponds, rivers, streams, and wetlands – see Blue Prescribing Case Study).

While the practice of referring people to nature-based activities by creating formal links with the health system is new, the mental health benefits of accessing nature have long been acknowledged. There is substantial evidence of mental health improvement following engagement with nature or participation in nature-based programmes (Mental Health Foundation, 2021). More recent evidence shows the benefits of engaging with urban nature in particular, with the Parks for Health initiative (run jointly by Camden and Islington Councils) being a notable example (**Camden Council, 2022**; O'Neill, Clifford and Jones, 2022).



The Mayor of London, in his 2018 Health Inequalities Strategy, made a commitment to supporting social prescribing and the mental health of all, while also acknowledging that some Londoners face higher risk of poor mental health, particularly those from minoritised communities (Mayor of London, 2018). The Mayor also made a campaign pledge to restore and improve green spaces, with the aim that no Londoner be more than a 10 minutes' walk from a green space. Supporting the expansion of green social prescribing represents an opportunity to fulfil on these commitments, because of the available green space in London, the range of nature-based activity already on offer, and the potential for there to be more.

To do so effectively, however, requires identifying the barriers that exist on a local level, and beginning to devise solutions. Previous work has gone some way toward identifying the factors that often get in the way of social prescribing working as intended (Pescheny et al 2018). Natural England identified some of the barriers on a national level to green social prescribing, among them the lack

of a shared language among organisations delivering nature-based activity and social prescribers, inconsistent collection of evaluation data, and lack of clarity around funding for nature-based programmes (Bragg & Atkins, 2017).

The aim of the present piece of work was to speak to a broad range of stakeholders about their views on the way forward for green social prescribing in London. The barriers identified to fully realising the potential mental health benefits of green social prescribing fell broadly into four categories: communication, accessibility and engagement, representation, and funding. The recommendations for addressing these were drawn from the same engagement process, and centre around supporting and enabling neighbourhood activity, ensuring this is situated within a broader green social prescribing '**ecosystem**', and supporting commissioning that focuses on diversity, representation, and the engagement of diverse groups.

Method



This piece of work combined broad engagement events with focus groups and interviews to arrive at the identified barriers and recommendations for further action. Across all the strands of engagement 112 people were involved from health, environmental and community sectors.

Greater methodological detail, along with the different levels of engagement sought at each phase of research, is detailed in Appendix 1.

Community conversations

Engagement and data collection began with two 'Community Conversations,' to which a broad range of people involved and interested in green social prescribing were encouraged to attend. Questions were therefore broad in scope (see Appendix 2). The first of these was held on 6 May 2022 on Zoom and had 36 attendees. The second was held in-person at the Mental Health Foundation Office on 12 May 2022 and had 14 attendees.

Focus groups

Subsequent focus groups and interviews were held with identified stakeholders in green social prescribing networks, including link workers, community and voluntary sector representatives delivering green activity, and local government representatives working in public health, and commissioners of green social prescribing activity. Focus groups were oriented around three London boroughs (Waltham Forest, Lewisham and Camden), chosen for their geographic distribution (taking into consideration inner versus outer London, as well as north versus south of the River Thames).

The schedule of questions for each therefore aligned with this more specific engagement with social prescribing, though each focus group and interview followed a semi-structured format, where the order of questions and the follow-ups asked were adapted in response to the information given (see Appendix 3).





Case studies and taster sessions

Following the focus groups and interviews, a series of seven case study site visits were organised at green social prescribing sites across London. These were geographically distributed in order to have at least one in each of the five Integrated Care Systems in London.

These were publicised via **Eventbrite** and were intended specifically for link workers, other voluntary or community sector organisations delivering nature-based activity, as well as broader stakeholders in green social prescribing including commissioners and other representatives from health systems, the environment sector and local government. In addition to the networking and relationship building opportunities afforded, these events also yielded insight into barriers to green social prescribing as well as solutions.

The seven taster sites were:

- **Hammersmith Community Gardens,**
- **Caledonian Park Health and History Walk**
- **Heath Hands**
- **Sydenham Garden**
- **Coco Collective – Ital Community Garden**
- **Blue Prescribing**
- **OrganicLea**

(see case studies on pages 14–20).

Roundable

A final phase of consultation around this work took the form of a Roundtable held on 26 July 2022 to which a broad range of stakeholders in green social prescribing were invited. Draft recommendations from the above engagement and data collection activities were presented, and feedback given. A list of attendees can be found in Appendix 4.

Throughout the engagement and report drafting process a range of additional resources and information relevant to referral, delivery and commissioning of green social prescribing were collected. These can be found in Appendix 5.



