



A partnership project led by Coed Lleol – Smallwoods Wales, and supported by Reconnect in Nature, Tir Coed, Llais y Goedwig, Ceredigion County Council, Hwyl Dda Health Trust, Public Health Wales, RAY Ceredigion, Pembrokeshire Coastal Forum, West Wales Action for Mental Health, and the Wildlife Trusts.

PURPOSE

To pave the way for more regular referrals to nature-based activities, in accessible woodlands close to areas of need.

A VISION OF THE FUTURE

- ☐ Nature based health care **embedded within health system**
- ☐ Social prescribing to outdoor activity **available to all**
- ☐ Development of woodland sites to improve green infrastructure and improve access – **including a ‘woodland hub’ model**
- ☐ **Specified training pathways and qualifications** to improve and support provision of services, with qualified leaders and improved prospects for those working in the social forestry sector.
- ☐ **Funding through health board** for organisations to deliver services long term.
- ☐ Ongoing **community engagement** providing preventative and therapeutic benefits while caring for the natural environment. Increasing resilience in communities.

INITIAL GOALS OF THIS PILOT PROJECT

- 🌿 **Consultation** : Establishing and/or strengthening links with green health practitioners, health sector referral organizations, landowners, community groups and relevant public bodies to promote green prescribing. Identifying strengths and weaknesses, barriers and recommendations from professionals in health and third sector so that green prescribing can become widely available.
- 🌿 **Mapping of greenspace** against community needs to identify key woodlands for green infrastructure (GI) funding in each of the three Hywel Dda counties (Ceredigion, Carmarthenshire, Pembrokeshire.) These will be woodlands that are or could be used for social forestry and wellbeing activities, and have the potential to be improved for these purposes should further funding be available.
- 🌿 **Develop a training and standards framework** for green health / woodland wellbeing activity leaders in partnership with other organisations in the sector, in order to stimulate and support increased professional opportunities in both care and nature.
- 🌿 **Investigate options to develop sector-leading accessible woodlands (starting with one in each county)** for future GI development in line with current public health and wellbeing agendas.



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1. PROJECT OVERVIEW

a) Description

The Green Health and Access West Wales (**GHAWW**) Project, funded by Enabling Natural Resources and Wellbeing in Wales (**ENRaW**) is a one-year pilot project finishing at the end of May 2020, and focusing on the potential for increasing all-ability access to nature-based health and wellbeing opportunities across the Hywel Dda health board counties (Pembrokeshire, Carmarthenshire and Ceredigion) with particular reference to woodlands.

The project undertook to identify specific woodlands in each county which could be improved through GI (green infrastructure) work to provide 'exemplar' community based woodlands giving 'access for all' to green health and wellbeing opportunities in line with the values of the Wellbeing & Future Generations Act. The steering group agreed key features or criteria to help identify priority woodlands for further support.

The pilot also consulted with community connectors, green health providers and health sector professionals to establish the main barriers to people with mental, physical, and social needs accessing this type of service.

b) Introducing Coed Lleol – Smallwoods Wales

Led by Coed Lleol (Small Woods Association Wales), the Wales branch of a UK-wide charity, this project has been guided by a steering group whose broad membership spans local government, green health and wellbeing providers, and health and community sectors. Coed Lleol has been running woodland health and wellbeing programmes for people with social, mental and physical health needs for over ten years across many counties in Wales through the 'Actif Woods' projects, and by in partnership with others.

Other project partners who have been involved in developing the project concept, have joined the steering group and contributed to outcomes include Reconnect in Nature, Tir Coed, Llais y Goedwig, Ceredigion County Council, Hywel Dda Health Trust, Public Health Wales, RAY Ceredigion, Pembrokeshire Coastal Forum, West Wales Action for Mental Health, and the Wildlife Trusts.

c) Identifying woodland sites

Alongside woodlands scoped for this project, a **detailed list of selection criteria** has been developed to ensure appropriate enhancements of accessibility while protecting the biodiversity and integrity of the chosen woodlands. **The criteria aim to identify woods suitable for a range of nature-based programs, rather than simply recreational public access.** The list of woodlands is drawn largely from those already open to having groups run activities, or as recommended by green activity leaders as known suitable sites for a range of activities. Setting woodlands against the criteria showed how difficult it is to find suitable sites for full accessibility without excluding sites which would be ideal for people with social or mental rather than physical challenges.

d) Case studies – exemplar sites for further development

After mapping and consultation around selection criteria for most suitable woodlands to develop across Hywel Dda, we have shortlisted **Black bridge Woods in Milford Haven**, Pembrokeshire, a series of **green spaces in the Aman Valley**, Carmarthenshire and **Allt Gogerddan**, a woodland site near **Aberystwyth in Ceredigion**. While no formal criteria have been developed for shortlisting communities themselves, the sites selected are in areas of recognised health and wellbeing deprivation. Networking with the communities and green activity leaders in these areas suggests significant interest and experience in engaging people within these communities to participate in nature-based programs.

e) Evidence of need and benefits

Research is widely available from multiple sources on public health and social deprivation demonstrating the benefit of green prescribing, and this project assumes these needs are found in all communities whether rural or urban. Equally, access to green space near where people live can be difficult whether people live in urban or rural communities.

Instead of further documenting 'need' **this project has consulted on barriers to engaging with the green opportunities** – finding that the barriers begin well outside the green spaces and 'access' improvements will need to start at their front doors. Getting people TO green spaces in many cases falls to our other partners across the third sector. This is why working with a 'cluster' model of community care is likely to be most successful and sustainable.

For an understanding how future GI improvements could cater for the complex barriers or needs client groups could have once they arrive at a green site, **specialist disability group leaders** were interviewed as part of this study. They helped to identify practical client needs across a wide range of disabilities both physical and mental, and to help us identify the most comprehensive access features to incorporate in the proposed key woodlands.

f) Focus on training and standards for an emerging skilled service sector

Over the last year Coed Lleol have initiated and facilitated a Wellbeing in Nature training group, which has met regularly as part of our pilot project. Bringing together a partnership of 10 different organisations who deliver training in this field, this partnership is providing a consensus on training and standards in order to support best practise for leaders of nature-based health activity in the outdoors. Training development and sharing best practise will foster confidence in prescribers.

g) Asset building: mutual sustainability by combining people and place

Combining the community 'Cluster' model approach with enhancing a specific woodland in the same locality, provides a natural focus for wider community regeneration and wellbeing. As communities engage and benefit from their relationship with 'their' green space, and more agencies and organisations support green and social prescribing of outdoor activities – a community develops a stronger sense of place and reconnection.

2. BACKGROUND

Why green health and wellbeing is a timely & legitimate approach

CASE STUDIES & TESTAMONIALS

"Being part of Actif Woods has improved my well-being and given a new focus to my life. Stress levels, blood pressure and self-worth have all improved. I have been introduced to the local area which I didn't know existed; and have introduced friends and family to these areas also. Have learnt new skills and been involved in a variety of activities from forest connections, tree identification, willow and wood working. I have also made a new circle of like-minded friends."



Evidence

This project was initiated in response to the strong body of evidence that demonstrates the health and wellbeing benefits of being active, outdoors and engaging with nature. Outdoor nature-based activity improves mental health, increases lifespans and reduces the incidence of chronic diseaseⁱ.

Currently, it is estimated that only a quarter of the population in Wales participate regularly in outdoor recreation and 47% are active for fewer than 150 minutes per weekⁱⁱ. One in four of us will experience mental health issues in our lives. This rise in mental and physical health issues is putting additional stress on GPs and the NHS.

'Green Prescribing'

Social prescribing offers an alternative approach to treating mental and social wellbeing using a more holistic approach. GPs, other health professionals, community connectors or link workers using a social prescribing method can refer people to a variety of social groups running in their area. Outdoor nature-based activity offers one route to health and wellbeing via the social prescribing model but is often overlooked and its provision can be patchy. This report supports increasing the accessibility and robustness of this holistic wellbeing approach which offers the NHS and communities many additional benefits.

As recognised in the Wellbeing of Future Generations Act, and in the Hywel Dda health board's 'Health & Wellbeing Framework', public health services are now focused on establishing routes to 'social prescribing', facilitated by for example the community based 'community connectors'.

Access to green space

Furthermore, it was anticipated that although all communities need accessible greenspace on their door step, not all have this. Often it is those with the greatest need to improve their health & wellbeing that have the most limited access to greenspaces.

This includes people with mobility issues, those in wheelchairs, and families with small children. Housing poverty often means no access to a garden or safe green local play or walking areas. Further, people living in rural areas are often surrounded by private farmland and few cycle paths or pavements as well as poor public transport services. The assumption that people in rural communities have all the green space they need is often a mistaken belief.

The shift towards less medicalised care and more ‘social’ and wellbeing prescribing **still does not capitalise on NATURE, or the environmental sector and all it has to offer**. There is a need for sharing greater knowledge and understanding of nature-based health initiatives, what they can offer and for whom they are suitable.

Coed Lleol and this project has engaged with many outdoor wellbeing initiatives being provided by colleagues in Tir Coed, Reconnect, Walkability and John Muir schemes, and other providers. These are catering for mental health, physical life-style related health issues, social opportunities to reduce social isolation, learning difficulties, focus on deprived families and giving volunteering and career opportunities.

Extending this knowledge through strong partnerships between nature-based health care initiatives, the health sector, social prescribers, landowners, and public bodies could strengthen and develop Green Care across the three regions.

3. STRUCTURE OF THIS REPORT.

The following three sections will detail the main scoping activities undertaken for the GHAWW pilot

SECTION A: RESEARCHING THE FIELD OF ‘GREEN PRESCRIBING’/SOCIAL PRESCRIBING TO OUTDOOR HEALTH ACTIVITIES

This section presents the results of our formal and informal research. This includes surveys conducted with health professionals and outdoor activity providers, conclusions from consultation exercises with the key stakeholders and informal research conducted with practitioners, health sector referral organisations, landowners, community groups and relevant public bodies.

The GHAWW project consulted with 50 health professionals and outdoor health activity providers using an online survey shared through Coed Lleol and partner networks. The online surveys were designed to assess the awareness of social prescribing to outdoor health activities, examine the barriers and benefits perceived for increasing access to green health activities and to explore how to build greater capacity and improve access to outdoor health in West Wales. Additionally, the questionnaire for the outdoor health activity providers included questions that started to explore their training needs and their knowledge of accessible woodlands. The full report is available in **ANNEX A**. In addition, a consultation exercise was also undertaken with participants of the Zoom Stakeholder event that covered some of the same themes as the surveys (a full account is available in ANNEX A). A summary of the key findings of the survey and consultation exercise is presented below,

- The central health and wellbeing issues within communities was felt to be,
 - Mental Health Issues (including stress, anxiety and depression often leading to a lack of confidence and resilience to tackle problems)
 - Lifestyle choices: low physical exercise, sedentary lifestyle and obesity
 - Social Isolation
 - Rural communities: poverty, poor public transport, lack of access to green space, lack of local opportunities
- The key benefits of social prescribing to outdoor health activities were thought to be:
 - Building community resilience for longer-term solutions to a healthier society: *local solutions could build capacity for a social model of health that would reduce reliance on prescribed drugs and potentially create a more physically active society*
 - It provides a structure for a preventative and curative approach to health and wellbeing
 - It reduces GP appointments alleviating pressure on the NHS, ultimately saving money over time.
- 63% of the health professionals had directly used a form of formal or informal social prescribing in their work, and 85% had connected formally with community connectors/link workers or social prescribers. *The types of social prescribing varied from informal signposting to more targeted referral partnerships with one of two organisations to more formal prescribing to social and community interventions and groups. Many of the respondents listed a range of organisations and groups that they might prescribe/refer to from friendship groups, coffee clubs, walking groups, volunteering, dementia groups and some outdoor health projects*
- Just over half of the health professional respondents had previously referred to outdoor health activities before. 52% of the health professional respondents and 72% of the outdoor health activity providers were aware of fewer than two outdoor activity providers in the three counties.
- 82% of the outdoor activity providers questioned used woodlands in their work, 46% regularly and 36% occasionally work, *however finding suitable sites with good facilities and all year-round use was cited as a challenge of the outdoor health activity providers*

The key barriers to strengthening and developing social prescribing to outdoor health activities are presented in the table below,

Barriers for Health Professionals	Barriers for Patients/Clients	Barriers for Outdoor Health Activity Providers
Lack of Knowledge of Outdoor Health Sector and Provision Across all area	Lack of knowledge about what is available (incl. alternative methods to health and wellbeing)	Funding
Lack of Understanding/Alternative pathways to health (non-medicinal)	Social Anxiety, low self-esteem, lack of motivation and low confidence of the patients/clients prevents a barrier to initial and sustained contact. A perceived, or lack of, physical ability to join in	Social Support and Motivation to engage new participants
Confidence in and Governance of the sector (quality assurance, training, evaluation, health and safety)	Transport in rural areas and poverty	Rural Transport/Poverty
Developing a seamless process (lack of GP time, time delays, referrals, how it works in practice)	Process: Lack of clear pathway to refer/sustainable organisations	Lack of network to support, train and promote outdoor providers (lone workers)

Accessibility for All (transport/disabled/poor mobility)	Accessibility and amenities in woodlands/outdoors – toilets, shelters, pathways	Difficulty Recruiting and maintaining suitably trained staff
Long term sustainability/funding	Lack of social support to support patients to attend (buddy system or peer to peer mentoring)	Lack of Evidence and Evaluation of Impact/Research
		Finding suitable sites with good access and facilities for all weather
		Difficult to engage GPs and health services to prescribe (GP tie-in)
		Challenges of working partnerships/wider organisations
		Lack of activities that cater for whole family

To strengthen the case for social prescribing to outdoor health in West Wales, the following suggestions were made, both the health sector and the outdoor activity providers provided similar responses to this question,

Suggestions to strengthen SP: from Health Professionals	Suggestions to strengthen SP: from Outdoor activity providers
There is a need for valid qualitative and quantitative evidence of positive change for demonstrating the effectiveness of social prescribing to outdoor health activities, including cost to benefit ratio (or SROI – Social Return on Investment).	A network of health professionals and outdoor providers for shared training, funding, advice, and development of codes of best practice and evaluation
There is a need for an organisational structure for governance, and to promote and train the sector.	
There is a need for more and focused advertising to raise awareness of social prescribing and of the social prescribers themselves.	Better advertising, awareness, and evidence about outdoor health
There is a need for longer-term funding to secure sector	More funding/knowledge of funding/support
Transport, increased access, a variety of options and social support for patients is needed to ensure maximum participation.	Transport provided or more local events for rural communities & Social support for participants
There is a need for larger-scale buy-in from GPs	Woodland Development: access, facilities, year-round access, disabled access. (database)

SECTION B: IDENTIFYING WOODLAND SITES FOR FURTHER CONSIDERATION

B.1: Developing Criteria For Choosing Woodlands

The experience of GHAWW steering group members representing LA's, health sector, community and green health and wellbeing activity providers, as well as the experience of Coed Lleol woodland mentors and leaders, has ensured the criteria below support suitable management plans, risk assessments and protect or enhance biodiversity alongside increasing engagement between the public and their green spaces. These are the resulting criteria:

Criteria for selecting woodlands for future GI development -

1. **Where needed the most:** Proximity to areas of population in need (based on discussions with relevant individuals*) and accessible on foot or by public transport routes, with good parking for minibuses. * consultees: social prescribers, social care and charitable support organisations, woodland leaders already working with health groups; backed up with basic population data from LA and HB as a further check.
2. **Added value points:** Sites that are also part of wider routes or amenities and potentially in walking distance of a school which could benefit from more outdoor activities. Added value for amenity purpose e.g. viewpoint, water feature, and beautiful type of woodland/vegetation. Ideally places with a 'strong sense of place'.
3. **Ownership:** Owned/run by organisation or authority we can partner with reliably and for the longer term.
4. **Accessibility & versatility:** Potentially or already accessible by good path into at least one group activity space. Also assess the mobile phone signal and functionality of emergency numbers. Ideally sites with a variety of different types of spaces, diversity of opportunities on one site.
5. **Already used by community:** In areas with active support groups such as for mental health, and already being used for group activities. Look for progression potential ie. Activities leading to on-going groups, or for example the adoption of an area / facility or aspect by a local entity.
6. **Deliverability:** How much resource will be needed to improve it – suggest in each county one 'ready to use' site and one 'more ambitious' that would if funded be greatly improved with some infrastructure work.
7. **Ecology:** Sensitivity to ecological and landscape/biodiversity features with sites properly consulted on before final choices to ensure routes and access works do not cause damage. Key message: cause no harm. Support this objective by having a professional biodiversity impact assessment, and land management plan to fully ensure no damage by increased human activity.
8. **Site facility considerations:** Existing or potential for – fire pits, toilets, undercover areas – whether temporary or permanent. Also some areas where overnight stays could be permitted if possible. Noise: notice where activities will need peace and quiet or not being interrupted by other noise/public/ activities such as mountain biking etc. The ability to 'make private' an area while in use for an activity – e.g. gates, do not disturb signs.. And being out of direct view from other space users and busy public footpaths.

9. Disease assessment: Ash die back and other diseases likely to cause risk – to be assessed and included in any management plans, risk assessments and access permissions. (Coed Lleol RA's include Ash die-back.)

10. Woodland Hub potential: either new build or use existing facilities – to enable year round classes. Potential for the area to be developed as an exemplar site for a wide range of woodland activities and courses by a variety of groups, with permanent facilities and good access.

B.2: Issues in woodland access/use

Mapping for this project combines existing site data with new scoping. Across the three counties GHAWW draws on woodland site recommendations from both Coed Lleol mentors and project partners such as Reconnect and Tir Coed. In Ceredigion, Coed Lleol has a long history of running Actif woods projects and so has already used many sites. In Carmarthenshire, Coed Lleol's Lost Peatlands project around Amman valley has already established strong local working relations, identifying a community cluster delivering services in a series of green spaces along the Aman valley. Other information was obtained from Tir Coed who are active across the counties of Carmarthenshire, Pembrokeshire and Ceredigion, as well as Powys. This GHAWW project has enabled scoping of new sites in Pembrokeshire where Coed Lleol don't yet run services – and formation of new partnerships with groups who offer nature based health in the county. In Pembrokeshire, significant information was obtained from project partners Reconnect in Nature, who run activities there.

Ownership, and the location of publicly owned woodlands can often be distant from areas of population, suggesting proactive collaboration with other landowners both private, community and organisations such as NRW, Woodland Trust, and National Trust, to enable comprehensive mapping of green health and wellbeing sites across the region and indeed pan Wales. Activity leaders often need places off the beaten track – therefore going forward we should seek woodlands that are not necessarily publicly owned or with public access.

Accessibility: different user groups will have different physical capabilities meaning that many sites are already suitable for much of the group work. However this project seeks to **identify a key site in each county** that warrants specific upgrading to give 'all ability access' – such as wide paths for those needing an assistant, along with other features within **the criteria** above. Funded woodlands would then have input to the GI design by access officers, user groups, biodiversity officers, green wood-workers and woodland managers to ensure future proofed exemplar woodlands which would act as a blue print for the future.

