Alfred Toepfer Natural Heritage Scholarship report

Sustainable Mental Health Initiatives in Protected Areas

Awarded 2020

Anna Jennings, Engagement Ranger, Peak District National Park Authority

Figure 1: Leaf art © Anna Jennings.
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Summary

Outdoor Mental Health projects are a relatively recent area of focus for Protected Area Organisations. Traditionally, projects have been relatively short term and reliant on small pots of grant funding and complicated evaluation techniques. This report highlights some ways in which current projects in the UK are taking a more sustainable approach. Although sustainability is as ever illusive and difficult to define, there is certainly a move towards initiatives which offer longer term impacts and opportunities for progression. In the UK, the integration of Green Social Prescribing into the National Health Service offers a promising future for Mental Health projects in protected areas. This report further builds on the EUROPARC toolkit for Health and Wellbeing benefits from Protected Areas, by setting out recommendations for the successful planning, setting up and running of outdoor Mental Health Projects to ensure the best outcomes for participants and facilitators, particularly in the UK context.
Part 1 - Introduction

Introduction of authors’ curriculum, motivations and expectations and general topic of study visits

I have a particular interest in projects around mental health and wellbeing, and think that protected areas such as National Parks have a huge role to play. I was lucky enough to be brought up close to the Peak District National Park (PDNP) and we regularly visited it as a family for walks. I didn’t realise how important these walks were until a traumatic event occurred in my family. My father took his own life when I was seventeen. I firmly believe that getting out for walks in the Peak District helped me and my family get through this incredibly difficult time and helped me come to terms with my grief. I became determined to help others struggling with their mental health to discover the benefits that nature can offer. I now work as an Engagement Ranger for the Peak District National Park Authority (PDNPA). We have previously run some mental health projects as part as our engagement work, but through this scholarship, I wanted to visit other projects around the UK and Europe to see how they are run and to find out the best practice techniques for linking mental health and protected areas.

As part of my current role with the PDNPA, I have completed a mental health first aid course and have tried to integrate my improved understanding around mental health into our engagement work. I have helped to run mindfulness and nature connection walks, as well as an annual six week countryside craft course funded by the local County Council. These projects were all short term, and relied mostly on project funding. We received feedback from participants that they found them beneficial, but felt disappointed that there was nothing to go on to afterwards. This can have a detrimental impact on people’s mental health and is obviously at odds with what the projects are trying to achieve. There is clearly a need for a sustainable long term approach in order to develop lasting impacts with participants and meaningful connections between people and protected places. By visiting other projects throughout Europe which are improving participants’ mental health through experiences in National Parks and other protected areas, I hoped to address these issues.
and provide recommendations for ways we can maximise the benefits for both people and nature into the long term.

In my research, Scotland seemed to be one of the countries leading the way with programmes that link mental health and green spaces. By visiting Cumbernauld Living Landscape’s Wild Ways Well project I hoped to find out how the Five Ways to Wellbeing have been adapted to the outdoors.

By visiting the Branching Out projects throughout Scotland, I hoped to see how they refer patients through establishing direct links with local NHS health boards. I was particularly interested in their urban projects, which encourage people to use their local green spaces. This seemed to offer a more sustainable approach as it doesn’t rely on transport funding. As the PDNPA is surrounded by urban areas, this approach could be applied in my work to help reach groups that we currently struggle to. I also hoped to visit one of the regular volunteer groups that have been set up as a result of Branching Out, to see how they have created a permanent group to avoid the dilemma of clients having nothing to go on to after the programme finishes.

Through visiting the Wilderness Foundation’s projects in Essex, I hoped to see how they teach strategies for coping with difficult emotional situations. I was also interested to see how their individual mentoring technique works and what impacts this approach can have.

In Belgium, I was excited to see how their recent study around the influence of nature in preventing burn-out is being implemented, and how they are working with health care professionals to encourage the use of green therapy.