Barriers Identified



The barriers identified for greens social prescribing in London fell into four broad thematic areas. They are as follows:

Communication

Insufficient or unclear communication among stakeholders in green social prescribing (e.g. link workers, providers of nature-based activity, other health professionals), and lack of clear communication between these stakeholders and the wider public about the mental health benefits of accessing nature and green spaces.

Barriers to access

Accessibility issues at green social prescribing sites, and lack of community engagement to facilitate visits to green spaces.

Diversity

A lack of diversity and representation among groups and organisations delivering nature-based activity.

Funding

Short term and insufficient funding for nature activity delivery by the community and voluntary sector.

1. COMMUNICATION

Social prescribers and green providers in particular emphasised the importance of easily finding out information about the nature-based offer in the area. The extent to which this was a barrier varied somewhat from place to place, depending on availability of a local database or map. But certainly, for areas where this was not available, the absence of such a resource was cited as a considerable problem, particularly for link worker referral into existing activities.

“I think having that sort of platform that we as a provider know that we put our activity on there and then all the link workers in the area will go to that place to see what activities are available, that would be helpful.”

Some green providers expressed concern about the difficulty of securing referrals into their programmes. This was attributed in part (but not exclusively) to communication difficulties exemplified in the above quote.

In addition, a lack of awareness among local residents of green spaces and any offer in them was cited as another barrier to engagement. Green providers cited examples of recent referrals – who were also long-time residents of the area – indicating that they had never visited the site on which the nature-based activity was delivered, nor did they even know it was there.

The lack of clarity around language was frequently cited as a barrier, with link workers as well as providers of green activity indicating that they had not previously heard the term ‘green social prescribing.’ It was not considered a term accessible to the people who might be referred to green activity through social prescribing pathways.

Summary of communication barriers

- Lack of link workers and healthcare professional awareness of green social prescribing offer.
- Key stakeholders and broader public not knowing mental health and wellbeing benefits of nature engagement.
- Key stakeholders and the broader public not being familiar with the term green social prescribing.



2. ACCESSIBILITY AND ENGAGEMENT

Link workers in particular commented that it can be difficult to ascertain whether projects meet access needs, with wheelchair accessibility and toilets high on the list of site requirements. That absence of these features made sites unsuitable for some.

“I guess for us the other challenge... it’s transport and toilets... Some of our sites... [have] a toilet but lots of our other woodlands don’t. Sometimes you look at a map and you think we’ve got woodland right next to where people live but actually they haven’t got toilets and that can be a barrier then for some people.”

In some cases, residents of more deprived areas need to travel a considerable distance to reach the green activity to which they had been referred. The cost incurred, as well as the potentially daunting task of taking public transport following a period of social isolation and poor mental health, made the likelihood of people taking up the referral much lower.

“We do have participants who come on the bus which is great but obviously... we can’t cover transport costs... And... I know when I was a social prescribing link worker, you’re working with people whose motivation is often quite low and you want to find them the easiest thing to get to as the first thing.”

There was frequent mention of the isolation that people who are referred to green social prescribing are sometimes overcoming, and the additional support that can be needed in order to actually attend a service to which they have been referred.

“If you’ve not been out of your house for over two/three years, you’re not going to go just on the basis of a phone [call]... You’re not even going to make the phone call, quite frankly. You will tell them that you’re going to make the phone call, but you don’t do it.”

This was also reflective of the overall complexity of the circumstances of many clients, which can be a challenge for link workers as well as nature-based activity providers. Sometimes green providers would like to refer people back into health or mental health services, it can be difficult to do this.

“If it was a social prescribing link worker or a GP, we can go back to that referral agent, that social prescribing link worker or GP and say, we think Bob needs a bit more support, can you get in touch. But IAPT³ have discharged Bob so then you’ve not got that person to link Bob back in with.”

3. Increasing Access to Psychological Therapies: [*Improving Access to Psychological Therapies \(IAPT\) | NICE Advice | Our programmes | What we do | About | NICE*](#)

There was also the matter of people having somewhere to go once they completed their engagement with a time limited programme. Without something to which they can progress, this sometimes resulted in people who were previously high intensity users of primary care services becoming high intensity users of social prescribing services.

And even though the aim of social prescribing is to work intensively with users to help them identify what they would like to do, and to give them sufficient support to attend, there was also acknowledgment that the sometimes-limited capacity of link workers meant that they did not have sufficient time to fulfil this role as intended.

Some services bridge this gap with volunteer time, which can work well, but also requires resource to train and support volunteers.

Finally, it was also the case that certain sectors of the population reported feeling that green spaces or activities are not available or welcoming to them.

“...if you’ve grown up in an area where maybe there’s been antisocial behaviour in the woodland areas or the parks or the whatever, then actually that, I’m not sure that’s a safe place to go, can be a barrier.”

This was again reflected in certain green spaces being disproportionately used by people from white and middle-class backgrounds, despite the green space being located in an ethnically and socio-economically diverse part of the city.

