

GreenSPring Project Summary and Considerations for Future Action

This document seeks to summarise the broad lessons that emerged from the GreenSpring Green Social Prescribing pilot, to report on the work carried out as a result and describe the potential for change.

Introduction and context

In 2020, a project aimed at preventing and tackling mental ill health through Green Social Prescribing (GSP) was announced by the then environment secretary, George Eustace. This two-year, £7 million project was funded and supported by multiple partners, including: Department of Health and Social Care, Department for Environment, Food and Rural Affairs, Natural England, NHS England and NHS Improvement, Public Health England, Ministry of Housing, Communities and Local Government, National Academy for Social Prescribing and Sport England. An Expression of Interest (EOI), and then a full application, was completed by a group of organisations in Derby and Derbyshire. Derby and Derbyshire were selected as one of seven national test and learn sites.

The aim of the project was to test how to embed GSP into communities with the ultimate aim to contribute to:

- improve mental health outcomes
- reduce health inequalities
- reduce demand on the health and social care system
- develop best practice in making green social activities more resilient and accessible.

Each of the seven test and learn sites selected received £500,000 to test the ways in which connecting people with nature can improve mental wellbeing. The objectives of the GSP 'test and learn' sites were to:

- understand and address system barriers to scale up effective GSP across England
- understand actions and behaviours required from different stakeholders to sustainably embed effective GSP delivery models as part of the wider health and care landscape
- develop four location specific plans which set out the activities, support and resources required to scale up GSP and how this could be measured
- implement targeted and co-designed interventions to scale up GSP
- increase patient referrals to nature-based activities to help people's mental health
- increase join-up, collaboration and shared learning between the health and environment sectors
- inform the development of national and local implementation strategies for social prescribing.

As defined by the national evaluation team, GSP is: the practice of supporting people to engage in nature-based interventions and activities to improve their mental health. Social Prescribing Link Workers (and other trusted professionals in allied roles) connect people to community groups and agencies for practical and emotional support, based on a 'what matters to you' conversation. There are four 'pillars' of social prescribing that Link Workers connect to: physical activities, arts/cultural activities, debt and other practical advice, and nature-based activities. There are many different types of nature-based activities and therapies that people may reach through a social prescription and include: conservation and other hands-on practical

environmental activities; horticulture and gardening; care farming; walking and other exercise groups in nature; and more formal talking therapies based in the outdoors.

Derbyshire Pilot | GreenSPring

Aims and approach

GreenSPring aimed to:

- develop a Derbyshire-wide collaborative framework to bring existing and new partners together to create a sustainable scaled-up model that better connects social prescribers and providers, accelerating and expanding the work, so more people can be helped to access local greenspaces
- learn lessons about shared policy and delivery and identify barriers, ways of improving outcomes for citizens
- create a referral ready sector with capacity and confidence to deliver this.

The full GreenSPring application to the national programme stated that ‘understanding the factors which impact the implementation of social prescribing will support the development of a common framework for practice’. GreenSPring proposed that it would build effective, mutually beneficial long-term partnerships with the VCFSE sector; increasing access to funding to deliver additional projects and services, providing wider benefits for residents of Derbyshire; whilst developing and evaluating sustainable models of remuneration for services provided by the sectors referring to and providing those interventions. ‘Gaps and existing conventional barriers mean that routes to achieving this are not clear. Many VCFSE groups are unable to access NHS funded provision and frameworks due to their size and minimum contract levels. By capacity building this sector and providing training and support we will be able to expand this high-quality delivery to more people, and beyond this funding. Identifying and embedding appropriate referral routes from referring organisations to intervention providers will be a key outcome for this project.’

The work intended to identify challenges in the existing system (interacting parts influencing the embedding of GSP), develop actions to address these and learn what works. This comprised a combination of several factors: work to develop a shared understanding with a range of stakeholders across the local system; creating opportunities for developing the practice and capacity of existing green providers in the nature-based activity provision sector; testing a range of known barriers/sticking points in the social prescribing pathway; and how delivery is resourced so that new ways of working and commissioning could be found and barriers addressed.

Leadership

The GreenSPring Leadership Group (see Figure 1, which indicates the organisations representing each sector) comprised Mental Health specialists, Local Authority, NHS partners, Social Prescribing Link Worker, ‘Green’ providers, VCSE Infrastructure, Clinical Commissioning Group and Public Health professionals. The group met on a regular basis throughout the programme and interacted, either through GreenSPring subgroups or in other fora, with a range of local partners and groups, eg the Social Prescribing Advisory Group (SPAG). The aim of the wider partnership was to bring together expertise in development and delivery of green and outdoor space activity and learning, cross sector liaison and coordination of a system wide approach to social prescribing, population health approaches and Community Health Services

delivery. The membership of this group changed through the duration of the project and was supported by the national programme manager and an embedded researcher from the national evaluation team, Dr Katie Shearn.

