Nature based interventions in social prescribing: challenges for evaluation

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Innovative methods for health and wellbeing impact evaluation through nature-based solutions
Parks and green spaces generate health benefits that would cost more than £34bn if they did not exist, research by Fields in Trust has suggested.

The charity, which protects green spaces, also found that parks save the NHS about £111m a year.

The report coincides with the launch of a five-year plan to protect parks.

Green spaces can improve overall health for all, including “the young, isolated and the vulnerable”, said parks and green spaces minister Rishi Sunak.

In the report, Revaluing Parks and Green Spaces, it is calculated that people would need to spend £974 each year to achieve the same level of life satisfaction they get from parks if they were not there.

That individual figure was then multiplied by the adult population, and the findings showed that parks generate more than £34bn of benefits.
Social prescribing - linking patients in primary care with sources of support within the community - offering health practitioners a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing
All General Practice primary care teams refer. Some practices have **Care Navigators** who do active signposting to other agencies including social prescribing connector schemes.

- **Referrers**
  - Police and Fire services
  - Hospital discharge teams, paramedics, 111
  - Social Workers
  - Allied Health Professionals
  - Multi-disciplinary teams (MDTs)

**Connectors**

- **Local Social Prescribing Connector Schemes**
  - Commissioned at CCG/local authority level
  - Mainly hosted in the VCSE sector, either through a single project or consortium
  - Employ link workers, often based in GP surgeries
  - Provide holistic coaching support based on what matters to the person and co-produce support plans
  - Actively connect people to community groups
  - Support community groups to receive referrals

**Prescriptions**

- **Community Groups: Creative**
  - Art classes, dance, singing, gardening
- **Community Groups: Connected**
  - Peer support groups, neighbourhood help, fishing, knitting, faith groups
- **Community Groups: Active**
  - Keep moving, getting out of the house, volunteering and employment support, getting fitter, keep moving
- **Voluntary organisations: Safe**
  - Housing, debt, domestic abuse, falls prevention, benefits and money
Good practice in social prescribing for mental health: the role of nature-based interventions

<table>
<thead>
<tr>
<th><strong>Green care</strong></th>
<th><strong>Nature based health promotion activities</strong></th>
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<td>“nature-based therapy or treatment interventions – specifically designed, structured and facilitated for individuals with a defined need”</td>
<td>nature-based activities for the general population as part of health promotion, healthy lifestyles or ill health prevention</td>
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The nature, health and wellbeing sector

Nature based interventions are underused in social prescribing

- Compared to many of the offerings in social prescribing portfolios the evidence of effectiveness of the nature, health and wellbeing sector is relatively strong.

- Nature-based options are not actively promoted in social prescribing compared to other types of intervention - they are generally only suggested if a patient expresses an interest in being outside.

- People will not always be aware of the value and benefits of nature-based initiatives.

- There is a need to improve the promotion of nature-based initiatives in social prescribing portfolios.


DRAFT Common Outcomes Framework for Social Prescribing

This is a discussion paper created by NHS England and partners. We are seeking feedback on plans to introduce a Common Outcomes Framework, which will measure the impact of social prescribing.

We would be grateful if you could read the following proposals and tell us your views. We will use this feedback to publish guidance in 2018.

Evaluation....
ENTRUST: Waste Water Fingerprinting for Public Health Assessment
WHAT DID WE LEARN FROM THE LITERATURE?

What are the aims of social prescribing initiatives?

What measures were used to evaluate whether the aims of social prescribing were met?

- Individual health problems - mental, physical and social wellbeing
- System issues - cost savings, resource reallocation, environmental protection

- 33 studies and 104 measures/methods
- Most common measure was of mental wellbeing - Warwick Edinburgh scale - used 6 times

Multiple populations

Rempel, Wilson, Durrant & Barnett (2017) Preparing the prescription: a review of the aim and measurement of social referral programmes, BMJ Open,
Does the variation in aims & measures matter?

No – we expect variation in aims and measures when addressing different problems with different interventions with different populations

Yes – there is some commonality in outcomes e.g. mental wellbeing

Yes – all of these programmes refer from health services to community and so reasonable to expect some standardisation of the linking is done and how it is evaluated

Yes – very difficult to learn what works, why, when and for whom.
How do measures that predict mental wellbeing relate to each other?

Identification of core measures enabling comparability and minimising overlap

340 UK respondents filled in a cross-sectional survey of various well-being measures

Recommendation:
Short Warwick-Edinburgh Mental Wellbeing Scale, the ONS question on anxiety, and social connectedness

BUT
Some feel the Warwick Edinburgh does not suit their clients
It neglects structural considerations that underlie wellbeing (finance, housing etc)

MORE IS NOT BETTER – MORE IS JUST MORE....
Other evaluation challenges on ENTRUST

Where and when do you measure? How do you connect data?

Should not be asking does it work but rather who does it work for, when - and why? Qualitative methods vital.

What are the implications of the connectors generally being funded by commissioners – not so the third sector organisations delivering prescriptions.

Dangers of designing services to deliver what can (easily) be measured
THANKS FOR LISTENING!

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