Summary of accessibility and engagement barriers

- Lack of accessible sites for people who may have some limited mobility.
- Difficulty for people who may be lonely and isolated to engage with green social prescription.
- Logistical difficulties around accessing some sites (e.g. transport, toilets, appropriate clothing).
- Perception that some are not welcome based on an aspect of their identity or having felt previously unsafe in a green space in their area.

Case Study: OrganicLea

OrganicLea is a longer standing cooperative operating in Waltham Forest, who accept referrals for their vegetable growing and other cultivation projects. With longstanding links to primary care networks and the local authority they are also a recipient of Thriving Community funds to further expand and test their social prescribing offer.

Home – OrganicLea – A workers’ cooperative growing food on London’s edge in the Lea Valley

3. REPRESENTATION

The lack of people from ethnic minority backgrounds delivering nature-based activity was frequently cited as a barrier to effectively referring and engaging people from ethnic minority communities. Green providers from Black-led organisations in particular indicated that this could result in people being referred to projects that did not sufficiently acknowledge their cultural traditions – particularly food traditions in the case of gardening projects – but also did not take account of the disproportionate risk of poor mental health faced by people from Black, Asian and other ethnic minority backgrounds.

“I do also think there needs to be more emphasis on people of colour with mental health decline... and have available services and provision... for us because our circumstances are quite different to other cultural groups and without that understanding you are not really even getting to scratching the surface on how one becomes healed.”

Similarly, the difficulty of meeting the linguistic diversity of London communities can create barriers to sustained engagement, particularly in terms of supporting people to take up an initial referral.

“Language is a big thing as well... I mean, English is now no longer... the dominant language. ...I get a client base of people whose English is not their first language, but I can’t match them with volunteers because I can’t attract those volunteers who could speak to them in their [language]. ...social prescribing doesn’t sound particularly welcoming to anybody from a non-English background.”

Finally, smaller community groups can lack the experience to secure funding for projects they are running. As a result, they can miss out on funding opportunities relative to larger organisations who may have greater capacity and experience around preparing applications, monitoring and evaluation, but who may not be best placed to effectively deliver in a particular part of the city to a diverse local community.

“I’ve also been a bid assessor, and seen the disparities on smaller organisations, maybe those that don’t have experience writing funding applications. You can see what they are trying to do, and it would benefit the community, but because not ticking the right boxes in right places not getting that funding.”





Summary of representation barriers

- There is a lack of diversity among the organisations delivery of nature-based activity, which impacts the engagement from communities of colour in particular.
- Some smaller and/or minority-led organisations are losing out on funding bids to larger organisations.
- There is a lack of nature-based programmes in languages other than English.

Case Study: Ital Community Garden

The Ital Community Garden in Lewisham is a Black and Afro-diaspora led project run by Coco Collective. Started in 2020, they have secured funding from Lewisham Council to deliver gardening on social prescription for people with mild to moderate mental health need two days per week, but also host regular community programming open to all.

Coco Collective – Ital Community Garden – Community Garden (business.site)

4. FUNDING

A frequently cited barrier to the longer-term viability of green social prescribing was the current funding arrangements for nature-based projects. The short-term nature makes engagement and sustainability very difficult.

“Getting money for a year is just constantly robbing Peter to pay Paul. You’re constantly on a treadmill, that you’re just thinking, well have I got the funds to set that up past April? Have I got the funds to set that up and keep that going? What can I spend that on? It needs to be much more embedded.”

The uncertainty around funding makes it difficult to retain staff, but also to build credibility with the community in which a project is being delivered. And volunteers, whilst a vital resource to most projects, cannot be expected to sustain those same projects without sufficient support.

“But I’m not sure anyone’s quite worked out how to do [sustainability] ... you can do volunteer led activity, that still needs resource ‘cause you need to train and support those volunteers.”

Another issue raised was the lack of funding for site adaptation to meet access needs, and generally longer-term infrastructure planning around green social prescribing.

“Equally, we have to maintain the spaces we deliver the activities in. If we want to have activities that are, for example, accessible to people in wheelchairs, we need to maintain accessible paths. If we want to have toilets, we have to build and maintain the toilets, if we want to have changing facilities for people with access requirements, we have to get funding to do... there’s all those sorts of costs.”

Summary of funding barriers

- Funding often is short term which makes sustainability of delivery extremely difficult, impacting on engagement and local visibility of activity.
- Funding is needed for site adaptation.





Case study: Heath Hands

Heath hands delivers a range of nature-based activities across Hamstead Heath, Highgate Wood and the Kenwood Estate, including conservation work as well as health and wellness sessions.