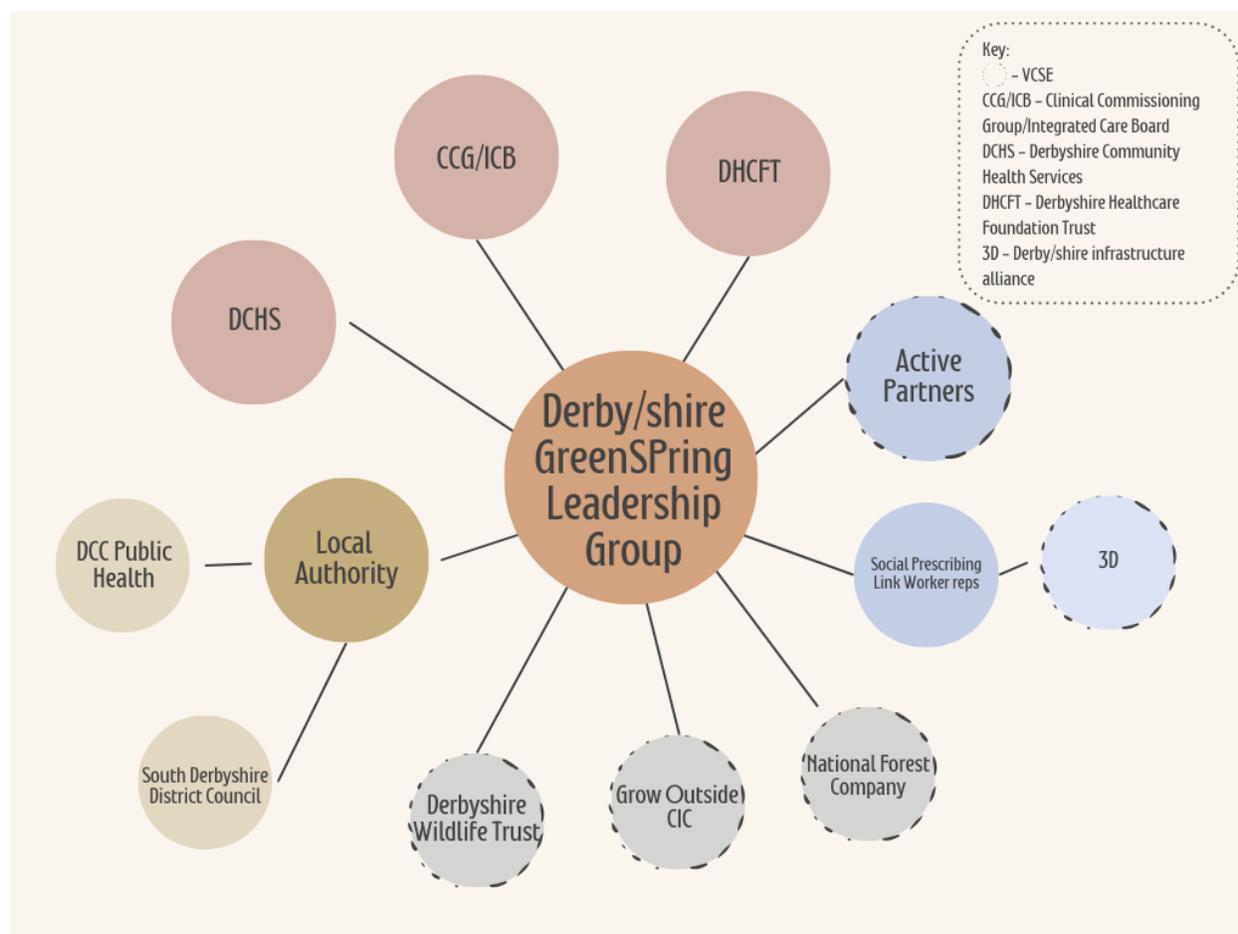


Figure 1. Leadership Group membership

Categorisation of activity

The route forward for a person who has identified themselves as struggling with their mental health is known as a 'pathway'. Pathways include routes into and out of formal mental health services, social prescribing pathways, and communication across and between the range of referrers. Activity described within the GreenSPring 'Levels' (see Appendix 1) framework predates the creation of health-led 'social prescribing', and this project aimed to realign a system perspective of community based 'interventions' delivered as part of a mental health 'pathway'.