B.3: ACCESS: Specific design and facility considerations for best practice accessibility

DISABILITY INTERVIEWS TO SCOPE BEST DESIGN FOR MEETING FULL RANGE OF NEEDS

During Covid lockdown, telephone Interviews were informally conducted to gain qualitative insights into running woodland health and wellbeing activities for a wide range of conditions, both physical and mental. This has contributed to our recommendations section particularly the Green Hub section.

The interviewees contributed experience from their own work and that of colleagues, and there were numerous shared suggestions. The range of expertise canvassed for this report included: staff who

have worked for Coed Lleol in Neath Port Talbot, Coleg Elidyr Camphill Community , near Llandovery, Carmarthenshire - specialising in young adults with learning difficulties and disabilities including autism, Down syndrome. Other interviewees have worked at Value Independence, Milford Haven, and Pembrokeshire and for Pembrokeshire Coast National Park's walkability and other accessible activity schemes including John Muir scheme. Groups on our steering group with similar client groups include RAY in Ceredigion who have contributed to the criteria needed in key woodlands taken forward.

Interviewees were asked to reflect on groups they have worked with specifically, and the issues they have being outdoors for group experiences. They were asked if they could describe the ideal setting, or facilities and features for their groups, what those would be.

These conversations enabled detailed discussions on needs and typical problems that crop up with for example people with autism, or even straight forward wheel-chair friendly surfaces. Attention to detail made these interviews a very rich source of advice for future design of genuinely accessible spaces. Some of their experience related to the risks and safety considerations of some groups around tools and equipment which would not be the area of this study. Their work included dealing with violent group members that needed restraining, to others who might suddenly drink petrol or other equipment based chemicals, and they had a detailed appreciation of a range of factors that could 'set the clients off' – including rain, or not having a 'safe place' they could identify in the outdoors, which for many initially was a new and unfamiliar place to find themselves.

Barriers they cited included – fear of a new environment – for urban clients the outdoors might be quite alien; dogs on the loose ie. with dog walkers; noise, rain, reflective surfaces (therefore laminates and signage needs to be matt; for non-verbal people – sensory experiences are valuable; break-out space for different attention spans or 'cooling off'. These all suggest the 'green hubs' proposed for key sites, also need the paths or spaces around them to be part of the design considerations for best practice. These specific features are included in the recommendations below.

PRACTICAL DESIGN FEATURES IN RESPONSE TO SPECIFIC NEEDS:

- 🍃 **PHYSICAL access for wheelchairs: Wheelchair surfaces** – NOT woodchip path surfacing. Flat access, wide pathways, well drained surfaces as people's hands grip the wheels, so muddy areas problematic unless motorised chairs.
- 🍃 **Two by Two** pathways allowing for two people to walk side by side – such as when an assistant /carer needs to help someone infirm or blind. Encourages buddy walking or for those in a group to socialise more easily.
- 🍃 **TOILETS** – this is raised by all those we talked to - need for large or disabled toilets with enough space for two people, so that a carer or assistant can go in to help or change a client.
- 🍃 **Walking distance to a disabled toilet** to be considered. If not available in the woods – suggestions include linking up with places that do have them, such as the nearest school (for Milford Haven site).
- 🍃 **Car park space** for mini buses or accessible vehicles.
- 🍃 **Gates** – some of the supposed wheelchair friendly slanting gates do not cater for all types of chair. Some, where additional physical support is needed often have higher backs of other equipment which prevents them going through these 'wheel chair gates'.
- 🍃 **Light & reflective surfaces:** Many special needs people struggle with reflective surfaces, therefore care for signage and even temporary laminated notices and instructions need to be in a matt finish.
- 🍃 **Attention spans can vary** – having short routes as alternatives or features that can occupy.

- 🍃 **Seating** – needs to be a variety. The picnic type tables with attached benches are a problem for those in a wheel chair. Having a range will be helpful. Also some people need to sit while others might need to pace or be actively standing / walking - therefore spaces around activities, such as fire side, need room for those who wander about as well as those who can sit for prolonged periods.
 - 🍃 **Signage:** Signs to use widgets (symbols) – such as ‘Imprint’ which is a standard system that converts words into symbols. Such as used by award winning Coleg Elidyr.
 - 🍃 **Green Hubs:** leaders said a dry indoor space is valuable as some clients struggle with changes in the weather. Autistic or anxious people might need this shelter mentally – and the sound of rain can be disturbing. Therefore roof coverings for the Green Hubs could for example have grass roofs. Roundhouses with open sides also recommended so that people don’t feel closed in and can engage or enjoying ‘being in nature’ while being protected if this is what they need especially while it is a new experience.
 - 🍃 **Safety:** having a central location that can be considered ‘a safe space’ within a new surrounding – rather like a base camp.
 - 🍃 **Graded stages:** to help people adjust, especially if they are not used to being outside/or in nature – spaces near the hub or centre, could be more managed, leading into less managed and then wilder areas so that people can take it at appropriate pace.
 - 🍃 **Sensory walks** and areas for Autism. For non-verbal or blind clients this is also very beneficial.
 - 🍃 **Resting places:** plenty of places to sit down or rest as those with mobility, fitness or actual physical disabilities often will have to stop to rest.
 - 🍃 **Dogs:** Site green hubs or group activity spaces off the main routes for dog-walkers as some clients (eg. autistic) can be afraid of dogs. Course leaders will usually have behavioural measures in place ready to deal with encounters or need alternatives for break out space to take people to calm down/overcome their anxiety.
- Engagement: What works well really depends on the individuals being catered for. As the leaders said when asked what people need the most, “it depends”. It is often the skill of the leaders to recognise when nature provides the help: one example of a young man who would not go outside or talk to anyone. What engaged him fully and enabled him to overcome his barriers was finding and studying a snail.

MASLOW’S HIERARCHY OF NEEDS

The design of green hubs and proposed green health and access modifications to our key sites will reflect this model (see figure below), by first addressing the most basic needs – for shelter, and bodily needs – then safety and confidence building – which comes from the recommendations below made by leaders experienced in working across the spectrum.

How our findings connected with theory?



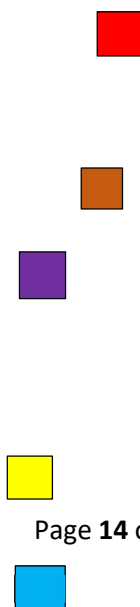
These main points were highlighted in our interviews with leaders experienced in working with many types of access and wellbeing challenged groups:

B.5: Mapping Potential Sites: Applying the Criteria to woodland selections

B.5.1: Pembrokeshire & Case study

Encircled in a world class national coastal park providing wide access to quality green space for many coastal communities especially in smaller settlements, this study focused its woodland scoping more on inland urban areas of need.

The map below shows five very different locations – two around the county town of **Haverfordwest** are already well underway being improved by the Local Authority with potential links to further walks and green space around the town. A smaller site in the north - **Fishguard** has limited scope for larger groups but has already been improved as part of Better Woods Wales though needs paths to be further upgraded. There is also good access to the coast path and a



relatively small population compared to Milford Haven and Pembroke further south.



WOODLAND NAME	CLOSEST COMMUNITY	ACCESSIBILITY	OWNERSHIP
SHORTLISTED SITES			
BLAEN Y DELYN WOODS	FISHGUARD LOWER TOWN	Public access on foot. Paths start wide but path construction and repair needed after about a mile. Could potentially link with Gwaun Valley.	PCC under Better Woods Wales program.
WITHYBUSH WOODS & OLD MILL GROUND	HAVERFORDWEST	Industrial estate - bus/car By foot from housing. Parking at second point. Good.	PCC owns both and is doing path works to both. First is a long walk or cycle, second in heart of town and will connect to the rear of the hospital.

BLACK BRIDGE (MOUNT) WOODS 1st choice A hidden gem with real sense of place	MILFORD HAVEN Recommended for GI improvement and secure activity program. KEY county woodland project.	Central to town. Near schools, but access points need work. Work needed.	COMMUNITY ASSOCIATION wishing to pass it on. Possible support from Milford Town Council (Mayor is on their Committee) and the LA has been engaging with GHAWW.
BUSH WOODS CLUSTER of woods – Quarry and Cuckoo woods. Good access but much pathwork needed. 2nd choice	PEMBROKE Recommend as a second development site with the LA – less sense of space but well located and well established green activity provider (Green Links) with good community engagement, already in place . If the GI developments wanted to upgrade the town green spaces generally, then Holyland woods – pathways and board walks could be included.	Public access to all but path and walkways need replacement/repair and new paths in places. Holyland woods: also on outskirts of Pembroke – various community involvement – mostly a walking route but the lowlying wooden walkways need major replacement.	‘Green Links’ on site at Bush woods with facilities for groups.

PEMBROKESHIRE CASE STUDY (1) – MILFORD HAVEN BLACK BRIDGE (‘MOUNT’) WOODS

Mount wood, Blackbridge, Pill wood – a number of names are locally applied to this charming hidden gem, 15 acres of magical secluded woodland located alongside a deprived housing estate and near to the school, and main road routes through Milford Haven.

There has been over a decade of involvement from the community, with some negative complications resulting in the original Mount Community Association being replaced by a new committee – Myrtle Community Association. There has been contact with the LA officer during this scoping exercise, who is open to staying involved going forwards. There is a member of the community association much respected throughout the community and by the LA, MRS K G, who is about to be elected Mayoress of the town council.

She is still very interested in seeing the site developed for more access to the community. She has been asked for a description of the range of activities that have run in the past. Stop-start funding was the final reason that many activities stopped. They had employed a woodland activity leader – partly through local business donations – which was a turning point in reducing vandalism and anti-social behaviour. One active member of the association also has farmland backing onto the site and land which is suitable for these group activities. He has worked with Reconnect in the past and is willing to make his land available to Reconnect and others if health and wellbeing programs start up. He is also a contractor so there are

easy links with access to machinery for site maintenance. Public liability is currently covered currently by this person (we understand from recent conversations).

There is a round house structure and ponds, and other infrastructure that will need servicing or replacing. The nearby secondary school sent behaviourally challenged student groups down there and other groups such as Mind and walking groups have made use of the woods. There were activities such as forest school, cross country runs from the school, and a period of about 10 years of active engagement and improvements.

The Mayor is planning to raise the woodland with the Town Council, and we have relinked her with the LA officer. Other committee members, are keen to support maintenance, and community activities and improvements – making this a ‘ready to go’ project for a GI bid.

Local politicians are also in support and Milford Haven has a wider regeneration phase beginning which could result in some further support to bids. Such as the Milford Haven Port Authority, the development of the Keyside buildings into hotel and conference centre, and most recently the new SW Wales Community Rail Partnership is proposing Milford station be one of its first development and community hub stations. With these various forces coming together – ensuring GREEN SPACE is also enriched as part of upgrading the town – would be easily argued.

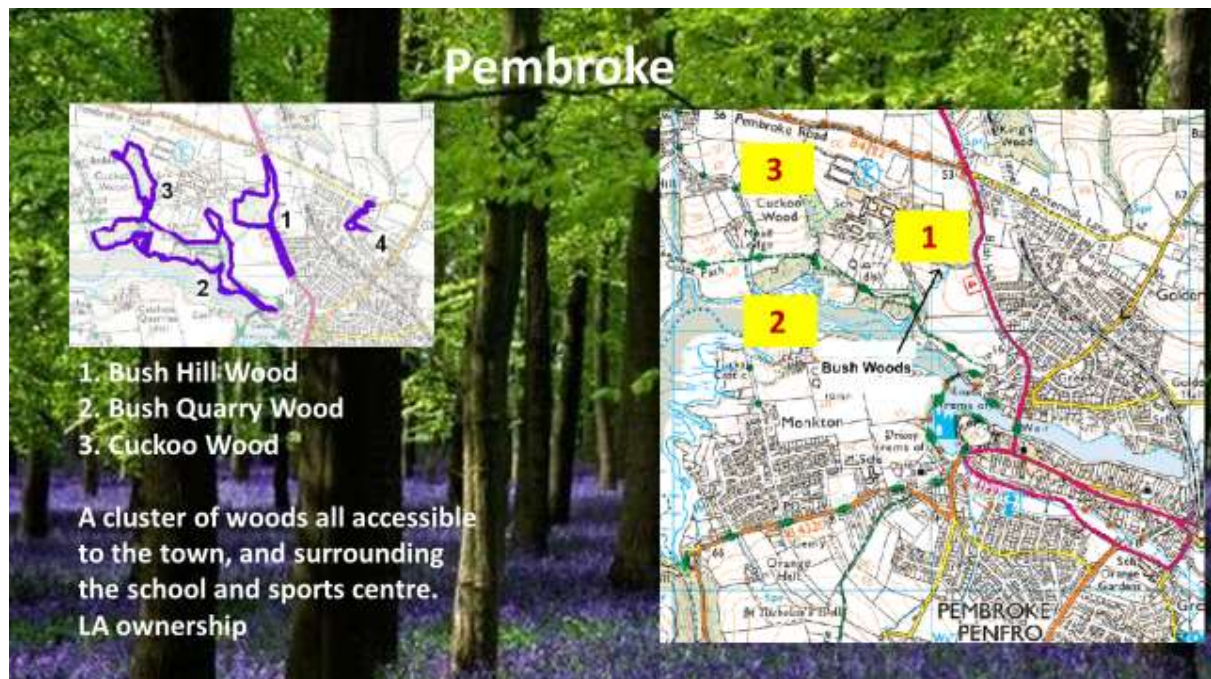
The Milford Haven’s Black Bridge woodland has already been used for some years for social and wellbeing activities but sporadic funding has led to its demise. Most unusually it is located within the town and could therefore benefit the highest number of people. A cluster of GPs surgeries and established community groups for youth, special needs and others as well as ownership by a community association make this an excellent site for building a green ‘regeneration’ model that could be shared across Wales. High quality secluded woodland within walking distance of a large population with significant social and health needs is a main reason for selecting this as our key woodland in Pembrokeshire.



PEMBROKESHIRE CASE STUDY (2) – PEMBROKE – Bush, Cuckoo and Quarry woods

While Milford Haven has areas of significant social deprivation and is our recommended key development site for further GI improvements, **Pembroke** is also an area of recognised social

deprivation, and a cluster of three green spaces (woods) would also offer similar benefits to these communities, standing in second place for this pilot. Both areas have active community infrastructure which could be galvanised to 'own' the development of these sites forming long term 'community clusters' around the woodlands. Milford Haven woods are owned by a community association whereas Pembroke woods are under Pembrokeshire County Council control – giving a second place back up should ownership issues prevent public funding being awarded. Both these sites would serve similar populations and needs, and both are situated within these inland towns in easy walking distance for many.



Pembroke is another town with significant social and health deprivation. In Pembrokeshire it tends to be the coastal communities and towns (such as Tenby, Newport, St Davids) where the majority of tourist business falls and greater proportion of holiday homes. Inland has a far lower share of the seasonal visitors and their income. Pembroke castle with its attractive Castle pond is however a big visitor attraction and its proximity to the refinery also gives some nearby key employers. Like Milford Haven – a number of factors brought together can be regeneration multipliers, and making green spaces part of this is in line with the purpose of this pilot and work done in green wellbeing by many organisations.

At the far end of Castle ponds lies the small **Holyland woodland** and walkways already mentioned. There is good car parking but the walkways are in a bad state of repair and much of the paths are on steep and narrow tracks which could not be easily widened without significant tree damage or loss at first inspection. However these could be left for more able bodied users with the walkway being a focus for all access GI improvements IF this area was to be developed alongside the 3 woods identified below.

These three woodlands are under local authority ownership – and Pembrokeshire County Council has good green infrastructure agendas at work currently. These areas are also right alongside both the leisure centre, the new secondary school, a care home (in Bush woods), and the very active 'GREEN LINKS' project which takes up to 250 school pupils a week in for activities particularly those struggling in mainstream. Tir Coed has done woodland projects with Green Links, and there are a number of meeting spaces and basic class rooms and meeting / car parking spaces for programs that could be run in these woodlands once invested in for better access and infrastructure.

Green Links could be the location of a woodland hub for this cluster of woodlands, and already has a great deal of links with the community and various agencies. In our recent online 'woodland

taster day' several of the participants in the consultation had personal links with the town and knew of activity already going on around making use of the woodlands by community groups. One participant suggested there may be planning applications connected with the school that impact on the area – and again putting the green proposals in at the same time could give considerable benefits of joined-up thinking and planning for all users in that area. Quarry woods could have pathways with water frontage (and links with paths to the nearby housing areas) adding connectivity to this whole side of town for more outdoor active engagement.

Please see **Annex B** for full list of Pembrokeshire woodlands considered.

B.5.2: Ceredigion

Many green health & wellbeing projects have been running throughout the county for years, making use of a variety of sites. The extensive experience of Coed Lleol regional mentors and partner organisation Tir Coed – was harnessed in identifying the site to further develop in Ceredigion based on local partnership and engagement.

There are a number of woodlands in **ANNEX B** which have been used by Coed Lleol for the Actif Woods programme, and/or by Tir Coed. Many are suitable only for certain activities (e.g. walking) due to limited space for facilities, and many have access suitable only for the more able due to steep terrain or lack of suitable access/parking.



Proposed site for further development funding - Allt Derw

Actif Woods's leaders have highlighted the suitability of the NRW woodland Allt Derw, at Gogerddan near Penrhyncoch, just outside **Aberystwyth**, for further development. This has suitable access and terrain, is close to the community of Aberystwyth with good public transport links, and is in public ownership. Coed Lleol already holds permissions to use a part of the woodland and it is frequently in use by the Mind Aberystwyth Woodland Ecotherapy group. The group have been involved in woodland management over the years, including restoration of a former arboretum and restoring an old area of coppice. Other users (including Gogerddan Childcare, a nursery day-care setting) also have permissions to use other parts with a forest school site having been developed. Subject to discussions with NRW, further development of this site for community and health and wellbeing use could be considered. Current facilities, paths and parking are limited but could be improved. It should be noted that a portion of this woodland is set to be clearfelled in the coming 5 years and this could affect plans.

Other woodlands in Ceredigion

Through this pilot project, interest has been expressed by community groups in particular RAY Ceredigion in finding a woodland site near **Aberaeron** where a 'cluster' of community services would like to extend into nature based health and wellbeing. This is still being researched without an obvious site as yet. Significant need for a woodland near **Cardigan** has also been noted through requests from potential referral organisations. Private woodlands have been visited by Coed Lleol and partners Reconnect and Llais y Goedwig, with excellent potential, but have not been further investigated within the timeframe of GHAWW. A further note should be made of two excellent sites near **Lampeter** which have already had significant GI investment – Longwood and Denmark Farm.

Please see **Annex B** For full list of woodlands considered.

B.5.3: Carmarthen

In identifying woodlands under this scoping study for Carmarthenshire GI improvements, it is all too easy to fall foul of the town-centric trend for service provision given significant urban deprivation. Llanelli with a population of 39,000 would be an easy starting point. But social, economic and personal needs are often the biggest barriers to engagement with nature, rather than distance from accessible green space. For example, some people whose homes can literally back onto wonderful green spaces such as the Brecon beacons, may not benefit from green space however near until they *engage* with an activity or social network that literally opens their eyes to their local treasures and helps them to overcome their individual challenges to spending time in nature.

Old Slag heap. Varied spaces, some steep areas. Access to a community centre.