Hampstead Heath | Conservation, Community and Volunteering
(heath-hands.org.uk)



Case Study: Blue Prescribing

A collaboration between the Wildfowl and Wetlands Trust and the Mental Health Foundation, the Blue Prescribing project invites participants to attend a six week course at the London Wetland Centre (Barnes, Richmond), to experience wetland based activities aimed at building connections with nature in a peer support setting.

Blue Prescribing | WWT

Recommendations



The barriers to green social prescribing in London largely resonate with the barriers identified on a national level, as reflected in the preliminary evaluation results from the current seven green social prescribing test and learn sites in England. They also overlap considerably with barriers identified by Natural England in their 2017 report.

During the collection of the qualitative data for this report, a key question in each level of engagement was around people's suggestions for addressing these barriers. The opportunities outlined below draw heavily on this thinking and are organised into three broad areas: local action for green social prescribing, the broader green social prescribing ecosystem, and commissioning green social prescribing to focus on diversity, representation and accessibility.

1. Focus on local neighbourhoods and local priorities

To best support existing nature-based projects and the growth of new ones, there need to be locally focused structures, such as grassroots forums. These would bring together neighbourhood residents, social prescribers, providers of nature-based activity, health professionals, and others. Participants in this piece of work indicated that a grassroots approach such as this is more likely to ensure the necessary community buy-in for sustainability.

"And I think it's about asking people what they want, because they do know and it's like giving them the confidence to take ownership of stuff. And I think that's something that's quite missing very often. We set up stuff thinking that it's going to be really good and then we're shocked that nobody comes."

And such an approach is more likely to be more successful at embedding co-production.

"And that's what I say, if we ask people, they do know what they want. If you give them that space to be open and honest and share, you will then start to create stuff that people actually want to go to. Because they're not being told, this is good for you and you should do it. It should be the other way round, shouldn't it?"



This grassroots approach would facilitate the local creation of nature-based activity, thus expanding the nature-based offer and making it more evenly distributed geographically. This in turn could reduce the travel burden for some of the people being referred.

“Most London boroughs... [are] very diverse geographically... One of the things that we’ve tried very hard to do, and it’s not easy, ... is to try and go to where the people are rather than expecting them to come to you.”

Local communities are also more likely to be able to identify under-used space, and make best use of that for green activity. One community garden featured in this report was working with

the local Council to identify disused spaces, with the aim of repurposing these as gardens. A link worker in the same borough mentioned a local estate where residents had agreed the use of a communal garden for the installation of raised beds. (Identification of disused green space will benefit from local knowledge but can be supported by organisations such as **GIGL – Green Space Information for Greater London**).

In addition to a reduced travel requirement, having a greater range of options to participate in nature-based activity gives people more opportunity for initial engagement. It also gives more options for sustaining their involvement, if a particular course or programme comes to an end.

Case Study: Health and History Walk in Caledonian Park

The Health and History Walk, as part of the Parks for Health initiative across Camden and Islington boroughs, is led by certified Blue Badge Guides. Combining exercise and local heritage, participants can opt for shorter or longer versions of the walk around the park, while also learning its history and that of the surrounding area.

Health & History Walk – 400 years of history, 4000 steps – Caledonian Park (callypark.london).
Guides also lead a **Dementia Friendly Health and History Walk.**





“They can come...and some people come and maybe build up their confidence over six or eight or ten weeks and then think, actually, I’ve done this walking group now, what else is there.”

Finally, a grassroots forum could be used to co-produce a system to identify the accessibility of sites, perhaps through the creation of a checklist or audit system. This could reduce the burden on link workers, who do not always have capacity to accompany people on their first visit to a nature-based project.

2. Building the Green Social Prescribing Ecosystem

In addition to local structures embedded within neighbourhoods, there also need to be wider forums for social prescribers, green providers and other stakeholders to share knowledge and best practice. While grassroots forums would be best focused on a neighbourhood level, the wider forums could sit at the borough level or Integrated Care System sub-region (or even be London-wide).

One way to achieve this is through regular online and in-person meetings. There are a number of existing forums, some of which operate on a borough level. Whilst it is for each locality to decide what is most useful for them, the success of this approach in boroughs

such as Waltham Forest⁴ suggested that it might be replicated in others.

There was also a clearly articulated need for an agile means to communicate outside of these forums that facilitates the swift exchange of relevant information regarding the green offer in an area. Some localities have established maps for this purpose, which can be accessible to social prescribers as well as the wider public.⁵ An alternative approach may be to create different digital forums where people can ask for recommendations around the green social prescribing offer in the area. One London Commissioner commented:

“we’ve got a really dynamic WhatsApp group which serves as our, kind of, intelligence space around resources... And so we think that’s a better way because a lot of the knowledge around those community assets is implicit... I think what we’ve started to solve the problem of... utilising that implicit knowledge and not relying on the person who’s over here who would know what the solution is for somebody over there.”

