Green care for health and wellbeing











Dr Rachel Bragg

Care Farming UK

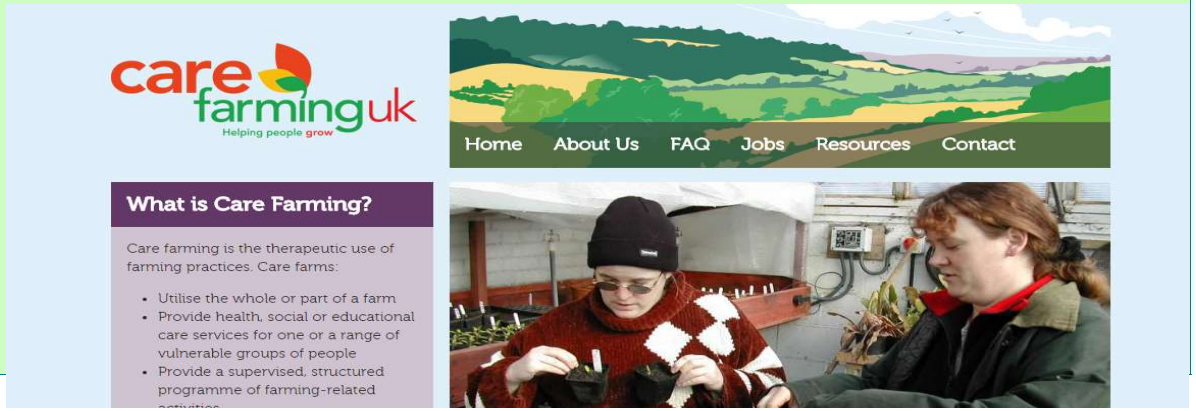
The role of Care Farming UK

Mission:

- To **provide a voice and supportive services** for care farmers, to **inspire decision makers** and to **develop** policies and actions to support care farming in the UK.

- Care Farming UK is led by care farmers and care farming supporters and has four strategic aims:
  - supporting the quality and provision of services
  - enabling care farming networks to develop across the UK
  - increasing the profile and awareness of care farming
  - developing and communicating the evidence-base for the effectiveness of care farming

www.carefarminguk.org



Outline

- Background to research
- Key messages of the green care sector
- Green care - a health and social care option for a variety of service users
- Nature-based projects – a public health resource for communities
- Overview of the evidence of nature-based interventions for mental healthcare





Background to research

- Interest in commissioning new cost-effective interventions for mental health
- Increasing recognition of importance of nature for health (mental and physical)
- Many organisations delivering nature-based interventions
- CCG commissioners and GPs are interested in learning more but……
- Interventions have different
  - language to describe their activity and benefits,
  - delivery models, levels of quality.
  - impact measurements
  - types of published evidence of effectiveness



- So many different ‘nature-based’ initiatives
- Being run by and for many different people
- But this has sometimes led to confusion for commissioners and service users alike
- Green care sector: has started to unify and deliver a clear message to commissioners

How can we make green care a natural part of health and social care services?

The study

- To explore the steps required to increase the number of nature-based interventions commissioned in mental health
- To review existing published evidence
  - Limited to nature-based interventions where improving an individual's mental health is the *primary goal* of the service
  - Services that are treatments for people with existing mental health problems, will be included but public mental health interventions will not.
- Focus on one set of commissioners: health and social care - Clinical Commissioning Groups (CCGs)