The GreenSPring 'Levels' framework was developed to reach a common understanding of the range of access to and provision of nature-based activity categorised as 'Levels.' Level 1 indicates independent use of green space such as nature reserves, parks, etc. through to Level 4 which indicates a one-off, short-term intervention, perhaps funded by the health and care system, and involving therapeutic input supported by an experienced professional (occupational therapists, for example) as well as a green provider. The framework was created early in the programme and developed and shared throughout; it was a useful way to describe the

complexity of the work and approach being taken and helped to elicit a wider understanding of the scope and requirements of the roles and responsibilities across the GSP landscape.

Evaluation and learning

Over several sessions the Leadership Group developed a theory of change for the project, which is included in Appendix 2 and discussed in full in the GreenSPring evaluation report (Green Spring, 2023).

The GreenSPring programme adopted a developmental approach to the local evaluation. As a test and learn programme the project team decided, along with researchers from the national evaluation team, to adopt an approach that avoided answering questions early in the process, which could restrict progress and a way to learn from the project, instead using developmental evaluation to encourage the open-ended enquiry of the themes and issues that arose as the work progressed. It is a method that encourages trial and error rather than focussing on the 'realising' of pre-established goals (Patton, 2016).

The themes that have emerged through GSP test and learn activity are like many reported in system change programmes. A range of actions were taken forward to begin to understand and demonstrate the changes that were required and possible, within the system. The widest definition of 'system' was adopted here to demonstrate the breadth and cohesion required to embed GSP. Nature-based providers, social prescribers and service users are integral to this, but not separate from the system and institutions, organisational processes and practices, infrastructure and policy are all required to coalesce if progress is to be made. This has begun to happen and is used here to describe potential next steps and recommendations.

Test and learn activities

The original aims of the project were modified through the theory of change process and iteration through the testing approach, but the broad aims remained, and the steps required to achieve them became better understood.

During the first phase of the work, and following interviews and interactions with local stakeholders, a series of challenges and key concepts emerged and formed the basis of the 'test and learn' work. Testing work was developed in alignment with the elements of the local and national Theory of Change (see Appendix 2). The local work also acted as a framework for national lessons and cross-case analysis to be developed and made more meaningful and transferable.

The subsequent commissioned testing work in each of the districts and boroughs was developed iteratively, based on insight and contributions from relevant stakeholders, and each site was allocated a 'site lead', either from the project team or from local organisations in the relevant district/borough. Site testing and leads' reflections form part of the evaluation and were used to compile the test summaries. For more information, see the full GreenSPring Project Report and Evaluation (Green Spring, 2023).

The range of testing activity carried out is described in Table 1, noting the provider and/or area in which the activity was undertaken. Full reports on each sub-project are available in the appendices of the full GreenSPring Project Report and Evaluation (Green Spring, 2023).

Table 1. Theory of change elements and relevant county-wide testing.

ToC element	Nine site testing/summary
1. Funding of green providers (sustainability, availability, accessibility)	Craftwood CIC (AV); Grow Outside CIC(AV); Whispering Trees CIC (SE) about the local system/connections; PHBs; and Provider Collaborative modelling.
2. Political will and/or strategic leadership 2a. Vision and strategy	Leadership/investment, relating to commissioners.
3. Availability of appropriate green providers	Buxton Civic Association (HP); High Peak; Derby City, North East Derbyshire; and Wellies CIC/Wild Roots CIC (DD).
4. Alignment of organisational structures (eg policy objectives, governance, record keeping)	Bolsover
5. Evidence for GSP efficacy	This was not tested (intentionally), except through wellbeing measures in each piece of work, which led to the quantitative data summary.
6. Network of providers, link workers, referrers and funders (existence and connectedness)	Spiral Arts (Derby City)
7. Mutual understanding and awareness of different parts of the system and how they operate	Derbyshire Wildlife Trust at Kingsway (Derby City) and social prescriber training session (Sheffield and Rotherham Wildlife Trust) (county-wide).
8. Referrals to GSP (extent and appropriateness)	Community Growth CIC (Chesterfield)(appropriateness); Elephant Rooms CIC (Erewash)(extent); Hunloke Community Garden (Chesterfield)(both); and referral testing DWT/SDDC's Environmental Education Project/Grow Outside (Derby City/SD/HP).
8a. Inequalities in access to nature	SDDC's EEP (SD)
9. Engagement of users in GSP processes	Green Thyme/Derby West Indian Community Association (Derby City); EEP (SD); and lived

	experience work.
10. Level of retention/drop-out of users in the GSP system at different points in the pathway	Buddying (AV)

Outcomes

To illustrate the relevance of this work for the wider system, some of the Theory of Change areas have been explored in more detail with recommendations provided below. Examples are drawn from the testing work described in Table 1 and can be viewed in detail in the testing site summaries (Green Spring, 2023).