This could offer a means for collective knowledge to be swiftly shared – at least among social prescribers, nature-based providers, and other stakeholders – in a very cost-effective manner. But this could potentially be replicated in a publicly accessible forum.

4. One example is Waltham Forest, where a regular zoom meeting convened by the local authority brings together link workers employed by the NHS, third sector and the council, to share local knowledge and best practice.

5. One example is the map hosted by Voluntary Action Camden, which lists green social prescribing activities in the borough: [Voluntary Action Camden Directories \(vac.org.uk\)](https://www.voluntaryactioncamden.org.uk/directories). See also the resources in Appendixes 4 and 5.



The mechanisms of regular engagement and fluid communication can also be used to support identification of local priorities for green delivery. And part of this process can identify gaps in what is currently being delivered.

“We looked at where’s the gap and the gap was very short, very slow walks for people who were just really starting off, that’s where we focused. And then we can signpost them onto, okay, you can do the kilometre, why don’t you go to the Wildlife Trust and try their walk.”

Finally, co-production of the language for green social prescribing could start in locally oriented forums and then inform a regionally and nationally recognised language around the practice. Talking about green social prescribing could be changed in a way that might improve uptake and engagement.

“If you can change that language into everyday language I think the take-up would be much greater with stuff.”

3. Commissioning with a focus on diversity, representation and accessibility

The above-mentioned grassroots forums could be a means of ensuring that provision of green activity is culturally and linguistically reflective of the local area. Successful delivery will also require a dedicated resource for community groups (see below) and in particular targeted support for those groups delivering nature-based activities that are led by people of colour.

Organisations such as Volunteer Centres (VCs) can support with funding bids, data collection and evaluation requirements. If additional funding was to be targeted at particular organisations to align with the demographics of the borough and the greatest health need, a volunteer centre could be resourced to target their support in alignment with this. Importantly, VCs could also be funded to support with training needs, specifically delivering nature-based activity to people with different levels of mental health need.





Many nature-based providers spoke about the need to create a model that facilitates resourcing of organisations and activities in the longer term. Whilst having the funding follow the referral – through people using their personal health or care budgets – has been suggested as one means of achieving this, there are a number of limitations to this approach.⁶

One suggested approach is shared investment funds. These would be pots of money jointly created between health, local government, central government and perhaps foundations or corporations. Different funding streams pooled in this way could address different site needs to the end of broadening access and increasing sustainability overall. For example, a representative of one site said that a corporate donation had been key to providing outdoor equipment for people who were referred to the programme but did not have suitable clothing. And whilst helpful, this donation did not cover the cost of facilitators or session leaders.

Longer term funding has the potential to sustain and grow community engagement, giving nature-based providers the opportunity to learn

from and build on successes. Longer term engagement has the potential to increase a sense of community ownership, thereby increasing local support for the provision.

These shared investment funds would also ideally be something that structurally encourages providers to work together in partnership. This is something that nature-based providers indicated that they would like.

“...funding that encourages collaboration across providers rather than everyone vying for the same pot of funding, actually something where... for example, around Thames Chase, it encourages a range of groups to apply for funding together, I think that could potentially be good.”

Finally, more strategic funding for green social prescribing would ideally consider how to embed it with larger planning processes around housing, new green space, and the redesign of existing green space.

6. Experience from the seven green social prescribing test and learn sites around England suggests that organisations have to be of a certain size for this model to work, which would run counter to the objective of supporting smaller, community groups.



Summary and Conclusions



The expansion of green social prescribing in London offers considerable opportunity to improve the mental health of all residents, and has the potential to make the biggest difference for Londoners at greatest risk of poor mental health. The aim of this piece of work was to devise recommendations for how to support and expand green social prescribing in London through first identifying barriers and practical solutions. In order to do so, a broad range of stakeholders in the emerging green social prescribing system participated in community conversations, focus groups, interviews, taster days, and a roundtable discussion. The barriers to green social prescribing identified related to:

- **communication** (between social prescribers and nature-based activity providers, but also between these stakeholders and the wider public)
- **access and engagement** (for people to reach delivery sites, but also for them to feel welcome)
- **representation** (the need to improve diversity among those deliver nature-based activities)
- **funding** that is more sustainable in the long term.

The recommendations outlined offer a way of responding to these barriers to maximise the practice of green social prescribing for the mental health benefit of Londoners. They are as follow:

Priority	Key recommendation for action
Focus on local neighbourhoods and local priorities	Creation of local forums to facilitate communication among social prescribers, nature-based activity providers, and local residents.
Supporting the Green Social Prescribing 'Ecosystem'	Co-production of a broad range of nature-based activity, so people have multiple options for initial and sustained engagement.
Commissioning with a focus on diversity, inclusion and accessibility	Targeted funding and support for diverse groups to ensure that the offer is culturally and linguistically appropriate to residents, and that access needs can be met.