PARC GOLWG YR AMMAN - Amanford and Glan Aman area.

Riverside woodlands approx. 50 acres with public rights of way.

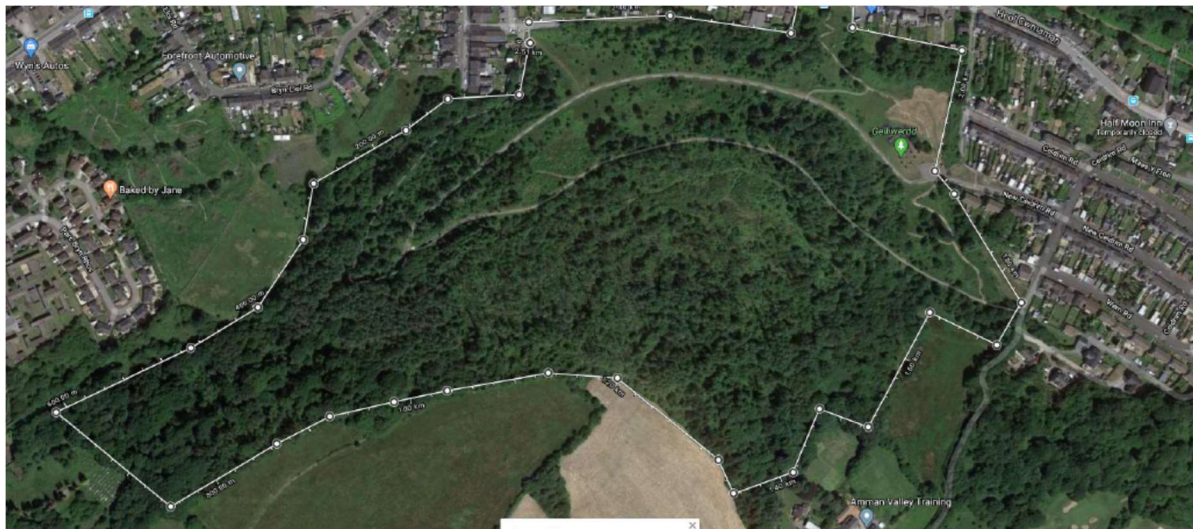
Partially owned by the LA. (Part of GI project (ENRAW) in Cwm Aman area of Carmarthen. From April subject to 3 year funding bid). The Nearby RED KITE INN could provide a partnership win-win if it offered a facilities 'hub' for meeting up to run group sessions. Benefit post Covid for the pub and activity leaders.



Riverside woodland under mixed ownership with little maintenance in place. Regular safety issues with windfall obstruction of riverside walk. Easily accessible on foot from 3 access points (West, South, East). Possible activities launch hub at the Red Kite Inn to the South. Possible site for new "super school" development in the large fields to the South. Medium length, easy walk to Riverside Woodlands B, Parc Golwg yr Amman and the centre of Ammanford.



Narrow woodland space with excellent foot access through riverside walk pathways. Bisected by the Amman River. Short walk distance to local amenities at the Cwmaman Youth Resource Centre and Cwmaman Community Centre to the West. The Cwmaman Bowls Pavilion and Ysgol Y Bedol Primary School to the East.



Excellent access by foot with ample parking and access to facilities/amenities at the Cwmaman Community Centre. Land is steep but there are a number of flat “stands” within the boundary. Identified within Community Asset Feasibility Study, by community members, as being a site of potential improvement. Large flat space towards the top of the space, before reaching established Larch woodland on steep terrain, which sits next to the existing footpaths. Potential site for roundhouse or woodland schools type space.



Good foot access initially then gravel, stone and soil paths throughout the park. Excellent potential for a woodland building shown within yellow square. Accessed by the communities of Glanamman, Garnant, Brynamman, GCG and Cwmgorse. South boundary of the River Amman. Access by foot from South and East. Also, to the North via right of way off Llandeilo Road through farmland.

These three green spaces have been grouped because an analysis of need against populations counted by wards has demonstrated that rather than focusing on a single woodland for further GI support near a centre of population such as Llanelli (39,000) – supporting **dispersed green spaces**

along the Aman valley will reach the same numbers of people and benefit more from community support clusters already in place. Selecting a woodland because it is near a greater population would be understandable given feedback on transport barriers elsewhere. However movement patterns in the Aman valley show that travel in either direction to Swansea or Carmarthen over greater distances than those in Llanelli would have to travel (ie. to woods) for culture or shopping is not in fact a barrier. Therefore distance is less a barrier in this locality than an actual willingness to engage with green spaces.

Further there have already been Coed Lleol projects with the communities e.g. in Parc Golwg Yr Aman which has resulted in very good feedback. The community development officer has years of experience in community development in both extreme urban settings and in UK and Wales, including youth and protected children. He confirms in this area there are supportive and engaged services such as a mental health hospital, GP surgery, and Drug & Alcohol support teams. Therefore this is a readymade cluster project where further GI and project investment will be building further on the solid foundations achieved by Coed Lleol and other community engagement and the current GI project. This will further support resilience, and collaborative growth where Green Spaces can become a heart of community regeneration. [Rob Venus at Cwm Aman Town Council]

Please see **Annex B** for list of Carmarthenshire woodlands in addition to the proposed parcels of land.

SECTION C: DEVELOPING A TRAINING STANDARDS FRAMEWORK

Over the last year Coed Lleol have initiated and facilitated a Wellbeing in Nature training group, which has met regularly (four times over the year, plus some virtual meetings) as part of our pilot project. Bringing together a partnership of 10 different organisations who deliver training in this field, this partnership is providing a consensus on training and standards in order to support Best Practise for leaders of nature-based health activity in the outdoors.

The working group has investigated need gaps and learning pathways in the fields of social forestry and outdoor health, and as a result has developed a Level 3 AGORED Qualification in 'Wellbeing in Nature' for outdoor activity leaders. Development of further optional modules for this course is ongoing as well as the need to develop a Train the Trainer programme at Level 4 to ensure quality and consistency.

What was the purpose of the training group when it was set up and has this changed?

Initial Outcomes identified were:

1. Mapping of current training & pathways
2. Identifying core content across courses
3. Agreeing terminology
4. Creating Professional standards & Code of Best Practise
5. Evidencing need from providers and referrers
6. Developing new courses where required

7. Form an 'Association' to support the sector or partner and become a sub-group to the Outdoor Learning Training Network.
8. Understand social prescribing funding and how providers can tap into this to support, develop and build the services they are offering.

These outcomes haven't changed but have progressed as shown in the achievements section.

Who is a member of the group?

Amie Andrews – Coed Lleol Project Manager

Cathy Velmans – Coed Lleol Training Officer

Suzi Tarrant – Consultant Clinical Psychologist Hywel Dda University Health Board & Reconnect in Nature Leader

Georgina Kersey – Third Sector Integration Facilitator Hywel Dda University Health Board

Chris Dow – Down to Earth Training Manager

Andrew Dugmore – Reconnect in Nature Trainer / Founder

Rod Waterfield – Woodland Skills Centre Manager

Angie Martin – Tir Coed accreditation Officer

Carol Travers – Cambium Sustainable Trainer & Internal Quality Assurer, OLTN Chair

Karen Clarke – Specialist Advisor, Education, Lifelong Learning and Skills - Natural Resources Wales

Amanda Smith – Centre for Alternative Technology Training Manager

Holli Yeoman – Forest School SNPT

Richard Thomason – Small Woods Training Manager

Advisors from Public Health Wales:

Jennifer Davies - Consultant in Public Health

Asha Boyce – Behaviour Change Specialist

Lowri Evans – Senior Behaviour Change Specialist

What are the achievements?

1. Existing courses in the field were mapped and examined for core themes. 4 main ones emerged: -

- Health & Wellbeing
- The natural environment
- Group management / facilitation
- Practical skills

2. Existing courses were then reviewed & gaps in what currently can be offered were identified. Ideas for a new qualification were drawn up. The aim was to develop a qualification that would bring together the essential learning in the area of wellbeing with themes of understanding the

natural environment. The purpose of this – to equip the learner with all tools needed to deliver nature-based sessions for health and wellbeing professionally.

3. Terminology was agreed. The group re-named itself the Wellbeing in Nature (WIN) group.

4. Professional standards & Code of Best Practice from other organisations within the field were reviewed. It was decided that for our group this would be defined at a later date once the purpose of the group in terms of qualification development had progressed.

5. Research evidence of need. Training members of the group were asked to analyse their own organisations and training currently delivered to assess future potential for a new qualification.

6. A new qualification has been written in collaboration with Agored Cymru. It will be a Level 3 qualification called the Wellbeing in Nature Practitioner. Two new units have been written:

- Principles of Wellbeing in Nature

- Facilitating Wellbeing in Nature.

A 3rd existing unit will also be part of this qualification:- Sustainable use of Natural Resources.

The marking guidance is currently being written and is close to be signed off. The WIN group have worked closely with Public Health Wales and Natural Resources Wales to ensure that the content is current and reflects up to date thinking within these sectors.

7. Discussions have been held with the Outdoor Learning Training Network (OLTN) about joining their network. As a network they already have a visible presence and professional standards and guidelines, experience and good practice they are able to share. The OLTN are keen for the WIN group to join as a sub-group to their network as there is strength in building a single outwards facing network where people can look for professional qualifications in the health, wellbeing and environmental sector.

8. Connections have been made with the All Wales Social Prescribing Research network & discussions held about creating a Wales wide Quality Assurance Framework for Social Prescribing activities. They plan to hold an event once restrictions have been lifted to further this piece of work.

What is the planned follow on and next steps?

- To complete the qualification and run a pilot. This will be used to highlight any potential issues and inform changes needed to gain the outcomes required.
- As a network of trainers, it is important to build our knowledge and understanding through additional training needed to run this qualification. Public Health Wales has offered to work with us to tailor a course linked to the first unit we have written on the Principles of Health and Wellbeing and to bring their expertise in the field to the group.
- To build on the work of the OLTN to set standards for the delivery this qualification and to help review the OLTN current standards and Code of Best Practice.

4. CONCLUSIONS

This pilot project has consulted on how best to bring together the main building blocks: **woodlands**, green health and wellbeing **activity providers** and **prescribers** in the health and social services, **to support an expansion of green health and wellbeing opportunities** in what is an embryonic but collaborative sector.

LOCAL DELIVERY AND RECOGNISING LOCAL EXPERIENCE: CLUSTER MODEL AND DISPERSED SITES AS A PRACTICAL WAY FORWARDS

Transformation and public health agendas at a national level highlight our direction of travel as being to find new ways to deliver services with new partnerships, supporting the goals of community resilience and wellbeing enshrined in a number of current policies.

Delivering green health to small communities in their local green spaces, finds itself now well aligned with Public Health debate during Covid, where consideration of whether Transformation agendas should include solutions that are PLACE BASED. This is directly opposed to central governments 'centralised delivery' of so-called wellbeing and other policies.

The Dyfi Biosphere Outdoor Health Pilot Project, also funded by ENRAW, with involvement from Coed Lleol Smallwoods Wales, has shown how a **cluster model** where GP's, locally based green and social programme providers and appropriate natural spaces can lead to significant health and wellbeing benefits. It would appear from the consultation above that there is interest in replicating this model in south west Wales – with small local providers of green health activities coming together in a given geographical community to form a network with a single point of contact for health and social care agencies including GPs, community connectors, social services and hospitals.

This pilot focused on how to identify and access appropriate woodlands near to communities, and offers the green space element of the cluster model. Woodlands create a strong sense of place, and cohesive communities can be built around a sense of place. Growing concern and appreciation of the natural world fits well with developing nature based health and wellbeing services now, especially post Covid 19.

Public health research into service delivery under the Health & Wellbeing framework, and post Covid 19 recognises that next steps to recovery must include social and green solutions.

Stepping away from a largely town-centric approach to service provision in health and social care, and working with a more **dispersed approach** can reach as many people in need. A Public Health discussion paper currently circulating, is looking for 'new ways' to learn lessons and collect good practice. For example from stories about "my significant change" – similar to testimonials routinely collected by many green activity leaders and community projects, demonstrating the transformative effects of nature based health & wellbeing activities.

The findings of this project demonstrate that while good facilities at a woodland site are important, the most important fact is location – it needs to be within easy reach of the communities that need it, by whatever transport mode they will use. There are many woodland sites and few are suitable for all purposes – while the idea of a central 'woodland hub' is very valuable and much appreciated as an idea by many, it may be that in some cases it is more appropriate to develop several woodland sites in an area, for different purposes – some with flat access and good paths, others accessible on foot from a community; some prioritising 'private' spaces over good footpaths. In some cases it may not be feasible to find a site that works for every purpose. The Amman valley sites recognise benefits of having a dispersed approach in areas this suits the population mobility and where single sites are not adequate. Where a suitable site exists however for a 'woodland hub'

which can be improved for a wide range of purposes, this option would be very valuable and worth developing.

ACCESS FOR ALL ABILITIES

This project has discovered that catering for all abilities means much more than simply making wheelchair accessible paths, the starting point for this pilot. Many more disabled people have need of an accessible toilet than need a boardwalk. It is more important to be able to access the site initially (good parking, access to walking routes, proximity to local community) than it is to be able to walk/ride far once you are there. Access to a fire circle/outdoor classroom area is vital for all. Accessible footpaths are a bonus, but not all paths need to be accessible so long as key ones are. Disability has many types – privacy and quietness of site can be important, and there are specific factors (discussed above) which may affect people with autism or anxiety. As many as possible should be provided at a single site, but it may be that different woodlands can provide a valuable base for people with differing needs or disabilities. It is important to get specific groups of service users on board as soon as possible to ensure that the woodland is developed with their involvement and in a way that meets their specific needs.

CLARITY OF COMMUNICATION AND AVAILABILITY OF INFORMATION

While individual partnerships with health and social care sectors have been developed on the ground, there is a growing debate across the social, health and environmental sectors that **there is still no consistent 'join up'**. Prescribing these services does not have consistent **'buy in' at the GP surgeries yet**, and **information systems** which could make prescribing easier (Info Engine and **Dewis**) both have failings according to community connectors who have helped with our consultations. A cluster model would help with this by bringing together providers of green health initiatives in a given area, with a single point of contact for the health sector.

SUSTAINABILITY THROUGH LONGER TERM FUNDING, and CONSISTENCY AND CONTINUITY OF DELIVERY

Many of those we have consulted with make the case for **ongoing core funding** of green health services themselves. It would enable this type of health and well-being to become a mainstream preventative health tool, prescribed alongside other non-medical support as a permanent service. Many activity providers have to support themselves with a number of jobs, seasonal and often zero contract as uptake of their skills is tied to short term funding or one-off programmes. The on-off nature means that real talent is lost to the sector and through having to have other jobs – some leaders become less available to programs which struggle to gain stability or growth. Ideally with core funding and long term programs, the staff base could be secured with employment status equivalent to other care services and rehabilitation or social care.

Longer term funding also provides long term consistency of delivery, allowing referral partners to become familiar with what is available (without it changing as soon as they start referring) and successfully begin and continue referring over a period of time. Without consistency it's hard to get health services referring regularly to specific activities. The cluster model may avoid this problem somewhat – health services refer to the single point of contact for the network, whose job it is to keep up to date with what activities are currently available.

BUILDING TRUST THROUGH PROFESSIONAL STANDARDS AND UNIFORM TRAINING

GHAWW project has been addressing feedback from public health and others on the need for industry standards – Coed Lleol and partners recognise that a scaled up reliable service needs recognisable standards, employment stability and prospects to attract the quality of service leaders

and programmes which give prescribers the confidence to make referrals. The further development of a single set of training courses available to activity providers across Wales will further professionalise the sector, and build trust in green health activities from the health service, allowing for greater number of referrals.

PARTNERSHIP FOR FUTURE DELIVERY

We have the potential to cluster and connect many established organisations – adding a green option to their services as well as a community gaining a green connection to a local space they may never have appreciated. Until there is joined-up cross-sector action, **nature remains an undervalued and underused health resource** in the mainstream health sector despite a growing number of players in the field and evidence of value. Partnership and collaboration going forward will enable **join-up** across this emerging sector, allowing it to expand achieving resilience and sustainability.

5. LESSONS LEARNT & SUGGESTED IMPROVEMENTS

- 🌿 **Criteria for choosing woodlands** – access needs differ hugely between client groups and therefore which woodlands are suitable also differ. This made the shortlisting of woodlands for future focus less fine-tuned than it could be. The criteria developed by this project are robust all-round points that would benefit the majority. However many groups need more specialised help and being in a privately owned / less publicly accessible woodland could serve them better.

Therefore more differentiation in the criteria, perhaps theming for different groups such as mobility, wheelchair physical disability, mental health, special needs, autism, and so on – would enable sites to be approved for one group, while recognising it might be totally inaccessible to those in wheel chairs. People with physical challenges might be very comfortable being in far more public spaces, where dog walking and noise are the norm. Transport was often cited as a barrier to use of green spaces. Again this depends on the client groups. Many people with disabilities have bespoke adapted transport or are collected by minibus for other aspects of their lives. For target groups including young families from deprived backgrounds, this is more of an issue and costs or availability of public transport made many spaces out of reach. Woodlands suiting families and social deprivation would favour more publicly accessible spaces in walking distance to housing – such as the proposed Milford Haven woodland, near housing estates and school as well as town centre bases for a number of special needs groups.

- 🌿 **Mapping** – in future – identify and contact all organisations in the counties studied, who hold maps of the area. Give them our search criteria and ask them to nominate their woodlands regardless of ownership. This could help ensure that the fullest range of woodlands are included in the scoping systematically in future. Many partners with woodlands could be included if green health and wellbeing services are expanded across a health board. This would include land owning organisations such as National Trust, Woodland Trust, NRW, National parks, as well as private land owners including farmers, and community woodland groups






accessed through groups such as Llais y Goedwig. This pilot started by focusing on maps of publicly owned (local authority) woodlands as the assumption was that permissions would not be an issue.