Collaboration/power and influence

Development of a Derbyshire-wide joined up approach to green social prescribing was central to the aims of the pilot and, in many ways, the cornerstone of the work. Collaboration across providers, particularly smaller enterprises, has been successful with the creation of a green provider network yielding many benefits to partners.

The convenor role was taken on by the Project Management Team who, whilst part of the leadership, were also appointed to the project manager role and took on delivery of the programme. This style of organising is considered helpful in tackling complex issues as illustrated in Figure 2, but it became problematic when challenges emerged in agreeing how such a role should be performed in a complex, adaptive system.

Programme manager vs. convenor

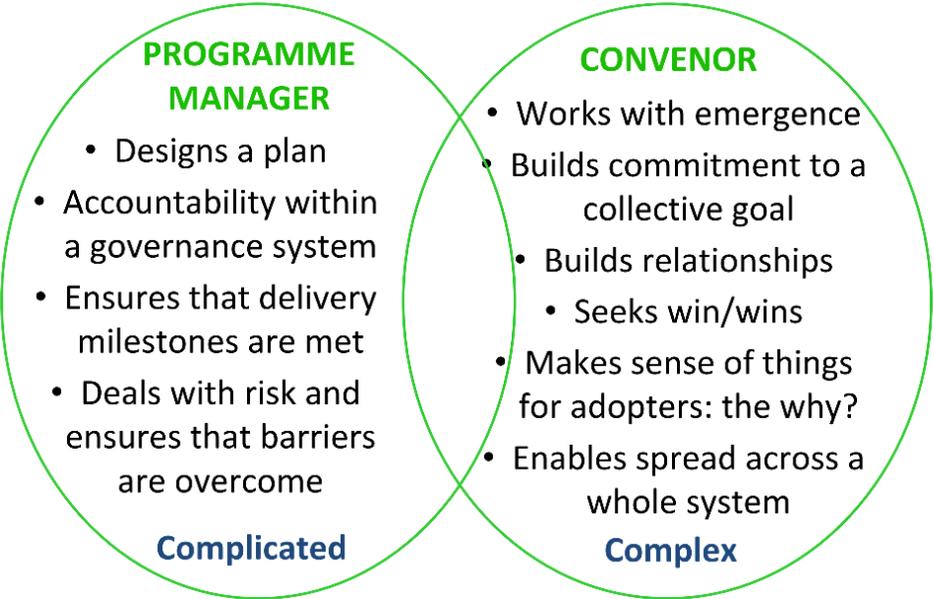


Figure 2. Traits of conveners and managers (Bevan, 2023).

In addition to the challenges in collaboration experienced in the leadership group, low levels of mutual understanding between referrers and providers (for example relating to roles, responsibilities, resources and expectations) were observed, which led to difficulties matching the needs of participants to the provision available. As well as limited awareness and understanding of partners' conditions, outcomes from site testing revealed poor connectivity and low levels of trusted feedback between the referrers and providers during and after activities. This prevented progress and led to opportunities for improvement being missed.

Whilst the Leadership Group benefited from broad stakeholder representation, there was a high turnover of members and varying levels of engagement over the course of the work. Despite much early interest in the programme, with short term funding and a lack of national political leadership, it was difficult to leverage Derbyshire-wide strategic commitment and traction.

When system-led solutions seemed out of reach and intractable, and to effect and demonstrate change, energy was channelled towards developing the green provider network and 'Provider Collaboratives' at a local level, with the intention of influencing from the ground up and out.

The Provider Collaborative modelling was an additional piece of work emerging from the pilot which complemented each of the aims, particularly 'creating a referral ready sector with capacity and confidence to deliver'. Focussing on Bolsover and Erewash/South Derbyshire, resources were channelled to the grassroots where small community-based providers came together to share experience, knowledge, aspirations, capacity, reflections and plans to engage more people in nature-based experiences to improve mental health and wellbeing. In both settings, referrals increased, there were reported improved health outcomes by participants and new capacity was created in the form of volunteers, skills, confidence and connectivity. Further investment was secured in Erewash to enable subsidised transport for participants who were struggling to access activities. A separate report is available detailing the outcomes of this work (Green Spring, 2023).

