

# COED LLEOL RESEARCH QUARTERLY

## SOCIAL PRESCRIBING SPECIAL



## Introduction

NATASHA SIMONS

It has been a great year of funding for Coed Lleol this year. Our successes have centred on establishing working networks and codes of best-practice for social prescribing to outdoor health and wellbeing in new areas (i.e. the Eco-Dyfi Partnership in the Dyfi Biosphere, the Green health and Access project in Ceredigion, The Lost Peatland project in RCT/NPT). Other funding was gained in order to continue and develop partnerships in existing areas (i.e. The Healthy and Active Funding for Actif Woods Wales, The Green Infrastructure bid hosted by Neath Port Talbot, Swansea and Carmarthen Councils). But what you may ask, is the background to Social prescribing? What are the potential issues surrounding it? How are Coed Lleol approaching these? You need wonder no more! Read on ...



Image: <https://blog.myfitnesspal.com/how-forest-bathing-could-improve-your-health/>



## A brief explanation of Social Prescribing

Social Prescribing (SP) emerged from a multiplicity of agencies that have the common aim of providing alternative and more holistic methods of health and wellbeing to the public. As a consequence of this organic development, social prescribing has been difficult to define and often the understanding of what constitutes social prescribing can vary across different regions. Differences in approach to SP have resulted in a varied delivery process from its lightest form, of a GP simply 'signposting' to community activities, to a more formal process of providing written prescriptions or referring straight to a link worker as an intermediary and overseer of the individuals social prescribing journey. It is widely accepted that:

*'Social prescribing provides a pathway to refer clients to non-clinical services, linking clients to support from within the community to promote their wellbeing, to encourage social inclusion, to promote self-care where appropriate and to build resilience within the community and for the individual'* (Social Prescribing in Bristol Working Group, 2012)

Increased interest in the potential of social prescribing has been driven by the following:

- The increasing burden of mental health and other long-term conditions and the cost implication these pose for service provision (an estimated quarter of the population of Wales will suffer from mental health issues at some point in their life);
- The crisis in General Practice being able to provide for a growing number of issues (it is estimated that 20% of all GP appointments concern social rather than medical issues, Torjesen, I. 2016);
- Modernising of Mental Health services: Increasing recognition of the need to provide physical and mental wellbeing activities for overall health (Wales)
- Evidence that alternative ways to healthcare can be beneficial in a more holistic way

## THE CHALLENGES OF SETTING UP AND MAINTAINING SOCIAL PRESCRIBING

NATASHA SIMONS

Academic research into Social Prescribing is highlighting a number of areas that need to be addressed before SP will be recognised as an official health pathway. Recently, I attended the All-Wales Social Prescribing Network's research workshop run by Carolyn Wallace at the University of South Wales in September. This workshop gathered together health practitioners and academics to brainstorm research areas that need to be explored further to strengthen social prescribing in Wales. The topics raised at this event and within the academic research are summarized below:

**Agreeing referral routes and appropriate criteria** – i.e. which type of patient can benefit from which type of intervention? How do you successfully and smoothly refer patients? What integrated systems are in place for GPs (and others) to refer patients and does this capture all the providers? How can new providers be integrated into this system?

**Synchronising with existing mental health services** – that have traditionally offered a very different approach.

**GP Liability** – How does a GP ensure that providers are able and equipped to protect and ensure the safety of referred patients? How does a GP feel confident that their patient will be safe and will benefit from the intervention? What legal issues could arise from providing a referral to a group, if something goes wrong?

**Training** – what type of training is needed for link workers (i.e. those who might refer patients from GP to a group via a SP pathway) and what type of training is required for groups set up to receive socially prescribed patients to ensure safeguarding and professionalism for all involved. There needs to be more robust evidence to show that providers are able to 'help' patients to build confidence in the system.