- 🌿 **Need based** – we started attempting to match woodlands for development to areas of greatest need. This included networking to find groups and connectors but did not start with a systematic definition of need or a statistical basis of where need was greatest. It becomes apparent that many communities whether rural or urban have the same categories of need, but have very different support networks and active community clusters of services or levels of ‘join-up’.
- 🌿 **Change of focus in future to support a ‘cluster’ model** - as this pilot confirms – the most practical model for delivering social and green providing – where green leaders and suitable green spaces can be made available to joined-up community support – is the CLUSTER model. To scope where best to enhance woodlands for access in future, a practical starting point when looking at ‘need based’ green space selection, would be to find out where strong clusters are already in evidence. For example the Amman Valley has these relationships and hence developing the green sites there will give additional tools and space to existing partners. In other places there might be super sites and the focus could be on building a cluster around those sites starting with local groups. This is the case for the Milford Haven woods.
- 🌿 **Agreed scoring system** - once criteria for woodlands to meet more differentiated needs (as above) are developed, these could be used to identify the ‘access features’ at all participating woodlands. A shared way of listing access and facilities across all sites so that meaningful comparisons can be made. This would enable community groups, referral staff, carers, and green activity leaders, to look up the green spaces that directly suit their needs both to deliver services and receive them.
- 🌿 **Information from disability groups and service users** – the part time hours for this pilot and considerable time needed to scope woodlands, do site visits or talk to those who work on sites there wasn’t time to visit, made effective contact with a representative number of community disability and access groups very difficult. Given the needs and solutions are likely to be very similar which every county people live in, contact time was focused on Pembrokeshire – where the researcher could more time effectively attend local and community networks and agency meetings. Even so – while multiple agencies attended the county networking meetings and all had experience of working to support people with disabilities, only one ‘arts based’ theatre network was attended by disabled people and disability representatives during the scoping time available. The county access officer had died and not been replaced, and the county Access Group which meets monthly – had multiple meeting postponements due to bad weather, Christmas, and latterly Covid 19. They were not a group that responded to emails or completed the online surveys run by our research and evaluation officer for this pilot.
- 🌿 **Qualitative rather than quantitative** – given the time costs of chasing groups across a wide area – it would seem advisable to follow a ‘qualitative’ rather than a quantitative approach to data gathering. The surveys prepared for this pilot gave


both qualitative and quantitative data – though getting high response level was a challenge. However the ideas given by participants matched well with wider community and conference consultations attended for this pilot showing that higher numbers would have probably resulted in the same conclusions. Given the low response from Pembrokeshire disability network, and also the listings on **InfoEngine** either no longer existing, having no telephone contact available or no answer machines and office hours staff – we changed tack. Telephone interviews were undertaken with a number of experienced green activity leaders both for Coed Lleol and with other organisations. The interviewees had years of experience with a wide range of disabilities, and also shared advice and experiences of some of their colleagues. This significantly added to the recommendations for access works included in this report.

6. RECOMMENDATIONS

Main stream health service ‘buy in’ to adding green activities into their social prescribing practice

-  All health boards to formally adopt green activities as part of their Occupational Therapy and wellness programs and ensure prescribing to these options becomes normalised.
-  Funding of green health and wellbeing activities to be centralised and ideally funded by a collaboration of resources including social and health funds to ensure ongoing consistent and quality provision of services.
-  Clear governance standards and qualification of all providers who come onto the system so that referrers can prescribe with confidence.
-  Full program of nature-based health and wellbeing activities to be year round, regular, funded in collaboration with health and social care health boards to ensure these can be listed as ordinary care services. Centralised timetabling of courses – on centralised listing website – with booking facility. Use an IT system that is automatically updated – listings being sent auto reminders to check and confirm details quarterly. Current sites can be out of date and this already causes lack of confidence for Community Connectors for example when wanting to recommend activities to clients or GPs.
-  Leisure Centres add green health referral scheme. Building on what is already in place and well known – the NERS or exercise referral scheme. If leisure centres also published green social health and wellbeing activities alongside indoor social options – this would ‘normalise’ using the outdoors for services. Green options would complement the indoor activities already on offer – particularly for groups with issues of anxiety and noise, public exposure etc. Green and social prescribing would sit well together and extend the current service provision positively.

Mapping woodlands (or green spaces) more comprehensively for multiple users

-  Collaboration with all main mapping and land owning organisations – with IT / map funding to create a master map with ALL woodlands listed, regardless of ownership and access but with information stored against map reference. To include NRW, National parks, Woodland Trust, National Trust, Tir Coed, Llais Y Goedwig, Local authorities, Coed Lleol private owners and sites in use for activities. Visit Wales, and tourism off shoots. Private parks and Gardens which open to the public to some degree – ie. Field Study Centres and outward bound locations, activity providers.

- Further consultation on appropriate criteria for different access or activity needs – as explained in Lessons learned section above.
- Shared mapping to have a master map of green spaces and woodlands would enable easier partnership and access negotiations for services to be able to take place where most needed. For example some woodlands may be privately owned but agreements could be put in place to allow access for organised group health & wellbeing classes. These may sometimes be more suitable as they do not have public access and therefore are safer and less disturbed in terms of safeguarding and conflict of uses. Future funded projects would take a holistic approach by working with site owners to survey potential outdoor sites for suitability and good access for people with various needs across the whole woodland holdings, not just public woods.
- Maps online for the public** - It may be the case that this type of total woodland mapping might not be available to the public initially – or be filtered so only publicly accessible/owned woodland was featured. To create yet another map under this project would not move things on but we have logged a number of the suggested woodlands by the Green Activity leaders we work with as a resource to add to a final full picture. Please see Annex B for all additional woodlands considered alongside our proposed woodland sites sections in chapter 3. Once other mapping collaboration and shared key of accessibility is brought together – it would be appropriate to share with the public and carers / health groups. This mapping and scoring process would be a valuable exercise which hopefully can be funded within a larger follow up bid to extend green prescribing. The health board may have this IT capacity and be able to host this exercise using existing IT staff working to a partner brief. This would give savings, and added by-in by the health service.

On-the-ground woodland improvements

- Key woodlands for a region would benefit from GI improvements such as **Green Hubs** – spaces where there is year round shelter, accessible toilets, open areas with just a roof, and more enclosed ‘class rooms’ to encourage wide range of community group involvement. A ‘village hall in the woods’ in many ways. Coed Lleol is consulting with specialist designers to look at best examples for such hubs.
- See Chapter 3, section B.4 for a range of detailed additional features recommended by our disability experts. These include details such as non-reflective surfaces, break out spaces around a central hub, graded introduction from managed to unmanaged natural spaces, and much more.
- Paths for wheelchairs need to be well drained, level and not covered in wood chip.
- Range of seating for all mobilities, and space for those not wanting to sit still.

Training – already underway (Coed Lleol)

- An idea of the resources needed to roll out green prescribing would be needed: from that an idea of how many leaders and support staff would be needed in which localities. This discussion would be between public health, social services, and others. Coed Lleol and partners has been developing this training and a next stage could be assessing level of need as above.
- Green provider training courses accredited by AGORED could be run in local settings, including vocational colleges, and new green leaders and support workers recruited across

region. Also linking with other organisations who run similar courses – work towards a core training and certification to be added to the centralised ‘kite marked’ list of services.

Adopt cluster model around all key woodland sites

- Cluster approach in each community where green space/woodland is being developed – to bring together local stake holders, referral groups, connectors, green activity providers and ideally a post holder(s) to be the liaison between public, and providers.
- Public partnership and community engagement to maximise sense of place, protecting and volunteering to upkeep these spaces.
- In each locality or ‘cluster’ develop a partnership approach ie. with local voluntary buddies, transport networks, care workers – to overcome barriers to access to these services. Clusters as discussed in detail elsewhere in this report could build a wide range of partnerships to achieve seamless care.

Promotional materials

- Branding: an agreed clear graphic approach to information leaflets and online – matching signage leading to the ‘accessible and adapted’ woodlands on road and way markers. To help people find this type of green space.
- Either improvements to existing IT systems used by providers such as InfoEngine or Dewis which some feedback suggests is incomplete and not updated reliably, or a new platforms for Green health and wellbeing sector. To match across branding.
- Signage to show the physical challenges and other types of space/ in line with promoting health and wellbeing in nature. Consistent signage to facilities, accessible routes, activity spaces. **See section B.4 in Chapter 3 for recommendations about using widgets** around sites – symbol signs.
- Clear ‘key’ for different types of space and accessibility marked on maps of each woodland and the overall master map so that people can plan which activities and locations suit them.

Ideas for future funding partnerships

- Using the Cluster Model for community sustainability of any ‘invested in’ woodland opens the door to partnership and Public/Private funding packages with the Health sector, WAG green grants but also LA and regional regeneration programs. **See Chapter 7** for other funding ideas per county.

We hope our consultation during the project, and recommendations in this report will support other work being done across the region to prepare the ground for **increased green prescribing by the health and social care sectors**, placing nature based health & wellbeing alongside other routinely prescribed services from sport referrals to talking therapies. The pandemic shows now more than ever how access to nature and green space is a fundamental need, giving respite, balance and a connection within a more sustainable, healthy and fulfilling way of life.

7. FUTURE FUNDING POSSIBILITIES

IDEAS FOR FUTURE FUNDING

It is proposed that joint cross-sector funding bids to work on the above conclusions would be appreciated by the majority of people and organisations who have been involved in the work of this project. This report aims to provide context, evidence of need, and recommended sites when writing bids for such funding.

MOVING FORWARDS:




ENRaW

Coed Lleol has put a recent funding bid to **ENRaW for delivering Outdoor Health and Green Infrastructure. The grant EOI submitted to ENRAW in March 2020** for proposed dates: September 2020 – April 2023 and a total Project Cost of in excess of £1.5million. The suggested proposal below can also be used as a starting point to write bids to other funders, should this one be unsuccessful.

Locations: The project will take place at a number of locations across Wales including pan-Wales thematic working groups, and local activities in Gwynedd, Anglesey, Denbighshire, Wrexham, Ceredigion, Pembrokeshire, Carmarthenshire, Swansea, Neath Port Talbot, Rhondda and Merthyr. The project will be coordinated from the Forestry Hub in Machynlleth (Coed Lleol – Smallwoods-Wales office).

The investment: enables staff salaries, outdoor health and wellbeing programmes, training development and delivery, and capital development of woodland hub sites to include outdoor classrooms or shelters, toilets, and access including all-ability footpaths.

MAIN AREAS OF WORK PROPOSED

-  **A) Developing Outdoor Health Clusters;**
-  **B) Creating Woodland/Greenspace Hubs;**
-  **C) Training and Skills Development.**

a) OUTDOOR HEALTH CLUSTERS

This component builds on and expands the success of the ENRAW pilot project 'Dyfi Biosphere Outdoor Health, Trywydd Iach' led by Ecodyfi and Coed Lleol, and will now be replicated in other regions through this programme; and builds on Coed Lleol's Green Health and Access West Wales pilot project. CLUSTERS will comprise of 'local project boards', a dedicated contact person for professionals, community and providers alike. And funding of a range of taster sessions and longer programs to embed the new services and increase local engagement leading to communities 'owning' and maintaining the initiatives themselves.

Alongside cluster development, skills and training to ensure relevant provision to that cluster: such as the development of a Woodland Wellbeing / Green Social Prescribing CPD course for health professionals.

b) WOODLAND / GREENSPACE WELLBEING HUBS

This project will support the development of woodland wellbeing 'hubs' by and with local communities. These hubs will improve the local environment as well as creating venues for outdoor

health activities and long-term community involvement, contributing to economy, improved health & wellbeing and care for the environment. This will meet the multiple expectations for modern access and facilities, catering to a wide range of health and mental conditions – enabling wider range of services to be delivered year round, as part of primary and preventative health care.

Capital funds for green hubs will be site specific and include creation of a building or covered area; accessible toilet facilities, improved access, all-ability paths, and an assessment of the impact of such developments on site ecology and woodland management.



A partnership approach throughout will ensure that many organisations with shared goals can also benefit from this funding if approved. This includes creation of 2 – 3 exceptional woodland health and wellbeing hubs pan Wales, and one key woodland in each county. Further, new resources and training, onsite and on-line, will be shared with partners. Through collaboration, a range of new health and wellbeing services delivered in access-appropriate and inspiring locations where consideration has been given to protecting and enhancing biodiversity and ecosystems so that we can do the following :

-  **Designing the space between buildings**
-  **Green building design**
-  **Energy efficient and timber frame design**
-  **Acquiring planning permission in areas of outstanding natural beauty**

c) TRAINING AND SKILLS DEVELOPMENT

This part of the project will increase understanding of the links between natural resources and wellbeing, develop practical skills and qualifications, improving employment and volunteering opportunities in this growing field. Capacity-building at the local and regional level to sustain green social prescribing activities and community management of greenspace after the end of this project makes this a sustainable long term vision.

Specifically this new project would include:

-  **Develop a NEW Level 4 Train the Trainer course to support delivery of Wellbeing Organisations in this sector from across Wales.**
-  **Pilot delivery of the NEW Level 3 Wellbeing In Nature qualification in a number of locations across Wales**

Confirmed partners for this work include: West Wales Action for Mental Health, Down to Earth, Woodland Skills Centre, Outdoor Learning Wales, Tir Coed, Reconnect in Nature, Natural Resources Wales, Public Health Wales, The Centre for Alternative Technology, Cambium Training, Pembrokeshire Coastal Forum.

OTHER FUNDING OPPORTUNITIES

Alongside this case for making **lasting capital GI improvements** to the prioritised woodlands from this pilot project – **funding that also supports a development officer to facilitate the next stages** – would also enable a dedicated role to include funding applications and liaison with suitable stakeholders and authorities relevant to that woodland. Across Hywel Dda – the proposals in this document are focused on sustainable improvements to health and wellbeing and Public Health, and Health Boards need now to be invited to join GI capital funding packages.

Partners in kind: in terms of service delivery and training, Coed Lleol and partners have already demonstrated much collaboration and sharing of good practice – and although money need not change hands, this is an effective way of adding value and could count towards **match funding**.

In Pembrokeshire the Local Authority Economic development and regeneration directorates, alongside MH Port Authority and potential private sector funding from Valero refinery and South Hook.

In some of the localities such as Milford Haven, there are regeneration initiatives and development bodies such as the MH Port Authority. Sizeable funding packages are being discussed already and approaching the fund applicants to ‘add value’ or ‘add local amenity value and community contribution’ to help them strengthen their WAG and Regional bids would be a worthwhile approach.

In Ceredigion the LA is on board with the green infrastructure and wellbeing agenda and may be prepared to contribute funding or LA labour to work or maintain proposed sites, reducing the level of funding needed. They may also have WAG regional funding allowances and a development officer going forward would seek to gather this information and build the relationships. Though financially challenged, Aberystwyth being a university town stands to benefit especially for student wellbeing and opportunities by collaborating with the development of the proposed site. Therefore the University could be involved in early funding discussions – and may have its own network of funding streams to include.

In Carmarthenshire the Swansea Bay Enterprise Zone administrators, and Local Authority GI programs would be potential starting points, with People & Places Community Lottery given a strong local community commitment is in evidence already in the Aman Valley.

GHAWW ANNEX

ANNEX A Research

ANNEX Consultations with community organisations & community connectors – field visits

DATE	ORGANISATION	THEME
OCT 2019	RECONNECT (Andrew Dugmore)	Green referrals – barriers and challenges
Oct 2019	PAVS – community connector manager	Grants for GI. Network research on the sector
NOV 2019	PCNP – meeting with Walkability leader	Potential collaborations with Coed Lleol and Pembs Coast Nat. Park. Project information on John Muir awards, Pathways, and Walkability. Main barriers to uptake of green wellbeing opportunities.
NOV 2019	Narberth PAVs funding Fayre	Meeting with community connectors about the main obstacles they face with prescribers and GPs.
NOV 2019	PCNP – Tom Moses & colleagues	Discussion on specific potential woodlands in Pembs.
NOV 2019	Met GHAWW Steering group	New members of steering group introduced. We developed the woodland Shortlisting criteria (sect. 3)
NOV 2019	MYA – Milford Haven – Mount Woods	Arranged access and inspection of Mount woods with member of association. Woodland site visit.
NOV 2019	Haverfordwest Old Mill Ground site visit with PCC (Peter Howe)	Site assessment of Old Mill ground woodland and discussion about future works plan with PCC.
NOV 2019	Crundale village Community Connect network event.	Networking with large group of community groups and organisations. Ranging from PACTO community transport to Befriending groups, Social support groups and met more community connectors. Focus on some social care initiatives such as 'Pembrokeshire is Kind'.
DEC 2019	VALUE INDEPENDENCE visit	Milford Haven recce of community groups to assess interest in using Mount woods for clients.
DEC 2019	WWAMH (Tim Teeling)	Green referrals – the sector
DEC 2019	Haverfordwest Withybush Woods site visit	Assessment of potential for Green health activities. Access features and new works underway. Information from PCC to assist.
DEC 2019	Carmarthenshire County Council (Rosie Carmichael)	Discussion about social needs, and Carmarthenshire potential woodlands, and challenges to find appropriate spaces near areas of need with access.
JAN 2020	Contact with PAG (Pembs Access Group) Lillian Pritchard.	Networking with county access group organisation. Secured invitation to speak to group.
JAN 2020	Milford Haven multi-agency networking meeting – community and social care	To meet main agencies supporting people in Milford. To tell them about our project and assess potential interest in supporting a Milford Haven woodland
JAN 2020	TRINITY COLLEGE LAMPETER Attended Green Health and Social prescribing summit	Day of 3 county networking and discussions to identify the main challenges to this sector in increasing provision of green health alternatives. Wide range of networking contacts made.
JAN 2020	Pembroke woodland recces: Bush woods, Quarry Woods, Cuckoo Woods, Holyland woods	Woodland access and scoping visits. Meeting with Alan Cummings of GREEN LINK project to hear about local community links in Pembroke that could support woodland development for H&WB.

JAN 2020	Meeting at PEMBROKESHIRE COAST NATIONAL PARK offices.	To discuss collaboration and the Nature Based Health Service network and other initiatives to identify green health providers in Pembrokeshire.
JAN 2020	Site visit to TRECWN and recce the surrounding area	Part of scoping major woodlands in the county. Short meeting on site but no interest in allowing public groups in. Off the list!
FEB 2020	RAY Aberaeron meeting with OLN (outdoor learning network)	Find out more about woodland sites, and needs for families in Ceredigion. Link with RAY and assess their plans for access to green space. Site discussions.
FEB 2020	SEALYHAM recce mid Pembs.	Site visit and meeting with ranger and office to discuss activities and hosting of a March Woodland Taster day for green prescribers in the county – to consult about barrier and solutions to increasing green prescribing.
FEB 2020	N Pembs Recce : Fishguard Lower Town Better Woods Wales site	Site visit to assess access and site state.
FEB 2020	Milford Haven network meeting on Disability	Based at the Torch Theatre – meeting of multiple agencies, disability representatives and arts groups looking at access and inclusion to culture. Introduced the group to our project – better understanding disability and access.
FEB 2020	Attended PAG meeting in PCC	Gave intro to GHAWW to the disability representatives and invited them to our woodland taster consultation. Little serious interest.
FEB2020	Pembroke – further site visits to woodlands. Also more exploration of the surrounding town such as the school, and leisure and housing in the area.	Also scoping Pembroke locations for potential Woodland Taster events. Leisure centre next to Cuckoo Wood, Green Links next to Bush woods.
FEB 2020	St Dogmaels Ceredigion woodland recce	Meeting with RECONNECT and LLAIS Y GOEDWIG – followed by recce of a private woodland in St Dogmaels with Andrew Dugmore facilitated by Cara
FEB 2020	Planned site visits to Carmarthen woods and to Aman Valley Coed Lleol project to recce site and meet project workers.	Postponed – severe weather
FEB 2020	CEREDIGION COUNTY COUNCIL chambers - Aberaeron	Attended the CCC Green Infrastructure consultation – to further scope mapping of potential sites in Ceredigion. Recced Llanerchaeron (NT) site and the connecting walkway from Aberaeron. Searched for potential woodland development site after talking to Town Council member at the above consultation. Following his directions led to a dead end. Further recce planned.
MAR 2020	Site recces of woods in S Pembs	Recces of Stackpole and surrounding NT area. Met NT representative. Looked around their buildings scoping for woodland taster day venues including in their woodlands. Restricted site access due to strong winds and ash dieback. Walled Garden project closed due to high winds so not able to recce there.
MAR 2020	Orielton Field Studies Centre	Meeting manageress. Site recce and planned further discussions for an April Woodland Taster consultation for prescribers and community connectors. Full site

		visit including planning activities and accommodation for group.
MAR 2020	Canaston Woods Pembs recce	Scoping this area including around Blackpool mill.
MARCH & APR 2020	Online working due to COVID 19.	<p>Work with Coed Lleol GHAWW team / research & evaluation officer to take our consultation online. Rescheduled and marketed an Online Woodland Taster Zoom – where delegates were introduced to the woods and activities through videos of projects run by Coed Lleol, Tir Coed and Reconnect.</p> <p>Feedback was very positive and the online event included networking by participants from the community/third sector and green activity leaders – with particular focus on the Pembrokeshire woodlands under consideration which has contributed to the conclusions and recommendations below.</p>
MAY 2020	Gathering data from the consultations for analysis and getting further surveys out to the network.	Research data plus mapping and networking, drawn together for GHAWW report of the pilot main activities and recommendations.