New commissioning arrangements

The pilot revealed that consistent and proportionate methods of collecting data and evidencing impact were critical to creating a sustainable scaled-up model and for nature-based providers to be embedded in delivery. The study of the test and learn sites found that the expectation from the system of what is required to evidence is not always appropriate for the activity being delivered, and the intended outcomes and extent of the funding available are often misaligned.

Collecting and analysing data from participants with mental health needs proved challenging and was raised as a concern by several of the national and local test and learn sites. Lengthy and emotive questionnaires were felt to be counter-productive when participants arrived for the first time at an activity, many of whom had overcome fears and barriers to attend and had already been surveyed about their wellbeing through health services. Many providers adapted data collection to meet the needs of the participants, but expressed concern that they were compromising commissioning requirements and might be seen as 'failing'.

Many providers lacked experience of high-quality data collection, handling and reporting. The pilot revealed a general lack of consistency when it came to qualitative and quantitative data collection and analysis, and most programmes did not allow sufficient time and resource for

monitoring and evaluation, leading to scant evidence of the impact and value for money of this type of intervention.

Identify barriers/improve networks

One of the main aims of the programme was to identify barriers to accessing nature-based activities and explore ways of improving lives for citizens.

The pilot found that the myriad roles and responsibilities are not clear across the public sector, nor within the VCSE. Input from Derbyshire's Social Prescribing Advisory Group and the GreenSPring mental health subgroup highlighted that the referral processes into a social prescribing service are not always clear and are not consistent across the county. Nor is the expectation of ability or capacity of the social prescribers to support patients with complex needs and, in turn, the patients' ability to then be integrated into a community-based activity.

Given the complexity of the pathways, the pilot sought to unravel several of the strands and simplify the route to better mental health for more citizens. At times, participants attended green provision after being signposted by social prescribers (which relied on participants disclosing or being aware of this information). The social prescriber may have classed this as a 'referral', but the green provider might call this a 'self-referral'. With no process in place between provider and referral organisation, it was not possible to track the progress of individual participants.

During the programme a workshop was offered to health professionals and SPLWs to better embed GSP into areas of work and explore conversations about nature-based interventions. Several sites met with their local SPLWs, Occupational Therapists and other social prescribers to discuss the pathways and referral processes and improve relationships between local health professionals.

Following this training and the social prescriber network meeting, feedback highlighted that if there were more reciprocal, trusting relationships between social prescribers and providers, then this might enable more successful onward referrals.

As a result of the workshop, participants also reported better understanding of the range of social prescribing roles and acknowledged that this awareness could improve efficiency, reduce duplication and create more opportunities for collaboration and mutual support across social prescriber-employing organisations. Further, where a programme was co-produced with health professionals, it helped build understanding, trust and relationships and ensured appropriateness of activity.

Throughout the programme low referral numbers were reported and by working to understand why this was the case and developing testing work accordingly, it emerged that the main barriers to attendance were:

- a lack of awareness of activities taking place
- poor understanding of green provision
- deeper disconnects across the range of social prescribing pathways.

Other important and compounding factors included support to access and readiness to use modes of available transport; motivation, confidence and agency; and physical and cultural accessibility of nature-based activities.

During the testing, green providers themselves were concerned they would be judged over the low number of referrals. One site designed inclusion/exclusion postcards demonstrating how green provision can be promoted effectively to referral organisations. The postcards are quick to read, memorable and accessible for professionals and service users to make use of.

The geography and lack of transport in rural areas is a barrier to accessing green provision. It cannot be assumed that living in an area close to natural spaces guarantees accessibility. Several providers used a minibus or taxi service collecting individuals and taking them to their sites, which did make a difference to attendance for some participants. However, despite attempts to remove transport barriers, successful attendance at those activities was not guaranteed and the wide range of barriers, eg motivation, confidence and support to attend must be addressed in full.

Referral ready sector/harnessing nature-based assets

The test and learn sites found that, for the sector to be referral ready, there needs to be:

- long-term financing of the provision of activities supplied as part of a joined up social prescribing system
- acknowledgement of the value of nature-based activities contributing to improved mental health
- better understanding and acceptance of the issues around accessibility to nature
- better data collection and analysis leading to evidence of impact
- better collaboration and relationships between commissioners, referrers, providers and participants
- better procurement – inclusive and equitable practices
- a coherent voice for the sector included in the Integrated Care System
- an emphasis on relational over transactional ways of working.