http://publications.naturalengland.org.uk/publication/4513819616346112

Green Care

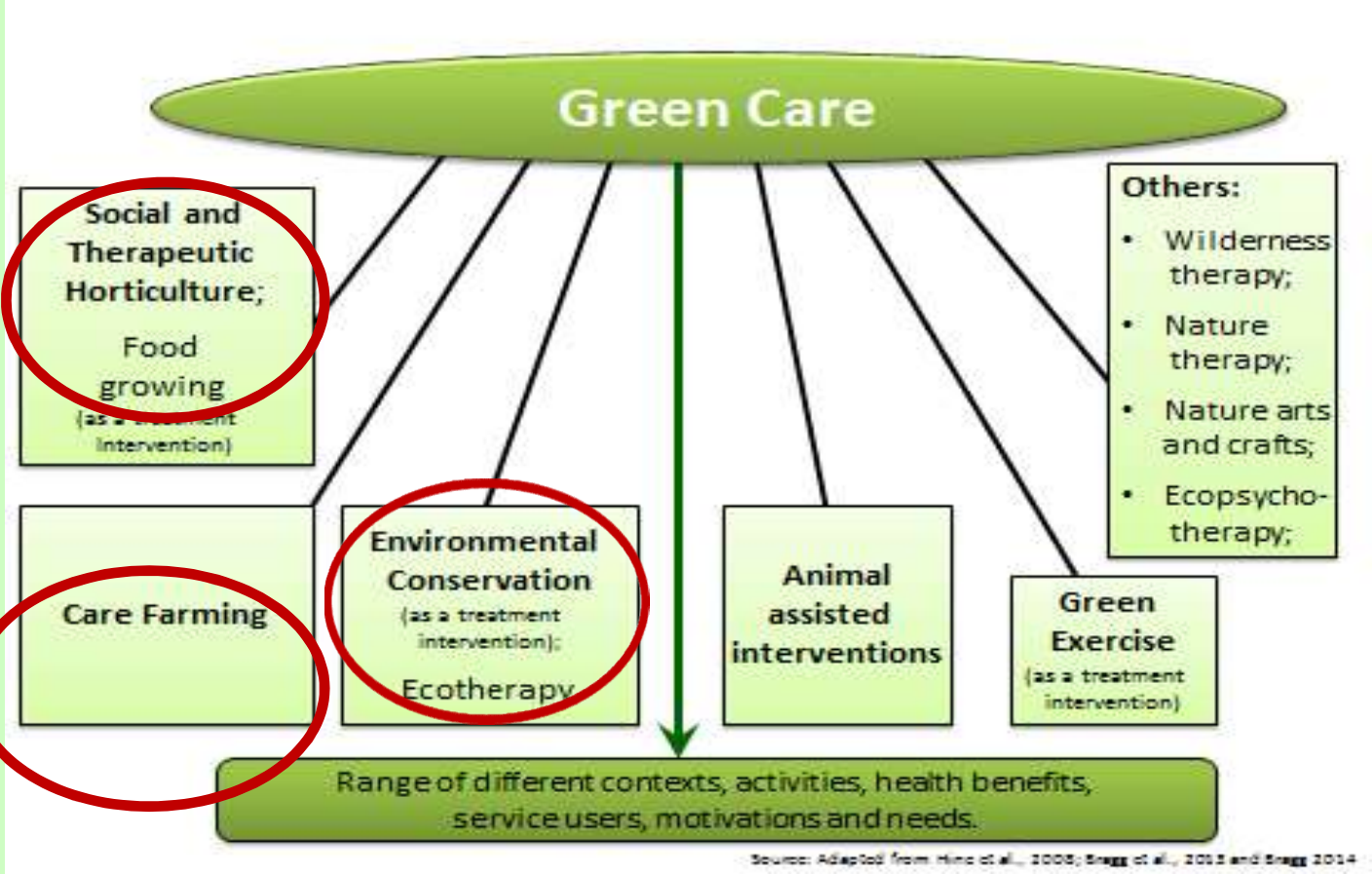
A collective term for a range of *"nature-based therapy or treatment interventions - specifically designed, structured and facilitated for individuals with a defined need"*



Green care does not represent a casual encounter with nature

Focus of the review

- 3 types of nature-based intervention included in this study
- Commonality of approach
- Commonly occurring