The visits tabled above include a number of larger forums who meet regularly organised by PAVS and other community agencies bringing together a wide range of community groups. This enabled learning about needs in the county and the support available. Little of this if any had an outdoor focus.

Meetings with green providers and the existing Coed Lleol connections with their own leaders and partners such as Tir Coed, provide services throughout Ceredigion and to some degree Carmarthenshire – very much project related. Pembrokeshire is a new county for Coed Lleol to be engaging with through this GHAWW project mainly at this stage. So the focus of many of the meetings has been dual purpose: to assess green spaces in the county in areas of need not already provided for, and to strike up new partners and collaborations moving forward particularly with large GI projects in mind. The welcome in Pembrokeshire from a number of organisations and networks has been very positive and Coed Lleol is now well placed to run or co-run green health and wellbeing projects in Pembrokeshire.

Sample Group

GP AND HEALTH PROFESSIONALS, GREEN ACTIVITY LEADERS AND COMMUNITY CONNECTORS (28 responses)	
Job Role	Place of Work
PEMBROKESHIRE (8 responses)	
Connected Communities Programme Manager	Pembrokeshire Association Volunteer Services (PAVS)
Community Connector x 2	Pembrokeshire
Community Connector - Dementia Supportive Communities x 2	Pembrokeshire
Student nurse/patient transport	Pembrokeshire
Walkability Officer/ West Wales Walking for Wellbeing Coordinator	Pembrokeshire Coast National Park Authority
Dementia Adviser	Pembrokeshire
CARMARTHENSHIRE (5 responses)	
Social Prescriber/Link worker	Brynteg Surgery & Margaret Street Surgery Ammanford

Social Prescriber/Wellbeing Advisor	Amman Gwendraeth GP Cluster
Project Manager for Social Prescribing	Cover six surgeries in Llanelli
Voluntary Mental Health Facilitator	Shadows Depression Support Group.
Project Officer	Time banking Project, Carmarthenshire
CEREDIGION (8 responses)	
Community Connector x 2	Ceredigion
Team Lead for Community Connector service and Connector Plus for County	Ceredigion
Public Health Practitioner	Ceredigion
Third Sector Integration Facilitator	Ceredigion
Public health practitioner	Hywel Dda based in Ceredigion
Student Nurse	Hywel Dda
Manager	Clynfyw Care Farm
CROSS-COUNTIES/WALES (6 responses)	
Public Health Professional	Public Health Wales
Mental Health Development Worker	West Wales
Equine Assisted Therapist and Coach	Pembrokeshire / Cardiganshire / Carmarthenshire
Trustee, West Wales Action for Mental Health	Pembrokeshire / Cardiganshire / Carmarthenshire
Employer liaison officer	Workways+ (3 counties)
Outdoor health Practitioner	Pembrokeshire / Cardiganshire / Carmarthenshire

TABLE 1: HEALTH PROFESSIONAL RESPONDENTS

(f) [Woodland taster days](#)

We also ran online woodland taster day to consult social prescribers and community connectors about their views on features important when identifying key woodlands. Two woodland taster days had been scheduled for March and April at Sealyham activity centre and Orielton Field Studies centre in Pembrokeshire – both with private woodlands that are used for wellbeing and educational activities. These were unfortunately cancelled due to the Covid -19 pandemic. They are examples of new potential partnerships where activity leaders could book sites alongside the other woodland groups being run at both sites. The following slide was to prompt discussion and the subsequent questionnaires gathered feedback on these issues as reported elsewhere.



2020 consultation

1. What are the main health and wellbeing issues that your community is facing today? *(you can think about this in terms of your organisation and/or community)*
2. What things could help or support people to live happier and healthier lives in your community?
3. What would help and support all types of people to spend more time in woodlands for their health and wellbeing? *(please think about practical needs, physical needs, and basic needs as well as new ideas)*

The main questions linking all scoping activities were to identify the barriers to green prescribing and uptake of green health initiatives.

(g) 3 tiered surveys for prescribers, providers and community contacts.

Natasha Simons, research & evaluation officer for **Coed Lleol** devised targeted questions in support of the scoping goals of this project: here she details the findings from the online woodland consultation and the three tiered online surveys tailored to green activity providers, social prescribers and health professionals, and community representatives / service users. Covid 19 meant many of those sent the survey had been redeployed or furloughed so return rates were lower than hoped. However combined with conversations before lockdown, or during our online consultations, the discussions and responses demonstrated a sector-wide interest in collaborating to increase this type of wellbeing service across the region. A number of participants had specific knowledge to add to the woodlands under consideration and would support 'cluster building' around any woodlands that receive further funding. Responses were detailed and echoed informal network discussions with all stakeholders across the project period. Their main points have been developed further within the conclusion and recommendations sections and will be shared with potential partners, steering group and funders.

Analysis by Natasha Simons **GHAWW Consultation Surveys with Health Professionals**

GHAWW launched a series of online surveys to help assess the awareness of social prescribing to outdoor health activities, the barriers and benefits perceived and to examine how to build greater capacity and improve access to outdoor health in West Wales.

The survey was distributed through health and outdoor provider networks in West Wales via email links. 28 responses were gathered during our online taster day (see analysis below) and further replies are pending.

Results – Health Professionals Survey

Social Prescribing

[Error! Reference source not found.] – see annex....] 63% of the health professional who responded to the survey had used a form of social prescribing for health referrals in the past. The types of social prescribing varied from informal signposting to more targeted referral partnerships with one of two organisations to more formal prescribing to social and community interventions and groups. Many of the respondents listed a range of organisations and groups that they might prescribe/refer to from friendship groups, coffee clubs, walking groups, volunteering, dementia groups and outdoor health projects. **[Error! Reference source not found.]** shows that a greater number, 85% of the respondents, had previously worked with (or were employed as) community connectors. Community connectors are working in the three counties and connect people with the local community and social groups for health and wellbeing benefits (note: community connectors are called social prescribers in Carmarthenshire and Community Connectors in Ceredigion and Pembrokeshire, in other areas in Wales they are known as link workers). Fewer of the respondents had prescribed to outdoor health providers (or Green Health) before, **[Error! Reference source not found.]** shows that 52% had referred/prescribed to this type of activity before.

The respondents who had not had direct experience of referral or social prescribing were found to either be working in non-patient settings (therefore not in a position to prescribe) or were unaware of the process (or terminology) of social prescribing. One mental health development worker commented, *"I am not aware of formal social prescribing initiatives. Who pays for the prescription?"*.

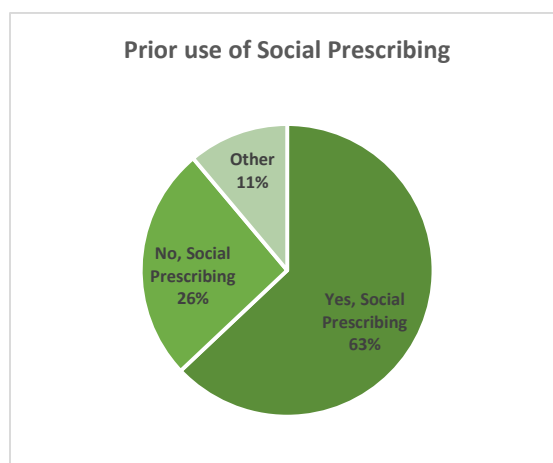


FIGURE 1: HEALTH PROFESSIONALS PRIOR USE OF SOCIAL PRESCRIBING

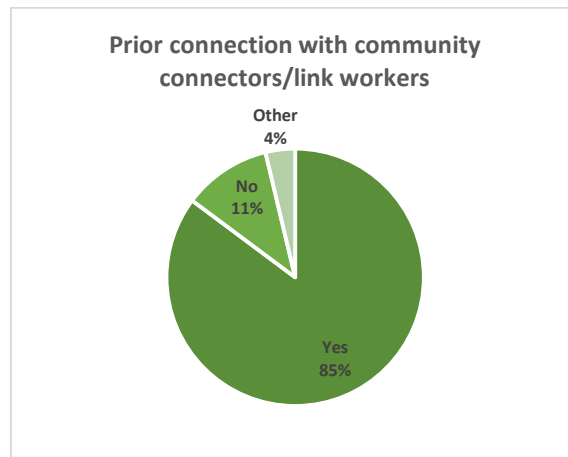


FIGURE 2: HEALTH PROFESSIONALS CONNECTION WITH COMMUNITY CONNECTORS

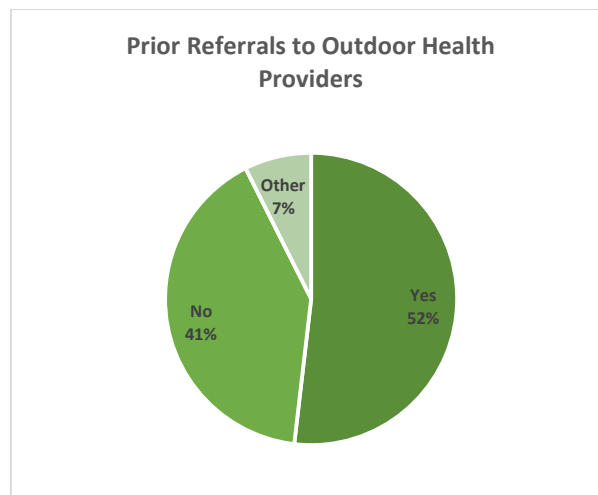


FIGURE 3: HEALTH PROFESSIONALS PRIOR REFERRALS TO OUTDOOR HEALTH PROVIDERS

The respondents who had referred to outdoor health providers in the past were asked to list the names of the organisations that they had referred to. This enabled the GWHAA project team to assess the organisations that were already active in outdoor health provision (via social prescribing) in West Wales. **Error! Reference source not found.** presents 30 organisations that 15 of the respondents had previously referred to. This table also lists any outdoor health organisations that they are aware of, but have not referred to,

PEMBROKESHIRE	Previously Referred to	Aware of, but not referred to
Tonic Surf x 2	✓	
Reconnect in Nature x 4	✓	
Let's Walk Pembrokeshire	✓	
Pembrokeshire National Parks/Coastal Parks	✓	
Greenlinks vocational training and skills (all abilities)	✓	
Keep Wales Tidy Pembrokeshire x 2	✓	
St Oswald's Community Garden	✓	
Estem project (environmental projects raising awareness raising esteem)	✓	
Pembroke 21C Community Association (indoor and outdoor activities)	✓	
SSPOT dog walking group	✓	
Coleg Plas Dwbl (specialist education to children and adults with complex needs)		✓
Temple Druid Community		✓





































Stackpole Gardens		
CARMARTHENSHIRE		
Actif Woods Wales (Coed LLeol)		
Mynydd Mawr country park Community Projects		
Cwmamman Community Centre (mindfulness trail)		
National Botanic Garden of Wales		
CEREDIGION		
Actif Woods Wales (Coed LLeol) x 2		
Eco-Dyfi Weekly Surgery Walks x 2		
Local walking Groups (Hywel Dda)		
Clynfyw Care Farm x 2		
MIND Aberystwyth Woodland Activity Group		
Tir Coed (woodland training) x 3		
Long Woods Community Woodlands		
Paws and Pals Local walking Group		
Denmark Farm		
Amethyst Project (Small World Theatre, mental health)		
Area 43 Cardigan Youth Counselling Charity		
HUTS Workshop – Helping adults with mental health problems		
RAY Ceredigion (Aberaeron)		
Dyfi Donkeys (animal therapy)		
Veteran to Veteran Support, befriending and mental health		
Penparcau Hub (community hub)		
Starlings		
LEAF project (Tir Coed)		
Coppice Wood College		
Corner Wood Green Wood Workers, Cardigan		
CROSS-COUNTY DELIVERY		
West Wales Action for Mental Health Nature-based therapy group		
Wildlife Trust x 2		
National Trust		
National Parks		
Unnamed 'outdoor' activities x 2		
MIND		
Age Cymru walking groups		
Steps to Health (Public Health Wales))		
Mobility Walks		
Walking with Friends		
Walking for Wellbeing		
Natural Resources Wales		
Ramblers Society		

TABLE 2: OUTDOOR HEALTH PROVIDERS (REFERRED TO AND AWARENESS OF)

Awareness of Outdoor Health Providers

Error! Reference source not found. illustrates that just over half of the respondents were unaware or only aware of one or two outdoor health providers in West Wales. The respondent's awareness of outdoor health providers in West Wales varied but was in no way dependent, on their professional role. Those that had the greatest awareness (aware of 5+ providers) ranged from community connectors and strategic managers for public health, mental health and third sector integration. Those that were least aware (not aware at all) were some community connectors (dementia and community), student nurse and outdoor health providers. Therefore, taking this small sample group of health professionals, there is scope to develop a more joined-up approach to prescribing to outdoor health that could strengthen the sector as a whole (in raising awareness, training, marketing and beyond).

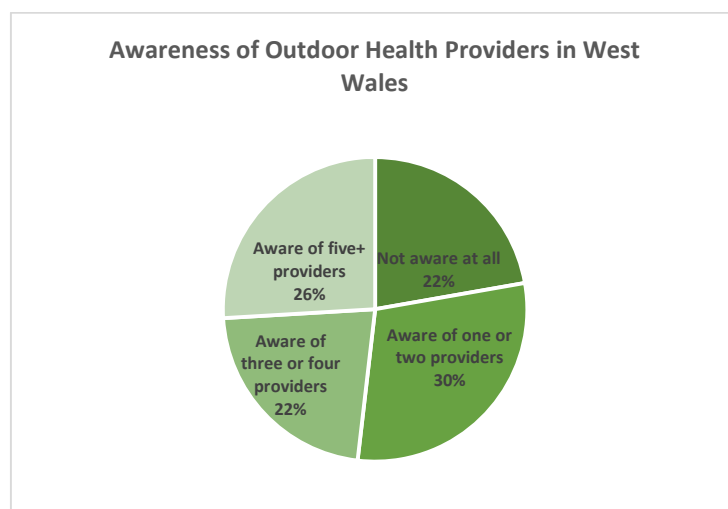


FIGURE 4: HEALTH PROFESSIONALS AWARENESS OF THE BREADTH OF OUTDOOR HEALTH PROVIDERS

Barriers for Health Professionals to Prescribe to Outdoor/Green Health

Central to the GHAWW project was the exploration of the perceived barriers to social prescribing or referral to outdoor or green health initiatives. The respondents to the survey were asked what they considered to be the main barriers could be for health professionals. The responses given have been coded and presented in six key themes. Some respondents gave more than one response, in these instances, each response has been coded individually. The barriers given are presented in **Error! Reference source not found.** table 3 below.

Key theme	Number of comments	Percentage
Lack of Knowledge of Sector and Provision	14	38%
Lack of Understanding/Alternative pathways to health/non-medicinal	7	19%

Confidence in and Governance of the sector (quality, training, evaluation, safety)	6	16%
Developing a seamless process (time/delays/how it works in practice etc.)	5	14%
Accessibility for All (transport/disabled/poor mobility)	3	8%
Long term sustainability/funding	2	5%

TABLE 3: KEY BARRIERS TO SOCIAL PRESCRIBING TO OUTDOOR HEALTH FOR HEALTH PROFESSIONALS

Error! Reference source not found. Table 3 shows that one of the key barriers was perceived to be the lack of knowledge about the sector what it can provide; this included a lack of a joined-up or single point of entry for the different activities that are available to clients and a lack of knowledge of the availability of activities to different abilities and needs. Moreover, the respondents felt that there may be a general reluctance or lack of awareness to try alternative routes to health and wellbeing that deviate from the medicinal model. One respondent commented, *"there can be too much focus on the symptoms and how to cure rather than taking a holistic approach. Also, lack of knowledge of what is available, reluctance to try something new can be barriers"* and another suggested, *"it requires thinking outside of routine"*. Also mentioned was an overall lack of governance of the different providers and the need to build confidence in the quality, provision, and outcomes of the outdoor health activities. One respondent commented, *"there may be a lack of confidence that it "works" and another "a lack of time, lack of trust in organisations, the referral processes and its governance"*. Further barriers were perceived to be in the process of social prescribing. It was felt that health professionals have a limited amount of time to develop seamless processes and that possible delays and problems involved in setting up the process for social prescribing to outdoor health activities might pose barriers to its uptake. Concerns about accessibility for clients/patients (transport, access for the less-able/mobile and what additional support might be needed was also raised by some of the respondents together with concerns surrounding long-term sustainability and funding for outdoor health projects to ensure consistency for patients/clients.

Barriers for Patients/Clients to Prescribe to Outdoor/Green Health

The respondents were also asked to list the main barrier to prescribing/referral to outdoor health initiatives might be for their clients/patients. The responses offered fell into six key themes. Some respondents gave more than one response, in these instances, each response has been coded individually. The barriers for patients and clients are presented in **Error! Reference source not found.** below,

Key theme	Number of comments	Percentage
Lack of knowledge about what is available (incl. alternative methods to health and wellbeing)	12	27%
Anxiety: self-esteem, confidence, fear, motivation	11	24%
Transport and Money	10	22%
Process: Lack of pathway to refer/sustainable organisations	4	9%
Accessibility/toilets/weather	4	9%
Perceived, or lack of, physical ability to join in	4	9%

TABLE 4: KEY BARRIERS TO SOCIAL PRESCRIBING TO OUTDOOR HEALTH FOR PATIENTS/CLIENTS

The respondents cited a lack of knowledge of alternative ways to wellbeing and availability of outdoor health activities as a central barrier. This included a lack of knowledge about centralised portals such as 'Infoengine' and a general lack of awareness of what might be available locally.

24% felt that anxiety and having the confidence to participate with new (and unknown) activities could also be a barrier to some. 9% felt that clients might perceive or have a physical ailment or lack

Benefits of Social Prescribing to Outdoor Health (to GPs and Health Professionals)

Error! Reference source not found. presents the main benefits to GPs and health professionals that the respondents felt that social prescribing to outdoor health would provide. One of the key benefits was felt to be building community resilience for longer-term solutions to a healthier society. There was a feeling that local solutions could build capacity for a social model of health that would reduce reliance on prescribed drugs and potentially create a more physically active society. One respondent suggested that the benefits were, *"better integration into society, self-care and learning, and less dependency on drugs and potential to get other health issues"*. In this way, the social prescribing method was perceived as a preventative as much as a curative approach. The other key theme was reduced GP appointments this was felt to alleviate pressure on the NHS, ultimately saving money. It was also felt that preventative health models could also save the NHS money longer-term, *"Improvement in mental health and general wellbeing, which will reduce costs of medication, treatment and to the general economy"*.