Through visiting the projects outlined above, I hoped to explore differing approaches to helping people access the benefits of nature on wellbeing. I was also interested in the various ways that adults and young people were engaged, and if there are any differences between these. I hoped to see how participant’s wellbeing can be evaluated in an unobtrusive, respectful way. I was particularly interested to learn practical tips for setting up long term, sustainable programmes, which integrate the conservation and healthcare sectors. I chose these specific protected areas as many of them are close to urban areas, so are applicable to our work in the PDNPA. The projects also seem to have more sustainable,
integrated approach than our previous programmes, as they are long running projects, with strong links to healthcare services, and have designed their programmes with input from the people benefitting, through partnerships with community organisations. Environmental considerations are very important to me and so I chose projects which were accessible by public transport. Many of the projects I chose are award winning, and were recommended to me by key contacts in the sector and members of EUROPARC’s Commission on Health & Protected Areas.

**Objectives**

- To further explore the principles set out by the EUROPARC Federation in its EUROPARC toolkit: Health and Well-being benefits from Parks and Protected Areas, by providing practical tips for projects, in order to work towards a consistent and connected approach to mental health across Europe’s protected places, which can be shared with EUROPARC members in this report.
- To gain insight into the best practice techniques to get the most positive and sustainable outcomes for people’s mental health.
- To explore different evaluation methods, as the previous projects I have been involved with have had lots of paperwork, which can put participants off.
Overview of the tour

<table>
<thead>
<tr>
<th>Project</th>
<th>Wild Ways Well</th>
<th>Wilderness Foundation UK</th>
<th>Wild at Heart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates and groups visited</td>
<td>Monday 6th Sep 2021 10:00-15:00: mental health session as part of</td>
<td>Tuesday 19 October 2021 09:00-16:00: Out There Academy: Alternative</td>
<td>Weds 27th Oct 2021 10:30-12:30: Open</td>
</tr>
</tbody>
</table>

Figure 3: Nature Palette activity © Anna Jennings.
<table>
<thead>
<tr>
<th>Event Details</th>
<th>Session activities observed</th>
<th>Event Details</th>
</tr>
</thead>
</table>
| a corporate volunteer day.  
Wednesday 8th Sep 10:30-14:30: closed NHS group from Kirklands mental health Hospital.  
Thursday 9th 17:30-19:30: ‘Open’ drop in group | Sensory tea tasting, wildlife and local history walks, fire lighting, mindfulness. | Outdoor Education for 13-15 years old, 6 week course. Mostly excluded from school, behavioural, mental health issues.  
Wednesday 20 October 2021 09:00-16:00: Brave Futures: Therapy programme to support adults or children’s mental health and wellbeing – adults, drug addicts. 8 week course. Free. Led by qualified psychotherapist. | group, Sheffield Botanic Gardens.  
Calendula hand rub, leaf art, calendula seeds, walk gathering leaves |
| Getting participants to concentrate, check in—head, heart, spirit, crafts—mandalas, dream catchers, affirmation stars |

| **Overview** | Living Landscape partnership project based in area of high deprivation in Scotland (Cumbernauld), offering free sessions in local greenspaces to those suffering from poor mental health, based around the five ways to wellbeing. |
| Charity offering education and therapy programmes to help young people and adults reconnect to society and themselves through outdoor facilitation adventures, therapy and mentoring. |
| Charged for social groups for adults with the aim of exploring local green spaces to use the natural world to help boost wellbeing, learn new skills and hobbies, and make new friends. |

| **More info** | Website: [Wild Ways Well - Cumbernauld Living Landscape](#) |
| Website: [Wilderness Foundation](#) | Website: [Wild at Heart - Sheffield & Rotherham Wildlife Trust](wildsheffield.com) |
Part 2 – Analysis

Main outcomes – Learning points from each study visit

Cumbernauld Living Landscape – Wild Ways Well

- At the start of the project, The Project Officer, Paul Barclay, ran a demonstration day for local NHS Practitioners, including Occupational Therapists (OTs) and Link Workers. This worked well as contact was established directly with the practitioners working with clients who would benefit from the project, rather than strategic managers. Paul also made sure he was a visible presence at community events and public spaces, so the local community got to know him well. Following feedback, he also decided to offer evening and weekend sessions so people that worked in the week could attend.
• Prior to the open sessions Paul emails the group at the start of each week with some information about that week’s sessions, not including the meeting point. This ensures that participants have to book onto sessions by emailing Paul, rather than just turning up, so he can control numbers. Booking via Eventbrite was trialled but this proved too complicated.