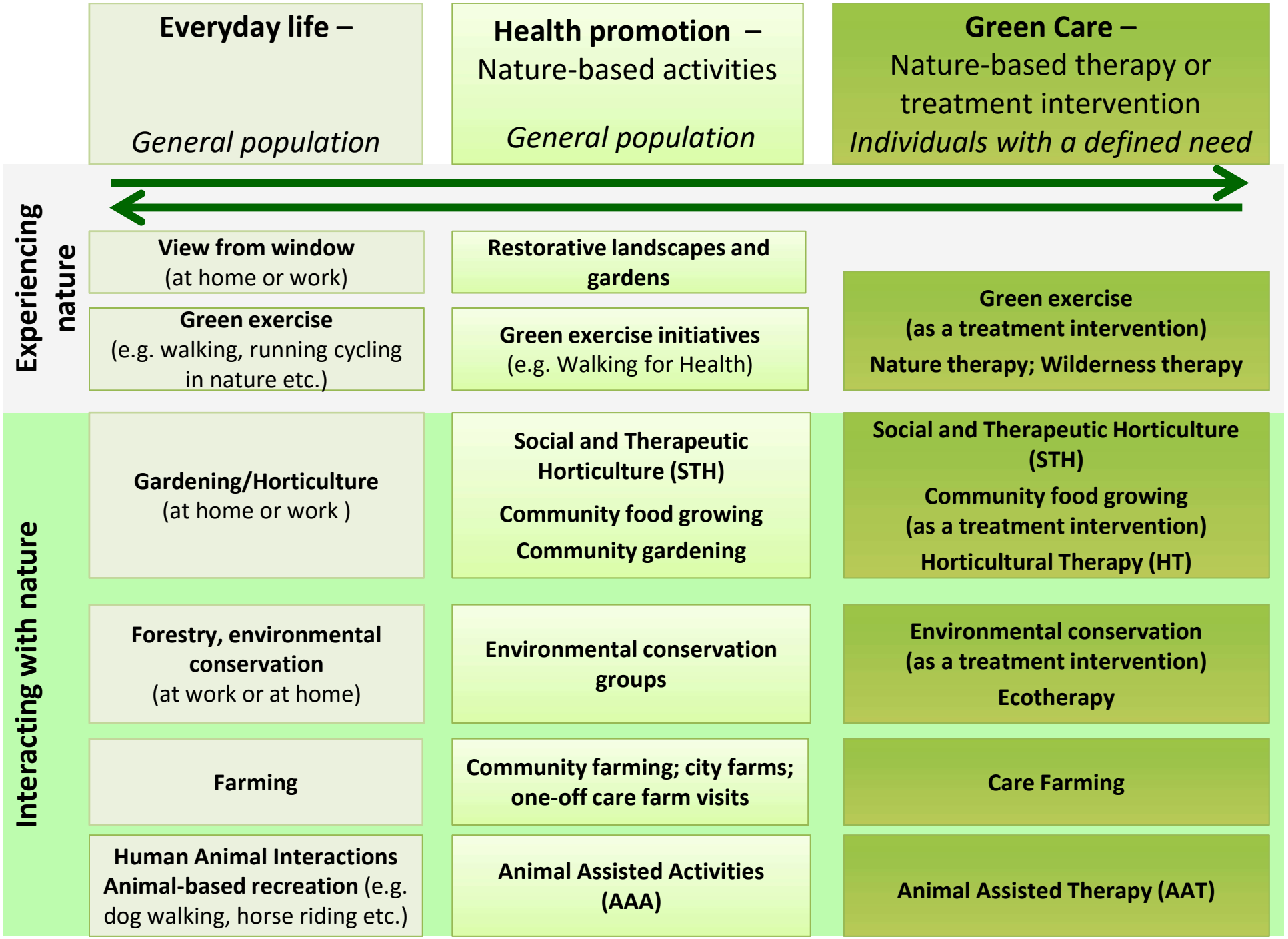


Source: Bragg and Atkins, 2015 - Adapted from Hine et al., 2008; Bragg et al., 2013 and Bragg 2014