Key Themes	Comments	Percentage
Community Resilience/Long term community solutions	11	24%
Reduced GP appointments/save NHS money	10	22%
Less reliance on medical drugs	9	20%
Improved Mental Health and Wellbeing	8	18%
Improved Physical Health	7	16%

TABLE 5: KEY BENEFITS TO HEALTH PROFESSIONALS OF SOCIAL PRESCRIBING TO OUTDOOR HEALTH

Benefits of Social Prescribing to Outdoor Health (Clients and patients)

There was a consensus that clients and patients physical health and wellbeing (including social health) could be improved by prescribing/referring to outdoor health activities. Additionally, there was a sense that being outdoors and surrounded by nature is inherently 'good' and can present a 'natural remedy' for some. One respondent commented,

"To enjoy nature at its best, to help ground them and appreciate the beauty, the permanence, the solace of our wonderful countryside, our nature, our flora, our wildlife. A natural beauty that is far greater than us, that is always there, has lived through the ages. I think it helps people understand that life goes on, that we are a part of it and helps us put our own lives into a bit more perspective by realising how complex yet basic nature is and how it exists and continues to exist regardless. Maybe we could learn to enjoy our lives, every day, learn to live happier with others, and more importantly, ourselves"

And another,

"There are multiple benefits, mental physical and social. Nature is a resource that can be accessed independently long term"

What could strengthen the case for social prescribing to Outdoor Health in your area?

The health professionals who responded to the survey felt that evidence of impact and value for money together with more public and GP awareness and advertising of social prescribing were two key issues that needed to be addressed to strengthen social prescribing to outdoor health. The need to evidence was connected both to financial cost-impact benefit and to the need for local examples that tell compelling stories of change. It was also felt that encouraging a network of GPs onto the outdoor health network board could aid in ensuring greater buy-in and also help set up usable and practical solutions for the Social prescribing process as well as build confidence of the sector. The health professionals also felt that building a greater network of outdoor providers would benefit awareness and provide a framework for the governance of the providers which included training and guidance for all members. One respondent commented,

"We need an agreed Framework which includes competencies for link workers, a referral process which guarantees clinical governance and standards for providers. We need better research to demonstrate the cost-benefit of green care to primary care"

It was felt that a more developed network could also allow for new connections with other voluntary organisations who might be able to offer social support (buddy system) to support vulnerable clients/patients or connect to schemes such as the Community Supported Agriculture scheme (CSA). On a more practical level, the health professionals suggested that a greater number of local and easily accessible activities need to be available – especially in rural areas where public transport is scarce. Alternatively, transport is needed to ensure equity of delivery to all clients/patients. Furthermore, an indoor centre could help in being able to deliver year-round activities that enable greater uptake. One comment stated,

"We need more information about what goes on, the benefits of it, ease of referring in. In the past, I have seen a person who would like to attend such a thing and not found anything happening local enough to them at the right time"

Finally, it was felt that the role of a social prescriber (community connector) is currently undervalued and potentially looked upon as low-skilled and low paid. Some of the respondents felt that elevating this role and embedding it more into the health service and community would strengthen both their role and their value and visibility within the community. **Error! Reference source not found.** below, presents the responses given,

Theme	Comments	%
Evidence and Evaluation of positive change (incl. cost-saving)	11	27%
Publicity and Awareness of Social prescribing	9	22%
GP buy-in on a larger scale (on the board)	7	17%
Long term funding for outdoor health providers/groups	4	10%
A network of organisations for training, governance and promotion	4	10%
More (and a variety) of activities offered locally	3	7%
Transport	1	2%

Social support/buddy system	1	2%
Indoor centres alongside outdoor activities	1	2%

TABLE 6: IDEAS TO STRENGTHEN SOCIAL PRESCRIBING TO OUTDOOR HEALTH IN WEST WALES

CONSULTATION RESULTS AND ANALYSIS OF SURVEYS FROM OUTDOOR HEALTH PROVIDERS

Green Health and Access West Wales (GHAWW)

Consultation Survey with Outdoor Health Activity Providers

GHAWW launched a series of online surveys to help assess the awareness of social prescribing to outdoor health activities, the barriers and benefits perceived and to examine how to build greater capacity and improve access to outdoor health in West Wales; including assessment of the types of training needed for outdoor health providers.

The survey was distributed through health and outdoor provider networks in West Wales via email links. 22 Outdoor Health Providers responded to the survey. The results are discussed below,

Sample Group

OUTDOOR HEALTH PROVIDERS (22 responses)	
Job role	Place of Work
PEMBROKESHIRE (7 responses)	
Head of the Field Studies Council West Group (Wildlife Watching & Nature Activities, Arts & Crafts Bushcraft Walking Practical Conservation)	Orielton & Dale Fort Field Centre
Project manager (Environmental education day visits and residential courses for various ages groups that link to health. Adult learning courses that promote well-being. Forest school activities and John Muir award activities that link to health. All of our offers focus on the importance of a connection with/exploration of our surroundings)	Orielton Field Centre
Centre Manager (Rocky pooling, Mammal trapping, Butterfly walks & surveys, bat walks, moth trapping, reptile surveys, painting, wood carving)	Dale Fort Field Studies Centre
Discovery Team leader (Walking for Wellbeing (various supported health walks across West Wales) Pathways (supported volunteering for health and wellbeing) ALSO various other activities with groups and organisations)	Pembrokeshire Coast National Park Authority
Discovery Ranger (Practical volunteering - Conservation / Access work / Supporting others outdoors / leading activities and events Public and community targeted activities and events Support for others to take people outdoors)	Pembrokeshire Coast National Park Authority
Outdoor Schools Co-ordinator (Outdoor Learning for school students)	Pembrokeshire Coast National Park Authority
Walkability officer/ West Wales Walking for Wellbeing Coordinator	Pembrokeshire Coast National Park Authority
CARMARTHENSHIRE (6 responses)	
Project Coordinator	West Wales Walking for Wellbeing, Carmarthenshire
Chairman	Carmarthen Fifty Plus Forum

Project Coordinator	Incredible Edible, Carmarthenshire
Project Coordinator (<i>Gardening, volunteering, litter picks</i>)	Centre for Building Social Action, Llanelli
Lead Facilitator (<i>A wide range of workshops dependant on ability</i>)	Monks Treasure, Kidwelly
Director of Talog (<i>Accessible Woodlands and outdoor centre</i>)	Talog Wood and Wellness Centre
CEREDIGION (2 responses)	
Walking for Wellbeing Coordinator for Ceredigion	Cardigan based (but cross-county delivery)
Public Right of Way and Access Officer (<i>public access</i>)	Ceredigion County Council
CROSS COUNTIES/WALES (7 responses)	
Health, Wellbeing and Adventure Practitioner (<i>Yoga, walking meditations, outdoor fitness sessions including low intensity, paddleboarding, Wellbeing Paddleboarding paddleboard yoga and paddleboard Fitness</i>)	Ceredigion, Pembrokeshire and Carmarthenshire
Tonic surf therapy project manager	Pembrokeshire, Ceredigion, Carmarthenshire
Director Reconnect in Nature (<i>Nature connection activities, including wilderness skills, nature art, nature writing, nature digital storytelling. Mental health recovery support</i>)	West Wales
Walk Leader (<i>Walking, wildlife observation and study</i>)	Dyfed
Holistic therapist and outdoor education provider and trainer (<i>Mindfulness, Environmental, Education Horticulture Earth Education</i>)	South and West Wales
Woodland skills Tutor, Woodland Owner, Director (<i>Woodland skills tutoring - all encompassing, from Plant and tree I.D. and uses to traditional crafts to Woodland management and products. Eco therapy in a natural, quiet and private setting (Art therapy, Primitive Pottery, Wood craft)</i>)	Pen yr Allt woodlands, Nanternis, Ceredigion. Rhosygilwen woodlands, Nr.Cilgerran, Pembs
Project Leader Green Minds Ecotherapy Project (<i>mindfulness walking groups, social & therapeutic horticulture and craft making sessions</i>).	Brecon and District MIND, Powys

TABLE 7: SAMPLE GROUP OF OUTDOOR PROVIDERS

Results – Outdoor Health Providers Survey

Social Prescribing

Error! Reference source not found. shows that of the 22 outdoor providers who completed the questionnaire, just over half (52%) were confident that they had prior experience of taking referrals from the health service. 38% had not had referrals directed towards them before. A similar number had also had experience of working with community connectors (also known as social prescriber) as seen **Error! Reference source not found.**. The respondents who had prior experience had received their referrals from the following areas as shown in **Error! Reference source not found.** below,

Referral	Number of respondents
National Exercise Referral Scheme (NERS)	4
NHS GP or Health Board Referral	5
Community connectors/social prescribers	4
Mental Health Charities (MIND, HAFEL, WWAMH)	3
Informal or Self-referral	4

TABLE 8: PRIOR REFERRALS ORIGIN

In general, those that had received referrals in the past felt that it was a successful process, however some felt that more information was needed for successful 'handover' of clients and another felt that a support system (buddy-system) was needed to go alongside the referral system to help with initial engagement and to maintain attendance longer-term of the patient/client. Some of the respondents felt that the referrals are useful, but they also rely on word-of-mouth 'referral' or 'self-referrals' into their activities. These are not connected to the health services.

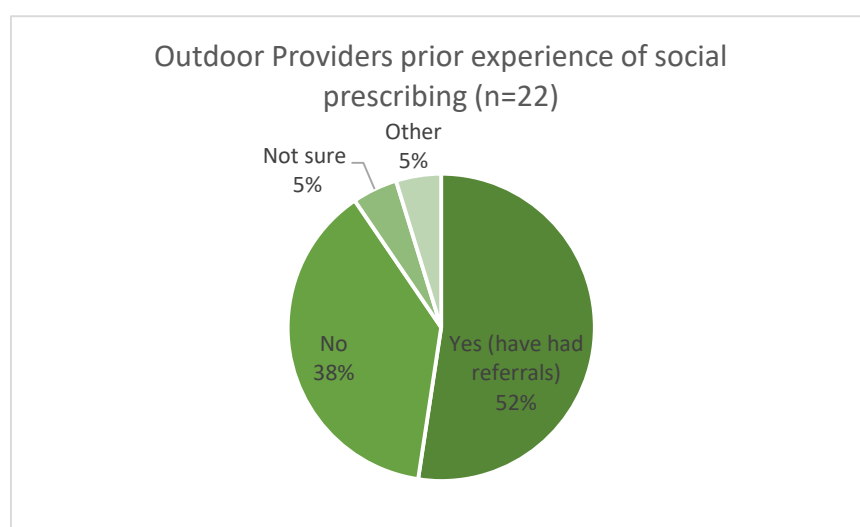


FIGURE 5: OUTDOOR PROVIDERS PRIOR EXPERIENCE OF SOCIAL PRESCRIBING

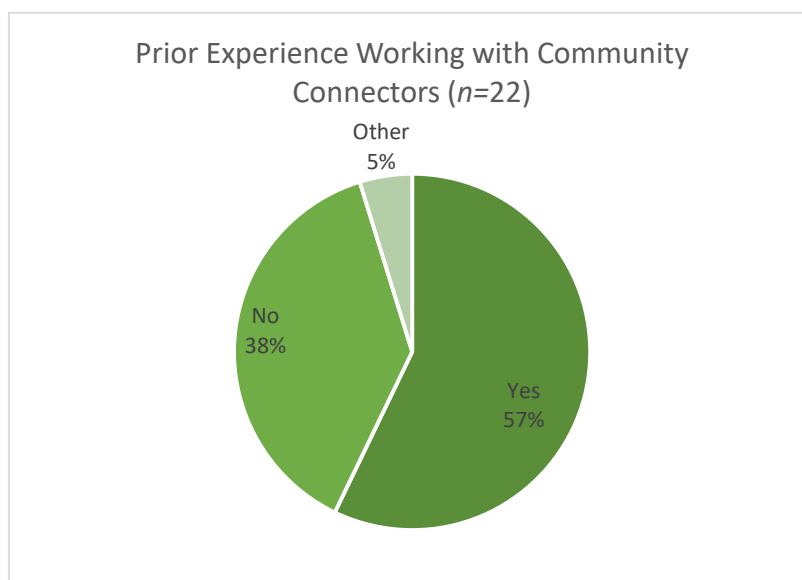


FIGURE 6: OUTDOOR PROVIDERS PRIOR EXPERIENCE WORKING WITH COMMUNITY CONNECTORS

Health and Wellbeing Issues

The respondents were asked what they felt were the main health and wellbeing issues facing their communities currently. Most respondents gave more than one answer to this question. All answers were coded and fell into eight key themes. **Error! Reference source not found.** shows that mental health issues were central to the responses given by the outdoor providers. Additionally, it was felt that a lack of confidence and an ability to overcome stigma to attend/address issues were also an issues. A lack of physical exercise leading to mobility issues and sedentary lifestyles was also prevalent within the communities that they work with. It was felt that many of these issues cannot be seen in isolation and that a complex interconnection is often at play which makes the individual harder to reach. There was a particular emphasis for some respondents on the nature and issues that exist in rural communities. Issues such as health inequalities, scarcity of public transport along with the lack of availability of accessible green space for health and wellbeing activities. One respondent commented,

“there is a lack of high quality, least restrictive access provision in our rural villages and settlements. Lack of resources to improve access provision. Possibly a lack of understanding that it’s a certain type of access that is needed to remove barriers to participation; we might be putting the cart in front of the horse when prescribing access to green spaces when those green spaces might not be available on peoples doorsteps or not accessible to those with protected characteristics. As a sweeping generalisation what we really need is not more green space but a bit more grey infrastructure to reach our ample provision of green space and to make access within the green space more accessible”.

Another commented that as far as they were aware, *“there is no accessible Woodlands or playground for disable or disadvantage people in Carmarthenshire”.*

Issue	Number of comments	%
Mental Health: Stress, Anxiety and Depression	11	25
Lack of Confidence: overcoming stigma and barriers to participation	9	20
Lifestyle: No Physical Exercise/Sedentary lifestyle/Obesity	8	18
Social Isolation	5	11
Rural Communities: poverty, lack of transport, lack of access to green space	5	11
Addiction: Drug and Alcohol	2	5
Limited funding for mental health	3	7
Nature Disconnection	1	2

TABLE 9: OUTDOOR HEALTH PROVIDERS VIEWS ON THE MAIN HEALTH AND WELLBEING ISSUES IN THEIR COMMUNITY

Awareness of other Outdoor Health Providers that Focus on Health and Wellbeing

72% of the outdoor providers were unaware or only aware of one or two outdoor health providers in West Wales as shown **Error! Reference source not found.** shows that 28% of the respondents were aware of three+ providers in their areas. Although a small sample group, this indicates that many of the outdoor providers, because of the nature of their work, were not aware of other many providers who work in similar fields.

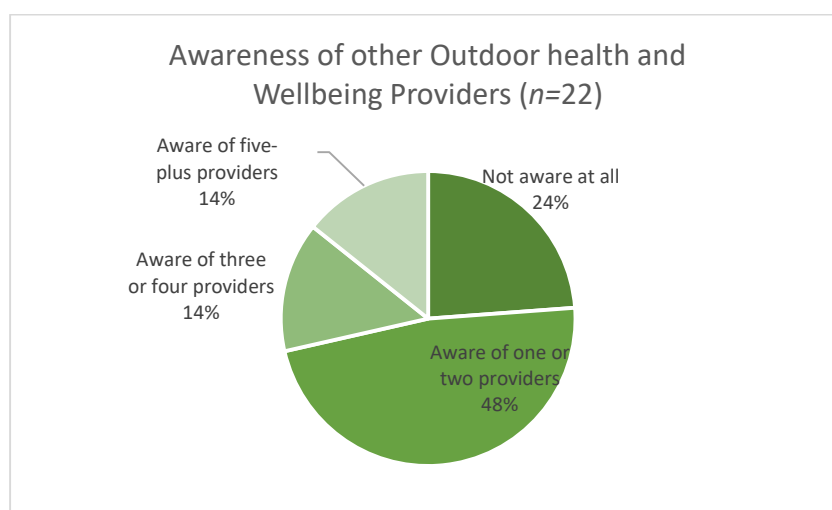


FIGURE 7: OUTDOOR PROVIDERS AWARENESS OF OTHER OUTDOOR HEALTH AND WELLBEING PROVIDERS

Error! Reference source not found. shows that the outdoor providers were more able to name national providers than independent providers in their areas.

PEMBROKESHIRE	
Tonic Surf	Pembrokeshire (delivery across Wales)
Reconnect in Nature x 2	Pembrokeshire (delivery across Wales)
Pembrokeshire National Parks/Coastal Parks x 2	Pembrokeshire
Elliot's Hill Care	Haverford West
Walkability Group	Pembrokeshire National Parks
CARMARTHENSHIRE	
Monks Treasure Education	Kidwelly, Carmarthenshire
Independent Groups	Llanelli, Carmarthen and Pantyffynnon
Incredible edible	Carmarthenshire
Pembray Country Park Volunteering Group	Pembray
Arts Care	Carmarthen
CEREDIGION	
Llandysul Paddlers	Clynfyw Estate, Ceredigion

Actif Woods Wales/Small woods Wales x 6	Aberystwyth
Clynfyw Care Farm x 4	Ceredigion
Tir Coed x 4	
CROSS-COUNTY DELIVERY OR OTHER COUNTY	
Growing Spaces	Abergavenny
Muddy Care (long-term rehabilitation and lifelong support for people who suffer with chronic medical conditions)	Brecon
West Wales Walking for Wellbeing	West Wales Delivery
Nature Connections	Gloucestershire?
West Wales Action for Mental Health Nature-based therapy group x 2	West Wales Delivery
Mordi Magic	?
National Parks Wales	Across Wales
Ramblers Cymru	Across Wales
University of the Third Age	Across Wales
Nordic and Other walking groups	Across Wales
Natural Resources Wales	Across Wales
Wildlife trust	Across Wales
Woodland Trust	Across Wales
MIND x 2	Across Wales
National Trust x 2	Across Wales
Mencap	Across Wales
Steps to Health	?

TABLE 10: AWARENESS OF OUTDOOR PROVIDERS (LISTED)

Woodland Usage and Woodland knowledge

Error! Reference source not found. demonstrate that 46% of the outdoor providers who responded to the survey used woodlands frequently for their activities, with 36% using them occasionally and only 18% never using them (these were mainly providers that were water-based).