References



1. Bragg, R., Atkins, G. (2016). *A review of nature-based interventions for mental health care*. Natural England Commissioned Reports, Number 204. Available at: [A review of nature-based interventions for mental health care – NECR204 \(naturalengland.org.uk\)](https://naturalengland.org.uk/publications/a-review-of-nature-based-interventions-for-mental-health-care-NECR204)
2. Bragg, R. and Leck, C. (2017) *Good practice in social prescribing for mental health: The role of nature-based interventions*. Natural England Commissioned Reports, Number 228. York. Available at: [Good practice in social prescribing for mental health: the role of nature-based interventions – NECR228 \(naturalengland.org.uk\)](https://naturalengland.org.uk/publications/good-practice-in-social-prescribing-for-mental-health-the-role-of-nature-based-interventions-NECR228)
3. Camden Council (7 July 2022). *Camden and Islington councils announce shared vision to harness health benefits of parks and green spaces*. Available at: <https://news.camden.gov.uk/camden-and-islington-councils-announce-shared-vision-to-harness-health-benefits-of-parks-and-green-spaces/>
4. Centre for Sustainable Healthcare (2017). *Social prescription in urban green space: Greater London Authority Tree Programme*. Supported by Mayor of London and Groundwork.
5. Holland, F (2021). *Out of bounds: Equity in access to urban nature*. Groundwork. Available at: [Out-of-Bounds-equity-in-access-to-urban-nature.pdf \(groundwork.org.uk\)](https://groundwork.org.uk/publications/out-of-bounds-equity-in-access-to-urban-nature.pdf)
6. Kimberlee R, Bertotti M, Dayson C, Asthana S, Polley M, Burns L, Tierney S, Husk K. [On behalf of the NASP Academic Partners Collaborative]. (2022). 'The economic impact of social prescribing'. London: National Academy for Social Prescribing. Available at: [evidence-summary-economic-impact-of-social-prescribing.pdf \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk/publications/evidence-summary-economic-impact-of-social-prescribing.pdf)
7. Mayor of London (2018). *The London Health Inequalities Strategy*. Available at: https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf
8. McDaid S, Kousoulis A. (2020). *Tackling social inequalities to reduce mental health problems: How everyone can flourish equally*. Available at: [Tackling social inequalities to reduce mental health problems | Mental Health Foundation](https://mentalhealth.org.uk/publications/tackling-social-inequalities-to-reduce-mental-health-problems)
9. Mental Health Foundation (2020). *The COVID-19 pandemic, financial inequality and mental health*. Available at: [MHF-COVID-financial-inequality-mental-health-report-2020.pdf \(mentalhealth.org.uk\)](https://mentalhealth.org.uk/publications/mhf-covid-financial-inequality-mental-health-report-2020.pdf)
10. Mental Health Foundation (2021). *Nature: How connecting with nature benefits our mental health*. Available at: [MHAW21-Nature-research-report.pdf \(mentalhealth.org.uk\)](https://mentalhealth.org.uk/publications/mhaw21-nature-research-report.pdf)
11. Office of National Statistics (2020). *One in eight British Households has no garden*. Available at: [One in eight British households has no garden – Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peopleandpopulation/healthandlife/articles/one-in-eight-british-households-has-no-garden)
12. O'Neill, E., Clifford, D., & Jones, H. (2022). *Parks for Health Evaluation Report*. Camden and Islington Councils.
13. Pescheny, J.V., Pappas, Y. & Randhawa, G. (2018). Facilitators and barriers of implementing and delivering social prescribing services: a systematic review. *BMC Health Serv Res* 18, 86. <https://doi.org/10.1186/s12913-018-2893-4>
14. Polley M, Chatterjee H, Asthana S, Cartwright L, Husk K, Burns L, Tierney S. [On behalf of the NASP Academic Partners Collaborative]. (2022). 'Measuring outcomes for individuals receiving support through social prescribing'. London: National Academy for Social Prescribing. Available at: [Evidence-summary-measuring-impact-and-outcomes-for-social-prescribing.pdf \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk/publications/evidence-summary-measuring-impact-and-outcomes-for-social-prescribing.pdf)
15. Public Health England (2022). *Public Health Outcomes Framework; O.1ii 2014-16*. Available at: [Public Health Outcomes Framework – OHID \(phe.org.uk\)](https://publichealthoutcomesframework.org.uk/)
16. *Sadiq for London* (2021). Labour Party. Available at: [Sadiq-for-London-Manifesto-.pdf](https://sadiqforlondon.org.uk/)
17. Sustain (2019). *Food growing on prescription: Social prescribing and London's community garden and food growing sector*. Available at: [Food growing on prescription | Sustain \(sustainweb.org\)](https://sustainweb.org/publications/food-growing-on-prescription/)
18. Vivid Economics (2017). *Natural Capital Accounts for Public Green Space in London*. Available at: [11O15viv_natural_capital_account_for_london_v7_full_vis.pdf](https://vivid-economics.com/publications/natural-capital-accounts-for-public-green-space-in-london/)

Appendix 1: Methodological detail



The data collection approach:

Once data collection was complete, notes from community conversations and focus groups, along with transcripts for interviews underwent content analysis to identify the thematic barriers outlined below.