Mutual understanding between providers and referrers addressed some of the barriers and improved conditions to become referral ready. Better understanding of what providers were offering, and of the constraints and priorities of the referral services, improved relationships and smoothed the referral pathway for participants. At one provider site run with volunteers, many partners who visited the project had ideas about how new initiatives could work. However, they all required someone to lead this from within the site and without funding or support, and the provider did not have the capacity for this.

Conclusions and recommendations for future action

As per the pilot objectives, GreenSPring learned lessons about the need for shared policy and delivery and identified barriers and ways of improving outcomes for citizens. A collaborative framework to fulfil project aims could not be developed in the lifetime of the project or in one part of the system alone and requires equitable input from all parts of the social prescribing landscape. By reflecting on the learning from GreenSPring and adopting some of the practices and collaborative behaviours leading to the changes and outcomes already being seen, system

and behaviour change is possible if the required conditions are applied and a commitment to change is made.

Collaboration/power and influence

Deep and meaningful collaboration was, however, hard won, and difficult to foster in some circumstances. In the planning phase, a lack of mutual understanding amongst partners such as NHS, Local Authorities, VCSE organisations, and VCSE infrastructure organisations meant that the partnership fell short in fully committing to a shared purpose and collective action, resulting in slow progress in driving forward change.

Despite many attempts to develop shared learning spaces, opportunities for sharing honest, open reflections, data, feedback, information, and aspirations were few. Many system partners wanted to be kept updated with information, but this information did not lead to action. At the root of this, was different priorities and understandings of the heart of the challenge, with some members wishing to work towards more systemic changes, for example, creating a more joined-up and sustainably resourced provider network which could interface effectively with health sector partners.

Further work is also required to fully understand and engage participants and service users in the planning and delivery of green social prescribing to make sure it reflects the diversity of the communities served, is accessible, and is fit for purpose. Whilst this pilot aimed to take account of and embed an ethos of personalisation (a person-centred approach), enabling the participant voice to be heard at every stage of the pilot was deeply challenging.

The need to shift power away from statutory partners and towards citizens and communities has long been recognised within national 'system change' programmes and initiatives. By bringing together new and existing partners as well as small providers, it was hoped that the pilot would generate a change in the power dynamic which would lead to meaningful action closer to the needs of citizens.

Recommendations

- *Identify and support convenors of and conditions for mutual understanding, reciprocity, shared purpose and collective action amongst stakeholders involved in implementing systemic initiatives such as green social prescribing.*
- *Actively promote data sharing, risk sharing, peer support, honesty and reciprocity across networks.*
- *Pay particular attention to involving participants and service users in planning, delivering and reviewing initiatives at every stage.*
- *Further work is undertaken to resource the development of 'provider collaboratives' across Derbyshire and Derby, focussing on a personalised approach to social prescribing in its widest sense, and making optimal use of opportunities to build capacity within the voluntary and community sector.*

- *Support the formation of networks of people with a keen interest in the work as well as leverage and energy to make a difference, rather than identifying representatives from partner organisations.*

New commissioning arrangements

Many providers adapted data collection to meet the needs of the participants, but this can compromise commissioning requirements and leave providers caught between doing a good job and collecting necessary data. Further work is required by commissioners, providers and participants to understand and agree on data requirements, collection and analysis to optimise the use of data provided without putting undue pressure on participants and providers. In addition, clarity is sought by providers as to how data is used to inform policy and decision making in the wider system.

Support for both providers and commissioners is required if data collection and evidencing of impact are to be improved, particularly regarding the alignment of aims and agreeing achievable outcomes. Further clarity is required around data management and quality, where and how it is used, and who will collect it.

Recommendations

- *A holistic review of commissioning including data collection, analysis, and evaluation. Co-production of procurement processes and proportionate monitoring/evaluation tools that can be used effectively, demonstrably and with accountability across the system.*
- *Measure success by outcomes rather than processes, involve providers and participants in aligning aims, methods and evidencing progress. This should be an ongoing cycle of feedback, informing and improving policy, and would result in an integrated upskilled workforce with consistent approaches to data collection, handling and reporting.*

Identify barriers/improve networks

The set of intervention 'Levels' (Appendix 1) developed through the GreenSPring programme could be used to understand the type of activity on offer and its appropriateness for people with a range of mental health challenges. The costs to provide activity and the expectation of what support can be provided can also be clearly defined using the framework. Ideally, it would be used in conversations between prescriber and provider when the referral is taking place, but also at a planning and strategic level to understand the breadth and diversity of the VCSE sector (especially when considered more widely than 'green' health) and what must be in place for effective relationships to be developed. Once a basic understanding is reached, additional barriers, such as transport and physical support to attend can be addressed.