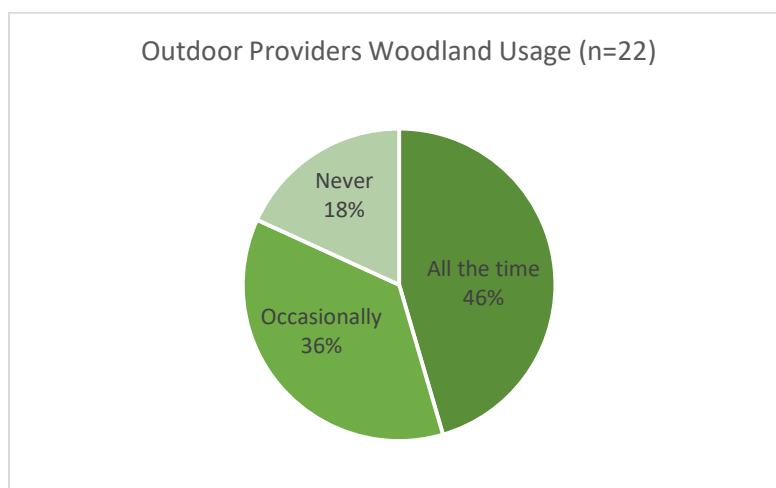


FIGURE 8: WOODLAND USAGE BY OUTDOOR PROVIDERS

The woodlands that the providers frequently or occasionally use are displayed in **Error! Reference source not found.** below. The providers were able to list several woodlands used across Pembrokeshire, but fewer in Carmarthen and Ceredigion.

PEMBROKESHIRE (21 woods)	
Rhosygilwen woodlands, Nr.Cilgerran.	Privately Owned
Scolton,Manor Haverford West	Council owned

Withybush Woods Haverford West x 2	Woodland Trust
Minwear Woods x 3	NRW
Orielton Woods x 4	Field Centre
Castle Beach Woods (Castle Dock Woods?)	?
Dale/Dale Fort Woods (?) x 2	
Point woods (?)	?
Canaston Woods x 2	Pembrokeshire County Council
Ty Canol	National Nature Reserve, Fishguard
Pentre Ifan	Newport, Pembs
Stakepole	National Trust
Portfield Gate x 2	Near Haverfordwest
Little Milford	National Trust
Daugleddau Estuary	Pembroke Coast National Park
Treffgarne Gorge	Pembrokeshire County Council
Sealyham	Woodland Trust Sealyham estate, private
Bishop woods	Local Nature Reserve
Cockshot Woods	Near Pembroke (privately owned?)
Limebridge Woods	Near Pembroke (privately owned ?)
CARMARTHENSHIRE (5 woods)	
Talog Woodland	Privately Owned
Gelli-Hir Woods	Woodland Trust
Pembray National Park	Council
Penllergaer Park	Council?
Monks Treasure	Privately Owned
CEREDIGION (2 woods)	
Pen yr Allt woodlands, Nanternis, Ceredigion	Privately Owned
Cilgerran Wildlife Trust/Park	The Wildlife Trust of South and West Wales
OTHER COUNTY (1 wood)	
Priory Groves	Brecon

TABLE 11: LIST OF WOODLANDS THAT OUTDOOR PROVIDERS USED REGULARLY OR OCCASIONALLY

Training

Error! Reference source not found. demonstrates that the outdoor providers who responded to the survey were most keen to receive additional training in Nature connections leader training, mental health first aid and training around working with people with drug and alcohol problems or learning difficulties. Some respondents felt that they already had covered most of this training within the organisation that they work for (esp. Monks Treasure and Tonic Surf). Respondents from the Pembrokeshire Coast National Park stated that they offer various courses including, 'using the outdoors on your doorstep, JMA Leader, Walk Leader, Habitat exploration, Bushcraft leader and more'.

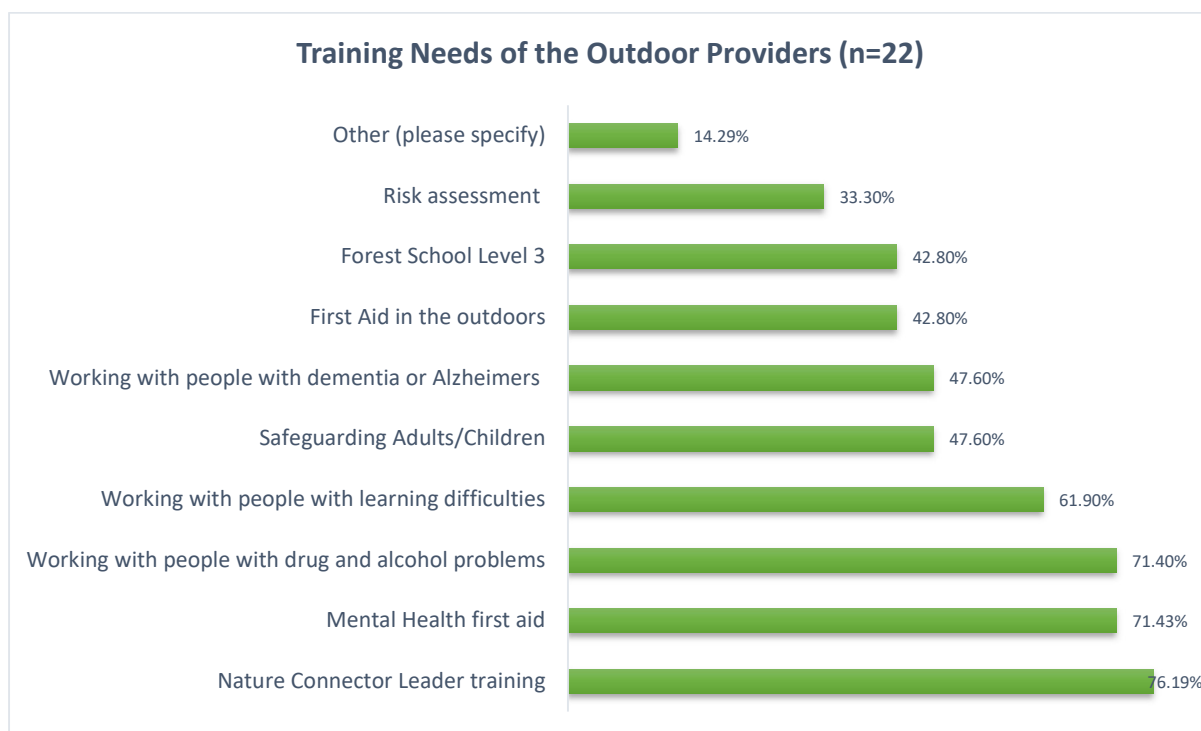


FIGURE 9: OUTDOOR PROVIDERS TRAINING NEEDS

Barriers or Challenges that Outdoor Health Activity Providers Face

The outdoor providers listed several challenges or barriers to delivering activities to people for health and wellbeing. Most respondents provided more than one answer, all comments have been coded and themed into 10 areas as seen in **Error! Reference source not found.**. Many of the respondents cited short-term funding as a big barrier to continuing to deliver programmes longer-term. The lack of social support to help initiate participation was also felt to be a barrier in being able to reach 'people in most need'. Issues of rural transport and rural poverty were also felt to hold potential participants back from accessing outdoor activities. Some of the respondents, especially those who are lone-workers or worked within small organisations felt that a major challenge was managing their workload without the support of a network or organisation for additional training, support, advice, and marketing. Others, from larger organisations felt that recruiting and maintaining suitable staff and overcoming organisational barriers could be challenging at times. It was also suggested that there was a lack of time and money to complete valid evaluations and provide evidence of impact of outdoor activities on health and wellbeing. Practically, some respondents felt that finding suitable, accessible, year-round and well-placed sites for activities was often challenging and that the weather was often a barrier to continued participation. Additionally, the lack of time that GPs and health workers have, brings further problems when trying to develop and widen referral to outdoor activities. The challenges of working in partnership and the lack of activities available for families were also felt to be challenges.

Barriers	Number of comments	%
Funding	11	22
Social Support and Motivation to engage new participants	7	14
Rural Transport/Poverty	6	12
Lack of network to support, train and promote outdoor providers (lone workers)	6	12
Difficulty Recruiting and maintaining suitably trained staff	6	12
Lack of Evidence and Evaluation of Impact/Research	4	8

Finding suitable sites with good access and facilities for all weather	4	8
Difficult to engage GPs and health services to prescribe	4	8
Challenges of working partnerships/wider organisations	2	4
Lack of activities that cater for whole family	1	2

TABLE 12: BARRIERS OR CHALLENGES THAT OUTDOOR PROVIDERS LISTED

Ideas to Build Capacity for Outdoor Activities to Improve Health and Wellbeing in West Wales

The respondents were asked how they would best build capacity for outdoor activities to support health and wellbeing in West Wales. Most respondents provided more than one answer, all response were coded and themed into six themes as shown **Error! Reference source not found..** Centrally, the respondents felt that a network of outdoor providers, health professional and other groups was essential to develop and build capacity for outdoor health. It was suggested that a network could both link together relevant organisations but also provide support, advice, training and developing and adhering to codes of best practice. As one respondent commented, "we can do this by working together, sharing best practise and knowing where to go for funding" and another says, "I'd personally like to take part in more forums, online or otherwise to share best practice and experience". Another respondent commented that, "I have had several meetings with social prescribers in my area but nothing discussed has come to fruition and I have chased over the last couple of years to no avail, therefore have given up on making this connection" – indicating that a joined-up approach might hold more weight.

Further ideas were surrounding advertising, awareness and evidence of effectiveness for outdoor health and continued funding – an established network could help to develop and nurture this. Woodland development was also felt to be key to maintaining year-round and increasing access for all ages and abilities. This included, shelters, toilet blocks, showers, changing facilities, changing beds and hoists to accommodate those with additional needs. It was also suggested that "a database of areas/woodlands that can be used with good access and who to contact" would be a useful contribution to the sector. Some of the respondents commented that local solutions were needed or alternatively transport solutions to support access to activities. One respondent commented,

We need local availability of regular walking opportunities. Local transport solutions to enable people to participate. Interaction with people who have contact with the target audiences, including all those involved with Making Every Contact Count - for people who simply are beneath the radar. Greater awareness of the direct link between personal health and an active and healthy lifestyle.

And another said,

We need to improve understanding of the access provision in the county so that health care providers understand where there are accessible routes available in the county. Improve accessibility of access provision; if we expect to prescribe green spaces in a large county of small settlements with limited public transport, we need to invest in creating high quality access resources on peoples doorsteps; there is little value in prescribing to many of our current access opportunities which will be accessible mostly to active/healthy people.

Ideas to Build Capacity for outdoor activities to improve health and wellbeing in the West Wales area?	Number of comments	%
A network of health professionals and outdoor providers for shared training, funding, advice, and development of codes of best practice	16	41

Better advertising, awareness, and evidence about outdoor health	7	18
More funding/knowledge of funding/support	7	18
Woodland Development: access, facilities, year-round access, disabled access. (database)	5	13
Transport provided or more local events for rural communities	3	8
Social support for participants	1	3

TABLE 13: OUTDOOR PROVIDERS IDEAS TO BUILD CAPACITY FOR OUTDOOR HEALTH

(h) Partnership discussions

	Professional Role	Area of Work
	Outdoor practicer/ educator/ 1 adventure / fun	ADVENTURE BEYOND The three counties all over
	3 registered manager	Clynfyw Care Farm
	Time Banking Project Officer for 4 Carmarthenshire	Across Carmarthenshire
	5 Social Prescriber	Brynteg Surgery and Margaret Street Surgery Ammanford
	6 Community Connector	Ceredigion Community Connector
	7 Social Prescriber / Wellbeing Advisor	Amman Gwendraeth GP Cluster
	10 Mental Health Development Worker	Across West Wales
	11 Public Health Practitioner	Ceredigion
	Connected Communities Programme 12 Manager	Pembrokeshire Association Volunteer Services (PAVS)
	13 Third Sector Integration Facilitator	Ceredigion
	14 Community Connector	Pembrokeshire
	15 Community Connector	Ceredigion
	16 Social Prescriber- Project Manager	6 Surgeries in Llanelli
	17 Equine Assisted Therapist and Coach	Pembrokeshire / Cardiganshire / Carmarthenshire
	18 Voluntary Mental Health Facilitator	Shadows Depression Support Group
	Community Connector - Dementia 20 Supportive Communities	Pembrokeshire
	Trustee, WWAMH; involvement in 21 projects linked to eco-therapy	Carmarthen based, but across the three counties
	22 Employer liaison officer	Workways+

23	Student nurse / Patient Transport	Pembrokeshire
24	Community Connetor	PAVS
25	Student Nurse	Hywell Dda
26	Walkability Officer/ West Wales Walking for Wellbeing Coordinator	Pembrokeshire Coast National Park Authority
27	Dementia Adviser	Pembrokeshire
28	Community Connector Dementia	PAVS Pembrokeshire
29	Health, Wellbeing and Adventure Practitioner	Ceredigion, Pembrokeshire and Carmarthenshire
30	Walking for Wellbeing Coordinator for Ceredigion	Based in Cardigan, but across the county
31	Tonic surf therapy project manager	Pembrokeshire,Ceredigion,Carmarthenshire
32	Director of Reconnect in Nature - trainer and practitioner	To different providers across Wales but primarily through Reconnect in Nature
33	Project Coordinator - Carmarthenshire	West Wales Walking for Wellbeing
35	Head of FSC West Group	Orielton & Dale Fort Field Centre
36	Incredible Eadible	
37	Project Co-ordinator	CBSA Llanelli
38	Guided walks	Dyfed
39	Centre Manager	Dale Fort Field Studies Centre
40	Public Right so Way and Access Officer	Ceredigion County Council
41	Discovery Ranger	Pembs Coast National Park Authority
42	Holistic therapist and outdoor education provider and trainer	Home based but travel all over south and west Wales
43	Outdoor Schools Co-ordinator	Pembrokeshire Coast National Park Authority
44	walkability officer/ West Wales Walking for Wellbeing Coordinator	Pembrokeshire Coast National Park Authority
45	Lead facilitator at Monks Treasure	Monks Treasure Kidwelly
46	Discovery Team Leader, PCNPA	Pembrokeshire Coast National Park Authority
47	Project manager	Orielton Field Centre
48	Woodland skills Tutor, Woodland Owner, Director	From Two Woodlands which I own and also freelance to the clients needs

49	Director	Talog
50	Project Leader	Brecon & District Mind

k) Qualitative outreach to disability group leaders and institutions to establish detailed GI and Access improvements suitable for very wide range of disabilities.

Questions and interviews;

Katie Barratt – discussions on special access considerations for GI

Coleg Elidia

Sam Evans - PCNP

ANNEX B Woodlands

PEMBROKESHIRE all sites considered before shortlisting

Milford Haven and Pembroke are focused on in the main body of the report as two sites for GI investment. A good example of woodlands near to a town already being developed by the LA is Haverfordwest:

HAVERFORDWEST

Haverfordwest has some recent GI funding and an active officer working on their public woodlands (Peter Howe). He has discussed plans and work already underway in both Withybush and Old Mill Ground woods on site visits for this pilot. Comprehensive plans are underway and even in the current state visitor counts give strong encouragement for the proposals in this report to develop town zone woodlands. For example they counted 39,800 visitors last year and that was with their counter set at 4ft height so apparently many 'little people' would have been missed!

The Old Mill Ground is awaiting pathways and bridge works to link to the rear of a busy town centre area next to Morrisons, and leading up to the rear of Withybush hospital with clear health and recovery potential for hospital patients, families (and staff). More information on these woodlands is available but not included as we are not proposing these for separate funding bids as the PCC has it well in hand.

NB: in focusing on areas of urban deprivation in our choice of woods in Pembrokeshire, we in no way support the common mistaken assumption that rural communities have open access to green spaces. It is clear from work in rural areas that a lack of safe walking routes, pavements, no parks, and privately owned farm land surrounding most settlements, that green access and connectivity is often poor. In Pembrokeshire many coastal settlements can access the coastal path, but feedback from our consultations urges a revisit by WAG (Welsh Assembly Government) to the 'ACTIVE TRAVEL' initiative for example.

There is a growing recognition however, that solutions need to be community rather than centrally led, and 'place based'. This will be accelerated post Covid 19 no doubt, and is part of the

'Framework' being developed following the Lampeter public health initiated summit in January 2020 looking at social prescribing going forward.



PEMBROKESHIRE		
Name of Site	Location (or grid ref)	Suitability of site (access and transport)
TRECWN	MID PEMBS. Near Fishguard & Gwaun Valley (EX MOD. PRIVATE)	Requires transport. Excellent road and parking if access agreed but currently uninterested in allowing any group or public access. Site security. 1000 acres of woodland. Site looking for major new use. Currently biomass planning permission passed.
SEALYHAM WOODS & QUARRY	MID PEMBS (SEALYHAM ESTATE) Potential partner for green health provider site rather than general public access. Quarry is now beautiful lake. Shoreside areas again by arrangement – such as mindfulness. Though near A40.	Access from main A40 largely by car though bus stops along the area. Currently run youth activity centre from March – October so access for group programmes possible by arrangement but public access now reduced for safeguarding reasons. Excellent parking, and access. Wide paths. Facilities in main building. Fire pits, river activities. Quarry access directly off A40 and could have bus stop. Parking and level walking.
TREFFGARNE/SPITTAL WOODS	MID PEMBS (PCC)	Paths steep and narrow in places. Not suitable for all access. Parking nearby.
SCOLTON WOODS & SCOLTON MANOR WOODS	HAVERFORDWEST /CARDIGAN Rd (PCC) Tir Coed manage the private Scolton Woods site – so good partnership opportunities here.	Scolton Manor woods is a large public woods with a public parking area. Green open spaces and woodland walks. Well maintained – good site for green programs. Under LA management. Well used by the public and dog walkers.