Initial coding of the community conversation notes was applied to focus group notes and updated accordingly. This coding scheme was then applied to the interview transcripts and updated accordingly to arrive at the final results. Recommendations are based on the same qualitative data.

	Community Conversations	Focus Groups	1-to-1 interviews
Target Audience	<p>People with an interest in green social prescribing for mental health.</p> <p>To include:</p> <ul style="list-style-type: none">• People who identify as using natural spaces for the benefit of their mental health• People/ organisations who deliver outdoor activities (whether they are part of the social prescription system or not)• Mental health organisations and service providers	<p>People with an existing involvement in green social prescribing for mental health in a defined geographic area of London.</p> <p>To include:</p> <ul style="list-style-type: none">• Social prescribers• Green providers• People who access green space on prescription (service users)	<p>People with a potential interest or involvement in green social prescribing in the same geographic areas defined by the focus groups.</p> <p>To include:</p> <ul style="list-style-type: none">• Mental health service users• Green providers• Social prescribers



	Community Conversations	Focus Groups	1-to-1 interviews
Key Lines of Enquiry	<ul style="list-style-type: none">• What are the barriers to people in your area accessing green spaces?• How could this access be improved?• How can social prescribing practice accomplish this?	<ul style="list-style-type: none">• What is working well about green social prescribing practice in your area?• What could be improved?• What are the short- and long-term community-based solutions to identified barriers?	<ul style="list-style-type: none">• What are the barriers to participation?• How can these be addressed?• What might good look like?
Attendees	<ul style="list-style-type: none">• Sectors and numbers	<ul style="list-style-type: none">• Waltham Forest – 4 (community and voluntary sector)• Lewisham – 4 (community and voluntary sector, social prescribing link workers)• Camden – 2 (community and voluntary sector, local authority)	<p>There were seven interviews conducted, with people representing the following sectors/roles:</p> <ul style="list-style-type: none">• NHS Social Prescribing Link Worker• Local Authority Public Health Consultant• Commissioner• Community and Voluntary Sector• Nature Based Activity Provider – Outer London• Nature Based Activity Provider – Inner

Appendix 2: Discussion Questions



Community Conversation Breakout Rooms

1. **What do the terms green social prescribing and blue social prescribing mean to you?** [Whether you are familiar with them or not, how would you describe them? What do they aim to achieve? What do you think they need to involve?]
2. **If you are connected to green or blue activities, how do people get involved in these?** [How did you get connected? Through social prescribing networks? How did that work? Or do people arrive at the activity or project through other routes?]
3. **What would help more people to know about these projects, and what would help more people to go along to them?** [How can social prescribing improve Londoner's involvement in and benefit from these projects?]
4. **What are other ways to address barriers to effective green and blue social prescribing referral and engagement?**

Additional questions

5. Do you know about any examples of green or blue social prescribing that you think work particularly well in terms of referral and engagement? [Why do you think this is the case? What distinguishes them?]
6. "Green Social Prescribing" and "Blue social prescribing" – could they be called something else? [How important is it to distinguish between them?]
7. How do we facilitate collaboration between social prescribers and green providers?
8. How can we best support the collection of evidence around green social prescribing?

Focus Groups

The semi-structured schedule of questions used for focus groups and interviews was as follows:

- How would you characterise the amount of green social prescribing activity in your area?
- What is working well about green social prescribing practice in your area?
- What could be improved?
- What are the barriers to participation?
- How can these be most effectively addressed?

Appendix 3: Increasing the health inequalities impact of Green/Blue Social Prescribing in London