Notes: Social and Therapeutic Horticulture, Care Farming, and Environmental conservation as a treatment option are the main types of green care currently available in the UK, followed by Green exercise interventions (such as walking programmes) and Animal assisted interventions (such as equine-assisted therapy). Other green care interventions exist but are on a smaller scale and so have been grouped together in the 'Other' box. Food growing as a treatment intervention has been grouped with STH as the activities are largely identical and Ecotherapy (in its specific sense) has been grouped with environmental conservation as the activities are largely identical and the ethos similar

First step - Common language for the Green Care sector

- Agreed need for consistency in language used to describe sector.
- No preference for a collective name
  - some negative comments about ecotherapy
  - concerns about not continuing to use the term green care
- ***'Green care: Nature-based interventions for individuals with a defined need'***
- Consensus that a distinction is needed between commissioned treatment interventions for the vulnerable and public health initiatives for the general population
- Consensus that green care providers should work together for larger 'offer' to commissioners



Source: Adapted from Haubenhofer, Bragg et al., 2010; Sempik and Bragg, 2013; Bragg 2014; Bragg and Atkins, 2016 http://publications.naturalengland.org.uk/publication/4513819616346112

Explanatory notes for previous diagram

- The 3 columns represent the different contexts in which an individual may engage with nature. On the left, the *'Everyday life'* column highlights various situations in which an individual engages with nature as part of their normal lifestyle, including everyday leisure or work activities. People usually make a conscious choice to incorporate these nature-based activities into their lifestyle and have the ability and opportunity to do so.
- The middle column *'Health promotion'* outlines a variety of existing group projects and initiatives which aim specifically to encourage individuals, communities and disadvantaged groups to benefit from nature-based activities in order to become more active, to have more social contact, to increase wellbeing or in the case of community food growing, to eat more healthily. People who attend these initiatives may not have the opportunity or ability to engage with nature as part of their 'usual' lifestyle and can attend these health promotion projects on either a regular or ad hoc basis. They may or may not be 'vulnerable' and will have joined the project on their own volition, or have been advised or suggested to join by a health, social or community worker, by a family member or friend. Funding is usually for the project as a whole and may come from public health, local authority grants or from the voluntary or private sector.
- On the right, the *'Green care'* column represents the various nature-based interventions which have been specifically commissioned for an individual with a defined health or social need, as part of their care or treatment package. People attending these interventions will follow a facilitated and structured programme, on a regular basis; will have defined needs and outcomes; and the service is usually commissioned by health or social care (although service users in receipt of a personal budget may commission their own services). Funding is paid per individual for the care/ treatment service provided by the intervention.
- The green arrows suggest that these three columns are actually stages on a continuum. As one moves from left to right from everyday life to green care (top arrow), the needs of the individual become more acute, the support/care required is more intensive and the cost of the service increases. However what makes nature-based interventions so unique is the ability to reverse the trend and move from right to left (bottom arrow) as the individual's wellbeing improves. The existence of associated projects can (where appropriate) help an individual move on from needing the services of a green care intervention, to maintaining their improved wellbeing state by attending a health promotion initiative, and then to progress further by choosing to incorporate nature-based activities and healthier behaviours into their everyday lives, thus creating a habit for life.

Literature review

- **STH:** quantitative & qualitative studies; quasi –experimental & RCTs; evidence base largest and most established; many studies for people with various mental health conditions (esp. depression and dementia)
- **Environmental conservation**: many qualitative studies; increasingly mixed methods; majority in general population; minority specifically assessing the effects on mental ill-health.
- **Care farming**: mix of quantitative and qualitative studies; frequently mixed methods; some quasi-experimental; a few RCTS; majority for those with mental ill-health (diagnoses ranging from depression to schizophrenia)