	Scolton Manor Woods is a large, LA owned woodland next door, with public access.	Scolton Woods is a neighbouring site, privately owned and co-managed by Tir Coed with a round house and facilities for activities.
WITHY BUSH WOODS	HAVERFORDWEST (PCC)	<p>Withybush woods – LA owned – undergoing significant further path works at present. Accessed from a small car park in the outskirts of Haverfordwest and a link to nearby village of Crundale.</p> <p>Public parking and bus route though slightly strange location at the far end of an industrial estate. Attracts some 39,800 visitors in a year. Large scale GI works underway to extend and improve a large lake, paths and walkways. Despite its public use there is scope for running programs in quieter areas, including a very 'zen' flooded quarry corner with dramatic rock face. Such as Mindfulness or woodland arts and experiences.</p>
OLD MILL GROUND	HAVERFORDWEST (PCC)	<p>Currently poor access point but next to town edge housing. Works by the LA are connecting the site to parking and better access points. Will also connect across green space to the rear of the hospital and main out of town shopping area so is likely to be well used.</p> <p>Small areas suitable for 'green class rooms' and a provision being made for the town Kayak club. Also alongside Morrisons and near to the bus station.</p> <p>Small area of woodland with interesting industrial heritage features amongst the woods.</p>
<p>BLACK BRIDGE/ MOUNT WOODS</p> <p>Proposed for development as a priority GHAWW woodland for GI investment.</p> <p>A large secluded attractive woodland (15 acres available for public use) and further approx. 6 acres for bespoke green health and wellbeing groups to use with owners consent, giving more intimate private space.</p>	<p>MILFORD HAVEN (MCA)</p> <p>The community association is looking for ways of getting the woods back into use and needs new input or partnerships.</p> <p>This project has prompted discussions to rekindle interest of the Local Authority and link to the Town council. (See CASE STUDY).</p> <p>A good history of community and woodland based health and wellbeing activities, and community engagement. Governance has need of new blood. Numbers have reduced because of ill health but commitment remains.</p> <p>Reconnect and Llais Y Goedwig have expressed interest in helping any group that wants to move forward. This brings green H&WB expertise and woodland management and community woodland expertise.</p> <p>Community connector interest locally and other green providers and community initiatives are likely to come together if supported and invested in. Therefore this woodland could have sustainable cluster model</p>	<p>Several access points including a pathway from the neighbouring housing estate. However the paths on this route are challenging and have degraded to the extent that only fully mobile people can easily access.</p> <p>An entrance from near the school and main road through Milford Haven has attractive but narrow and partially worn walkways – but vegetation is being maintained. Parking is within a housing estate but there is space to create parking places.</p> <p>At the other end (Castle Pyll) there is a small car park but a single track road needs crossing and very steep narrow estuary side path not suitable for accessibility – would not be suitable for mobility groups. Minibuses could use this entrance with able bodied groups.</p> <p>There is access and potential access from surrounding farmland – with good vehicular access such as for maintenance and GI works.</p> <p>The main works are to produce accessible entrances and upgrade some paths to ensure fuller access.</p>

	developed alongside GI making this suitable as a priority woodland bid.	
<p>CUCKOO WOODS, MONKS POOL/BUSH WOODS, QUARRY WOODS</p> <p>Proposed for development as a priority GHAWW woodland for GI investment if a second Pembrokeshire site was invested in.</p> <p>A cluster of woods around Pembroke. All similar work needed so go well as a group. Cuckoo Woods, Monks Pool and Quarry Woods all need some access and paths from scratch.</p>	<p>PEMBROKE (PCC)</p> <p>Already has a history of social engagement and is well placed between secondary school, Green Links project base, Leisure Centre and route to town centre.</p> <p>Below the school, with good access - Greenlinks 45 acres LA farm being rebuilt. Facilities for training, classes. Handle 250/300 school kids a week aged 14 – 16 with range of needs. Kitchens and facilities as green activity base</p> <p>Already work with Tir Coed – who could run green tasters.</p> <p>Play area, biomass boiler, showers, welding, and blacksmith. Work with Social Services and education. Self-sustaining through giving training.</p>	<p>Under Local authority ownership. See details elsewhere in the report. Access works are very feasible and it already offers a base for group work for social and wellbeing needs via Green Links being on site.</p> <p>Plenty of car parking and pavements/ walking routes for access.</p> <p>Significant management, pathways and replacing of structures and access points needed, and pathways for all access would be needed. Good scope.</p> <p>Already used to take groups by two outdoor activity initiatives run by Pembrokeshire Coast National Park: Walkability (contact Sam Evans) and Discovery (contact Tom Moses) and by RECONNECT.</p> <p>ALN groups based in Milford Town Centre's VALUE INDEPENDENCE would be happy to come on taster sessions and Argyll street GP practice would be the GP contact.</p>
<p>HOLY LAND WOODS</p>	<p>PEMBROKE (COMMUNITY ASSOC)</p> <p>Holy Land woods – Pembroke 21 01646 680090</p> <p>Potential for small groups doing woodland activities. Likely to be less publically used than the other Pembroke woods but individual activity leaders needs to assess their own needs.</p> <p>Would recommend upgrading this alongside any GI investment in the other Pembroke woodlands to raise the bar for green spaces in the town.</p>	<p>Holy Land woods 4.3 Hectares – privately owned with permissive paths. Many low lying board walks need overhauling. Some stopping places but narrow woods so getting off the path needs further space creation – perhaps developing a route along the Castle lake pond.</p> <p>As detailed elsewhere – good parking but narrow paths and steep walks across some of site mean only low lying areas suitable for work for full accessibility.</p> <p>The wooden walkways are no longer safe in places and are under water in winter months. This would be priority infrastructure.</p>
<p>STACKPOLE</p>	<p>S PEMBS (NT)</p> <p>Tir Coed has permission and plan to use – there are a variety of different sites within Stackpole</p>	<p>Very good access and parking. The walled garden has full facilities and café in opening times and a number of woodland walks.</p> <p>The woodlands are quite open but areas can be found for group walk. Arrangement would need to be through NT.</p> <p>Need own transport or minibus for planned activities. A few miles from Pembroke but not readily accessible to locals.</p> <p>No infrastructure improvements needed.</p>
<p>CANNASTON WOODS</p>	<p>ROBSTEN WATHEN (PCC)</p> <p>Serving Narberth, Robston Wathen and surrounding West Pembs.</p>	<p>Parking has been increased. Some means a busy road has to be crossed if the small woodland car park is full. Alternative car park with walkways passing Blackpool Mill is available.</p> <p>Not confirmed that a bus route stops there but it is near the main A48 route into</p>

		Pembrokeshire. Wide accessible paths throughout. .
MINWEAR WOODS	NARBERTH AREA (NRW)	Not surveyed as prioritising areas nearer centres of population for this project. Woodlands with strong sense of place, seclusion, lovely estuary views and sense of remoteness. No facilities. Parking and access – not in place.
LITTLE MILFORD	HAVERFORDWEST/FREYSTROP (NT) National Trust manages this. Mark Underhill based at Mathry NT 01348 837860	Not surveyed as other Haverfordwest woodlands more accessible and Milford and Pembroke being proposed as key woodlands for future bids. However this has basic access. Not facilities.
PRENDERGAST WOODS	SOLVA (PCNP) approx. 6 acres.	Only a small narrow strip of woodland in an area well served with facilities. Public toilets at nearby car park. Small bridge and not access friendly paths – but talk of further development. 1 path, dead end. NRW plans to bridge river to make circuit walk as path gets soft and narrow. NT to provide plans/ interpretations. Bridge will have steps not ramp.

CEREDIGION all sites considered before shortlisting

CEREDIGION		
Name of Site	Location (or grid ref)	Suitability of site (access and transport)
ALLT DERW – proposed GI investment site	ABERYSTWYTH - Gogerddan ((Penrhycoch))?? Currently in use for Mind Ecotherapy group and Actif Woods, since 2010. More private	Problem is NRW strategy of not wanting lots of additional parking. NRW with permissions held by Coed Lleol Smallwoods. Vehicle access down a rough track, parking with permission for 2 cars but potential for 7. Larger car park nearly owned by university with potential for permission and minibus shuttle for events. Ten mins. drive from Aberystwyth. Bus route
LONGWOOD	LAMPETER Largest community owned woodland in Wales. See Andrew info@longwood-lampeter.org.uk Community woodland leased off NRW.	
DENMARK FARM	LAMPETER AREA Near Lampeter but still requires own transport.	Good parking and excellent facilities, classrooms and meeting rooms, forest school site, round house, fire circle, woodland walks.

	<p>Mara Morris is site manager, Llais y Goedwig member. mara@denmarkfarm.org.uk Shared Earth Trust own site.</p>	<p>Already accessible with excellent facilities. Requires private transport.</p>
COED Y BONT	<p>Pontrhydfendiad</p> <p>6 miles north of Tregaron</p> <p>Community woodland with NRW management agreement. Good wildlife diversity.</p>	<p>Has been assessed by woodland Mentor for Coed Lleol – considered too boggy for regular use at present.</p> <p>A wheelchair accessible route. Bus to within half a mile of car park.</p>
HAFOD ESTATE	<p>TREGARON / DEVILS BRIDGE</p> <p>NRW Jim Ralph is the LAM and the estate trustees managed by David Tel. 01974 282568 enquiries@hafod.org.uk</p>	<p>Mixed wood with different habitat and rivers. Great footpaths. A long way from most communities. Probably better for occasional excursions rather than a regular site. Good car parking with car access into the site for disabled.</p>
PENGLAIS WOODS	<p>ABERYSTWYTH SN5891682086</p> <p>Parc Nature Penglais is a community woodland group working in collaboration with uni volunteers and conservation managers. Len Kersley is the chair person.</p> <p>Actif Woods have used this for walking and have done conservation tasks for CCC. There is a Friends of Penglais Woods assoc.</p>	<p>Short walk from town centre, steep uphill. Limited parking with permission at university.</p> <p>Not accessible to those with access needs.</p> <p>Has a clearing in the middle where small events can be run. Have had Actif woods sessions there in the past.</p>
CLARACH WOODS	<p>ABERYSTWYTH (NRW) 2 miles.</p>	<p>Limited parking at Clarach or walk from Aberystwyth summer buses, easy by car</p>
ALLT Y CRIB	<p>TALYBONT SN6554892</p>	<p>Good - less able walkers can get a lift up hill then fairly flat Bus or car. 6 miles from Aber. Parking in village.</p>
CORS FOCHNO (this is not a woodland, it is a bog!KH)	<p>BORTH (NRW) SN616912</p>	<p>Good - for limited mobility, has boardwalks Moderate - good via car, can catch bus and walk lane, takes around 30 mins</p>
NANTEOS WOODS	<p>ABERYSTWYTH</p> <p>3 miles inland from Aber' Wildlife trust volunteering days</p>	<p>Parking is ok. Gates and stiles so may be difficult for all abilities Easy by car, no buses</p>
BONT GOCH MINES	<p>ABERYSTWYTH</p>	<p>Good- woodland track which is wheelchair friendly with support. Good - via car or bus to end of track.</p>

YNYS HIR	ABERYSTWYTH (RSPB) Furnace SN682961 Being used by the Dyfi Valley Health project.	Good - for limited mobility, has boardwalks Moderate - good via car, can catch bus and walk lane, takes around 30 mins. 10 miles Aberystwyth.
COED ANIAN	ABERYSTWYTH Furnace Cambrian Wildwood are undertaking educational activities and developing the site. They expressed an interest in being involved in the Dyfi Valley health project.	Cambrian Wildwoods is rewilding this site and developing facilities for site activities including a classroom – still at early stages. Up a long track with no public transport.
GOGINAN MINES	ABERYSTWYTH GOGINAN Not great access. Beautiful site, Actif Woods have used in the past. Used for forest school activities.	Private site owned by Ben Little. Has covered area, fire pit, toilet. No transport, limited car parking access. Has deep water features beside the fire circle. No fences.
CWM CLETWR RESERVE TRER DOL	ABERYSTWYTH (NRW) SN666922 Wildlife Trust nature reserve too.	Bad access - less mobile people with access issues would struggle, steep with gates. Good - via car. Two miles from Aberystwyth. Bus available.
LLANDRE WOODS	ABERYSTWYTH	Steep riparian woodland, not good for limited mobility. No access information.
HONEY FARM WOODS	NEWQUAY Actif Woods are using this site. Good for forest school, small site so not great for physical exercise/walking.	
CILGERRAN WILDLIFE CENTRE Plus ST DOGMAELS Some private woodlands with car park – contact via Llais Y Goedwig. Good for activities including overnight. Has round house. Secluded. By arrangement.	CARDIGAN (WT) Good 15 minute walk from Cardigan. Large area but few private places suitable for group activities – RECONNECT have used the Quarry area.	Good paths, café, classrooms, lots of facilities. Might be good for activities. Good location near Cardigan – cycle path, parking, buses at least some of the way. St Dogmaels – access by car or fairly long walk out of community.
COPPICWOOD COLLEGE* May be closing and moving	CILGERRAN AREA	Coppicewood college is a social enterprise and run courses, they have a workshop area and toilets.
TY LLWYD	ABERYSTWYTH Llanfarian SN601766 NRW managed by Tir Coed. Courses running there but vehicle access –steep site so disabled only at the bottom.	3 miles from Aberystwyth on cycle route. Bus stop half a mile away. NOT accessible
LLANERCHAERON	Aberaeron – 12 miles (NT) Tir Coed courses moved due to Ash die back branch fall risk. RAY Ceredigion need a	Accessible walk. There are woodland walks (free access) and parkland (entrance fee) café, toilets, good parking, on cycle route but no buses.

	site and has scoped this site but distance is a factor.	Long route connects it with Aberaeron – but woodlands along the route are steep and not accessible.
Still researching a potential site in Aberaeron for RAY Ceredigion	Cwm Goetre / Allt y Graig? Allt y Commins Allt Byrn – gwyn Allt Wig-ddu	Bro Allt y graig .. a road?
BWLCH NANT YR ARIAN Open 10am – 5pm 7 days a week. Hot food served till 3pm. Red kites fed 2pm in winter and 3pm in summer. Discovery back packs. Orienteering courses of differing challenge.	ABERYSTWYTH (NRW) Ponterwyd 9 miles east of town. SY23 3AB Excellent facilities but for green health & wellbeing groups it has been assessed as a little too public and open	NRW has forest visitor centre and disabled access walk and facilities The Barcud trail going around edge of lake is suitable for wheel chairs. No steps or stiles and 10% or less gradient. Resting bays on uphill. Disabled parking, wheelchair access to visitor centre and café. Disabled toilets. Facilities for hearing impaired in café. Courtesy wheel chair.
LLWYN YR EOS SCHOOL/COMMUNITY	ABERYSTWYTH (LA) Has fire circle and play area with good access, potential parking at school. Small site, good for children, Not much room for adults. Been used by Actif Woods family group and RAY, as well as youth services.	Buses are available, town site near community.
TAN Y COED WOODLAND	ABERYDYFI. DYFI FOREST NEAR MACHYNLLETH Lies north of river Dyfi between towns of Dollgellau to N and Machynlleth to S. Hills loom above forested slopes. Two further woodlands managed by NRW within Dyfi forest: Nant Gwernol and Foel Friog Foel Friog is easy to find from the A487 near the village of Aberllefenni.	NRW description: A pleasant picnic site and start for two tranquil woodland walks. Easy access 2 miles off the A487 signposted Tan Y Coed car park, south of Corris and North of Pentperthog. Animal puzzle trail for families. Running trails and various challenges . Riverside walk. Walking trails marked from Tan y coed car park. Accessible toilets. Foel Friog Pretty picnic site, next to river. Circular marked trail to top of Pen Y Bryn Hill. Walking trail is strenuous 2 miles. Varied experiences. Car Parking is Free. Would need access modifications. Nant Gwernol – no car park and steep routes for access. Steam train... poor access.

Centre for Alternative Technology (CAT centre)	Mychnlleth	
<ul style="list-style-type: none"> • Borth Community Gardens (nearest participating surgery Borth Medical Practice) • Coed Y Rhid, Dyfi Donkey woods (nearest participating surgery Iechyd Bro Dyfi Valley Health) • Surgery Walks and Orienteering from Church Surgery (Church Surgery, Aberystwyth and Machynlleth surgery) 		

CARMARTHENSHIRE all sites considered before shortlisting

CARMARTHENSHIRE		
Name of Site	Location (or grid ref)	Suitability of site (access and transport)
<p><u>3 green spaces recommended for the Carmarthenshire focus for further GI development.</u></p> <p><u>YNYS DAWELLA (CCC)</u></p> <p>Approx. 34 acres</p>	<p>AMMANFORD – CWM AMAN Between Bryn Aman and Garnant</p> <p>Much work over next few years. Young woodland by Cwm Amon Town Council. Coed Lleol activities already planned.</p> <p>There is much scope to further improve the green space with replacing tree stock with more appropriate trees in some areas, and all three sites are appropriate for GI access improvements.</p> <p>Further there have already been Coed Lleol project with the communities ie. in Parc Golwg Yr Aman which has resulted in very good feedback. The community development officer has years of experience in community development in both extreme urban settings and in UK and Wales, including youth and protected children. He confirms in this area there are supportive and engaged services such as a mental health hospital, GP surgery, and Drug &</p>	<p>This block of three green spaces has been grouped because in this county, an analysis of need and population spread through wards has demonstrated that rather than focusing on a single woodland for further GI support near a centre of population such as Llanelli (39,000) – supporting dispersed green spaces along the Aman valley will reach the same numbers of people.</p> <p>Movement patterns in the valley show that travel in either direction to Swansea or Carmarthen for culture or shopping is not a barrier. Therefore distance is less a barrier than actual engagement.</p> <p>These proposed green spaces are already part of active engagement and support within the communities of Aman Valley, Amanford, Glan Aman, Garnant, Betws, Pen Y Banc, and Hendy.</p>

	Alcohol support teams. Therefore this is a ready made cluster project where further GI and project investment will be building further on the solid foundations achieved by Coed Lleol and other community engagement and the current GI project. This will further support resilience, and collaborative growth where Green Spaces can become a heart of community regeneration.	
LLANELLI has the biggest population.		
TROSERCH COMMUNITY WOODS	LLANELLI	Steep site but access being assessed. Tir Coed is currently discussing useage.
COED FFOS LAS	LLANELLI (WT) 123 acres centenary woodland 90.000 trees planted on the slopes of Gwendraeth valley in memorial to those who died in WW2. A woodland in development, with open landscape and views. Grassland, Marshland and broadleaved woodland. A Warhorse sculpture. Yr Awr (hero) Three access points and paths including a section of all-ability footpaths around the WW1 interpretive areas. Viewpoints to Carmarthen bay and lower Gwendraeth valley.	Three access points and paths including a section of all-ability footpaths around the WW1 interpretive areas. Viewpoints to Carmarthen bay and lower Gwendraeth valley. Compacted gravel paths for wheelchairs and shallow gradients lead to the sculpture at the centre of the new woodland. Paths accessed from the main car parking area and mobility kissing gate is RADAR KEY friendly. Parking, waymarked routes, Public access,
COED TREGIB	LLANDEILO (WT) 107 acres 1 mile west of the town. SSSI. Part of the largest segments of ancient woodland in the sear. 100 species of plants. Home to rare Hazel Dormouse, fallow deer and many butterflies.	Nearest train station in Ffairfach under a mile away. Buses to Ffairfach square from Llandeilo. 0.6 miles. Parking at the site. All ability kissing gate connecting to short all ability path (0.3 mile) A circular walk with variety of grassy, narrow and board walk sections of path and two kissing gates. NO toilets.
PEMBREY FOREST	PEMBREY (NRW) 2330 acres Half an hour from Carmarthen by car.	
PEMBREY COUNTRY PARK	PEMBREY, BURRY PORT	Good access and facilities but lack of privacy, a lot of dog walking and mess.
Llyfnant Valley (SN701985)		

	CARMARTHEN	
POOR MAN'S WOOD	LLANDOVERY 41 acres	
Brechfa (keepers?)	Fay Scharpely – director of Llais y Goedwig. Pobl y fforest. Fay.sharpley@llaisygoedwig.org.uk	Centre at 'Keepers' outside Brechfa. New Inn – base for Pobl Y Fforest have building for forest school. Possibly let go.
COED DYLAN	WHERE?	
MYNEDD MAWR	WHERE?	Tir Coed are developing and using various timber structures
NAT BOTANIC GARDENS	CARMARTHEN AREA	

ANNEX C – GHAWW Steering group membership

Green Health and Access West Wales Steering Group membership includes representation by the following organisations:

Natural Resources Wales, Public Service Boards. County Councils (Pembs, Carms, Ceredigion)

Public Health Wales, Hywel Dda Health Board, Wildlife Trust, West Wales Action for Mental Health

Ray Ceredigion, Tir Coed, Reconnect in Nature, Llais y Goedwig, Pembrokeshire Coastal Forum,

Pembrokeshire Coast National Park, Nature based health services network.

THE END!!