Roundtable with the Green Social Prescribing Advisory Group

- **Karen Steadman**
Health Team, GLA
- **Stephanie McKinley**
London Plus
- **Suzie Griffiths**
Healthy London Partnership
- **Laura Brown**
Natural England
- **Tony Leach**
Parks for London
- **Nathan Winch**
Health Team, GLA
- **Sumreen Farooq**
Health Team, GLA
- **Sam Alford**
NHS England and NHS Improvement
- **Katrina Ramsey**
GLA Environment Team
- **Precious Birabil**
TfL
- **Tanvi Desai**
GIGL
- **Julia Briscoe**
Royal Free London NHS Foundation Trust
- **Simon Cross**
NHS South East London ICS
- **Mark Banks**
Federated4Health
- **Moya O'Hara**
Urbanwise
- **Lucy Jenkins**
WSP
- **Sam Bentley-Toon**
Thames21
- **Sandra Hoisz**
Groundwork
- **Louise Purnell**
Trees for Cities
- **Mollie McCormick**
Healthy London Partnership
- **Meredith Whitten**
Parks for London
- **Dr Ben Plimpton**
Mental Health Foundation
- **Aimee Pickering**
Social Prescribing link worker, One Westminster
- **Saera Haque**
Social Prescribing link worker, One Thornton Heath PCN
- **Sarah Blakemore**
GLA Health Team
- **Lianna Martin**
Healthy London Partnership
- **Katalin Swann**
AgeUK Camden
- **Emma Pawson**
Head of Health, GLA
- **Jagan John**
NHS North East London ICS
- **Vittoria De-Meo**
Choice Support
- **John Thorne**
Islington Council
- **Susan Crisp**
Health Team, GLA

Appendix 4: Green Social Prescribing Resources – gathered during the project



Social Prescribing

- **London Plus** runs the London Social Prescribing Network for charities and community groups across the region for all things social prescribing. It's free to become a member of the London Social Prescribing Network which provides access to great networking and learning opportunities. To find out more about us, what we do and to receive our newsletter click here to sign up www.londonplus.org/london-plus-social-prescribing-network or you can contact social.prescribing@londonplus.org
- **Map of London social prescribing schemes** www.healthylondon.org/our-work/personalised_care/support-for-workforce/london-social-prescribing-map/
- **Natural England** – ever-expanding directory of green and blue social prescribing in London, and am happy to share relevant information from it with anyone in the field Laura.Brown@naturalengland.org.uk
- **Volunteering buddies** to support people with more complex needs and this is then a separate volunteering opportunity – ideal for retired teachers, health professionals etc. Happy to share documentation about this if interested. I can be contacted julia@codydock.org.uk

Examples of local social prescribing maps and activities

- **Camden Voluntary Action** has their own separate green SP directory for Camden www.directory.vac.org.uk/gsp
- **Islington offer** in consultation with local social prescribing link workers [Find Your Islington – Activities in Islington Parks](#)

London wide maps of green space resources

- **GoParksLondon** has a map of over 4,000 public green and blue spaces with information on each of these sites www.goparks.london
- **Growing spaces** www.capitalgrowth.org/spaces
- **City Farms** www.farmgarden.org.uk/your-area/london

Walking routes

- www.footways.london/digital-map
- www.treetalk.co.uk/map/#xyz=11.2/51.508/-0.128

Mental health resources

- Wellbeing champion resources:
www.thriveldn.co.uk/help-yourself-and-others/
 - Psychological first aid:
www.futurelearn.com/courses/psychological-first-aid-covid-19/1
 - Help yourself and others – Thrive LDN:
www.thriveldn.co.uk/help-yourself-and-others/
 - Toolkit for community leaders on how to talk about mental health:
www.thriveldn.co.uk/resources/thrive-ldn-mental-health-conversation-starter/
-

Health – Integrated Care System explainer

- **Integrated care: The King's Fund**
(kingsfund.org.uk)
 - **Integrated care systems explained – The King's Fund** (kingsfund.org.uk)
-

Diverse communities

- Black Environment Network
www.ben-network.org.uk
 - Black Rootz – UBELE
www.ubele.org/our-work/black-rootz
 - Black Girls Hike
www.bghuk.com
 - Living Under One Sun
www.livingunderonesun.co.uk
-

Environment and green space resources

- www.parksforlondon.org.uk/resource/health-and-wellbeing
 - www.nationalparkcity.london
-

Chartered Landscape Institute resources and wide-ranging work on landscape for health

- **Delivering greener, healthier places for people and planet: Full speech – Landscape Institute**
 - www.landscapeinstitute.org/news/making-the-case-for-landscape-in-the-governments-mental-health-and-wellbeing-plan/
 - www.landscapeinstitute.org/blog/delivering-health-wellbeing-nhs-greenspace-demonstration-scotland/
 - www.landscapeinstitute.org/journal/summer-2018-health-wellbeing/
-

Further examples of green social prescribing activity

- Green spaces
www.silentspace.org.uk
 - Forest bathing
www.tfb.institute
 - Caversham GP practice
www.cavershamgrouppractice.co.uk/ppg/garden-gallery/
 - Hackney based community garden offering a range of programmes
www.stmaryssecretgarden.org.uk/
 - Self-led walks
www.kingscross.co.uk/wellbeing-walks
-



  mentalhealthfoundation

 @mentalhealth

 info@mentalhealth.org.uk

 mentalhealth.org.uk

Registered Charity No. England 801130 Scotland SCO39714.
Company Registration No. 23508466.