If the 'Levels' were used for information sharing and setting clear boundaries, potential gaps in provision could be identified. When the full range of activities available are understood, this will also result in increased connections, and greater efficiency. Social prescribers will not need to set up their own activities because they will have a greater awareness of what is already available in communities and be able to make appropriate referrals.

Awareness raising of nature-based activities and professional social prescribing network opportunities indicated that better connections and capacity would reduce duplication and setting up new provision and activities. This would release the additional capacity of referrers

required to make physically supported referrals into nature-based activities. Testing activity demonstrated that providing transport and removing tangible barriers was not sufficient to ensure a successful (short- or long-term) engagement in an activity. Most potential participants required support to attend at least the first session, often from their front door, until a connection was made, and they felt confident and comfortable. This was the primary reason found for the low number of referrals.

Recommendations

- *Investment in prevention, ie provision of nature-based activities, and addressing structural inequality to improve motivation, confidence and agency.*
- *Foster better relationships between Social Prescribers and providers, focussing on improving awareness of activities and understanding of green provision and improving clarity of referrer roles.*
- *Allow adequate time to support patients into and during activities.*
- *Investment in accessible, nature-based activity to allow for practical support, eg clothing, transport.*

Referral ready sector/harnessing nature-based assets

The pilot aimed to create a referral ready sector with capacity and confidence to deliver. Current conditions of short-term funding, statutory sector heavy partnerships, low referral numbers and a lack of awareness of the range of opportunities available lead to competition between providers and a culture of fear and low trust, often resulting in poor outcomes for citizens.

As previously noted, if delivery of nature-based activities was invested in through a wider prevention agenda, existing short-term and one-off funding (community grants, PHBs, etc.) resources could be targeted to tackle the secondary barriers faced, eg transport, equipment, clothing.

Creating conditions which reduce competition and enhance collaboration significantly assist with becoming 'referral ready'. The Provider Collaboratives spent time and energy creating a culture of honesty and accountability and agreed that for the modelling work, all providers would be reimbursed for their time regardless of outputs. Collaboration and equity of provision reduces competition and encourage innovation which then optimises use of local nature-based assets.

Several providers delivered from publicly accessible green spaces such as local parks or community gardens. Local management of the land allowed flexibility and adaptations to sessions if needed. This was especially true where the green provider was given responsibility for a space which also benefitted a local authority or district council with their wellbeing and parks agendas. For this to happen, relationships need to be built up between providers and local authorities which can be slow to build due to capacity and bureaucracy.

When the challenges described above are acknowledged and tackled in partnership, the green provider sector already in place will be supported and valued in ways that allow better collaboration and more innovation to be learned from and incorporated across the wider

system. The mounting benefits of working this way are being demonstrated through the provider collaborative modelling and the wider green provider network. This work requires tangible support and long-term investment if it is to continue and grow.

Recommendations

- *Invest in the ongoing modelling work and find meaningful ways to collaborate, include a wider range of voices, and create mechanisms for including and co-producing with (VCSE especially), nature-based activity providers.*
- *Capacity-building for nature-based activity providers based on need and understanding of the broad range of activities, structures and challenges facing a modern VCSE sector.*
- *Through the establishment of mutually respectful and equitable relationships, create opportunities to use the wide and varied green spaces available across Derbyshire for the benefit and wellbeing of residents.*
- *Open up opportunities for green providers to be part of the decision-making forums and partnerships, eg health partnerships and place alliances.*

Overarching recommendations

- ***Build a culture of reciprocity and equity across providers, referrers and system leaders, enabling better collaboration to prevent and address mental health illness.***
- ***Further investigation into the causes of low referral numbers into social prescribing activity in communities.***
- ***Co-produce procurement processes and proportionate monitoring and evaluation tools that can be used effectively, demonstrably and with accountability across the system.***

The GreenSPring Project Team
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Appendix 1. GreenSPring 'Levels'.