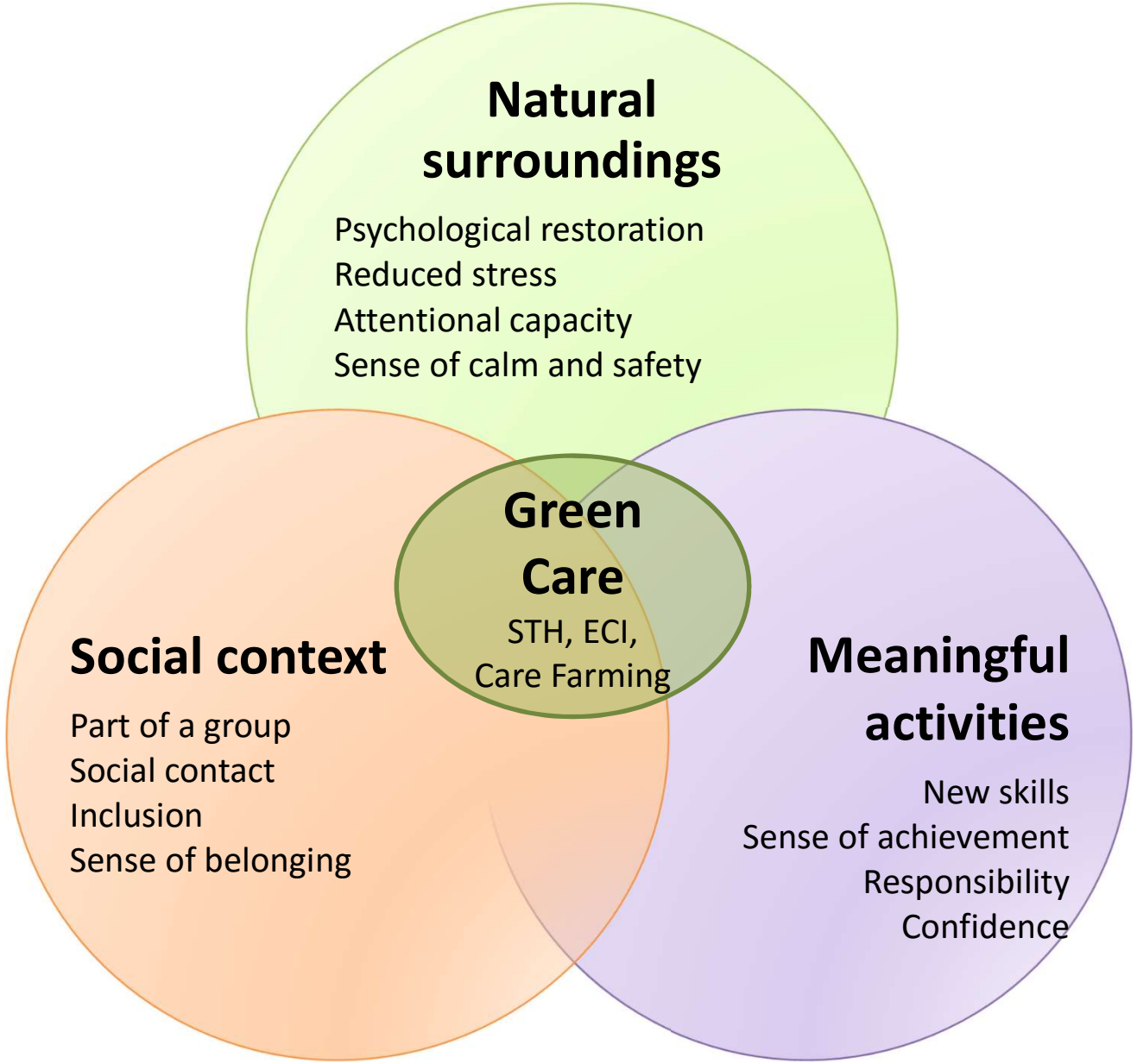




Literature review - benefits

- Psychological restoration and increased general mental wellbeing
- Reduction in depression, anxiety and stress related symptoms
- Improvement in dementia-related symptoms
- Improved self-esteem, confidence and mood
- Increased attentional capacity and cognition
- Improved happiness, satisfaction and quality of life
- Sense of peace, calm or relaxation
- Feelings of safety and security
- Increased social contact, inclusion and sense of belonging
- Increase in work skills, meaningful activity and personal achievement

Benefits come from the interaction of three key elements



STH – Social and Therapeutic Horticulture; ECI – