

Trywydd Iach Outdoor Health Network Summary & Evaluation Report June 2020



Dyfi Donkey Animal Therapy



Borth Community Garden Project



Actif Woods: Woodland Skills and Crafts



Surgery Walking Group

Contents

Executive Summary.....	5
Introduction	7
Background	7
Aims and Objectives of the Pilot.....	8
Evaluation	8
Section 1: Mapping of Potential Outdoor Health and Wellbeing Sites.....	9
Recommendations for Site mapping:	11
Section 2: Assessment of Training needs of Outdoor Health Providers	12
Outdoor Providers	13
Safeguarding and Health Safety Training	13
Social Forestry and Health Qualifications.....	13
Training in working with adults with additional needs	14
Training in working with children with additional needs	14
Woodland Skills.....	14
Training needs of Outdoor Providers	15
Barriers to participation in training	15
Challenges to delivering outdoor activities for health and wellbeing.....	15
Building capacity for outdoor activities to improve health and wellbeing in the biosphere?	16
Recommendations for Training Development:	16
Section 3: Community Consultation	17
Introduction	17
Survey One: Making a Difference Survey	18
Sample Group	18
What Do The Community Like About Living In The Dyfi Valley Biosphere?	20
What Are The General Challenges Or Issues That The Respondents From The Community Face?	21
What Are The General Challenges Or Issues That The Respondents Feel That Their Community Face?	22
What Issues Do The Respondents Have Regarding Health And Wellbeing?.....	23
What issues do the respondents feel their community has regarding health and wellbeing?	24
Environmental and Nature Issues That Concern Respondents	25
What Would Improve the Respondents Quality of Life Generally?	26

What Would Improve the Respondents Quality of Life Regarding Nature and the Environment?.....	27
What would improve the respondent’s quality of life regarding health and wellbeing? .	28
Survey Two: Social Prescribing to Outdoor Health.....	29
Sample size.....	29
Interest in GP referral (social prescribing).....	29
Interest in taking part	29
Barriers to Participation.....	30
Perceived Benefits of Social Prescribing to Outdoor health.....	30
Level of public interest in outdoor health activities.....	31
Recommendations from the community consultations.....	32
Section 4: Trial of Activities and Evaluation	33
Who undertook the trial Outdoor Health Activities?	34
Motivation for Attendance to Outdoor Health Activities?.....	35
Participants' health and wellbeing aim for the year?.....	35
Wellbeing	36
Physical Health	37
Self-reported Health Question (EQ-5D-5L).....	37
Outdoor Health Activities impact on participants health and wellbeing.....	38
How could the outdoor health activities be improved?.....	38
Discussion of the impacts of the Outdoor Health Activity Trial	38
Recommendations for Outdoor Health Activities	39
Section 5: Partnership Development and Progress	39
Motivation & Raising Awareness of Outdoor Health in the Area.....	40
Has the Partnership established routes to social prescribing that was successful? What lessons have been learnt?	41
Areas of Improvement	43
How could the Partnership be strengthened and maintained?	45
Conclusions	46
Recommendations	47
Recommendations for Site mapping:	47
Recommendations for Training Development of Outdoor Health Providers:	47
Recommendations from the community consultations.....	47
Recommendations for Outdoor Health Activities	48
Overall Recommendations and Partnership.....	48

Executive Summary

The Trywydd Iach Outdoor Health Pilot Project aimed to professionalise and develop social prescribing to outdoor health activities in the Dyfi Biosphere geographical area. The one-year pilot explored how to select and develop suitable sites for outdoor health activities for all ages and abilities. It also examined the scope of outdoor health provision in the area and made an assessment of the training needs of the providers and how to strengthen and develop this sector. Additionally, the project undertook two community consultations to assess 'need' within the community and perception and potential barriers that might exist for social prescribing to outdoor health. The project successfully set up and maintained a network of health providers, environmental organisations, outdoor providers, and organisations connected to tourism that helped to guide and inform best practice to social prescribing in the area. Moreover, a trial of four activities were undertaken (animal therapy, woodland skills and crafts, a walking group and a gardening group) with referred and self-referred participants. These showed increases in perceived health and wellbeing using validated measures. The following key findings were established through the evaluation of the project.

Site Mapping

- Established sites were found to offer a range of facilities and good access required for health and wellbeing activities for all abilities and ages
- Public Transport was often poor to sites and presented a major barrier to access (especially to those from poorer rural communities who may be most in need)
- The project was able to identify several smaller sites that could be improved with additional funding to support groups of all ages and abilities
- Ten sites within the Biosphere were identified as 'green light' areas that could be utilised for outdoor health activities

Outdoor Health Provider Training Needs

- The 12 outdoor health providers who were surveyed were found to have a range of experience and training in working with people with differing needs and abilities. These skills and their experience built a strong basis to build a network that could share practice.
- It was recommended that developing a network of outdoor health providers would strengthen training, raise awareness of the sector, provide avenues to share good practice, provide support and ensure governance to the sector
- Training in safeguarding vulnerable adults, mental health first aid, outdoor first aid and nature connections leader training was most requested by the outdoor providers

Community Consultation

Making a Difference Survey (n=264)

- The natural environment and the sense of community were central to what the community valued about living in the Dyfi Biosphere

- Poor public transport, walkways and cycleways, a lack of local amenities and poor access to GP services and NHS hospitals were found to be key issues in the Dyfi Biosphere
- Improved access to NHS services and improved GP appointments together with more organised alternative physical and mental health and wellbeing opportunities in the area were thought to help improve the quality of people's health and wellbeing in the Dyfi Biosphere
- Improved access to land, walking routes and cycle routes and less rubbish and more refuse provision were key to improving the community's quality of life regarding nature and the environment
- In general, improved public transport (and connectivity in general – cycleways and walking routes), more community and social events and support for 'green' initiatives locally were thought to be able to improve the quality of the lives in the Dyfi Biosphere

Social Prescribing to Outdoor Health Survey (n=100)

- 89% of respondents expressed interest in their GP prescribing them to outdoor health activities. About half of these respondents would be keen to book onto outdoor activities (with 37% not sure)
- Social barriers (being nervous to go alone or meet new people), health and mobility concerns and lack of private transport were perceived to be the main barriers to participation in outdoor health
- Respondents felt strongly that outdoor health activities could benefit both mental and physical health
- Guided walking groups, spending time with animals and gardening activities were the most popular activities with the respondents

Trialling the Outdoor Health Activities

- 25 people trailed the outdoor health activities
- Wellbeing increased for 57% of the participants (using the Short Warwick Edinburgh Mental Wellbeing Scale as a measure)
- Self-reported health increased from 59% to 81% following the activities (EQ-5D-5L)
- All participants enjoyed the activities and reported positive outcomes
- Engaging participants and retaining participants are key recommendations for improvement

Outdoor Health Network and Partnership

- A new partnership between health services, environmental sector, outdoor health, and tourism was successfully established
- The partnership was able to guide practice and advise on key issues throughout the project. It was suggested that engaging a wider number of health sector professional and community members would strengthen the network going forwards
- The programme was starting to see increased GP buy-in, but a longer run-in was needed to fully embed new practices and to develop word-of-mouth interest in the community
- Community support (buddy-system) was felt central to supporting more vulnerable people to engage and continue participation longer term
- It was advised that a wider range of activities and professional network of outdoor providers would widen participation and oversee governance and training

Introduction

The Trywydd Iach Outdoor Health Network, funded by Enabling Natural Resources and Wellbeing in Wales (ENRaW), is a one-year pilot that aims to increase opportunities for social prescribing to outdoor nature-based activities (sometimes called Greencare) through building a collaborative network of health, environment and tourism practitioners in the Biosphere Area. The project aimed to understand the needs of the community, health professionals and environmental and outdoor health providers to strengthen and professionalise social prescribing to outdoor health in the Dyfi Biosphere geographical area. The pilot project took a holistic approach by working with site owners to survey potential outdoor sites for suitability and good access for people with various needs. It also worked with outdoor providers to audit their existing training and experience of working with people with varying health needs. Additionally, the project surveyed members of the public to assess 'need' and potential benefit or barriers to social prescribing to outdoor health. Three GP surgeries and other health professionals were consulted to develop a social prescribing postcard for referrals and to advertise the scheme. The project culminated in piloting four different outdoor health activities via a social prescribing route.

Background

There is a growing body of evidence that demonstrates that outdoor nature-based activity improves mental health, increases lifespans and reduces the incidence of chronic diseaseⁱ. Currently, it is estimated that only a quarter of the population in Wales participate regularly in outdoor recreation and 47% are active for fewer than 150 minutes per weekⁱⁱ. The NHS report that one in four people will experience mental health issues at some point in their livesⁱⁱⁱ. The rise in mental and physical health issues are putting additional stress on GPs and the NHS^{iv}. Social prescribing offers an alternative approach to treating mental and social wellbeing using a more holistic approach. GPs, other health professionals, community connectors or link workers using a social prescribing method can refer people to a variety of social groups running in their area. Outdoor nature-based activity offers one route to health and wellbeing via the social prescribing model. In the Dyfi Biosphere, it was recognised that despite the first-class natural resources to hand many people were not accessing them regularly, and opportunities for social prescribing to outdoor health activities in the area were minimal. Furthermore, a need for improvements to access and environmental infrastructure across the Biosphere at specific sites was required to improve access and facilities to promote usage across the population. Moreover, although several independent agencies and charities offer outdoor health and wellbeing activities there was no joined-up network (or partnership) that could link them to healthcare providers to both explore and ensure best practice across this sector and embed social prescribing more fully to encompass outdoor health.

Aims and Objectives of the Pilot

Objectives

- Bring together and develop an innovative partnership that advances opportunities to improve the natural environment while improving health and wellbeing.
- Knowledge about sites, providers, activities, attitudes & barriers to participation.

Proposed Outputs	Achieved Outputs
A functioning cross-sectorial partnership delivering multiple benefits to health, environment and tourism	✓ A successful partnership has been established between three GP surgeries, community connectors and other health professionals, outdoor health providers, site owners, environmental agencies and tourism providers (21 members. 4 x annual meetings)
Mapping of proposed sites in the Biosphere area suitable for outdoor health activities with a range of people with differing needs. (including needs of landowners and permissions)	✓ 19 sites across the Biosphere surveyed for the number of facilities, transport links and access for people with a range of differing needs.
'Skills audit' of outdoor activity providers and a proposal for a training programme	✓ 12 outdoor health providers audited for relevant skills and training needed.
Improved opportunities for social prescribing and learning across the region	<ul style="list-style-type: none"> ✓ Consultation survey with patients at GP surgeries ($n=100$) to establish any barriers or benefits to social prescribing to outdoor health ✓ Consultation survey with the community to establish 'need' in the community ($n=264$) ✓ Development of social prescribing routes via three GP surgeries and community connectors using specially designed prescription 'postcards' or email/telephone to refer to outdoor health.
A trial of social prescribing to Outdoor health providers in the area	<ul style="list-style-type: none"> ✓ 41 referrals/self-referrals received. 24 participants took part in the activities. ✓ Four trials were undertaken in different areas, Dyfi Donkey's Animal Therapy, Surgery Walks and Orienteering, Woodland Crafts and Skills and Borth Community Gardens ✓ Evaluation of the health impacts on the participants using pre and post evaluation forms
A follow-on proposal, to include Green infrastructure improvements, leader training and further outdoor health activities.	✓ Underway

Table 1: Intended and Achieved Outputs

Evaluation

The evaluation of the Trywydd Iach Outdoor Health Network encompasses a process evaluation and an outcome evaluation utilising quantitative and qualitative methods. This dual process provided a strong base to monitor the project, identify issues during the project and provided evidence of need and gather critical feedback from key stakeholders. This approach will aid in assessing the longer-term sustainability and scalability of the project. The principal aims of the evaluation are presented in Table 2 below:

Aims of Evaluation	Section of report
Examine the extent to which mapping of suitable sites has been successful and agreements with landowners or councils have been established	Section 1
To evaluate the potential need for training of activity providers and assess how far plans for training have been established	Section 2
To consult with the Community: Two community surveys were undertaken to assess community 'needs' and 'direction' of social prescribing to outdoor health	Section 3
To establish if trialled activity sessions are successful, beneficial to health and enjoyed by the participating public (across a range of health-issues)	Section 4
To assess how far a partnership between the environment and health sector in the Dyfi Biosphere has been established and developed (with key stakeholders) and achieved its aims.	Section 5

Table 2: Evaluation Aims and Sections

Section 1: Mapping of Potential Outdoor Health and Wellbeing Sites

Key Findings

- Established sites were found to offer a range of facilities and good access required for health and wellbeing activities for all abilities and ages
- Public Transport was often poor to sites and presented a major barrier to access (especially to those from poorer rural communities who may be most in need)
- The project was able to identify a number of smaller sites that could be improved with additional funding to support groups of all ages and abilities
- Ten sites within the Biosphere were identified as 'green light' areas that could be utilised for outdoor health activities

The mapping of potential sites was undertaken to examine whether each site had suitable access and sound facilities as well as good transport routes that would make a site suitable to accommodate a range of people with different health needs; from people in wheelchairs to those with mobility issues. The project team, in consultation with Llais Y Goedwig and Coed Lleol/Small Woods, developed a mapping proforma to assess proposed sites against a series of set criteria. Table 3 presents the criteria assessed,

Criteria	Breakdown
Ownership of Site	Owned/leased
Type of woodland/greenspace	Ancient woodland, Coniferous, Mixed etc.
Current use and management plan	Management plan in place?
Public transport access	Transport routes, Transport stops, Parking and Minibus access
Facilities at the site (currently)	Toilets, disabled toilets, shelters, clearings, indoor classrooms, café etc.
Access and terrain	Water sources, Terrain, Ground conditions, Gradient etc.
Pathways, Hazards and Suitability for all ages and abilities	Types of pathway and suitability for different abilities, site maintenance to maintain pathways. Stiles on site that may limit access for some

Risk-assessment at site and hazards	Ambulance access to the site, Slipping or tripping hazards, suitability for children, poisonous plants etc.
Suitability for Health and Wellbeing activities	Suitable for children, wheelchair access (at least one route), those with limited mobility or limited or no sight.
Biodiversity and impact on the environment of additional footfall	Any statutory designations or legal constraints on the site? Evidence of protected species on the site?

Table 3: Criteria used to map woodlands for suitability for outdoor health and wellbeing

19 sites were visited and assessed for suitability for outdoor health and access across the region. Paper proformas were used by site owners and the project manager to assess the selected sites against the set criteria. This data was then transferred to an excel spreadsheet for grading. The grading followed a traffic light system; green=good (suitable for all), Amber=average (suitable for some, some improvements needed) and Red = Poor (Suitable for some, many improvements needed). The following sites were assessed and scored on their suitability matched against the criteria (for access and transport). Table 4 provides a breakdown of the sites surveyed. Figure 1 illustrates the mapped sites with participating surgeries marked with a blue pin.

Name of Site	Location (or grid ref)	Suitability of site (access and transport)
Allt Y Crib	Talybont (SN6554892)	Good
Cwm Cletwr Reserve	Tre Dol (SN666922)	Poor
Llandre Woods	(SN6231286900)	Average
Penglais Woods	Aber (SN5891682086)	Average
Cors Fochno	Borth (SN616912)	Good
Llyfnant Valley	(SN701985)	Good
Ynys Hir RSPB site	Furnace (SN682961)	Good-Average
Llanfarian	(SN601766)	Good-Average
Ynyslas	(SN61057 94094)	Average
Llandre Church Yard	(SN6231 286900)	Good
Bont Goch Mines	Talybont	Good
Melin Meirion Minllyn	Dinas Mawddwy	Average
Coed y Plas	Dinas Mawddwy	Poor
Coed Y Rhid, Dyfi Donkey woods	Machynlleth	Good
Gerddi Bro Dyfi Gardens	Machynlleth	Good
Coed y Plas	Lawnt y Plas	Good
Carreg y Fuddau Organic Farm		Poor
Borth Community Gardens	Borth	Good
Centre for Alternative Technology (CAT centre)	Machynlleth	Good

Table 4: Sites Surveyed and Mapped

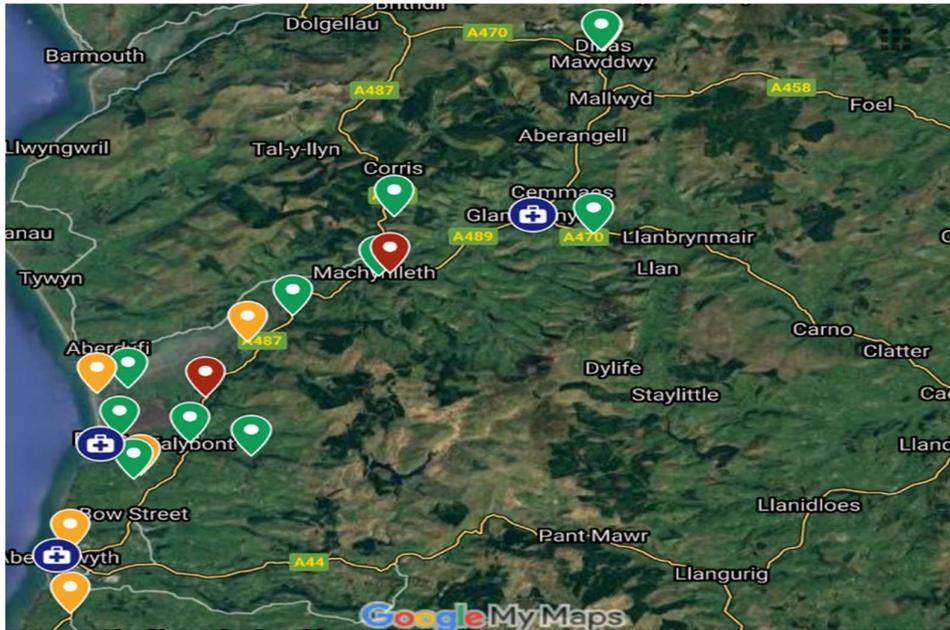


Figure 1: Map of Sites surveyed for Outdoor Health

Ten of the surveyed sites were given ‘green lights’ for facilities, good access and transport links. Four of the ‘green’ light sites were selected for piloting the Outdoor Health Activities. These were:

- The Centre for Alternative Technology (nearest participating surgery Dyfi Valley Health)
- The RSPB Ynys Hir (nearest participating surgery Borth Medical Practice)
- Borth Community Gardens (nearest participating surgery Borth Medical Practice)
- Coed Y Rhid, Dyfi Donkey woods (nearest participating surgery Dyfi Valley Health)
- Surgery Walks and Orienteering from Church Surgery (Church Surgery, Aberystwyth and Machynlleth surgery)

The mapping exercise was useful in highlighting the areas that need developing if a site is to be used for outdoor health and wellbeing activities. Provision of toilets and easy access via boardwalks and accessible pathways were felt to be vital to support people of all ages and abilities to use the outdoors. Because of this, developed sites already used for tourism were often found to offer an abundance of facilities (including cafes and outdoor classrooms) and often had more accessible routes for a range of abilities. Public transport routes were found to be more problematic to some sites and this restricted the number of people (without private transport) who could access such sites. However, the exercise provided a sound basis to assess each site and could be used in the future to advise new site owners on how to develop their sites to accommodate outdoor health and wellbeing activities.

Recommendations for Site mapping:

- The development of an online version of site mapping for outdoor health is recommended. It is envisaged that the online version would instruct users to enter their responses to the set criteria questions and then have a score calculated that flags up a red-amber-green flag for outdoor health suitability. This could also provide automated advice to suggest improvements needed for sites to develop access and capability to host a range of people with differing needs. This would be an asset to the sector.
- A greater number of sites could be assessed around urban centres such as Aberystwyth
- There is potential to work with the ‘amber’ sites to support them to become ‘green’ sites
- Consideration of regular public transport must be a priority when selecting sites for health and wellbeing outdoor health activities

Section 2: Assessment of Training needs of Outdoor Health Providers

Key Findings

- **The 12 outdoor health providers who were surveyed were found to have a range of experience and training in working with people with differing needs and abilities. These skills and their experience built a strong basis to build a network that could share practice.**
- **It was recommended that developing a network of outdoor health providers would strengthen training, raise awareness of the sector, provide avenues to share good practice, provide support and ensure governance to the sector**
- **Training in safeguarding vulnerable adults, mental health first aid, outdoor first aid and nature connections leader training was most requested by the outdoor providers**

The current training and training needs of outdoor care or nature providers in the Dyfi Biosphere were established via a training needs questionnaire that was sent out to providers in the area. The questionnaire represented a comprehensive account of different training or experience in fields that covered mental and physical health as well as nature-based training. These ranged from mental health first aid training to the safeguarding of vulnerable adults and covered more practical skills that pertain to nature-based specialities (i.e. conservation, countryside management and green woodworking).

12 practitioners completed the survey (10 completed in full). The results are summarised below:

Outdoor Providers

Name	Organisation	Specialism
Jane Marie Hopkins	Powys Teaching Health Boards/NHS. Powys social services/local authority. National Association of Therapeutic parents	Primary Mental Health Practitioner/CAMHS/O.T. Listening Circle co-ordinator. Youth Mental Health First Aid Trainer
Jeanette Gray	Weaving Wild	Basketmaker/course leader
Alison Murfitt	N/A	N/A
Llinos Alun	SNPA	Engagement officer Celtic Rainforest Wales
Louise Peters	EAQ Dyfi Donkeys	Equine-assisted learning facilitator
Gill Harris	Dyfi Bike Park	Marketing
Joanna Houseman	Tywyn Community Wellbeing Project and Greener Tywyn Gwyrdo	Project coordinator and mentor (TCWP) Secretary (GTG)
Kim Brett	Freedom-Leisure	Exercise referral professional
Sarah Childs	Deg Ceredigion/NCT/Gwerin Y Coed/Woman's Aid	Student counsellor/college mentor
Anita O'Flynn	Gerddi Bro Dyfi	Assistant volunteer coordinator
Cath Rigler	Self-employed	Creative education, performance and outdoor learning facilitator
Neil Hopkins	Forgeways (sole trader)	Tutor/leader

Table 5: List of Outdoor Providers who completed the skills audit

The following provides a summary of the main areas of training already received and areas where new or additional training was required

Safeguarding and Health Safety Training

Type of training	Number of respondents who would like this training	Number of respondents who already have <u>experience</u> in this area
Safeguarding Vulnerable Adults	6	1
Youth mental Health First Aid	4	2
Health and safety at work	4	5
First Aid in the outdoors	3	8
Safeguarding children and young adults	3	6
Risk assessment	3	5
First aid at work	2	8
Mental health first aid	1	5

Table 6: Outdoor health providers training in safeguarding and health and safety training

Social Forestry and Health Qualifications

Type of training	Number of respondents who would like this training	Number of respondents who already have <u>experience</u> in this area
Nature connector Leader	4	1
Forest School Level 3	3	2
Outdoor activity leader	2	3
Advanced Outdoor Activity	2	0
Countryside Management	2	1
Meditation & Mindfulness	1	3
Walk Leader	1	4
Nutrition	1	1
Outdoor food safety	1	1
Social Forestry level 3	0	1
Gym and Fitness Instructor level 2	0	0

GP Exercise referral	0	0
Yoga instructor	0	1
Food Hygiene Certificate	0	4

Table 7: Outdoor health providers audit of social forestry and health qualifications

Training in working with adults with additional needs

Type of training	Number of respondents who would like this training	Number of respondents who already have <u>experience or training</u> in this area
Anxiety and Depression	1	8
Mental Health Conditions	1	7
Learning difficulties	0	7
Substance misuse problems (drug and alcohol)	0	6
Autism spectrum disorder	0	5
Carer responsibilities	0	5
Dementia, Alzheimer's and memory disorders	0	3
Brain Injury or stroke	0	3
Hearing impairment	0	2
Limited mobility	0	4
Homelessness	0	4
Vision impairment	0	2

Table 8: Outdoor Health Providers training in working with adults with additional needs

Training in working with children with additional needs

Type of training	Number of respondents who would like this training	Number of respondents who already have <u>experience or training</u> in this area
Hearing impairment	2	1
Behavioural/emotional difficulties	1	6
Mental Health conditions	1	5
Learning difficulties	1	4
Limited mobility	1	1
Vision Impairment	1	0
Excluded/Not in school	0	6
Autism Spectrum Disorders	0	3
Carer responsibilities	0	2
Homelessness	0	2

Table 9: Outdoor Health Providers training around children with additional needs

Woodland Skills

Type of training	Number of respondents who would like this training	Number of respondents who already have <u>experience or training</u> in this area	Number of respondents who can <u>deliver</u> training in this area
Wildlife ID	4	2	1
Art Therapy	4	0	0
Conservation	3	2	1
Charcoal making	3	2	0
Mindfulness	2	4	0
Use of Kelly Kettle	2	2	2
Herbology	2	1	1
Willow work	2	2	1
Horticulture	2	1	1
Outdoor Gym	2	0	0
Fire lighting	1	3	2

Campfire cooking	1	4	2
Foraging	1	4	2
Use of hand tools	1	2	2
Green woodwork	1	1	2
Bushcraft	1	4	1
Whittling	1	1	1
Tool maintenance	1	3	1
Geocaching	0	0	1

Table 10: Outdoor health Providers training in woodland skills

Training needs of Outdoor Providers

The respondents were asked to rank (in order of value) which training that they felt would be of value to them. Five options were selected by Coed lleol's (Small Woods Wales) training team. The responses are presented below:

Type of training	Number of respondents who were 'very keen' to do this training	Number of respondents who were 'not sure' whether they wanted this training	Number of respondents who were not keen or gave no response
Mental health first aid	6	2	2
Outdoor first aid	5	3	2
Forest School Leader Level 3	3	4	3
Nature Connections Leader	2	6	2
Social Forestry level 3	1	3	6

Table 11: Training choices elected by outdoor health providers

Out of the options that we provided, mental health first aid gathered the largest number of responses, followed closely by outdoor first aid training.

Barriers to participation in training

The respondent's greatest barrier to participation in training was a lack of funding (8 responses) and lack of time (5 responses) as many outdoor providers are free-lance or have other work responsibilities. Two participants commented that a lack of local training was a barrier, pushing up costs through additional travel expenses and accommodation costs. Another respondent suggested that 'zero hours' pay/freelance work means that taking time 'off' for training needs to be carefully considered.

Challenges to delivering outdoor activities for health and wellbeing

The respondents listed several challenges that they face when delivering outdoor activities for health and wellbeing. Many of these were structural, such as:

- Lack of funding or profitability of the approach (5 responses)
- The cost of insurance (2 responses)
- Uptake and issues with promoting to the right target group (2 responses)
- Transport issues and finding suitable sites to deliver activities (2 responses)

Other respondents gave more specific challenges connected to the outdoor health approach; these were:

- There is an expectation to deliver health and wellbeing activities in a clinical environment – and it is a challenge to change perceptions to deliver outdoors (Primary Mental Health Practitioner)
- Challenges can be created within a project due to a lack of joined-up approach to delivering or a lack of training to deliver effectively to others by experts in the field (Creative education, performance and outdoor learning facilitator).

Building capacity for outdoor activities to improve health and wellbeing in the biosphere?

The respondents were asked about their thoughts on how the network can help build capacity for outdoor activities to improve health and wellbeing in the biosphere. The comments below represent some of the ideas gathered. The ideas collected within the questionnaire are as follows:

- Linking providers, sites and people.
- Build an integrated network with levels of accountability to enable organisations to have the confidence to refer to outdoor activity providers
- Better communication of what's available/needed. Outdoor gym space. Closer community ties to build support.
- Hold regular 'try and see' events in different local sites that mirror people's regular footfall - Mach market, school pick up times, popular leisure centre events or even at social events (pubs and clubs etc.). Make it easy for activities to be part of people lives rather than things they must 'find time' to do.
- Have a comprehensive network of providers and be a countrywide leader

Recommendations for Training Development:

- Develop annual (local/regional) training events for outdoor health providers
- Develop a database of outdoor providers to record and track their training (professionalise)
- Develop a larger network of outdoor health providers to share practice, organise training and ensure professional governance

Section 3: Community Consultation

Introduction

Two community consultation surveys were undertaken with Dyfi Biosphere residents through the duration of the project. Survey One, 'Making a Difference' survey was an open-consultation survey of 264 people that aimed at establishing what local people value about their area and community, what general issues exist in the area and what health and wellbeing and environmental issues concerned people. Survey Two, 'Social Prescribing to Outdoor Health' engaged 100 members of the community to establish how they perceived social prescribing to outdoor health and which types of activities they would be interested in taking part in. The following section presents the key findings for these two surveys.

Key Findings – Making a Difference Survey (n=264)

- The natural environment and the sense of community were central to what the community valued about living in the Dyfi Biosphere
- Poor public transport, walkways and cycleways, a lack of local amenities and poor access to GP services and NHS hospitals were found to be key issues in the Dyfi Biosphere
- Improved access to NHS services and improved GP appointments together with more organised alternative physical and mental health and wellbeing opportunities in the area were thought to help improve the quality of people's health and wellbeing in the Dyfi Biosphere
- Improved access to land, walking routes and cycle routes and less rubbish and more refuse provision were key to improving the community's quality of life regarding nature and the environment
- In general, improved public transport (and connectivity in general – cycleways and walking routes), more community and social events and support for 'green' initiatives locally were thought to be able to improve the quality of the lives in the Dyfi Biosphere

Key Findings – Social Prescribing to Outdoor Health Survey (n=100)

- 89% of respondents expressed interest in their GP prescribing them to outdoor health activities. About half of these respondents would be keen to book onto outdoor activities (with 37% not sure)
- Social barriers (being nervous to go alone or meet new people), health and mobility concerns and lack of private transport were perceived to be the main barriers to participation onto outdoor health
- Respondents felt strongly that outdoor health activities could benefit both mental and physical health
- Guided walking groups, spending time with animals and gardening activities were the most popular activities with the respondents

Survey One: Making a Difference Survey

Sample Group

264 community residents who live within the Dyfi Biosphere area completed the community questionnaire (estimated population 11,587¹). Figure 2 shows that 70% of the respondents were female, which skews the data from the population of the biosphere area. The respondents represented all ages groups as demonstrated in Figure 3 and Figure 4. 93% of the respondents stated their ethnicity at 'white' (1% were from a mixed ethnic background, 2% were from another ethnic group and 4% did not state their ethnicity), this is broadly representative of the areas demographics. Figure 6 shows that 22% of the respondents lived in postal areas designated the 50% most deprived and 78% of the respondents lived in postal areas designated the 50% least deprived, however, the majority of respondents lived in postal areas that were the 40-50% least deprived (which is in the middle of the deprivation scale). Figure 4 shows that the respondents lived in a variety of different types of urban and rural areas, with 47% living in a rural town and fringe in a sparse setting, 43% in a rural village in a sparse setting and 10% lived in an urban city and town setting (as derived by the Welsh Governments Urban-Rural Decile scale for classifying broad settlement types). Figure 7 shows the employment status of the respondents, 44% of the respondents were full or part-time employed, or self-employed, 22% retired and 21% were fulltime students. The sample group allows for a general understanding of some of the community's views and opinion but does not represent a sample group that represents the whole population of the Dyfi Valley.

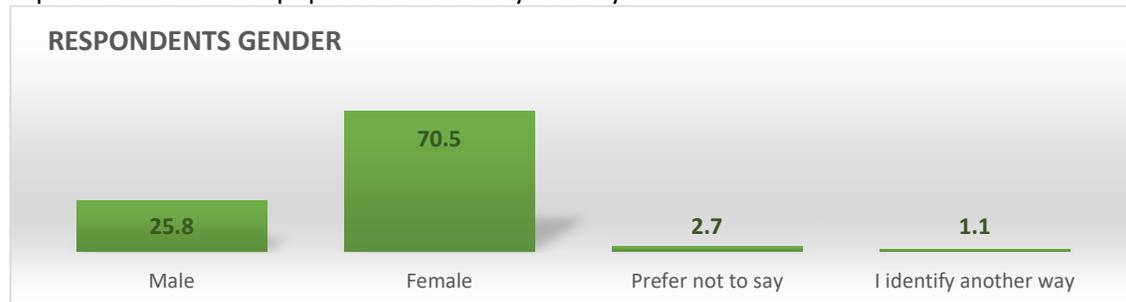


Figure 2: Gender of Respondents

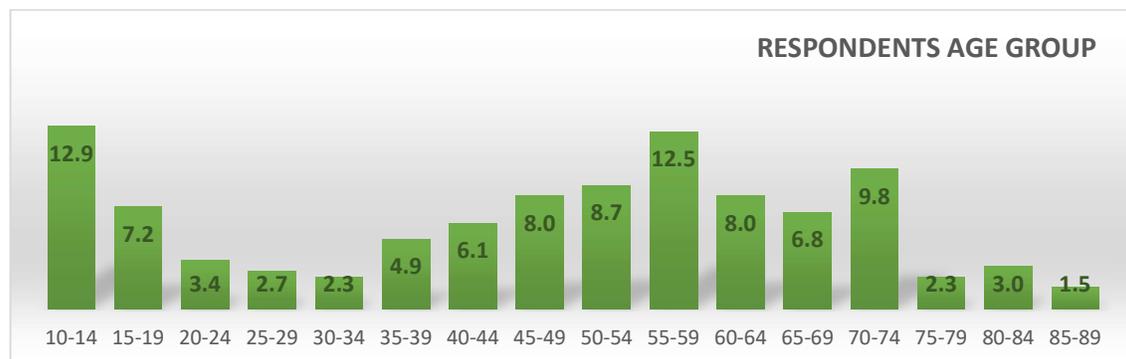


Figure 3: Age Group of Respondents

¹ To get a representative sample group, with a confidence interval of 5 and confidence level of 95% 372 surveys would have needed to be collected that are broadly representative of the demographics of the Biosphere area.

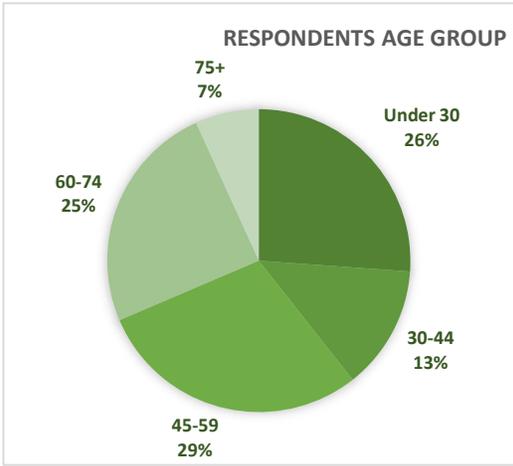


Figure 4: Age of respondents, grouped

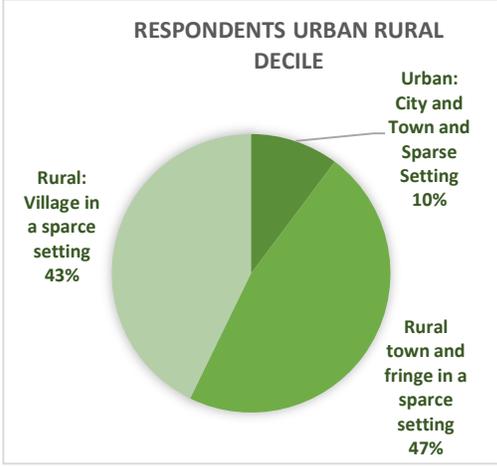


Figure 5: Urban-Rural Decile of Respondents

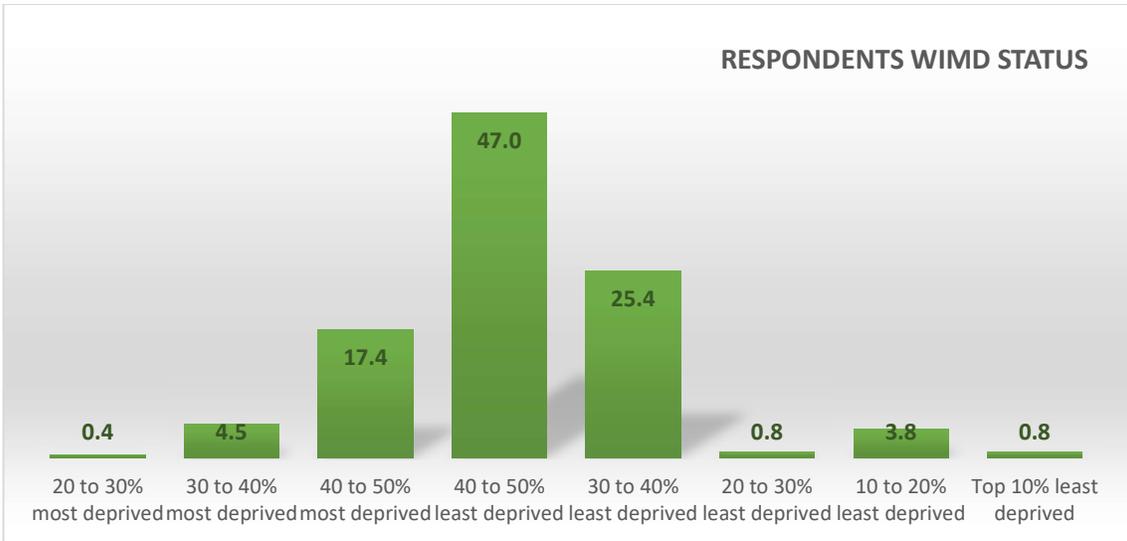


Figure 6: Respondents status on the Welsh Index of Multiple Deprivation

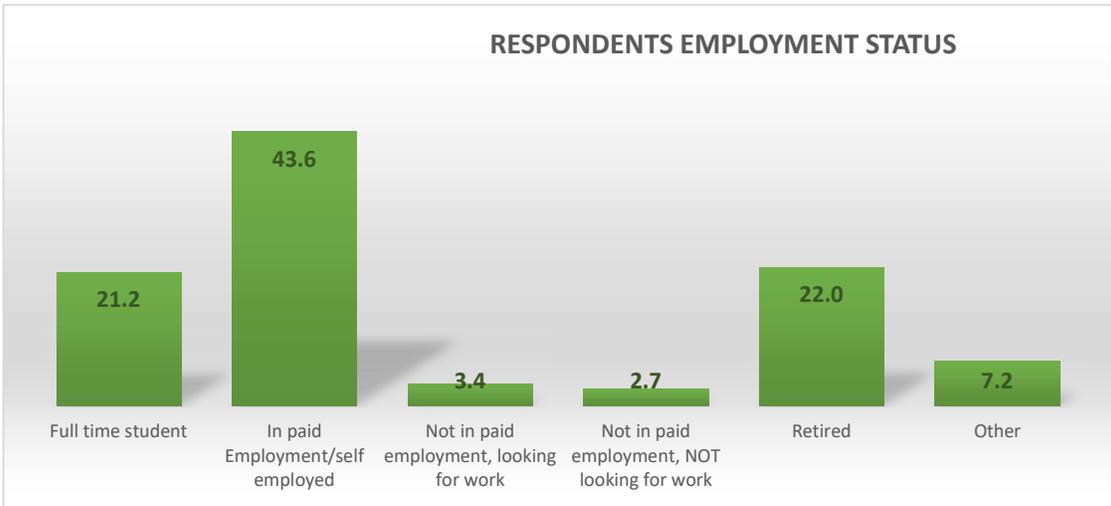
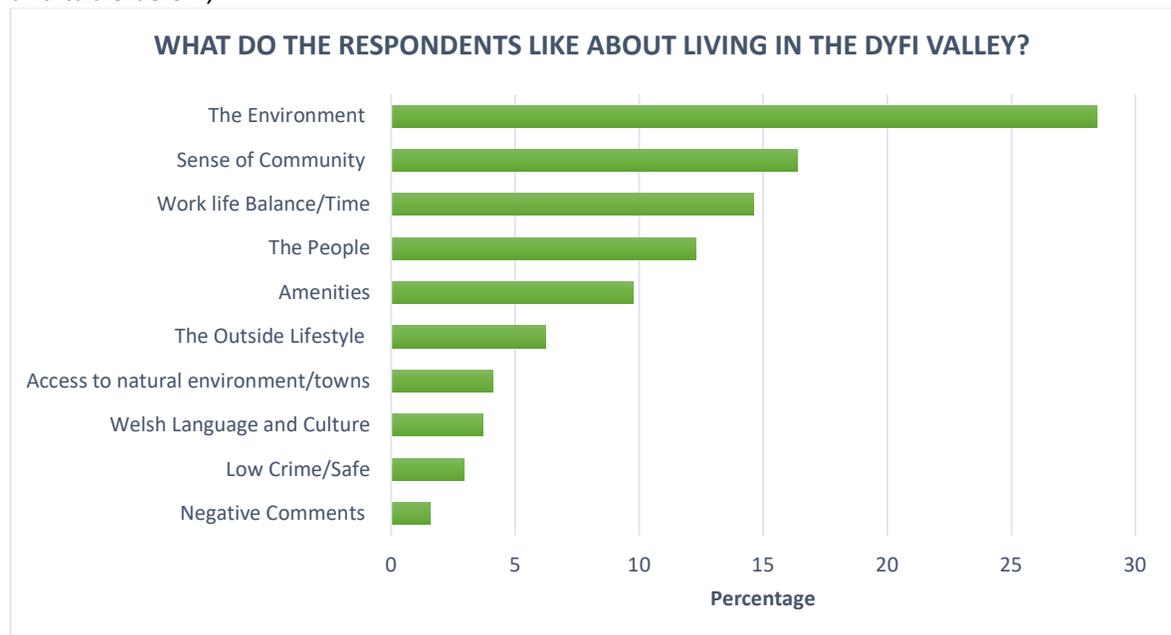


Figure 7: Respondents Employment Status

What Do The Community Like About Living In The Dyfi Valley Biosphere?

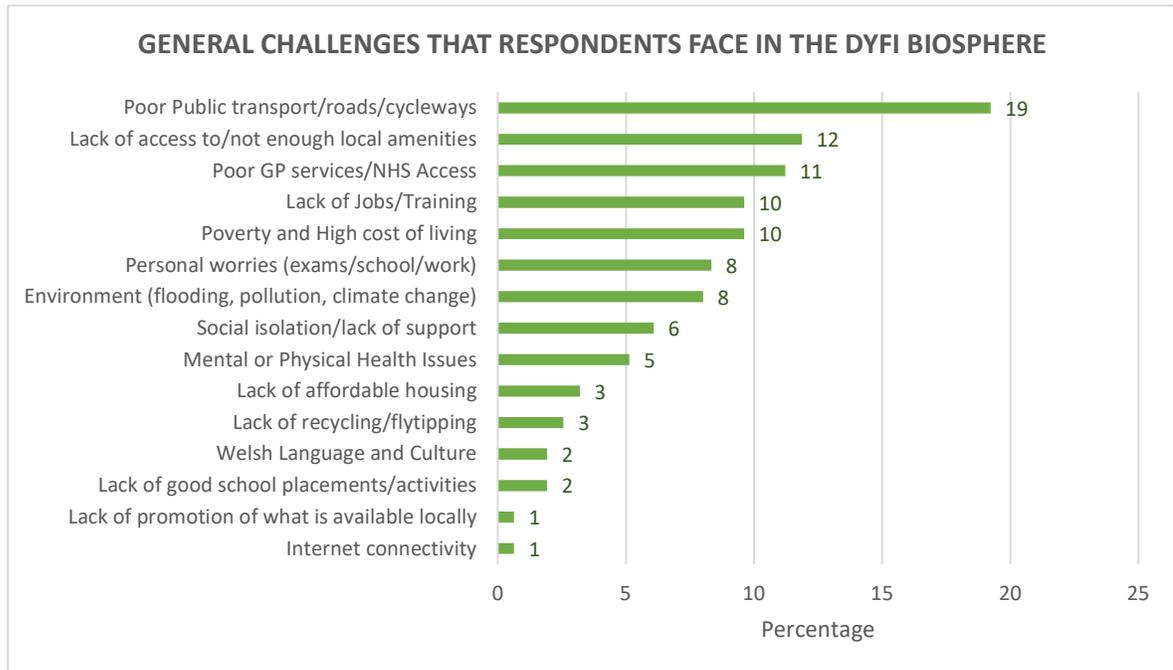
The respondents were asked to list the things that they liked about living the in Dyfi Valley Biosphere area. Up to four responses were given by the respondents. 91% of the respondents presented answers to this question, all the responses were coded into 10 themes. All responses have been collectivised and the results are presented in the chart and table below,



	Choice 1	Choice 2	Choice 3	Choice 4	Total	%
No Answer	24	107	174	238	543	X
The Environment (sea, countryside, scenery)	90	37	17	2	146	28%
Sense of Community (community spirt/action)	36	26	21	1	84	16%
Ephemeral (time, space, air, peaceful, work life balance)	44	17	11	3	75	15%
The People	21	32	8	2	63	12%
Facilities (shops, cafes, leisure centre, cultural events, music etc.)	10	16	18	6	50	10%
The Outside Lifestyle Opportunities (walking/biking etc.)	12	13	4	3	32	6%
Access (to sea and countryside/transport links)	3	9	3	6	21	4%
Welsh Language and Culture	15	2	2		19	4%
Low crime/safe for children	3	3	6	3	15	3%
Negative comments (not like the old days/no GP appointments)	6	2			8	2%

What Are the General Challenges Or Issues That The Respondents From The Community Face?

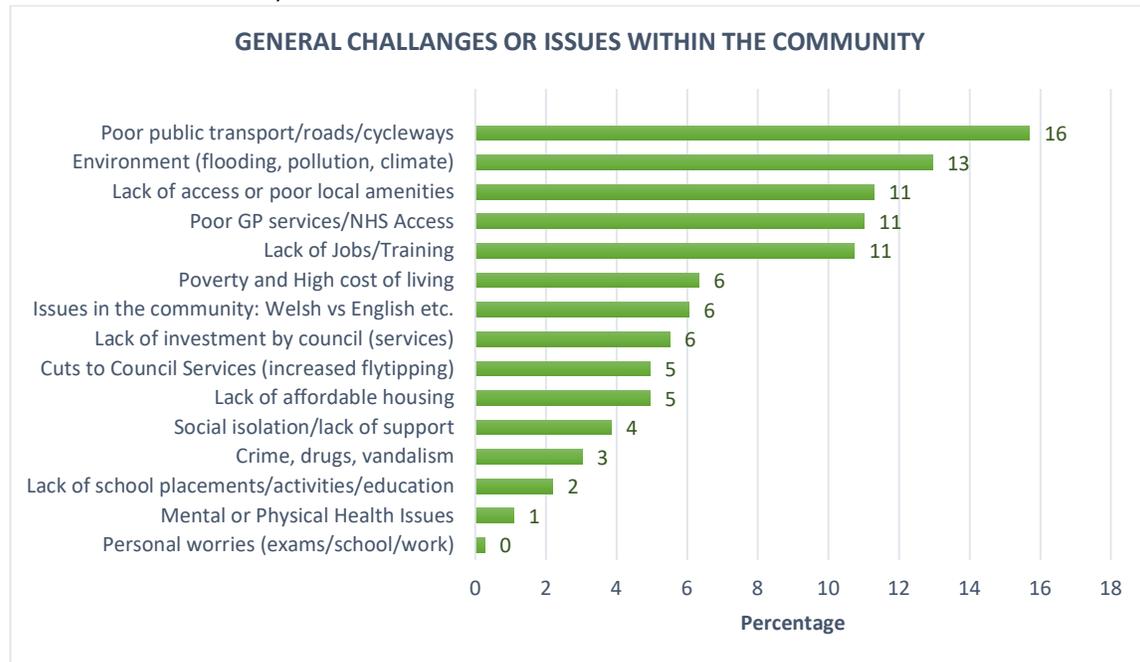
The respondents were asked what general issues or challenges that they face living in the Dyfi Valley Biosphere. 79% of the respondents presented results for this question, respondents gave up to three challenges that they face. All responses were coded into 15 themes. All responses have been collectivised and the results are presented in the chart and table below,



	Choice 1	Choice 2	Choice 3	Total	%
No Answer/None	56	189	235	480	x
Poor Public transport/roads/cycleways	44	13	3	60	19
Lack of Access or not enough local amenities	20	11	6	37	12
Poor GP services/NHS Access	23	10	2	35	11
Poverty and High cost of living	18	11	1	30	10
Lack of Jobs/Training	20	8	2	30	10
Personal worries (exams/school/work/no time)	23	3		26	8
Environment (flooding, pollution, climate change etc.)	18	3	4	25	8
Social isolation/lack of support	12	4	3	19	6
Mental or Physical Health Issues	15	1		16	5
Lack of affordable housing	6	1	3	10	3
Lack of recycling/fly tipping	4	3	1	8	3
Lack of good school placements/activities	1	3	2	6	2
Welsh Language and Culture	3	1	2	6	2
Internet connectivity	1	1		2	1
Lack of promotion of what is available locally	0	2		2	1

What Are the General Challenges Or Issues That The Respondents Feel That Their Community Face?

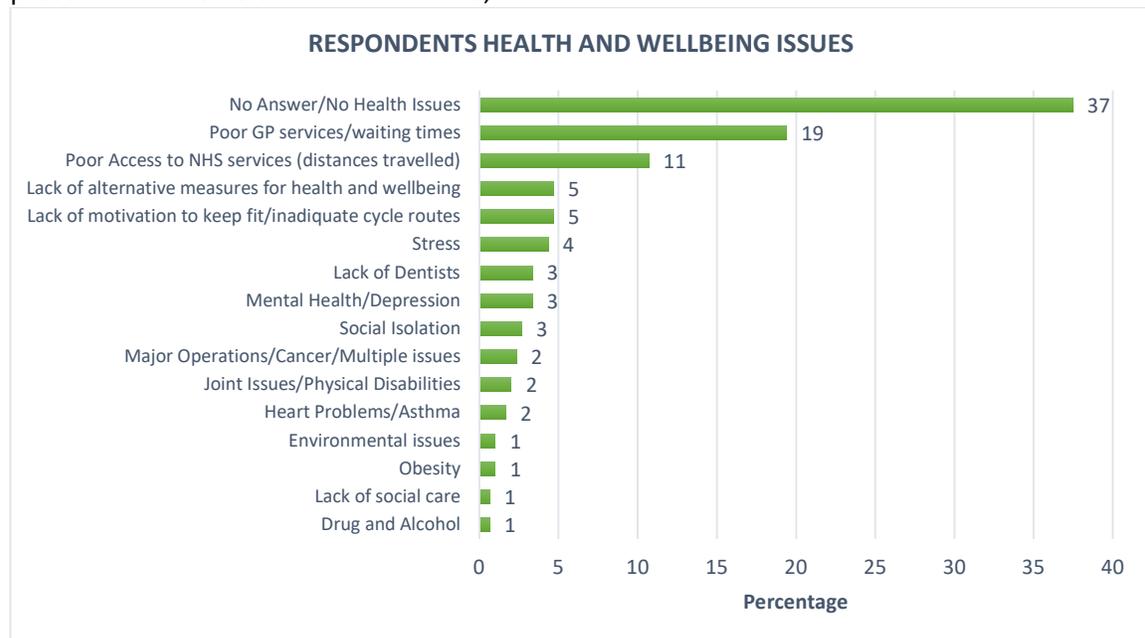
The respondents were asked what general issues or challenges that they feel that their community in the Dyfi Valley Biosphere has. 83% of the respondents presented results for this question, respondents gave up to three challenges that they face. All responses were coded into 15 themes (that mapped onto the individual issues that the respondents felt that they faced). All responses have been collectivised and the results are presented in the chart and table below,



	Choice 1	Choice 2	Choice 3	Total	%
No Answer/None	45	165	218	428	x
Poor Public transport/roads/cycleways	35	13	9	57	16
Environment (flooding, pollution, climate change etc.)	39	8	0	47	13
Lack of Access or not enough local amenities	25	12	4	41	11
Poor GP services/NHS Access	19	14	7	40	11
Lack of Jobs/Training	23	11	5	39	11
Poverty and High cost of living	13	8	2	23	6
Issues in the community: Welsh vs English etc.	13	6	3	22	6
Lack of Investment by council (social care/social enterprise)	13	4	3	20	6
Lack of affordable housing	5	7	6	18	5
Cuts to Council Services (increased fly-tipping)	11	4	3	18	5
Social isolation/lack of support	9	3	2	14	4
Crime, drugs, vandalism	9	1	1	11	3
Lack of good school placements/activities/education	2	5	1	8	2
Mental or Physical Health Issues	2	2	0	4	1
Personal worries (exams/school/work/no time)	1	0	0	1	0

What Issues Do the Respondents Have Regarding Health And Wellbeing?

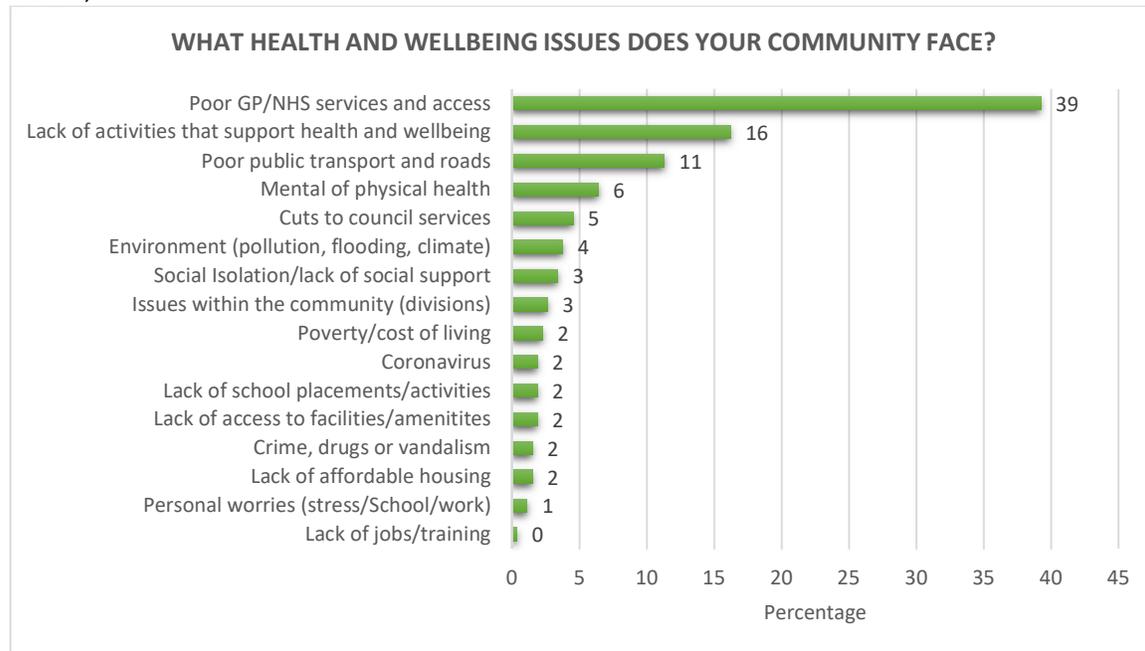
The respondents were asked to list what issues they have regarding their health and wellbeing. 58% of the respondents presented an answer to this question. 18% of the respondents were themselves suffering from health and wellbeing issues (ranging from mental health to physical health issues). 39% stated the main issues they had regarding health and wellbeing were connected to the lack of access to good GP, Dental and NHS services (in particular long distances to travel for specialist health appointments and the long waiting list for GP appointments). The issues were coded into 15 key themes as presented in the below chart and table,



	Choice 1	Choice 2	Choice 3	Total	%
No Answer/No Health Issues	112	x	x	112	37
Poor GP services/waiting times	51	5	2	58	19
Poor Access to NHS services (distances travelled)	25	7	0	32	11
Lack of motivation to keep fit/inadequate cycle routes	11	3	0	14	5
Lack of alternative measures for health and wellbeing	7	7	0	14	5
Stress	12	1	0	13	4
Anxiety and Depression/Mental Health	10	0	0	10	3
Lack of Dentists	5	5	0	10	3
Social Isolation	5	3	0	8	3
Major Operations/Cancer/Multiple issues	7	0	0	7	2
Joint Issues/Physical Disabilities	6	0	0	6	2
Heart Problems/Asthma	3	2	0	5	2
Obesity	3	0	0	3	1
Environmental issues in community	3	0	0	3	1
Drug and Alcohol	2	0	0	2	1
Lack of social care	2	0	0	2	1

What issues do the respondents feel their community has regarding health and wellbeing?

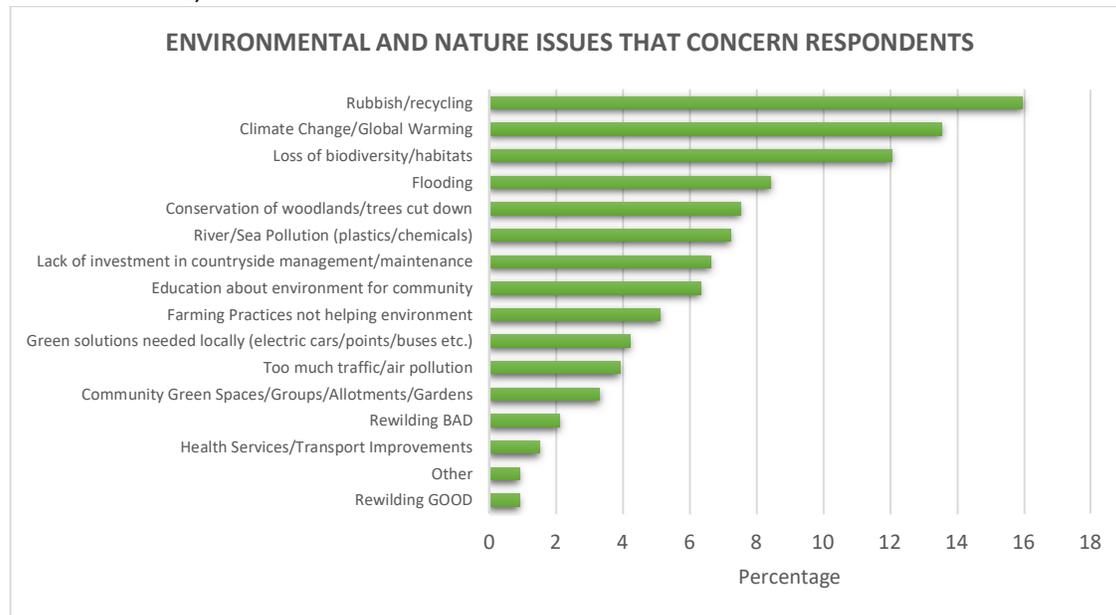
The respondents were asked what they felt the main issues regarding health and wellbeing were for their community. 74% of the respondents presented an answer to this question. The responses given were coded into 18 themes that are presented in the chart and table below,



	Choice 1	Choice 2	Choice 3	Total	%
Poor GP/NHS services and access	93	8	3	104	39
No Answer	70	x	x	70	x
Lack of activities that support health and wellbeing	23	17	3	43	16
Poor public transport and roads	19	10	1	30	11
Mental of physical health	15	2	0	17	6
Cuts to council services	5	6	1	12	5
Environment (pollution, flooding, climate)	5	5	0	10	4
Social Isolation/lack of social support	6	3	0	9	3
Issues within the community (divisions)	4	2	1	7	3
Poverty/cost of living	3	2	1	6	2
Lack of access to facilities/amenities	4	0	1	5	2
Lack of school placements/activities	3	1	1	5	2
Coronavirus	5	0	0	5	2
Lack of affordable housing	2	1	1	4	2
Crime, drugs, or vandalism	3	0	1	4	2
Personal worries (stress/School/work)	3	0	0	3	1
Lack of jobs/training	1	0	0	1	0

Environmental and Nature Issues That Concern Respondents

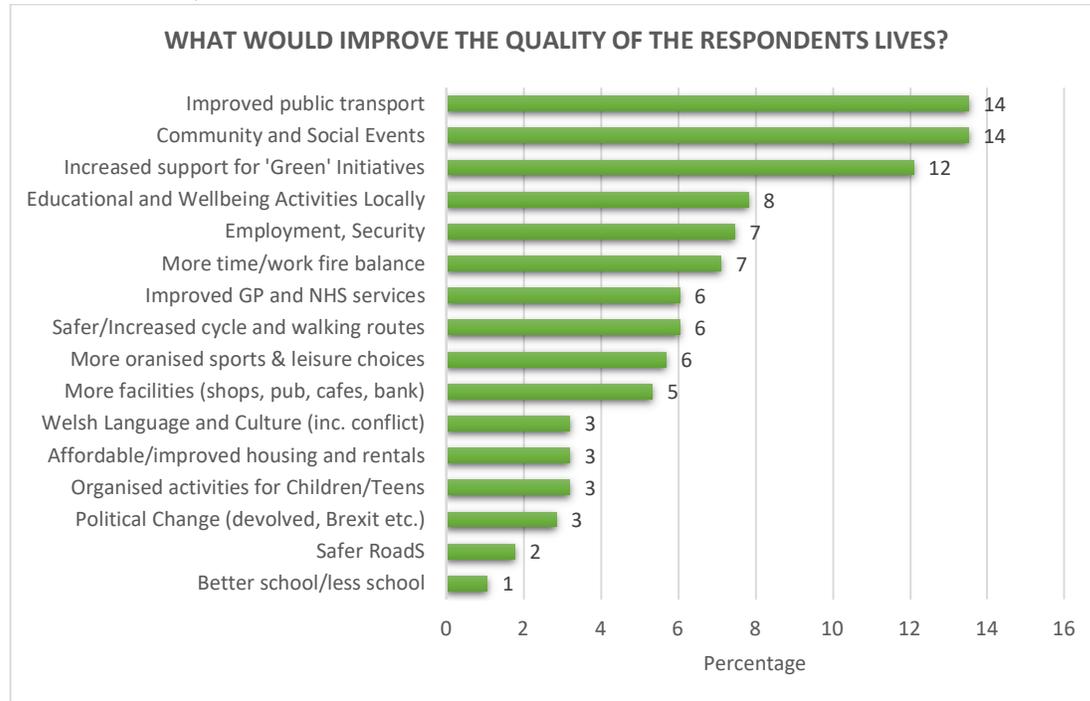
The respondents were asked to list any environmental concerns or concerns about nature. 75% of the respondents gave answers to this question. The respondents presented up to three suggestions. All suggestions were coded into 16 key themes shown in the below chart and table,



	Choice 1	Choice 2	Choice 3	Total	%
No Answer	66	x	x	x	x
Rubbish/recycling	38	14	1	53	16
Climate Change/Global Warming	32	11	2	45	14
Loss of biodiversity/habitats	24	10	6	40	12
Flooding	14	11	3	28	8
Conservation of woodlands/trees cut down	15	9	1	25	8
River/Sea Pollution (plastics/chemicals)	10	8	6	24	7
Lack of investment in countryside management/maintenance	10	10	2	22	7
Education about environment for community	11	8	2	21	6
Farming Practices not helping the environment	13	3	1	17	5
Green solutions needed locally (electric cars/points/buses etc.)	3	6	5	14	4
Too much traffic/air pollution	9	4	0	13	4
Community Green Spaces/Groups/Allotments/Gardens	8	2	1	11	3
Rewilding BAD	5	0	2	7	2
Health Services/Transport Improvements	2	0	3	5	2
Rewilding GOOD	1	1	1	3	1
Other	3	0	0	3	1

What Would Improve the Respondents Quality of Life Generally?

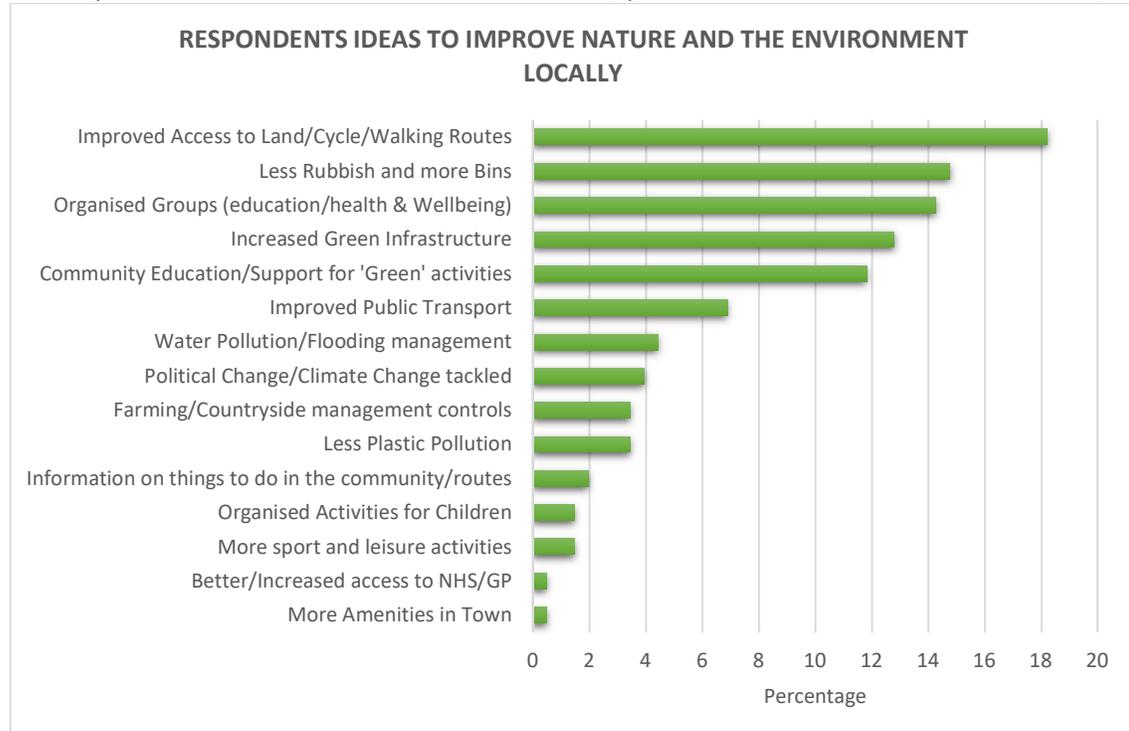
The respondents were asked what generally would improve the quality of their life. 75% of the respondents gave answers to this question. The respondents gave up to three responses. All responses were coded into 16 key themes which are presented in the below chart and table,



Question 7: quality of life	Choice 1	Choice 2	Choice 3	Total	%
No Answer	71	x	x	71	x
Community and Social Events	25	9	4	38	14
Improved public transport	23	12	3	38	14
Increased support for 'Green' Initiatives	22	9	3	34	12
Educational and Wellbeing Activities Locally	16	6	0	22	8
Employment, Security	17	4	0	21	7
More time/work life balance	19	0	1	20	7
Safer/Increased cycle and walking routes	12	4	1	17	6
Improved GP and NHS services	15	1	1	17	6
More organised sports & leisure choices	9	5	2	16	6
More facilities (shops, pub, cafes, bank)	11	0	4	15	5
Organised activities for Children/Teens	4	3	2	9	3
Affordable/improved housing and rentals	6	2	1	9	3
Welsh Language and Culture (inc. conflict)	4	5	0	9	3
Political Change (devolved, Brexit etc.)	7	1	0	8	3
Safer Roads	1	4	0	5	2
Better school/less school	2	0	1	3	1

What Would Improve the Respondents Quality of Life Regarding Nature and the Environment?

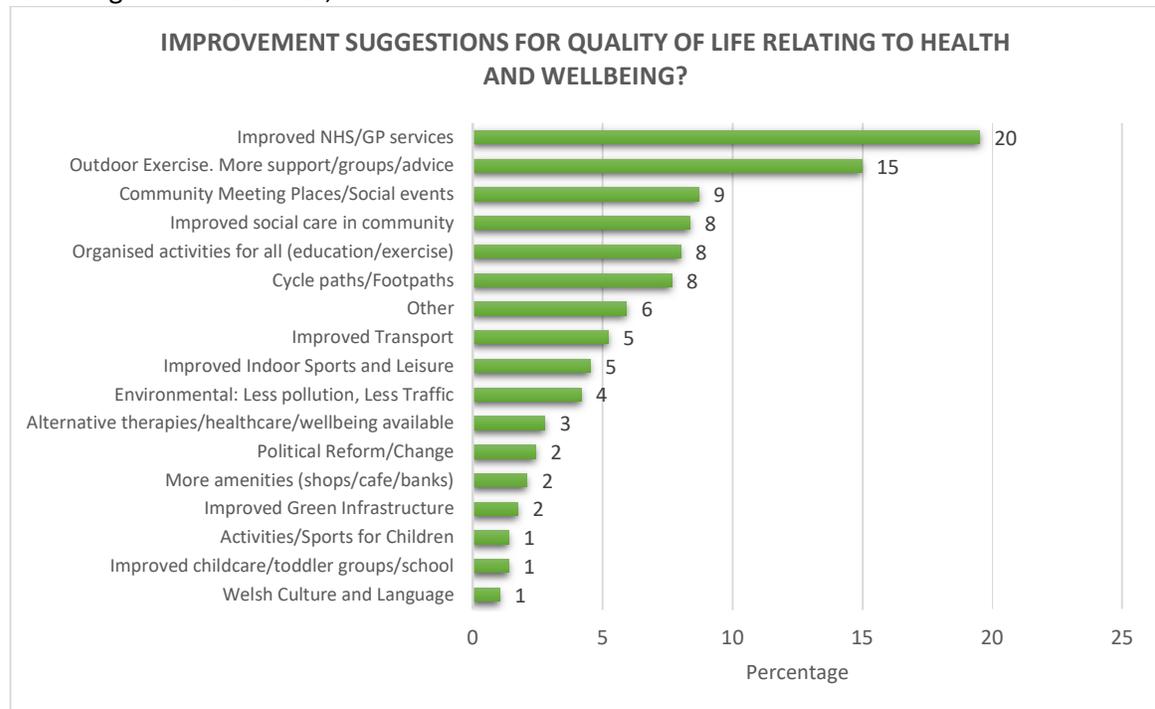
60% of respondents presented solutions that could improve the quality of their life that concern nature and the environment. These respondents gave up to three responses. All the responses were coded into 15 central themes, presented in the below chart and table,



	Choice 1	Choice 2	Choice 3	Total	%
No answer	106	x	x	x	x
Improved Access to Land/Cycle/Walking Routes	32	5	0	37	18
Less Rubbish and more Bins	25	4	1	30	15
Organised Groups (education/health & Wellbeing)	22	5	2	29	14
Increased Green Infrastructure	19	6	1	26	13
Community Education/Support for 'Green' activities	16	6	2	24	12
Improved Public Transport	10	3	1	14	7
Water Pollution/Flooding management	7	1	1	9	4
Political Change/Climate Change tackled	8	0	0	8	4
Less Plastic Pollution	3	4	0	7	3
Farming/Countryside management controls	6	0	1	7	3
Information on things to do in the community/routes	3	1	0	4	2
More sport and leisure activities	3	0	0	3	1
Organised Activities for Children	2	1	0	3	1
More Amenities in Town	1	0	0	1	0
Better/Increased access to NHS/GP	1	0	0	1	0

What would improve the respondent's quality of life regarding health and wellbeing?

77% of the respondents provided suggestions that would improve the quality of their life regarding health and wellbeing. The respondents gave up to 3 suggestions each. All responses were coded, and 17 themes emerged. The themes are presented in the following chart and tables,



	Choice 1	Choice 2	Choice 3	Total	%
No Answer	60	x	x	60	x
Improved NHS/GP services	44	10	2	56	20
Outdoor Exercise. More support/groups/advice	32	10	1	43	15
Community Meeting Places/Social events	16	7	2	25	9
Improved social care in community	22	2	0	24	8
Organised activities for all (education/exercise)	11	8	4	23	8
Cycle paths/Footpaths	14	7	1	22	8
Other	17	0	0	17	6
Improved Transport	8	6	1	15	5
Improved Indoor Sports and Leisure	8	5	0	13	5
Environmental: Less pollution, Less Traffic	6	3	3	12	4
Alternative therapies/healthcare/wellbeing available	6	1	1	8	3
Political Reform/Change	5	2	0	7	2
More amenities (shops/cafe/banks)	4	1	1	6	2
Improved Green Infrastructure	4	1	0	5	2
Improved childcare/toddler groups/school	3	1	0	4	1
Activities/Sports for Children	2	2	0	4	1
Welsh Culture and Language	2	1	0	3	1

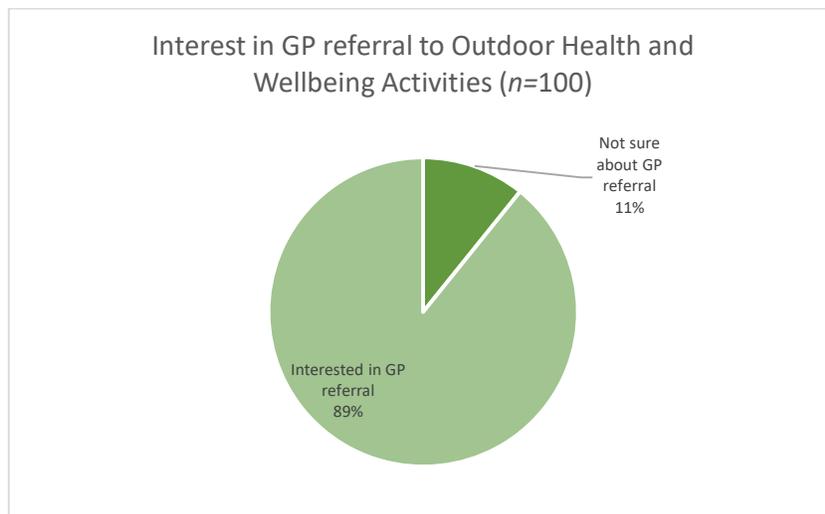
Survey Two: Social Prescribing to Outdoor Health

Sample size

100 members of the public took part in the survey. Data was collected at GP surgeries in the Machynlleth, Aberystwyth and Borth. Surveys were administered by a researcher who conducted face-to-face interviews with the members of the public.

Interest in GP referral (social prescribing)

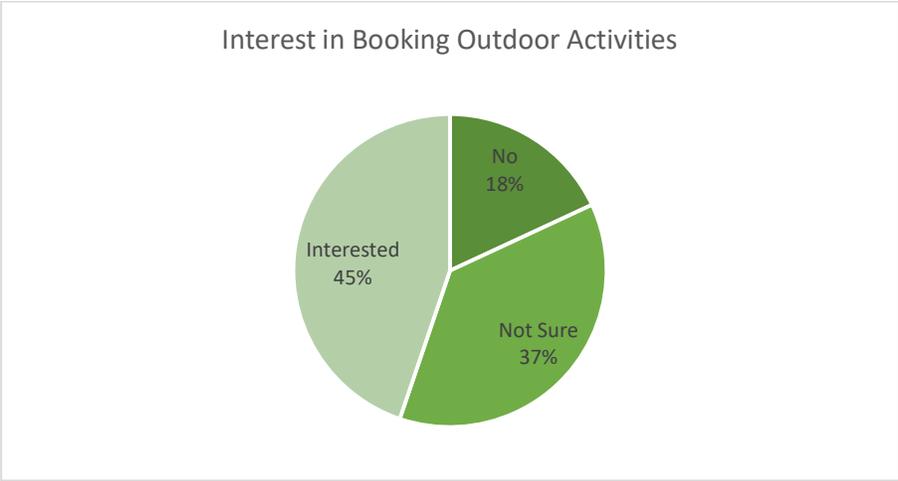
There was a high level of interest from the public surrounding GP referrals to outdoor health and wellbeing activities. 89% of the respondents stated that they would be interested in this, with 11% being unsure. None of the respondents suggested that they would not be interested.



Interest in taking part

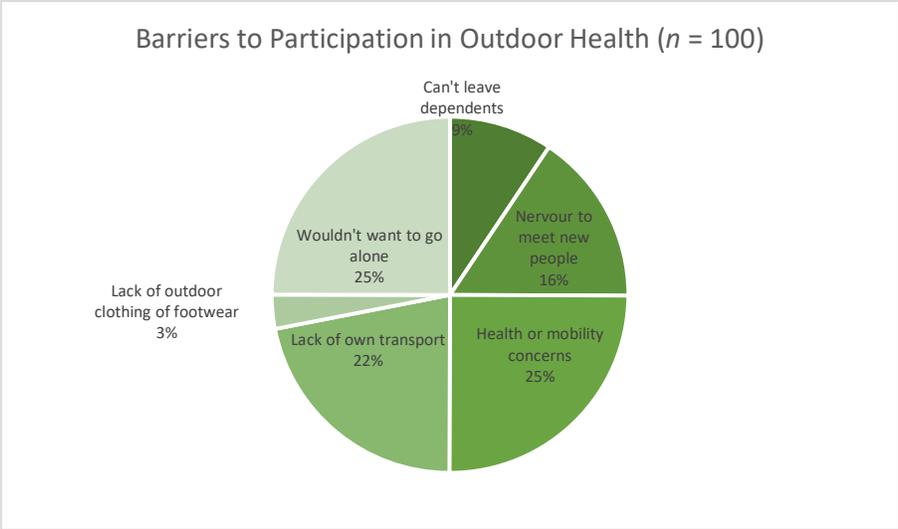
Fewer respondents, 45%, stated that they would be interested in taking part in outdoor health and wellbeing activities should they be available. 37% were not sure and 18% were not interested.

The two sets of results suggest that the respondents can see the *overall* benefit to GP referral to outdoor health and wellbeing activities, but are not as confident that these activities would suit their individual needs at present (see barriers below)



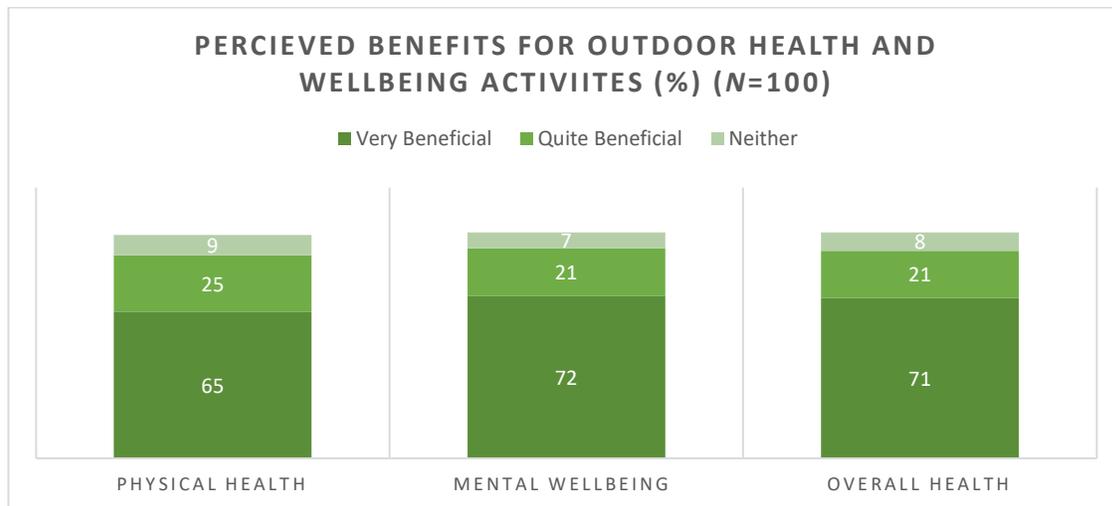
Barriers to Participation

The main barriers to participation varied across the respondents. The main barriers given were health and mobility concerns (25%), lack of transport (22%), lack of social support and social anxiety. 41% of the respondents cited social barriers ('nervous to meet new people' and 'wouldn't want to go alone') as a barrier to participation. Other barriers listed in lesser numbers were, lack of time (due to other commitments), the distance needed to travel and fear of trying new things.



Perceived Benefits of Social Prescribing to Outdoor health

The majority of the respondents were confident that outdoor health and wellbeing activities could be beneficial to different aspects of health and wellbeing. 93% of respondents felt that outdoor activities could be quiet or very beneficial to mental wellbeing and 91% of the respondents felt that they could be quite or very beneficial to physical health.



Level of public interest in outdoor health activities

The respondents selected a broad range of outdoor activities that they would be interested in. Figure 8 illustrates that the activities that received the most interest were the more gentle exercise options such as walking groups, opportunities to spend time with animals, gardening groups and yoga/Tai Chi exercise. Table 12 presents the data for most interested, would consider and not interested.

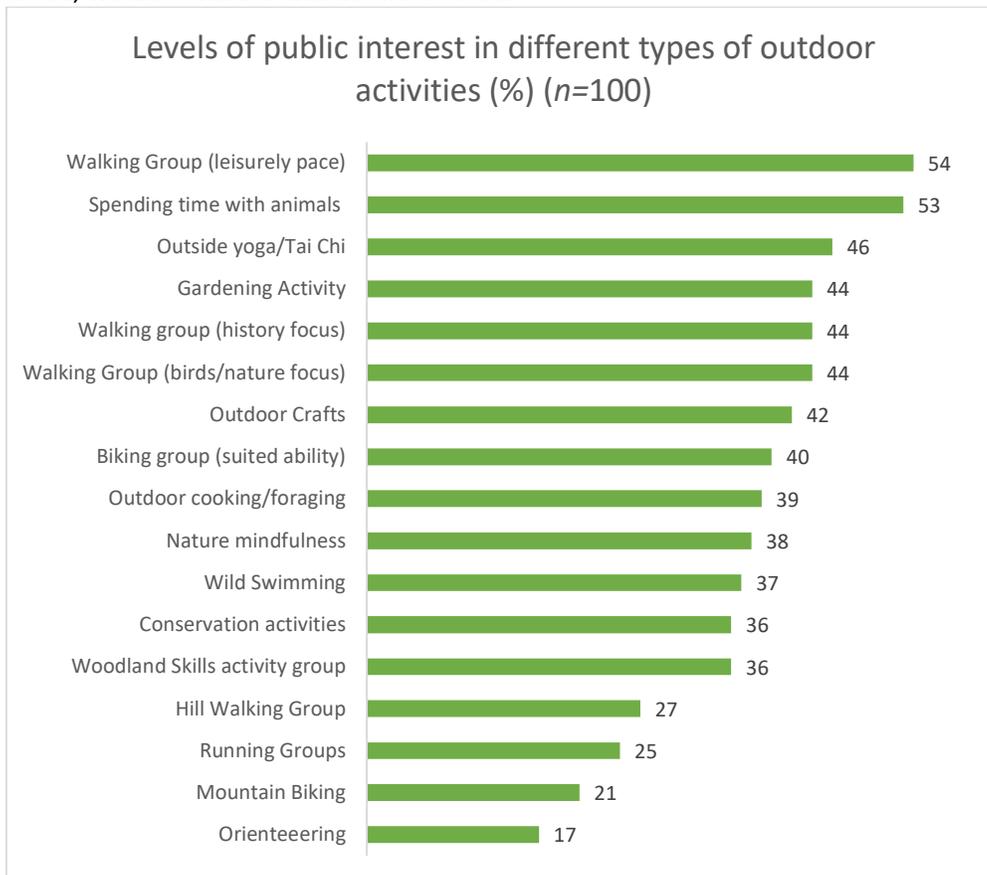


Figure 8: Chart showing the sample group's interest in taking part in different outdoor activities

% of respondents	Interested	Consider	Not Interested
Orienteering	16	49	35
Mountain biking	21	26	53
Running group (or park run)	26	42	32
Hillwalking group	28	61	11
Wild swimming	36	33	31
Biking group (suited ability)	38	46	15
Woodland skills activity group	36	51	13
Outdoor cooking and foraging	40	48	13
Conservation activities	38	49	13
Nature mindfulness (or quiet time outdoors)	39	45	16
Outside Yoga or Tai Chi	45	32	23
Walking group with birdwatching/nature guide	42	44	14
Outdoor craft	44	47	9
Gardening activity	46	41	13
Walking Group with local history guide	44	44	11
Spending time with animals	53	34	14
Walking Group - Leisurely pace	54	43	3

Table 12: Table of choices for outdoor activities selected by the sample group

Table 12 shows that the most strenuous activities were the least popular choices for the respondents. This perhaps reflects the current health and mobility concerns of the respondents (see barriers to participation).

Recommendations from the community consultations

- Key themes of access to health services, poor public transport and a lack of facilities catering for alternative health and wellbeing activities emerged from the open-consultation survey. Many of the issues cited by the community could be utilised into collective outdoor health activities, in time perhaps alleviating pressure on GP surgeries. For example, pathway clearance and rubbish collection could be combined with community action projects that promoted physical and mental health benefits.
- Public Transport and connection routes (pathways and cycleways) emerged as a key issue and central barrier to participation in outdoor health activities (as well as access to key services and hospitals). Consideration of how to work in partnership with transport organisations and council highways could be beneficial in helping to address these concerns. The overall health of the community can be improved by encouraging the use of and increasing safe access to walking route and cycle routes. Additionally, reducing reliance on car use is also beneficial to the environment.
- There was a clear desire for additional services that add value to people's lives - education, physical health (both inside and out) and mental wellbeing activities were felt to be central to improving the quality of people's lives. Developing a greater network of outdoor providers (and perhaps those that can deliver indoor

activities that connect to the outdoors at certain times) could plug the gap that is needed, however careful consideration to the barriers that many people face (lack of transport, social anxiety and physical ill health and mobility issues) must be considered to ensure maximum uptake.

Section 4: Trial of Activities and Evaluation

Key Findings

- 25 people trailed the outdoor health activities
- Wellbeing increased for 57% of the participants (using the Short Warwick Edinburgh Mental Wellbeing Scale as a measure)
- Self-reported health increased from 59% to 81% following the activities (EQ-5D-5L)
- All participants enjoyed the activities and reported positive outcomes
- Engaging participants and retaining participants are key recommendations for improvement

Four Outdoor Health Activities were trialled during the duration of the pilot. Using the results of the Social Prescribing to outdoor health survey, four activities were selected that reflected the interest of the sample group. These were:

- Walking groups (leisurely pace meeting from GP surgery)
- Animal Therapy (Dyfi Donkeys)
- Gardening Group (Borth community gardens)
- Woodland Skills and Crafts Group (Actif Woods)

These groups were evaluated using Pre-activity and Post-activity evaluation forms for each participant. 25 participants fully engaged with the outdoor health activities provided. 23 completed a pre-activity evaluation form and 10 completed the post-activity evaluation form. The evaluation aimed to evidence any changes in mental wellbeing (using the Short Warwick Edinburgh Mental Wellbeing Scale) or Physical health (using the International Physical Activity Questionnaire Short version or IPAQ) within the period of engagement. Also collected was the participants' perception of their overall health using the EQ-5D-5L method that asks individuals to estimate their general health on the day of completion on a 0-100% scale (0 = the worst health and 100% being the best health).

The results of the evaluation are presented across the following pages.

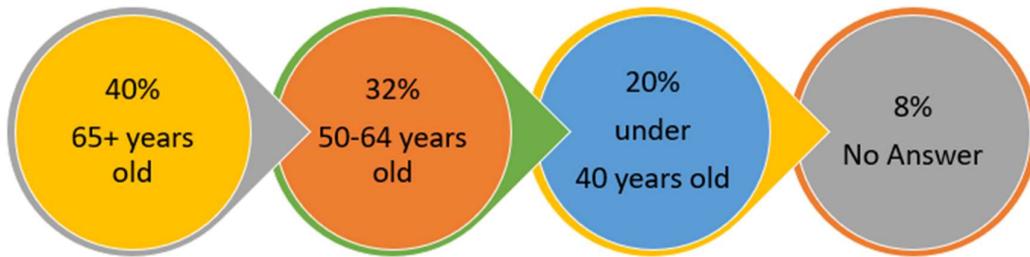
Who undertook the trial Outdoor Health Activities?



72% Female



28% Male



7 MOBILITY OR JOINT ISSUES



5 ANXIETY AND DEPRESSION



2 ADHD OR AUTISM



2 VISUAL OR HEARING IMPEDIMENT



2 HIGH BLOOD PRESSURE OR DIABETES



1 GP referral



4 project worker referrals



18 self-referrals



EMPLOYED 13%



CURRENTLY UNEMPLOYED 26%



RETIRED 39%



STUDENT 4%



OTHER/NO ANSWER 17%

Motivation for Attendance to Outdoor Health Activities?

56% of the respondents had never taken part in outdoor health programmes previously. The main reasons given by the participants for wanting to take part in any of the outdoors activities were as follows (Note: some participants gave multiple reasons):

- Social: to meet new people and socialise (12 comments)
- Exercise: to be more active (8 comments)
- Education: learn new things or have new experiences (7 comments)
- Help: ease anxiety and depression and gain in confidence (7 comments)
- Outdoors: To be in the fresh air, outside and local (4 comments)

A selection of responses is presented below:

“The main reason for me joining this group is to build my confidence back up and my self-esteem. To meet other people, get active, have fresh air and exercise and have some 'animal therapy'. With all the above combined I feel positive it will help my depression”

“I have been very inactive. I am formerly a carer for elderly mother (now deceased). I have a particular interest in being more active and making social contacts to increase my confidence and tackle depression”

“Keeping active, getting fitter, making friends”

Participants' health and wellbeing aim for the year?

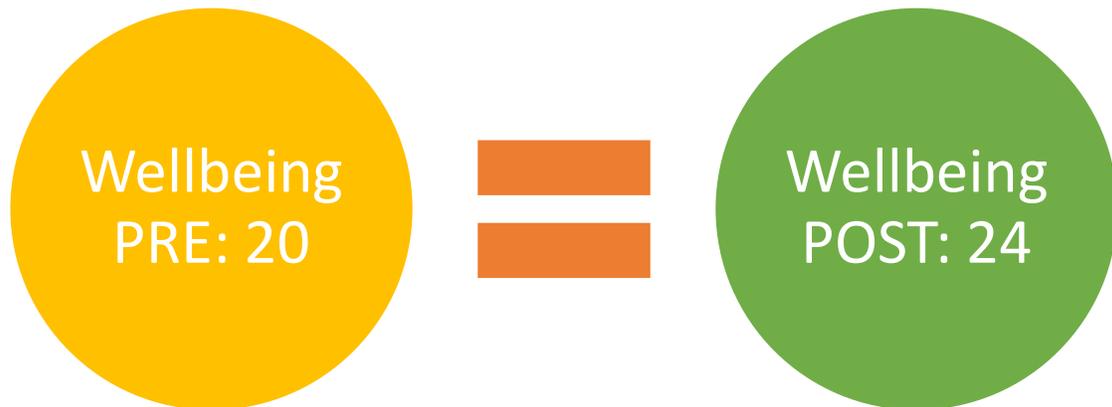
Participants were asked what their health and wellbeing aims were for the year. Many participants provided more than one response (each response has been counted once). The principal aims were:

- Losing weight & eating healthier (14 comments)
- Socialising more (10 comments)
- Getting fitter (9 comments)
- Reducing anxiety (5 comments)
- Reducing alcohol (2 comments)
- Education and Employment (2 comments)
- Sleeping better (1 comment)

The results show that some of the health and wellbeing aims listed can be achieved by encouraging ‘changes in behaviour’ and providing support, education and social opportunities for the participants.

Wellbeing

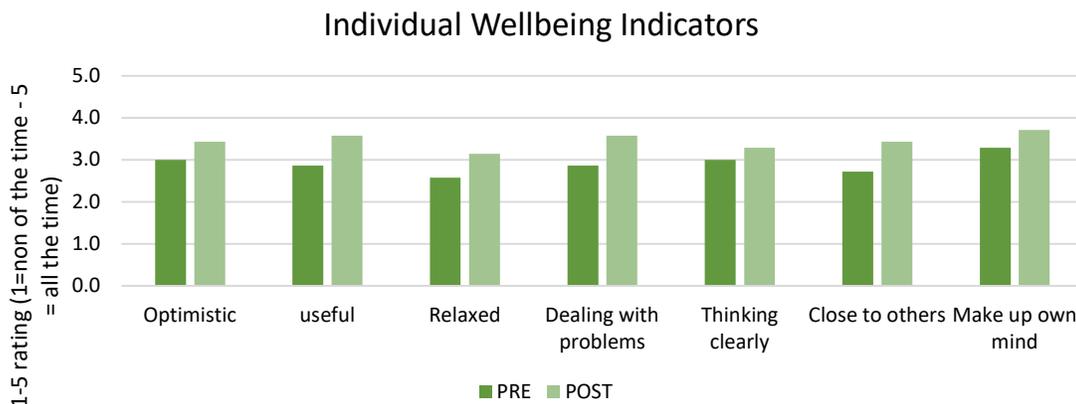
Participant wellbeing was measured using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS). This utilises a two-week recall, self-report, wellbeing indication using a 5-point scale (1=not at all, 5= all the time) on seven set wellbeing indicators. The short version has a maximum wellbeing score of 35 and a minimum wellbeing score of 7. The averaged results comparing only those who completed both pre-activity and post-activity forms show:



Wellbeing Average calculated for the participants who completed pre- and post- forms (n = 7). A point score of 3 above the start score is considered a ‘meaningful change’

Taken individually, four out of the seven participants showed an increase of 3 or above in their overall wellbeing score indicating a ‘meaningful change’. One participant showed a slight decrease of 1 point and two participants had no change or slight change.

There were slight variations across the averaged wellbeing indicators as shown in the chart below. Slightly greater increases were evidenced across the indicators ‘feeling useful’, ‘dealing with problems well’ and ‘feeling close to others’.



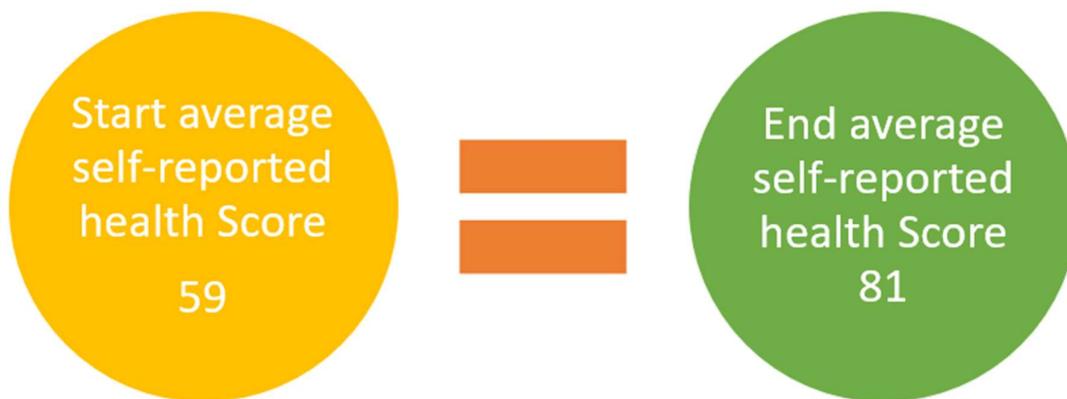
Physical Health

Physical health was measured using the International Physical Activity Questionnaire (IPAQ) short version. This is a self-report, 7-day recall, of the amount and duration of vigorous, moderate and walking exercise that a participant recalls from the last week. The scores are converted into one MET score that provides an indicator of weekly physical activity. A high MET score of over 1500 indicates a high level of physical activity, a MET score of between 600-1500 indicates a moderate level of physical activity and a MET score of under 600 indicates a low level of physical activity.

Only six participants completed both pre- and post- IPAQ questions. The six participants evidenced relatively high MET scores at the beginning of the programme (Average MET score of 2585) with only one of the six participants classifying as having a low physical activity (MET score of 396). By the end of the programme, two of the six participants evidenced increases in their 7-day recall of physical activity and four evidenced slight decreases. However, overall, the average MET score for the six participants had increased from 1049 to 3434.

Self-reported Health Question (EQ-5D-5L)

Self-reported health was measured using the EQ-5D-5L scale where participants estimate their current overall health levels on a 0-100% scale (0=the worst health, 100 = the best health). 8 participants completed both the Pre- and Post- question on self-reported health. Seven participants reported increases in their overall self-reported health, and one reported no change. The average for the 8 respondents is illustrated below,



An average of the respondents' pre- and post- scores showed a significant increase of 22%. This indicates that overall, these participants felt that their general feeling of health increased through the six-weeks of outdoor activities that they undertook.

Outdoor Health Activities impact on participants health and wellbeing

The participants were asked an open-ended question regarding how or if the outdoor activities impacted on their health and wellbeing. 10 participants responded to this question. Some of the comments are presented below,

“It improved my social skills and broadened my horizons” (Participant [Borth](#) Community Gardens)

“this gave a focus to my days, helped me to feel part of a community, gave me a chance to practice mindfulness and “check in” with myself. Very soothing to do a lovely calm activity at a very stressful time in my life - eased my anxiety and got me outside at a time when I normally wouldn't go out” (participant woodland group and [Dyfi](#) Donkeys)

“The activities I took part in had enormous impact on my overall health and wellbeing. I was made to feel very safe and welcome. The lady who ran the programme was fantastic, an excellent communicator (important for me as I am hearing impaired) she explained everything we did very thoroughly, there was no pressure. It lifted my spirits and helped my confidence” (participant [Dyfi](#) Donkeys)

The opportunity came at a moment in my life epitomised by need for change and the need to get on top of some health problems related to being much less sedentary. So opportunity to step out of work, out of worries, out of anxieties and being around animals was perfect (participant Woodland Group & Walking group)

How could the outdoor health activities be improved?

The participants were asked how the outdoor health activities could be improved. Seven participants offered a response to this question. Three suggested that a longer course (longer than 6 weeks) would be desirable. One suggested better advertising, one suggested to hold the activities on a different day of the week and another called for better weather.

Discussion of the impacts of the Outdoor Health Activity Trial

The results show some increases in mental wellbeing and physical health and significant changes in the participants' perception of their health in general. It must be noted that this was a small sample, and a larger sample group would be needed to establish changes in health and wellbeing going forward. Although most of the participants completed the pre-activity form, there was a drop-off in the numbers who were able to complete the post-activity form. This may have been the result of low-attendance during the last sessions (due to poor weather or due to the difficulties that some of the participants have in committing to longer programmes – see below). However, initial increases across the three health indicators are promising and indicate a positive connection between outdoor health activities and improved general health.

Recommendations for Outdoor Health Activities

- Seek to embed and advertise more widely across GP surgeries and community centres
- Consider partnering with voluntary ‘support organisations’ who could help to support vulnerable participants to engage and continue engagement to outdoor health
- Consider offering a wider range of activities across more areas that are accessible by public transport.
- Consider offering activities that are mainly outdoors, but that have indoor provision if the weather is bad

Section 5: Partnership Development and Progress

Key Findings	
•	A new partnership between health services, environmental sector, outdoor health, and tourism was successfully established
•	The partnership was able to guide practice and advise on key issues throughout the project. It was suggested that engaging a wider number of health sector professional and community members would strengthen the network going forwards
•	The programme was starting to see increased GP buy-in, but a longer run-in was needed to fully embed new practices and to develop word-of-mouth interest in the community
•	Community support (buddy-system) was felt central to supporting more vulnerable people to engage and continue participation longer term
•	It was advised that a wider range of activities and professional network of outdoor providers would widen participation and oversee governance and training

A new partnership was successfully developed that included health professionals, community connectors alongside environmental agencies and outdoor health and site providers. Table 13 presents the members to the board that form the partnership,

Area	Name	Role	Place of Work
Health Professionals & Community Connectors	Dr Zoe Wang	General Practitioner (GP)	Dyfi Valley Health
	Dr Andrew Moon	General Practitioner (GP)	Church Surgery GP, Aberystwyth
	Amanda Edwards	Practice Manager	Church Surgery GP, Aberystwyth
	Claire Tongue	Referral Manager	Church Surgery GP, Aberystwyth
	Emma Jones	Deputy Practice Manager	Borth Medical Practise (G.P. Surgery)
	Jacqui Jones Browne	Practice Manager	Borth Medical Practise (G.P. Surgery)
	Sioned Pritchard	Community Connector (Bro Ddyfi area)	Powys Association for Voluntary Organisations (PAVO)

	Angharad ab Iorwerth	Community Connector (Age Cymru)	Age Cymru
	Sam Henly	Community Connector (North Ceredigion)	Ceredigion County Council
	Cyra Shimnel	Community Connector Lead	Ceredigion County Council
	Nicola Ruck	Machynlleth Patients Forum Representative/Eco Dyfi	Eco Dyfi and Machynlleth Patients' Forum.
	Holly Faircloth, Linda Hayward, Sarah Jones	Key workers	CAMAD, Volunteer centre & community support
Environmental and Tourism	Andy Roland	Project Lead	Eco Dyfi/ Outdoor Health Network
	Gwenfair Rhys-Davies	Outdoor Health Project Officer	Eco Dyfi/ Outdoor Health Network
	Amie Andrews	Manager	Coed Lleol/Actif Woods Project
	Amanda Smith	Centre for Alternative Technology (CAT)	Site provider
	Beverly Dimmock	RSPB Ynys-Hir	Site provider
	Mark Stafford-Tolley	Powys Senior Countryside Access Officer	Powys County Council
	Wendy Jones	Coordinator	Dial-A-ride, Dyfi valley

Table 13: Table of Board Members

Four, two-hour, board meetings were held from April 2019 – April 2020. The meetings focused on developing shared strategies to strengthen social prescribing in the area and allowed experts from the health sector, environment and tourism as well as community connectors to work together for the first time. Both the practice manager and link GP were invited to join the partnership, and this helped to facilitate representation from each surgery at the meetings.

Telephone interviews (or an online survey) were conducted with partners to assess how far the partnership had achieved its goals and to examine the future potential of the partnership. Seven responses were gathered (see red highlighted names in Table 13) a representative from each GP surgery provided evaluative feedback. The results of the interviews/surveys are presented below,

Motivation & Raising Awareness of Outdoor Health in the Area

There was a shared motivation across the responding partners to improve and streamline links between the health sector, outdoor providers and site providers to improve and embed social prescribing to outdoor activities in the area. For one community connector, the opportunity to develop more links to outdoor providers was key to her motivation to join the partnership,

“We were interested in expanding social prescribing to different activities – especially outdoor activities. Because being outdoors and in nature is good for everybody and it is especially important to engage people now because there is such a squeeze on the NHS and GP times.” (Community Connector PAVO)

Awareness of outdoor providers in the region varied across the responding health partners. Whilst some had no prior awareness of outdoor health providers (GP practice manager, Church Surgery) others were aware of one of two providers (Community connector PAVO, deputy practice manager Borth, Patient forum representative) and some knew of three or four (GP Dyfi Valley Health, Community Connector South Meirionnydd). This reflects the lack of a joined-up approach to outdoor health providers in this area before this project. The partnership was able to consolidate outdoor health providers in the area and highlight several suitable sites to the health providers and their wider networks.

The Partnership provided a vehicle to discuss and disseminate information about social prescribing in the area and start to develop ways to more formalise social prescribing across the participating surgeries (moving from an informal signposting to a more formal prescription method). The raising of awareness, and coordination, of Outdoor health providers and accessible sites, was felt to be valuable. One site provider commented,

“What this partnership has achieved is to make the process much easier. It brought the right people together in the same room and helped raise awareness across those from the health sector about where we are and what we can do”
(Community link officer, RSPB)

Networking opportunities and providing a basis to share information to wider networks was appreciated by all the responding board members. The Outdoor health partnership has “established good communication links between disparate organisations” (GP practice manager Church Surgery) and also provided “fresh ideas and practical advice” (Community connector PAVO).

Has the Partnership established routes to social prescribing that was successful?
What lessons have been learnt?

The pilot was able to establish two routes to social prescribing to Outdoor health. In consultation with the board, postcard referral forms (to be used by GPs, link or community workers and those who wish to self-refer) were produced and distributed to health partners². Also, a centralised telephone and email booking system was developed by the project lead. Initial feedback suggests that although the postcard referral system was deemed useful for GPs, these were not as widely used as predicted and telephone or email booking was more regularly used to book referrals. One GP commented, “referrals were easy to make by contacting the team directly through emails” (GP, Dyfi Valley Health). However, for self-referrals, the postcards and posters provided additional advertising and prompt for community members to refer themselves (18 self-referrals were initially registered). The deputy practice manager at Borth Surgery felt that successful elements of the pilot were in, “*providing a variety of different activities and that the patient can refer themselves by using the post-card sized forms*”.

² Health partners who received postcards or referral information were: Mind, informal Carers and an Autistic support group, Dyfi Valley Health, Powys Community Connector, Ceredigion Community Connector, CAMAD, Church surgery, Borth Surgery.

The project piloted four outdoor health activities for referred or self-referred patients. These were Dyfi Donkey’s Animal Therapy, Borth Community Gardens, Surgery Walking & Orienteering Groups and Woodland Craft groups (these choices responded to community consultation – see section 3). 41 referrals were initially received from 6 referral partners, out of these, 24 participants completed registration and attended activities. Table 14 below illustrates the referral routes,

Referral received from...	Number of referrals	Total who registered an attended			
		Dyfi Donkeys	Borth Gardens	Walking Groups	Woodland Crafts
Self-referral/Hunan gyfeirwy	18				
Dyfi Valley Health	8				
Church Surgery/Meddygfa’r Llan	7				
Ceredigion Community Connector/Cysylltydd Cymunedol Ceredigio	3				
Powys Community Connector/Cysylltydd Cymunedol Powys	2				
Borth Surgery/Meddygfa Borth	2				
CAMAD	1				
Total	41				

Table 14: Table of referrals

It was generally felt that the pilot provided a good starting point to embed social prescribing to outdoor health activities and connect relevant agencies.

“This is a great start from which we can work upon, get feedback from practices and other referral routes as to what works well or not, and how to improve. Also, to find out what their requirements/requests would be for good practice and training”
 (GP Dyfi Valley Health)

“Including the community connectors and the GPs has been really valuable and has enabled a better understanding across the health sector and the nature providers”
 (Community link officer, RSPB)

It was also felt that the surgery walking groups reinforced and strengthened the relationship between outdoor health and the health sector, as one partner commented:

“it was a good idea to use the surgery as a meeting point for the walking groups, as it gave an extra endorsement from the surgery that can help someone to engage. It also helped with visibility, by enabling others to see what was going on outside the surgery and who could get involved. It connected nicely to health by being affiliated to the surgery”
 (PAVO Community connector)

Partners, including health practitioners, were asked to provide anecdotal feedback from their referrals. The two comments below are a result of verbal feedback given to participating partners:

“We had one participant who had come to one of the three-week course with the outdoor health network and then they had come

back to complete an additional workshop that we ran over winter – they said that they would not have had the confidence to do that if it had not been for their prior contact with us through the referral scheme” (Site Provider RSPB)

“It definitely helped improve the mental health of some of the patients I referred who gave great feedback - saying how it lifted their spirits, helped get them out of the house, having something to do on a set day, a sense of routine, being able to interact with lovely people... very refreshing. Something different” (GP Dyfi Valley Health)

Consultation with the responding partners concluded that overall the pilot project was valuable and a good starting point to embed outdoor health and social prescribing within the area. There were several areas highlighted for future development and these are discussed below.

Areas of Improvement

1. Exploration of the number of referrals

The total number of registered referrals that attended sessions was lower than expected; 24 participants. The partners felt that the main reason for this was the short run in time for advertising the activities and providing enough time to embed the project throughout the participating surgeries and health teams. Additionally, the year timeframe for delivery resulted in activities taking place in the colder autumn/winter months when outdoor activity providers often struggle to recruit. One board member commented,

“It would probably have a better uptake in the summer months. The weather put several people off, as well as some who were nervous to join any group activity due to anxiety” (GP, Dyfi Valley Health)

The drop-off between the number who were referred (41) and the numbers who attended (24) was felt to reflect the range of barriers that patients face (social anxiety, mental health issues, additional health needs and sedentary lifestyles). The PAVO community connector commented,

“The main issues for the people that we are engaging with is often lack of motivation, lack of confidence or mental health issues that mean that they need a lot of support and hand-holding to engage and also to remain in a programme” (PAVO Community connector)

One community connector (located in Gwynedd) felt that the areas that were selected for the activities were not accessible easily for her clients and therefore struggled to refer. Another partner felt that transport difficulties posed issues in more rural areas to connect people and activities (Patient forum representative) although transportation was provided

to some of the sites (CAT centre and RSBP) this was restricted to set times and therefore may not have been accessible to all.

2. Embedding Social Prescribing to Outdoor Health across the wider health sector

There was evidence to suggest that the partnership had developed and grown the conversation and awareness around social prescribing to Outdoor health in the area, but less to suggest that this was embedded fully into GP practices at this stage. A practice manager commented,

“I'm not sure how much the whole team were prescribing, but that is because it is still new, and people need to be constantly reminded and made aware of it before it becomes more 'mainstream'”
(GP Dyfi Valley Health)

This sentiment was reiterated by the practice manager at Borth Medical practice and Church Surgery. It was felt that the system had not been thoroughly embedded in the practice at present. However, both felt that a greater time to embed may help to develop this system in the future to the benefit of more people:

“It has given the practice team the opportunity to discuss and learn more about social prescribing. There has been some success with patients, but numbers are low and there are many more who could potentially benefit” (Practice manager, Borth Medical Centre)

3. Continuity of delivery

The pilot programme provided good testbed to establish a president to social prescribing to Outdoor Health. Feedback received from partners and participants (above) demonstrated a proof of concept, but that continuity of delivery was desired to support people longer-term in their 'recovery'. A partner commented,

“The short lifetime of the project can be a barrier as patients benefit from continuity” (GP practice manager, Church Surgery)

“It is difficult without long term funding. The Community Connectors are very keen and helpful, but other professionals are too busy”
(Patient Forum representative)

The benefit of longer-term funding and delivery were also thought to impact positively on social relationships that might develop between the participants who have been referred, this, in turn, strengthens community connections and can have knock-on implications to wider community wellbeing (Community link officer, RSPB).

How could the Partnership be strengthened and maintained?

There were several ideas and recommendations provided by the existing partners to strengthen and maintain the outdoor health network partnership longer-term. These have been summarised below:

Partnership

- Engage more GPs into the partnership, but understand the diverse needs of each surgery (strategies for one might not work for all)
- Engage a broader range of health professionals into the partnership (midwives, health visitors, occupational therapists, social services and district nurses) to expand the scope of outdoor health
- Invite service users and youth services to the partnership to increase understanding and likely engagement from different perspectives.
- Develop official roles within the partnership
- Continue and strengthen collaborative work between outdoor health providers and GP practices.

Referrals & Training

- Consider a central person in each surgery who coordinates referrals to outdoor health and advertises and promotes the activities on offer (as all different).
- Consider how to support people who are referred to engage longer-term (buddy-system or similar) – *some support was offered by Outdoor health network*
- Consider the varying needs and ages of the participants referred – as the purpose of the group could get distorted with a broad-brush approach (balance the inclusiveness of the groups versus specialist needs of a diverse group – participants with mental wellbeing needs, mental health or physical disabilities can have different needs)
- Work towards developing a wider network of providers with a range of offerings in all areas of the Dyfi Biosphere to suit a broader range of needs.
- Continue developing the established groups to embed in the community (word-of-mouth advertising)
- Continue to work towards robust quality assurance and quality control of outdoor providers (a register of training etc.) to ensure confidence in referrers.
- Offer a continuous suite of programmes for continuity for health referrers and clients.

Sustainability

- Establish secure funding to support, expand and extend activities providing continuity (possible avenue for funding: the transformation funding awarded to Ceredigion via the WAG)
- More publicity and bespoke contact with surgeries (workshops, open-days and event days)
- Develop a professional website containing all the relevant information related to the project (including training information and evaluation results)

Conclusions

The Trywydd Iach – Outdoor health pilot was successful in setting up and maintaining a network of health providers and professionals (including 3 GP surgeries), environmental organisations, outdoor health providers and tourist organisations to strengthen and professionalise social prescribing to outdoor health in the Dyfi Biosphere. The pilot successfully trialled four outdoor health activities, responding to the public interest, that was shown to improve wellbeing, physical health and perceptions self-reported overall health for a small sample of the participants. The project surveyed appropriate sites for outdoor health provision and developed a proforma for assessing sites for suitability for access and transport links that could benefit the sector going forwards. An assessment of training needs of outdoor providers was made, which provided a good indication and positive acceptance of developing a more robust and diverse network of outdoor providers to share practice and develop a governance structure in the future. The two community consultations were able to guide the choice of activities and address some of the barriers to participation as well as provide valuable data for the future direction of the project that addresses some of the wider community needs in the Biosphere. The trail of the activities had a lower uptake of participants than expected, but it was felt that the time of year (late autumn/winter) and the weather may have put some potential participants off. Referrals again were lower than expected, further exploration into this revealed that longer time to embed and a central point of contact in each surgery could improve the number of surgery referrals over time. For other health referrals (from community connectors) it was felt that distance to travel to activities and the lack of a social support system to accompany participants to initial sessions (to overcome social anxiety) presented a barrier to referrals – not helped by the scarcity of regular public transport to get people to activities and home again. However, overall network partners were positive about the outdoor health network and its value in alleviating stress on GP services and benefiting the overall health of the community.

"I am very pleased that we now have outdoor health social prescribing available to our patients through Coed Lleol, Ecodyfi and their partners in line with the evidence of the many physical and mental health benefits from contact with green spaces. In this project so far, I have had enthusiastic feedback from patients about the improvement in their mental health, and how important it has been for them to be able to get out and participate in group activities in beautiful woodland locations"

Dr Julia Wallond, G.P. Dyfi Valley Health

Recommendations

The recommendations for the Trywydd Iach – Outdoor Health pilot are presented at the end of each section. A summary is presented below,

Recommendations for Site mapping:

- The development of an online version of site mapping for outdoor health is recommended. It is envisaged that the online version would instruct users to enter their responses to the set criteria questions and then have a score calculated that flags up a red-amber-green flag for outdoor health suitability. This could also provide automated advice to suggest improvements needed for sites to develop access and capability to host a range of people with differing needs. This would be an asset to the sector.
- A greater number of sites could be assessed around urban centres such as Aberystwyth
- There is potential to work with the ‘amber’ sites to support them to become ‘green’ sites
- Consideration of regular public transport must be a priority when selecting sites for health and wellbeing outdoor health activities

Recommendations for Training Development of Outdoor Health Providers:

- Develop annual (local/regional) training events for outdoor health providers
- Develop a database of outdoor providers to record and track their training (professionalise)
- Develop a larger network of outdoor health providers to share practice, organise training and ensure professional governance

Recommendations from the community consultations

- Key themes of access to health services, poor public transport and a lack of facilities catering for alternative health and wellbeing activities emerged from the open-consultation survey. Many of the issues cited by the community could be utilised into collective outdoor health activities, in time perhaps alleviating pressure on GP surgeries. For example, pathway clearance and rubbish collection could be combined with community action projects that promoted physical and mental health benefits.
- Public Transport and connection routes (pathways and cycleways) emerged as a key issue and central barrier to participation in outdoor health activities (as well as access to key services and hospitals). Consideration of how to work in partnership with transport organisations and council highways could be beneficial in helping to address these concerns. The overall health of the community can be improved by encouraging the use of and increasing safe access to walking route and cycle

routes. Additionally reducing reliance on car use is also beneficial to the environment.

- There was a clear desire for additional services that add value to peoples lives - education, physical health (both inside and out) and mental wellbeing activities were felt to be central to improving the quality of peoples lives. Developing a greater network of outdoor providers (and perhaps those that can deliver indoor activities that connect to the outdoors at certain times) could plug the gap that is needed, however careful consideration to the barriers that many people face (lack of transport, social anxiety and physical ill health and mobility issues) must be considered to ensure maximum uptake.

Recommendations for Outdoor Health Activities

- Seek to embed and advertise more widely across GP surgeries and community centres
- Consider partnering with voluntary 'support organisations' who could help to support vulnerable participants to engage and continue engagement to outdoor health
- Consider offering a wider range of activities across more areas that are accessible by public transport.
- Consider offering activities that are mainly outdoors, but that have indoor provision if the weather is bad

Overall Recommendations and Partnership

Partnership

- Engage more GPs into the partnership, but understand the diverse needs of each surgery (strategies for one might not work for all)
- Engage a broader range of health professionals into the partnership (midwives, health visitors, occupational therapists, social services and district nurses) to expand the scope of outdoor health
- Invite service users and youth services to the partnership to increase understanding and likely engagement from different perspectives.
- Develop official roles within the partnership
- Continue and strengthen collaborative work between outdoor health providers and GP practices.

Referrals & Training

- Consider a central person in each surgery who coordinates referrals to outdoor health and advertises and promotes the activities on offer (as all different).
- Consider how to support people who are referred to engage longer-term (buddy-system or similar) – *some support was offered by Outdoor health network*
- Consider the varying needs and ages of the participants referred – as the purpose of the group could get distorted with a broad-brush approach (balance the inclusiveness of the groups versus specialist needs of a diverse group – participants with mental wellbeing needs, mental health or physical disabilities can have different needs)

- Work towards developing a wider network of providers with a range of offerings in all areas of the Dyfi Biosphere to suit a broader range of needs.
- Continue developing the established groups to embed in the community (word-of-mouth advertising)
- Continue to work towards robust quality assurance and quality control of outdoor providers (a register of training etc.) to ensure confidence in referrers.
- Offer a continuous suite of programmes for continuity for health referrers and clients.

Sustainability

- Establish secure funding to support, expand and extend activities providing continuity (possible avenue for funding: the transformation funding awarded to Ceredigion via the WAG)
- More publicity and bespoke contact with surgeries (workshops, open-days and event days)
- Develop a professional website containing all the relevant information related to the project (including training information and evaluation results)

ⁱ Brag, Wood & Barton, 2013 Health and the natural environment: A review of evidence, policy, practice and opportunities for the future, Exeter University, 2018 and Cervinka, Renate, Holtge et al, 2014. Green public Health – Benefits of Woodlands on Human Health and Well-being. Austrian Research Centre for Forests, Pretty J, Peacock J, Sellens, M and Griffin, M. 2005. The Mental and Physical Health Outcomes of Green Exercise’ International Journal of Environmental Health , 2005 15 (5) 319-337. Park, B et al. 2010. The Physiological effects of Shinrin-yoku: evidence from field experiments in 24 forests across Japan. In Environmental Health Prev Med 2010 15 (1) 18-26) to name a few

ⁱⁱ Natural Resources Wales survey 2014, 2018.

ⁱⁱⁱ Health in Wales, NHS. <http://www.wales.nhs.uk/healthtopics/conditions/mentalhealth>

^{iv} [Torjesen, I \(2016\) Social prescribing could help alleviate pressure on GP's, BMJ 352: 143](#)