	ACTIVITY	EXAMPLE INTERVENTIONS	QA/LEVEL OF ASSURANCE	PARTICIPANT NUMBERS	LEVEL OF MH SUPPORT REQUIRED	COST TO PROVIDE	MH SUPPORT	INVESTMENT/RESOURCING	TYPE OF MH SUPPORT
LEVEL 1	INDEPENDENT USE OF GREENSPACE	NATURE RESERVES, DIGITAL ENGAGEMENT, WEBINARS, DOWNLOADABLE WALKS AND TRAILS, ONLINE NATURE, LOCAL PARKS AND OPEN SPACES, URBAN NATURE					NONE	NA/NEGLIGIBLE COSTS	MENTAL WELLBEING AND PREVENTION: ENCOURAGE EVERYONE TO CONNECT WITH NATURE INDEPENDENTLY AS A WAY OF LOOKING AFTER MENTAL WELLBEING AND NURTURING MENTAL RESILIENCE
LEVEL 2A	FREE (AT POINT OF USE) OPPS	OPEN VOLUNTEERING ACTIVITIES, COMMUNITY GARDENS, CONSERVATION VOLUNTEERS, WALKING FOR HEALTH, SUPPORTED OR UNSUPPORTED					NO SPECIFIC MH SUPPORT	LOW/GROUP OR VOLUNTEER EXPENSES PROVIDER SEEKS FUNDING FROM RANGE OF SOURCES, SOMETIMES DELIVERED USING CORE FUNDED STAFF	MENTAL WELLBEING AND RESILIENCE: ENCOURAGE A CONNECTION WITH NATURE THROUGH PARTICIPATING IN A SPECIFIC ACTIVITY OF JOINING A GROUP AS A WAY OF LOOKING AFTER MENTAL WELLBEING AND NURTURING MENTAL RESILIENCE (SUPPORT NOT NEC INTENDED TO BE MORE THAN PRACTICAL, BUT OFTEN THE CASE)
LEVEL 2B	PAY TO ATTEND OPPS	OUTDOOR NATURE CONNECTION SESSIONS, WORKPLACE WELLBEING, PRIVATE WORKSHOPS/TRAINING, FOREST SCHOOLS, FOREST BATHING, BUSHCRAFT, ETC.					NO SPECIFIC MH SUPPORT	PROVIDER SEEKS FUNDING FROM RANGE OF SOURCES, SOMETIMES DELIVERED USING CORE-FUNDED STAFF	MENTAL WELLBEING AND RESILIENCE: ENCOURAGE A CONNECTION WITH NATURE THROUGH PARTICIPATING IN A SPECIFIC ACTIVITY OF JOINING A GROUP AS A WAY OF LOOKING AFTER MENTAL WELLBEING AND NURTURING MENTAL RESILIENCE (SUPPORT NOT NEC INTENDED TO BE MORE THAN PRACTICAL, BUT OFTEN THE CASE)
LEVEL 3	ONE OFF TIME-LIMITED TARGETED INTERVENTION (FUNDING-DRIVEN COHORT TARGETING)	NATURE-BASED PROGRAMMES, CAN BE CREATED WITH MH VCSE GROUPS. OUTDOOR WELLBEING, SOCIAL THERAPEUTIC HORTICULTURE, ECO-THERAPY, ANIMAL ASSISTED THERAPY, NATURE BASED MINDFULNESS, CONFIDENCE BUILDING					GREEN PROVIDERS LEAD AND SUPPORT THE ACTIVITIES. MH SUPPORT, IF AVAILABLE, PROVIDED THROUGH PEER SUPPORT OR MH VCSE	PROVIDER SEEKS FUNDING FROM RANGE OF SOURCES, SOMETIMES DELIVERED USING CORE-FUNDED STAFF	MENTAL WELLBEING AND RECOVERY - TO ENCOURAGE A CONNECTION WITH NATURE THROUGH PARTICIPATING IN A SPECIFIC ACTIVITY OR JOINING A GROUP AS PART OF RECOVER THROUGH MH DIFFICULTIES. NURTURING MENTAL WELLBEING AND MENTAL RESILIENCE
LEVEL 4	ONE OFF TIME-LIMITED TARGETED INTERVENTION, OFTEN CO-CREATED WITH SYSTEM PARTNERS TO IDENTIFY THOSE MOST IN NEED	NATURE-BASED PROGRAMMES. OUTDOOR WELLBEING, SOCIAL THERAPEUTIC HORTICULTURE, ECOTHERAPY, ANIMAL ASSISTED THERAPY, NATURE BASED MINDFULNESS, CONFIDENCE BUILDING					GREEN PROVIDERS AND OTS LEAD AND SUPPORT ACTIVITIES MH SUPPORT PROVIDED BY PROFESSIONAL SUPPORT AND CAN INCLUDE PEER SUPPORT	COMMISSIONED THROUGH HEALTH/STATUTORY FUNDING	MH RECOVERY: USING NATURE CONNECTION AND OUTDOOR ACTIVITIES AS PART OF RECOVERY AND OCCUPATIONAL THERAPY ACTIVITY

Appendix 2. Programme framework (Theory of change).