• For closed groups, Paul organises a pre start meeting, which is a drop in session indoors, to provide participants with a chance to meet him and the other participants and social workers in a familiar environment before the sessions. These are very informal meetings, with a chance to chat over a hot drink and have a look at some books and guides about wildlife. Paul avoids icebreaker activities as these can be very stressful for participants, especially those experiencing high anxiety levels. Instead he facilities more natural introductions between participants during the sessions.

• Safeguarding procedures need to be in place before the start of a project, with steps to follow if participant discloses that they are at risk of harm from themselves/others. Facilitators must explain that they cannot keep disclosures confidential.

• Facilitator’s duty of care – you must make it clear at start of sessions that you are not a healthcare professional. It is useful to have up to date signposting information to hand during session, to refer people on to expert mental health support, citizens advice etc.

• Don’t take photos of individuals during sessions, as you want everyone to feel comfortable.

• It is important to show recognition for the participants giving their time.

• It can help to put participants at ease if the facilitator is open about their own mental health – it is important that they have their own experience of it, so can empathise with others.

• Maximum number of participants per session 10, so the facilitator has the opportunity to talk to everyone.

• OTs and other support staff are treated as participants too, so there are no barriers differentiating people. Otherwise, participants feel like they’re being constantly observed.
• When describing activities, give an estimate of how many steps (not km/miles, as steps more used by NHS), and whether there is any uneven ground so participants know what to expect.
• Session: 3-4 hours – walk, break and tea and chat, conservation/ wildlife activity, walk. Socialising opportunities are just as important as nature related activities.
• Don’t call it a mental health group, especially when planning activities with young people, as this can cause them to get bullied by their peers.
• Don’t do a check in call if they don’t turn up, as if they aren’t feeling up to it, a phone call can increase anxiety. Don’t ask why they didn’t come – create no pressure atmosphere.
• Remember that nature is the real healer, we’re just facilitators. It is important not to put too much pressure on yourself as a facilitator.
• Facilitators should complete core training: Mental Health First Aid and Suicide Prevention
• Activities work well when they link to primal connections to nature, incorporating local folklore and a sense of place – for example: tea tasting, fire meditation.

Wilderness Foundation UK

• Limited courses (6 weeks) can be enough to make a huge impact in a young person’s life, and can work well when integrated into additional support from their school and/ or social services. Facilitators observed huge changes in participants from the start of the Out There course – at start they weren’t engaging or talking to each other at all. They kept their hoods up, avoided eye contact and kept their faces down. At the end of the programme, they were all chatting and playing with each other and asked to keep in contact with each other after the course. They engaged fully in all activities, took their hoods down and started to enjoy themselves. One participant felt comfortable enough to ‘come out’ to the facilitator and another participant stopped smoking during the course.
• Importance of linking to British traditions and childhood games to help build a sense of place and help people feel rooted – conker fights, catching leaves.
• Importance of play – participants may need to be kids again if they missed out on part of their childhood due to life circumstances (getting into drugs/ gangs/ family break up etc.).
• Therapy in outdoor settings can be less intense and intimidating, as participants can chat whilst doing activities and don’t have to maintain eye contact. Therapists can relate advice to activities, for example overcoming difficulties – lighting fire related to giving up drugs. It is calming for the nervous system to be outside with views of trees, the sound of birds etc.
• Sessions are very much participant led – there is a rough plan but participants are encouraged to explore the area and are given the freedom to make up their own activities, including challenging each other.
• Provide cooked meal during sessions, as some participants may not have eaten.
• Repetitive crafts soothe the mind and facilitate conversations.
• Some activities perceived as risky can have huge benefits for feelings of self-esteem and self-worth– climbing trees, conker fights.
• Participants learnt life lessons that they might not be aware of at the time, but will recognise the importance of later in life e.g.: meeting new people, forming connections, overcoming difficulties, trusting others, maintaining a positive attitude and seeing the good in others.
• Volunteers go through two stages of interview, then safeguarding and mentor training.

**Wild at Heart, Sheffield and Rotherham Wildlife Trust**

• Activities are collaborative – participants are encouraged to share ideas and show others how to do things.
• Activities are tailored to older participants by incorporating memory practice techniques such as games to recall the names of herbs.
• Comments from participants that the sessions have enabled them to explore areas they wouldn’t have otherwise felt safe doing.
• Activities that work best are low cost, low resource, can integrate into daily lives, connecting to seasons, biological links to nature e.g. catching falling leaves in autumn, simple leaf art.

• Hand cream making activity was resource heavy, and used high cost materials. This was not an activity that could be easily recreated at home and there wasn’t a clear link to British Wildlife or a sense of local place.

• Most participants travelled by car even though public transport accessible – Covid-19 pandemic has increased anxieties around using public transport.

• Reliant on being funded by grants - lottery community fund, cadent, social prescribing- looking for continuation funding currently.
## Comparative analyses between home and visited projects

<table>
<thead>
<tr>
<th>Project</th>
<th>PDNPA previous projects (Brightside)</th>
<th>Wild Ways Well</th>
<th>Wilderness Foundation</th>
<th>Wild at Heart</th>
<th>PDNPA current projects (wellbeing sessions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding sources/Partnerships</td>
<td>County Council small grants, small charities</td>
<td>Lottery funded partnership project between The Conservation volunteers and The Scottish Wildlife Trust</td>
<td>Donations, partnership agreement with local social services.</td>
<td>Small charge for sessions, corporate grant funding</td>
<td>Part core funding, part grants through social prescribing</td>
</tr>
<tr>
<td>Length of project</td>
<td>6 weeks</td>
<td>No limit on open groups, closed groups min 12 weeks</td>
<td>6 weeks</td>
<td>No limit on number of sessions can attend</td>
<td>No limit on number of sessions can attend</td>
</tr>
<tr>
<td>How reach participants</td>
<td>Self-referral through County Council</td>
<td>Self-referral for open groups, closed groups through NHS.</td>
<td>Referral through local council social services or self-referral</td>
<td>Self-referral or through social prescribers</td>
<td>Through local social prescribers</td>
</tr>
<tr>
<td>Evaluation techniques</td>
<td>Large amount of paperwork, clinical mental health questionnaires</td>
<td>Moved from using Edinburgh/Warwick scale as too clinical/trIGGERing associations. Now use simple</td>
<td>Participants fill in reflection sheets at start and end of course – blob tree, tree ring diagram.</td>
<td>Individual story videos: <a href="wildsheffield.com">Feedback - Sheffield &amp; Rotherham Wildlife Trust</a></td>
<td>Informal record during sessions and record book added to by participants, reflection sheet completed after each session,</td>
</tr>
<tr>
<td>Opportunities for progression</td>
<td>Can signpost to regular volunteer sessions, but inappropriate for most.</td>
<td>Run on alternative days to conservation volunteer sessions, so can do both if want. Leader comes along with them the first time they try the</td>
<td>Sometimes option for follow on counselling sessions through Wilderness Foundation if meet certain criteria, or mentors, or joining other</td>
<td>Limited within PDNPA– but link with social prescribers widens opportunities for signposting.</td>
<td>5 questions, with multiple choice faces, quarterly. Annual celebration event to showcase achievements and informally record all positive and negative comments from sessions. Experience of using university researchers – makes participants uncomfortable.</td>
</tr>
<tr>
<td>Sustainability of project</td>
<td>Low - short term, grant funding reliant.</td>
<td>Medium – reliant on grant funding, but well established opportunities for progression. Trained up local conservation sessions. Option to become key volunteer – assigned a role e.g.: looking after Kelly kettle. Then option to become TCV Volunteer Officer – With closed groups – over time, encourage them to lead aspects, so they are running the sessions themselves by end and can move to open group.</td>
<td>Medium – short term projects, but high intensity of impact as facilitators highly qualified, projects within Wilderness Foundation.</td>
<td>Medium – medium term, reliance on grant funding, but move towards integration into Regional Public</td>
<td>Medium – move away from short term, reliance on grant funding, towards integration into...</td>
</tr>
<tr>
<td>community social workers group, so they can run their own sessions. Now running independently.</td>
<td>and opportunities to follow on.</td>
<td>Health work. Small charge reduces reliance on grant funding, but less equitable, and so might not reach those most in need.</td>
<td>regional Public Health work.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Potential gaps with objectives and expectations, Difficulties and Limits

- All of the study visit projects rely on external funding to some extent, and so are arguably not fully sustainable.
- None of the evaluation techniques utilised by the study visit projects seem to offer the ideal solution and there is no consistent approach across projects. However, there is general agreement that clinical techniques should be avoided to prevent negative associations and misunderstanding around facilitators roles.
- As all of my study visits are in the UK, my findings are only applicable in this particular context, and within the context of the National Health Service (NHS).
- The Covid-19 pandemic resulted in travel restrictions which delayed my study visits and restricted where I could travel to. I had to alter my planned trips accordingly.
- I was diagnosed with PTSD (Post Traumatic Stress Disorder) after being awarded this scholarship, and went through a course of intense therapy, which impacted my energy levels and capacity to take on challenges such as travelling abroad in uncertain conditions. However, I feel the experience made me more able to relate and empathise with participants experiencing mental health issues, and therefore improve my approach as a practitioner.
• Unfortunately I was unable to re-establish contact with the Branching Out project following the Covid-19 pandemic, but I have used their online Resource /guide to help shape my work in the PDNP – including formulating our Partnership Agreement with referral organisations.

![Figure 6: Creating a stone circle to celebrate the winter solstice © Anna Jennings.](image)

**Part 3 - Conclusions**

**How this study will be implemented in the PDNP**

I have shared the clarity, motivation and insight I have gained from these study visits with my colleagues, and we have already put some of the learning points into practice to reshape our engagement work around wellbeing.

Together with colleagues, I am now running fortnightly Wellbeing sessions at one of our Environmental Centres, which is situated on the edge of an urban area with high levels of
deprivation and mental health issues. Participants are referred to these sessions through Social Prescribers at a local Wellbeing Charity (The Bureau) for a variety of reasons, including low mood, social isolation and anxiety. Inspired by the Wild Ways Well project, these sessions are based around the five ways to wellbeing and there is no limit to how many wellbeing sessions participants can attend. We avoid using icebreaker activities, such as those where participants have to introduce themselves around a circle and say something interesting about themselves, as these can increase anxiety for many people. Instead, we facilitate more natural forms of introduction over a hot drink at the start of each session. Discussions with the project leads in all of my study visits has informed our protocols for these sessions, including our safeguarding protocol and referral process.

Hearing about a difficult experience with an early participant of the Wild Ways Well project highlighted the need to have support available for staff delivering sessions, as due to the nature of the participants attending mental health initiatives, situations can occur which can be very distressing to the staff involved.

My visit to the Wilderness Foundation highlighted the importance of using campfires during sessions in managed ways, to bring people together around a shared purpose, and to provide a challenge to overcome. The ability to create fire is one of the key things that make us human. Starting a small contained fire for warmth is a good way to start a session and form roles for participants – for example, one of our Wellbeing session participants has taken on the role of collecting firewood. This understanding of the important of having a fire helped me build the case for having a small campfire in some of our Wellbeing sessions – something that is controversial in the Peak District National Park, due to the issue of moorland fires. We were able to argue that teaching techniques to manage fires properly is a useful part of our message. The Wilderness Foundation visit also highlighted the importance of knowing the unique worth of the projects we are running, and that this knowledge can be put to use by recruiting highly qualified volunteers, such as counsellors and psychotherapists, to assist in sessions, as opportunities to gain experience in outdoor mental health projects and green prescribing are very valuable to people in these professions.
My visit to Wild at Heart emphasised the fact that activities work best and are most empowering when they can be integrated into people’s lives, without the need for buying resources or heavy involvement from a facilitator. It also showed the need for projects to avoid focusing on traditionally ‘female’ activities such as crafting, in order to not alienate more traditional men, who are statistically more likely to experience mental health issues.

What recommendations can be made to protected areas and EUROPARC

This report relates to and builds on the recommendations outlined in the EUROPARC Federation’s toolkit: Health and Well-being benefits from Parks and Protected Areas in the following ways, by providing further case studies and evidence of ways to implement the toolkit on the ground:

Making the Case

- ‘Know your worth’ – National Parks should establish themselves as leading providers of mental wellbeing nature connection, especially peri-urban parks, as they are uniquely situated to reach populations with high quality greenspaces on their doorstep.
- Health objects should be integrated into the core work of National Parks, such as in the Peak District, so staff feel supported to integrate this work into their core role.
- UK context – NHS move towards social prescribing provides a good opportunity for protected areas to be at the forefront of Green Prescribing provision, and should provide more sustainable funding opportunities, through Public Health government funding rather than having to rely on small pots of grant funding.

Building Partnerships

- With established providers of public health, to reach participants directly and to be able to access referral pathways for support beyond what we are able to provide as staff in protected areas. This was demonstrated with Wild Ways Well to local NHS practitioners, and the Wilderness Foundation to Essex County Council social services.
• It is important to make links with Regional Health Partnerships – such as we have done with the High Peak Health and Wellbeing Partnership. This has widened our reach, enabled us to establish connections with local health practitioners, helped us access funding and training, and to avoid clashes with other organisations.

• Social prescribing organisations – we’re well placed in the middle of three Green Social Prescribing pilots (NHS England » Green social prescribing). As this is a relatively new approach, there have been some initial logistical stumbling blocks to overcome, such as arranging community transport to sessions, and smoothing out the referral process. We have also found that there are inconsistencies in the levels of ongoing support different social prescribing organisations provide their clients with, but we have now developed a good relationship with our main referral organisation and have created a referral pack. We have found that it is important to be clear about the different responsibilities of the Protected Area organisation and the referral organisation.

• In the UK, the move towards integrating outdoor mental health initiatives into Public Health core work provides opportunities to recruit health professionals as volunteers to learn from their expertise, and so they become advocates for green prescribing in their organisations. This also creates opportunities to train up community wellbeing practitioners in activities such as walk guiding, mindfulness and nature connection, so they can take their service users out and widen the reach of Protected Areas.

Developing Capacity and Practice

• My study visits demonstrate ways organisations working in protected areas can share ideas. There is also a range of training available for staff, much of which is free and local Health Partnerships can provide access to training opportunities, such as in Suicide Prevention and Health Literacy, which I have recently completed.

• Organisations need to support their staff and volunteers who work on mental health initiatives, as it can be emotionally draining, especially for those that have personal experience of mental health issues (although this can be a real asset and can help build the rapport between participants and facilitators). Not many nature protection organisations have appropriate support in place currently as this is an emerging area of work.
• Social isolation is a huge and growing problem, particularly after the Covid-19 Pandemic. We need to develop the best way of tackling this through our work in protected landscapes, building on the role of protected landscapes to unite people through history, such as the Kinder Mass Trespass in 1932 which partly led to the creation of the UK’s National Parks.

• There are still some staff working in National Parks who are unsure as to why we are working on mental health initiatives – there is still work to do on building understandings.

**Connecting People and Nature**

• My study visits confirm that the five ways to wellbeing provide an ideal framework for green mental health projects. At the PDNP, we also integrate the five pathways to nature connection into our work.

• Nature based programmes need a targeted approach at areas of the population most in need, but there is also a need for good access to facilities to make the programmes accessible. Many of the centres with facilities in protected areas are not near the populations most in need, so there is an opportunity to work with community organisations and utilise facilities they may have. There is a need for indoor activity options and facilities, as participants are often not equipped for bad weather.

• When planning activity programmes, I recommend tailoring activities to participants, as everyone connects with nature in different ways. Many nature wellbeing projects use a lot of nature craft activities, but some of our participants, especially older, working class, males, don’t easily engage with such activities, which can be a barrier. As men are more at risk of suicide, we need to make sure they are catered for.

• It is important that participants are integrated in decisions, so that they feel they have a level of control. I offer a few different activities each session so participants have the autonomy of choice, as well as involving them in planning future activities.

• Sometimes the hardest thing is encouraging the leap from just attending sessions to fully integrating nature connection in people’s own daily lives (for example, one participant only leaves their house to attend our fortnightly Wellbeing sessions). This
is especially important with older people who aren’t as motivated to make behavioural changes.

Figure 7: Example of simple evaluation technique using different colour beads for feelings before and after sessions, © Anna Jennings.

**Bibliography and references**

All photos author’s own. It was decided not to include photographs of people due the vulnerable nature of participants in the study visit projects.

**Social Prescribing definition:** [NHS England » Social prescribing](https://www.nhs.uk/services/social-prescribing)

**Five ways to wellbeing:** [Five ways to mental wellbeing - GOV.UK (www.gov.uk)](https://www.gov.uk)

**Five pathways for Nature Connection:** [5 ways to be closer to nature - May - University of Derby](http://www.understandingnature.org.uk)

**Evidence of risk groups for suicide:** [Suicides in England and Wales - Office for National Statistics (ons.gov.uk)](https://www.ons.gov.uk)


**EUROPARC toolkit Health and Well-being benefits from Protected Areas:** [EUROPARC Toolkit: Health and Well-being benefits from Protected Areas - EUROPARC Federation](http://www.europarc.org)
Annexes

PDNPA referral form and reflection sheet for Wellbeing sessions:

Referral Form for Wellbeing with Nature sessions

(for referral by social and healthcare professionals after consideration of the physical and outdoor nature of the sessions)

Our Wellbeing with Nature sessions are available for all, to provide the chance to connect with nature and help look after one of our wildlife areas.

What to expect from the sessions:

- Sessions designed to enable you to switch off from the outside world and have time in nature.
- Good links to the five ways to wellbeing, but with the added bonus of being in nature.
- Friendly, relaxed and welcoming group with sessions led by experienced national park ranger and volunteers.
- Variety of tasks to choose to take part in, ranging from practical conservation, natural crafts activities, walking in nature, learning about wildlife and simple mindfulness activities.
- These sessions are delivered predominately outdoors, so appropriate outdoor clothing would be needed.
- The sessions require a degree of physical fitness, but participants will be encouraged to participate only as much as they feel able, in terms of physical activity.
- The site is not wheelchair accessible, but adjustments can be made to accommodate some physical difficulties.
- If the participant needs support from a carer to take part, they would need to bring their carer to the sessions. Please give details below.

If you require more information about the sessions, please contact jo.hanney@peakdistrict.gov.uk or anna.jennings@peakdistrict.gov.uk

Please provide the following information:

<table>
<thead>
<tr>
<th>Personal details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person being referred:</td>
</tr>
<tr>
<td>Phone number:</td>
</tr>
<tr>
<td>Email address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Details of Carer (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of carer and relationship:</td>
</tr>
</tbody>
</table>
### Health details

Please tell us about any health issues (physical and mental, including effects of medication) that may affect your client and have an impact on their involvement and safety during the sessions.

### Any allergies?

Please tell us about any disabilities that we may need to take into consideration to enable your client to access these sessions. Our woodland sites and nature areas are not fully accessible.

---

**Based on this health profile and my knowledge of this client, I know of no reason why they should not take part in these wellbeing sessions.**

**Referrer’s name**.................................................................

**Referrer’s telephone number**....................................................

**Referrer’s signature**............................................. **Date**........

**Client’s name**.................................................................

**Client’s signature**............................................. **Date**........

**Data Protection** - *We will process personal data and special category data, such as health and disability data relating to you. We need to process this information in order to enable us to manage and administer the referral requests, the sessions we provide and to look after your health and safety. We will also process your personal data as part of the monitoring and evaluation process for the Social Prescribing service. Your information will not be shared with any third parties without your explicit consent. If you would like more information on how we handle your data and your rights then please see our privacy notice, [https://www.peakdistrict.gov.uk/looking-after/about-us/privacy-notice](https://www.peakdistrict.gov.uk/looking-after/about-us/privacy-notice), or a copy can be sent on request.*
## Wellbeing Sessions Reflection Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Participants</th>
<th></th>
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<tbody>
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<table>
<thead>
<tr>
<th>Weather</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th></th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Positives/what went well</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Any Issues</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>What next/follow-up</th>
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</table>

Have you been affected by anything that has come up during the session and would you like some support following it? Make sure you take the time to chat with colleagues about anything that has come up during the session, and if you would like some extra support, you can access support from Derwent Rural Counselling and resilience coaching through HR – please talk to your line manager or HR.