



Summary of the Local Evaluation of Bristol, North Somerset and South Gloucestershire Green Social Prescribing Project: Healthier with Nature

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Executive Summary

A two-year evaluation (2022-24) of the *Healthier with Nature* (HwN) green social prescribing (GSP) project run by Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) was conducted by Dr. Jon Fieldhouse from the University of the West of England (UWE) using a participatory action research (PAR) approach.

This local evaluation aimed to complement the national evaluation of seven GSP test and learn sites across England (see Haywood et al, 2024) by generating *actionable* learning about ‘what worked’ for practitioners in the *local* context. It did this by accessing the experiential knowing of HwN practitioners drawn from three distinct groups: GPs, social prescribing link workers (SPLWs) and GSP project staff – and sharing that learning in a series of focus groups.

Evaluation process

The local evaluation was in four stages. First, one-to-one interviews ($n = 27$) focused on the specific practice challenges facing each of the stakeholder groups above. Next, focus groups ($n = 6$) examined these challenges collectively, exploring possible solutions.

The final two stages convened a further six multi-stakeholder focus groups so participants could see themselves *in relation* to each other and consider shared practices as part of one ‘whole’ GSP system. A one-year gap between Stages 3 and 4 allowed practitioners to try out new ideas in their own day-to-day practice, in real time, and to report back to a ‘community of practice’ on how that went, thus creating an action learning spiral.

Evaluation findings

In Stages 1 and 2 (focusing on challenges) participants described challenges to the GSP referral and engagement processes arising from the socially isolated and sedentary lives of many service users (for whom group-based, physically active nature-based pursuits had little appeal), service user drop-out from referral pathways, and the great variability in the quality of referrals from primary care. Additionally, there were day-to-day operational barriers such as workload pressures and time constraints, service user transport challenges, an increasingly challenging ‘care’ role for voluntary sector (VCSE) projects, short-term funding, and the lack of a shared platform for providers to upload project information. Wider contextual challenges included the shortfall in health and social care services (resulting in an overloaded GSP system), the complexity of the GSP system itself, the impacts of social deprivation and the cost-of-living crisis, implications of wider societal failure (which intensified the negative impacts of social determinants of health), problems with GSP staff retention/career progression, and issues arising from being part of a national ‘test and learn site’, such as the non-recurrent funding of projects.

In Stages 3 and 4 (focusing on solutions) participants focused on the importance of a ‘warm transfer’ (or supported transition) for service users from the point of referral to becoming established at a project, and considered several ways to support this – such as by accompanying the referred person on first contact, standardizing minimum referral information, developing SPLWs’ awareness of local project offers, targeting project publicity, issuing link worker ID cards, and changing SPLW targets to reflect numbers engaged (not numbers referred). Underpinning this was a desire for (and evidence of) a cultural shift towards holism across the GSP system, greater value placed on practitioners’

reflexive awareness of the role of nature-connection in their own health and wellbeing, and closer liaison between GPs and SPLWs. Regarding ways to tackle **day-to-day operational challenges** participants described creative local transport solutions, their successful navigation of the challenges/opportunities presented by 'local' and 'bespoke' projects in order to meet complex needs, and their developing knowledge and skills in offering GSP interventions with a 'care' focus (highlighting how a GSP group may be 'held'). The importance of setting boundaries on the SPLW role and support for practitioners' continuing professional development was highlighted also, as was the buoyant 'can do' attitude of SPLWs and project workers who valued the creative, person-centred and practical nature of their work. Wider contextual developments optimising effective GSP were also discussed such as harnessing the social capital of 'the community' by engaging with asset-based community development (ABCD) initiatives and by cultivating social prescribers as 'community experts', better able to offer responsive services, early intervention, and heightened cultural awareness by targeted outreach.

Reflecting on the qualities of green social prescribing was a continuous thread running through all four stages of the evaluation as participants reflected on their own growing appreciation of specifically *green* SP activities in their capacity as referrers, link workers, or project workers. They considered GSP had the capacity to provide restorative experiences for service users (e.g. in terms of reducing anxiety and elevating mood), build resilience, promote self-efficacy, offer a wide range of adaptable and engaging nature-based activities (that set people on a recovery pathway), meet needs not amenable to conventional healthcare interventions, transcend severity of mental health conditions (including engaging people with a learning disability), promote social inclusion, mesh smoothly with ABCD, and provide comparatively inexpensive and easily accessible resources in most localities.

Discussion

A number of discussion points arose from the local evaluation.

An overloaded (G)SP system

The barriers/challenges identified in Stages 1 and 2 can be seen as consequences of the mobilisation of VCSE resources by a social prescribing agenda which is focused on addressing the volume and complexity of needs arising in primary care. Correspondingly, the solutions/enablers explored in Stages 3 and 4 can be seen as the creative efforts of highly motivated local practitioners to develop a comparatively new kind of practice (GSP) and adapt it rapidly to address unanticipated levels of need.

Plugging GSP into other system changers

To support GSP development it is important to acknowledge the leverage offered by other healthcare system changers such as *patient activation*, *personalised care*, and the *Community Mental Health Framework* (CMHF)(NHS England, 2019), particularly the CMHF's ethos of 'place-based' collaboration across statutory and non-statutory services to facilitate mental health recovery.

Recognising obstructions to GSP development

Significant challenges to GSP's adaptation need to be recognised also, such as the dislocation between statutory provision and a VCSE sector that is, arguably, unprepared for the scale of the task it is being asked to perform. A prominent example of this dislocation is

the short-term, precarious funding of VCSE projects which nevertheless feel they are now expected to provide a 'front line' service locally.

Appreciating the qualities of specifically 'green' SP

The local evaluation emphasises the need to fully appreciate and promote GSP's distinctive, specialised knowledge-base and skillset. This distinctiveness is particularly important given that 'nature-based practice', which is already regarded as a complex intervention, is now operating within a complex SP system, which is, itself, trying to respond to huge health/social care transformations and massive societal change. Clearly, the potential for misunderstanding amongst GSP referrers is great, as noted locally and nationally.

The qualities of GSP indicate its reach. In addition to GSP's suitability as a therapeutic intervention supporting *individuals'* health and wellbeing, GSP's pro-environmental activities highlight its relevance to the 'One Health' agenda which promotes human and environmental health as inter-connected goals. GSP thus links health *care, public* health and the health of the planet. Furthermore, specifically *green* social prescribing projects are also suitable for *generic* social prescribing. This highlights the value of exploring nature-based referral for primary care patients who do not necessarily identify as being interested in nature.

Ongoing GSP practice development

The local evaluation highlights the 'work in progress' within BNSSG of a rapidly evolving GSP system which holds many benefits for service users and referrers. Crucially, this report focuses attention on the micro- and macro-level enablers that demonstrably support this adaptation because they have been shown (during the course of the evaluation) to 'work'.

The need for ongoing GSP adaptation, and the experience of this small-scale PAR evaluation, suggests that a 'community of practice' can be a highly effective model for supporting adaptation and practice development at any scale.

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