**There needs to be good quality partnerships** between primary care providers and SP deliverers (this often takes time to establish). These are often hampered by short-term funding streams (see next)

**Community groups** – How does a more professionalised SP network impact on small community groups that are not equipped to 'professionalise' their services – could a SP network put off local groups from starting

**Does the third sector have capacity to manage SP long-term?** Short-term funding streams often means that charities cannot continue providing or have to 'shift focus' to retain funding longer-term. The instability of long-term provision can be a barrier to GP referral and make it difficult for link workers or GPs to be up to date on what is available in their areas.

**A medical model** is presumed with SP and the focus of evidence tends to be on content and outcomes: this can mean that attention is distracted from those other issues concerning processes and values which are more socially orientated.

**There are issues in evidencing** the effectiveness of SP short and long term. As a result of differences between SP across areas and the multitude of community groups involved that offer a range of experiences, evaluation of SP approaches has been difficult to achieve. Quantitative methodologies have been criticised for being unable to capture the 'story' of an individual's experience which is not immediately quantifiable. Qualitative approaches have been more successful in capturing a holistic account of the impact of SP but do not provide opportunities to extrapolate across approaches.

**Cost benefit** - There has been very little research to explore the cost effectiveness of SP. If examining short term costs, often the cost of SP is higher than that of a standard clinical intervention. There is stronger evidence to suggest that longer-term social value benefit (in creating new volunteers, employment, and leveraged funding etc.) would save money (but this has been challenging to evidence)

**Developing a Shared Language and process** – agreeing what works and what matters.

The dialogue in Wales surrounding Social Prescribing has been strengthened by the Well-Being of Future Generations Act and the Social Services and Well-being Act which provide a legal framework for supporting and potentially growing initiatives such as social prescribing. However, if social prescribing is to be recognized and funded nationally, the issues raised by the academic and practitioner communities need be further explored and addressed. Read on to hear how Coed Lleol are addressing some of the issues.

## For more information on social prescribing

### SEE THE FOLLOWING LINKS

If you are interested in knowing more about Social prescribing in the UK, take a look at these links:

Public Health England Guidance 'Social Prescribing: Applying all our health'. E-learning available <https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health>

NHS England. Social Prescribing. <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

The Kings Fund. Social Prescribing: What is it? <https://www.kingsfund.org.uk/publications/social-prescribing#what-is-it>

University of Westminster. Social Prescribing Network. <https://www.westminster.ac.uk/research/groups-and-centres/patient-outcomes-in-health-research-group/projects/social-prescribing-network>

The All-Wales Social Prescribing Network. [https://www.wcva.org.uk/what-we-do/the-social-services-and-wellbeing-\(wales\)-act-the-role-of-the-sector/wales-social-prescribing-research-network](https://www.wcva.org.uk/what-we-do/the-social-services-and-wellbeing-(wales)-act-the-role-of-the-sector/wales-social-prescribing-research-network)

[Torjesen, I \(2016\) Social prescribing could help alleviate pressure on GP's, BMJ 352; 143](https://doi.org/10.1136/bmj.352.7998)

Good Practice in Social Prescribing for Mental Health. Natural England Report. Jan 2017.

<http://publications.naturalengland.org.uk/publication/5134438692814848>



Social Prescribing with Animal Therapy <https://depositphotos.com/stock-photos/carefulness.html>



Social Prescribing to family groups [\(https://www.bluehendesoesterreich.at/\)](https://www.bluehendesoesterreich.at/)

## How are Coed Lleol addressing Social Prescribing needs?

**NATASHA SIMONS**

Coed Lleol have been working hard to address some of the concerns raised by academics, GPs and referral agencies by developing stronger partnerships, professionalizing what they offer, widening approaches to ‘Greencare’ and by exploring the impact that their interventions might have on health through evaluation and research.

They are approaching this in the following ways:

**Professionalizing** – by establishing stronger training pathways for mentors and leaders to ensure training is relevant to SP and of a high standard (i.e. mental health first aid, safeguarding adults and children, health and safety and risk assessment training). Coed Lleol’s projects are working towards a database of leaders that adhere to a code of best practice in green care provision.

**Exploring new approaches:** In the Dyfi Biosphere, Coed Lleol is working with Eco-Dyfi to promote alternative ways to green health care in this area. This could include animal therapy, woodland activities, mountain biking groups and outdoor art and photography. Here, we are working with GPs and Health Providers to set up a robust referral strategy that kick-starts social prescribing to outdoor activities in this area.

**Developing Stronger partnerships & referral strategies** – Coed Lleol are developing new partnerships with health care agencies, family agencies, environmental agencies, councils and GPs across Wales. They are also consulting with GPs and the community about how to best prescribe to green healthcare in selected areas (Neath Port-Talbot & RCTs ‘Lost Peatland’ area and The Dyfi Biosphere). Annual stakeholder events in each area strengthen partnerships and promote Coed Lleol’s work to others.

**Evidencing impact** – By developing comprehensive Pre and Post evaluation forms together with qualitative approaches, it is hoped that Coed Lleol can provide valid evidence of how effective they are and in which areas they make the biggest impact.

**Robust and Professional Research** – By continually striving to work with academics on a range of projects. Currently, two PhD students from Swansea and Bangor University are researching the impact on health and physical and mental wellbeing of our programmes. Also, by working cross-collaboratively with Small Woods Researcher Ben Howard (BIFOR Birmingham) on how we can share practice and engage a wider range of participants in conservation activities.

**Being visible & building confidence in our approach:** Coed Lleol staff attend as many events and conferences as possible to promote the organization to others and make Coed Lleol’s name synonymous with high quality, professional, green care in Wales.

**Joining Social Prescribing Research and Action Groups:** We know that strength comes with collaboration. Therefore, Coed Lleol has joined the All-Wales Social Prescribing Network in order to share practice and benefit from the wealth of knowledge such a community of practitioners and academics brings.

### QUESTION OF THE QUARTER

## How can Coed Lleol better support the SP referral process?

Please feel free to feedback to me with your thoughts surrounding social prescribing or any ideas that you might have on how we can better support the social prescribing referral process. Feedback to [natashasimons@smallwoods.org.uk](mailto:natashasimons@smallwoods.org.uk).



(<https://www.surreyhills.org/enterprises/woodland-guide/>)

### EXHIBITIONS



David Nash at The National Museum of Wales (Photo by Natasha Simons)

I hope that some of you got to experience the brilliant David Nash Exhibition at the National Museum of Wales in Cardiff this Summer. Nash draws his inspiration from the natural surroundings of the woods and valleys of Ffestiniog, often using wood in its natural form or living trees to create artwork that explores our relationship with nature and the natural world.

## OUR ROVING RESEARCHER IN THE UK

## Heli Gittins explores what we mean by Nature Connections in Derby

### NATASHA & HELI GITTINS

Heli has been busy this quarter! Not only has she been number crunching, thematically analysing focus group data and working on the statistical analysis of her PhD – she also found time to present at a number of conferences. These include: The Nature Connections Conference 2019 hosted by The University of Derby ([here](#)); The International Royal Geography Society 2019 in London and The British Psychology Society Annual Conference in Manchester, where she presented the only paper on the benefits of nature and green space to health and wellbeing. The Nature Connections group ([here](#)) have strong links with Natural England, RSPB, The Wildlife trust and the National Trust. They aim to understand and improve people's connection to nature to bring about associated benefits in wellbeing and conservation behaviour.

Heli was enthused by the conference and the work that Nature connections have undertaken to measure nature connectivity ([see here](#)). The findings have revealed that a persons' connectivity with nature, rather than the number of visits and contact with nature they have, is a stronger indicator of increased wellbeing and pro-environmental behaviour ([here](#)). Extrapolating from their data, they identified five pathways to nature connectedness, which are:

- **Senses** - tuning in to nature through the senses
- **Emotion** - feeling alive through the emotions and feelings nature brings
- **Beauty** - noticing nature's beauty
- **Meaning** - nature bringing meaning to our lives
- **Compassion** - caring and taking action for nature

There were a variety of strategies offered at the conference to encourage people to connect with nature, one of these being the 'notice three good things in nature' practice, which has been shown to have beneficial outcomes for adults with mental health problems.

Heli disseminated her research findings at the conference and there was much interest in Coed Lleol's work especially because many of the activities undertaken in the groups already reflects suggested practice to help to connect people with nature.

**Heli Gittins is a PhD student from Bangor University examining for her thesis the health and wellbeing outcomes of our Actif Woods programme and its impact on nature connectedness.**

**If you are interested in finding out more about this or about Heli's research contact her at: [h.gittins@bangor.ac.uk](mailto:h.gittins@bangor.ac.uk)**

## OUR ROVING RESEARCHER IN FINLAND

## Ed Lord presents at the International Forest Therapy Conference in Finland

### ED LORD

The International Forest Therapy Days ([foresttherapydays.com](http://foresttherapydays.com)) might have a familiar tag line – 'Healing by the Forests – Healing for the Forests' and with a mission statement that reads, 'We understand that forests are key to sustaining life, health and wellbeing and are homes to biodiversity' it seems a good fit with Coed Lleol's and Small Wood's work

I travelled to Finland in July to present my initial PhD findings on the benefits of nature to mental health and wellbeing. It was exciting to have the opportunity to share what is going on in Wales with a global audience, and to learn from a huge diversity of therapeutic approaches to forests. In addition our Finnish hosts shared their passion for the forest by engaging us with the stunning surroundings on walks, wild swimming, and copious time sweating in wood fired saunas! – in contrast to the usual aching eyes and fatigue that are the fare of academic conferences, I returned from Finland feeling refreshed from an immersion in forest therapy.

International Forest Therapy Days is an annual 5 day gathering of academics and practitioners from around the world and is the result of



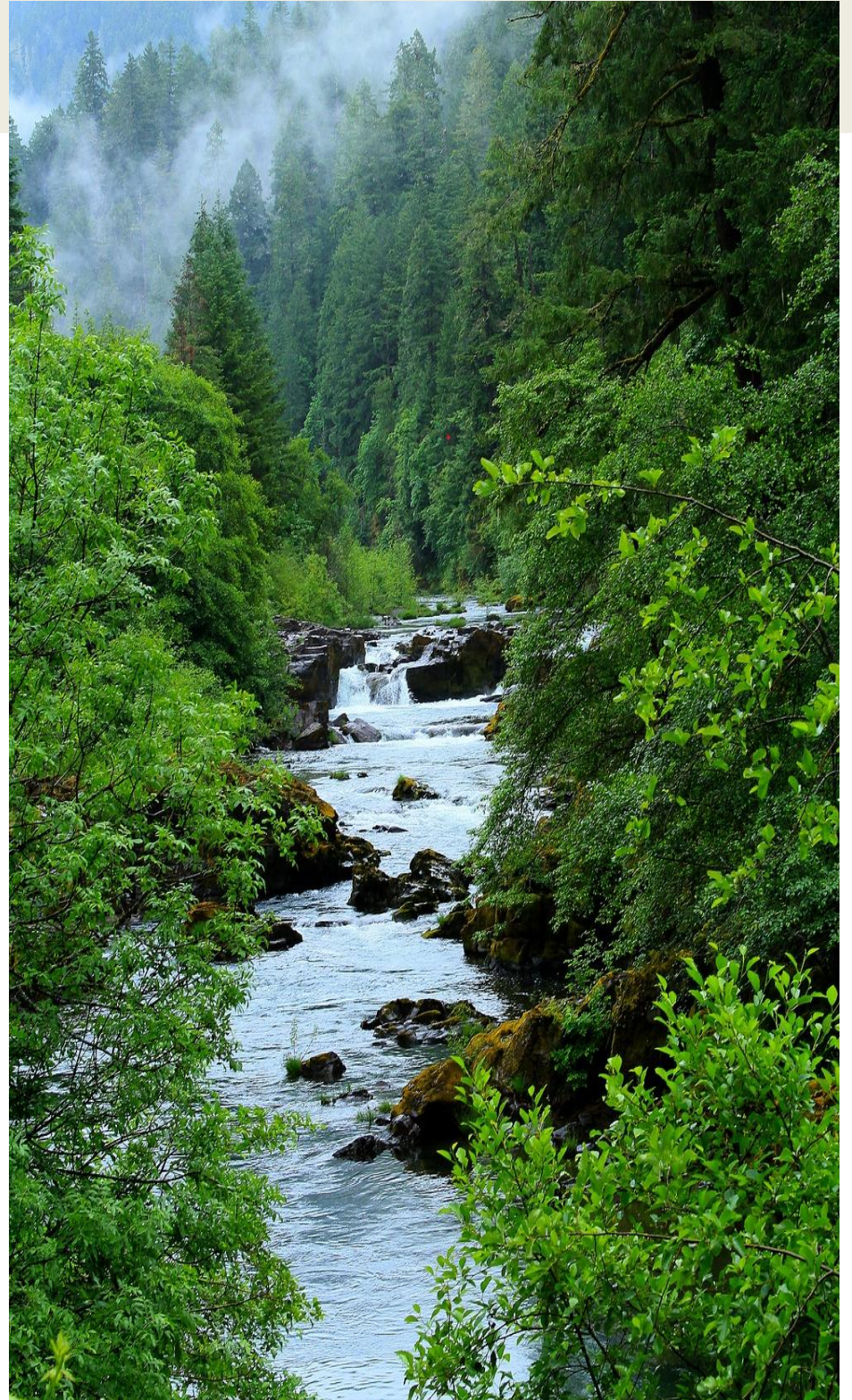
Woodland Sauna (<https://www.pinterest.es/pin/524739794066673219/>)

**Ed Lord is a PhD student, and former mental health nurse, now studying at Swansea University. Ed is looking into the implications, developments and impacts of Eco-therapy and its implications on mental health practice.**

the inspiration and hard work of Katriina Kilpi and Heidi Korhonen. This year we met in the beautiful Boreal forest of the Evo hiking area ([nationalparks.fi/evo](http://nationalparks.fi/evo)) 2 hours north of Helsinki. Day one is ‘research’ focused and included a packed programme featuring, among others, Professor Bum-Jin Park from Chungnam National University in South Korea. He introduced the Korean policy of forest therapy – which has many features in common with Japanese Shinrin-Yoku (Forest Bathing) – and is being rolled out enthusiastically with certified forest sites containing waymarked trails and on-site clinics, recognized practitioner training to a high level, and formalized referral mechanisms from health and social services. We also heard from Dorthe Djernis, a PhD candidate at Copenhagen University, she is a psychologist with an interest in Trauma and her research is based at the well-known Nacadia Therapy Garden.

Day 2 of the gathering has a more practical ‘workshop’ focus, and from another packed programme particular stand-out contributors were Alex Gesse, from Barcelona; he is founder of Instituto de Baños de Bosque, Spain, and co-founder of the European Forest Therapy Institute, and has a wealth of knowledge of training guides, and particularly engaging excluded communities with forests. Also of interest was Dr Katarzyna Simonienko from Poland, who combines employment as a psychiatric doctor with her official certification as a guide in the Bialowieza National Park – the finest remaining area of primeval forest in Europe (see [forest-therapy.pl/en](http://forest-therapy.pl/en)). Finally, Nitin Das, my room-mate at the conference, is a skilled film producer from India who documents how communities engage with their forests. He runs ‘Healing Forest’ – [healingforest.org](http://healingforest.org) – and I would recommend watching some of his beautiful short videos, as well as longer documentary films. The final 3 days of the conference are called the ‘forest immersion’ and involved in-depth development of forest therapy skills for participants.

It was an honour to share my research amongst such an enthusiastic and skilled group of people, and the setting in Finland, in a culture so closely intertwined with their vast forests, seemed very appropriate. What I could share from Wales of a distinct approach to “social forestry” sparked much interest and some good conversations. My takeaway message from this is that Wales, as a devolved and distinctive nation, could become a world leader in the subdivision of therapeutic approaches to woodland called “social forestry”. Coed Lleol has a strong track record in developing this approach and it would be exciting to see how the organization could represent Wales on a global stage in the future.



Finland's Wild Forests (<https://www.foresttherapydays.com/iftdays-mission/>)