

Developing green social prescribing offers: A case study with Harcourt Arboretum, Oxford





The study

During the first half of 2023, researchers from the Oxford Social Prescribing Research Network (University of Oxford) conducted a study to address the question:

What are the experiences and views of stakeholders around setting up green social prescribing?

There are several studies reporting on various outcomes associated with social prescribing provision (referred to in this document as 'offers') in green spaces. However, there is little research detailing how social prescribing offers in such spaces are created, set up and taken forward. Hence, the purpose of the study was to identify areas for consideration and learning points for others intending to undertake such work. It involved staff from Harcourt Arboretum in Oxford and staff involved in social prescribing (mainly link workers). As this research set out to explore in-depth the experiences and perspectives of individuals, a qualitative approach was adopted.

Data collection and analysis

Data were collected through interviews and one focus group. Interviews took 30-40 minutes. The focus group lasted for 45 minutes. Audio recordings were made of these conversations. Researchers listened to these recordings, summarised key points made by participants and transcribed key quotations from each interview and the focus group.

Data were collected from 18 people. Six arboretum staff, who have played a role in developing green social prescribing there, took part. They had worked at the arboretum for between 7 months and 12 years (average = 4 years). Six social prescribing link workers were interviewed. In addition, one focus group with social prescribing staff (five link workers and one health and well-being coach) was conducted. These 12 individuals had worked in social prescribing for between 6 months and 8 years (average = 2½ years).

Analysis followed the stages outlined by **Braun and Clarke (2022)** for reflective thematic analysis. It involved rereading data summaries and relistening to recordings and then coding data in the computer programme NVIVO. We used the codes to develop broader concepts that became themes for the project. The final themes from the study will be published in an academic journal. Here, we report on key issues from the interviews that those involved in green social prescribing may want to consider when developing or engaging with such provision.



Findings

Valuing time

Data highlighted the importance of preparing and planning what is delivered, rather than rushing in and doing anything. This included talking to others who had run social prescribing activities in cultural spaces, learning from their experiences, and investing time in networking with stakeholders to identify the sorts of provision they expected:

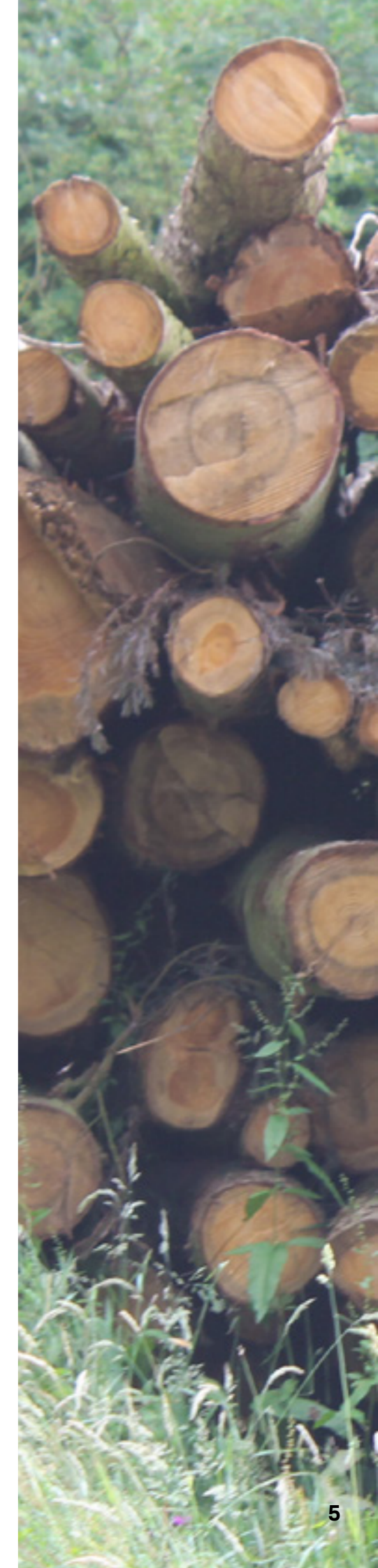
"...it is about allowing time to not just think, oh yeah, social prescribing is this thing that people are doing now and so it'll be easy to get into because people want to do it. But allowing time to I guess find out much more about what it is and how it can work...it's not just, oh we'll do a big event for link workers and that will make it work, but needing to maybe allow yourself that time to go and talk to particular surgeries or go and talk to other sites that have been doing it..."

(P005, arboretum staff member)

It was noted by link workers that providers should not expect activities to work overnight; it might take several months to get provision right and to establish a regular cohort of users. In addition, it was suggested that time should be spent to ensure that staff in a place like the arboretum had the requisite skills and training to be able to support people referred as part of social prescribing, who are often experiencing challenging life circumstances:

"...the majority of staff here I think haven't had training in mental health and...much experience of thinking of well-being and evaluation around well-being and things like that."

(P005, arboretum staff member)



Providing the right information

Link workers were clear about the sort of information their clients might need before using a space like the arboretum for well-being; this can be divided into the following:

- **Practical details** – what facilities are there (toilets, shelter, benches), how much of a walker they need to be, how to book on to things, any costs involved, how busy it might be at different times of the day.
- **Orientation** – especially if people are not sure what an arboretum might be like or what to expect when going there. This could include details about what the terrain is like, what footwear is required, how accessible it is, what is of interest to look at, knowing someone will meet you when you arrive for the first time, having someone to speak to beforehand about the setting (e.g. via telephone).
- **Benefits that can be accrued** – giving people an indication of what they might get from a visit. This could include some sort of activity analysis of the programme/activity as a means of encouraging people to attend.

Drawing on a setting's uniqueness

Participants mentioned how the arboretum was a space where people could feel a sense of peace; they described it as "grounding" (P002, arboretum staff), which enabled people to notice and be with nature. One link worker made a distinction between a local park and the arboretum:

"...the park, it's got big playing areas and it's busy...the arboretum, you can just see the bluebells, you can do the courses, you've got the educational side, you've got the interest in all the different plants and so forth...the park, you just go there, there isn't a visitor's centre or courses or information or the trees aren't labelled. There's spaces to sit but in the arboretum there's so many benches and places to sit and peacocks and less people on bikes and jogging... It's less urban, it's a special place to go to...more of a, the park is just something you might walk through...the arboretum is a place...you make a special trip to and then you've got all the extra layers... and things to do and can immerse in the whole feel of the place..."

(P008, link worker)







Measuring outcomes

There was a clear steer from link workers away from a focus on questionnaires as a means of assessing the success of social prescribing provision in a green space. They noted that people they worked with may not be confident reading and writing. In addition, they felt that asking attendees to complete a questionnaire at the end of an activity/event might not provide robust information as people would rush to complete it and might not always interpret questions in the way that was intended. They advised that it would be better to get verbal feedback from people on how they found coming to the green space, or to use more creative approaches:

"I know colleagues at the [museum] as part of the [name of project] there. I went to a couple of sessions for older people and they just had a sheet with almost a speech bubble of how did this activity make you feel? And I think the participant could write something, but there were also different emojis around the sheet, like smiling face or unsure that they could circle as a way of getting some feedback as well."

(P001, arboretum staff member)

"...keep it simple because everyone's so bogged down with feedback...Just ask people in as easy a way as possible for them to give you an answer...When someone signs up to access a service then you say to them, you ask them a simple question - 'Has your visit today left you feeling better or worse? What is your take away from the visit today? What is the most special thing from the visit today?' "

(P008, link worker)

It was also noted that measuring if people attended events/activities, and especially if they returned, could be regarded as a sign of success:

"I know you need to do it [collect data] for reports but for a lot of people we work with it can seem like a quite tiny gain but it's quite massive in their life if you can get them to leave their house and go somewhere new, that's pretty big."

(P007, link worker)

Activities to attract

Link workers mentioned how patients they supported might not necessarily just come to the arboretum for “a walk” (P015, link worker); that they would be more willing to attend if there was a specific activity or purpose that gave a focus to their visit.

Potential activities mentioned by participants included:

- **Arts and crafts**
- **Creative** (e.g. writing a poem after a guided walk)
- **An opportunity to learn new things on a guided walk about nature**
- **Mindfulness or forest bathing**
- **Volunteering** (e.g. helping with a survey for wildlife or noting what is growing, doing some forestry maintenance, welcoming people at the entrance, taking people for a walk)

One person suggested including a “sit spot” (P008, link worker) at the arboretum that people could come back to on regular occasions to see how the setting changed over the year.

Referral into the arboretum

Link workers suggested they would only recommend the arboretum to people who showed some interest in nature and green spaces; they talked about being guided by the individual they were supporting and their personal preferences and needs. It was noted that some people would be persuaded to attend somewhere like the arboretum if the link worker provided an enticing description. However, it was also suggested that “*you can write as much as you want about it but until you’ve got the wind and the sounds and the smells, it could be difficult to convince people*” (P016, health and well-being coach). Link workers wanted clear guidance from the arboretum about how to refer patients; what referrals would they take, how would referral from social prescribing work? In addition, they wanted an email of someone from the arboretum who they could refer patients to, who could arrange for a patient to be met when they first arrived. It was stated that this could be a volunteer; someone the patient could contact directly if they had questions about their visit.



Barriers to attending

Study participants described a number of factors that could prevent people from attending the arboretum for social prescribing:

- **Cost** - link workers in the focus group discussed the potentially prohibitive nature of paying to attend for people they supported: *"I'm assuming normally you have to pay to come in?...Well then a lot of people won't will they?"* (P018, link worker) *"They can't financially."* (P015, link worker) *"The cost will put them off on top of the travel costs."* (P013, link worker)
- **Travel** - concern was raised by link workers that only people who had their own transport might be able to attend; although some link workers had arranged for minibuses to take groups of patients to the arboretum, they did not feel that this was sustainable: *"It would be nice to bring people but in reality, if I did that, that would mean that other people on my waiting list would not...in that time I could get quite a lot done, speak to several people. So there's a trade off."* (P018, link worker)
- **Mobility** - link workers in the focus group wondered about the possibility of having off-road wheelchairs for hire through the arboretum, for people who had difficulty walking. An alternative mentioned was some form of transport (e.g. a trailer or tractor) that could take people around the site. Link workers felt the arboretum was unsafe for people who were frail and unsteady on their feet, so they would possibly not refer such individuals.
- **Lack of familiarity with the space** - it was noted that some patients might be reticent to attend the arboretum because they were not used to coming to an open space. They might not be aware of what was meant by the term 'arboretum', which would require some education by the link worker. It was suggested that after the pandemic, some people had lost confidence around being outside and in unfamiliar settings. Coming with another person was proposed as a means of overcoming any worries patients had about visiting somewhere new.



Closing thoughts

Based on the qualitative data collected from this single site, there are some broad recommendations that might be helpful for others developing a similar type of provision as part of social prescribing.

- Developing green social prescribing offers is not necessarily something that can be rushed. Allocating time as part of setting up a project, to understand local needs and networks, and learning from others, can be a useful undertaking. As more is shared and written about developing green social prescribing offers, this information gathering may be an easier endeavour, with a range of resources and learning available to draw upon. It is anticipated that this report will make a contribute to this knowledge.
- Attention should be given to information provided about a green social prescribing offer. It needs to cover what it entails and what it might be like. It should include some indication of the benefits people might draw from attending (e.g. based on feedback from those who had experienced it previously). This might include details about the unique elements or attractions of the specific green space.
- Exploring in what ways and to what extent people have benefited from engaging with a green social prescribing offer can be a difficult task. This is, in part, due to an aversion or mistrust or inability to complete questionnaires. Gathering qualitative/narrative feedback may be preferable to green social prescribing users, but this may not satisfy the requirements of funders.
- People may need to identify with specific activities within green social prescribing to feel that such an offer is attractive. Providing a range of activities may make it attractive to a wide group of individuals (as there is more likely to be something they will enjoy doing), although this could have cost and manpower implications. However, some simple activities were mentioned during data collection, including the idea of a sit spot or a nature trail (which could allow people to learn new things at their own pace if written information is provided).
- Upon referring someone to green social prescribing, potential barriers may need to be discussed. These include (but are not limited to) – cost, travel, mobility and familiarity with the space.





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A grant from the John Fell Fund (Ref: 0010444) made this work possible. The views expressed are those of the authors and not necessarily those of their host institution or the funder. The Principal Investigator for this funding is Harriet Warburton. Co-applicants are Stephanie Tierney and Kamal Mahtani.



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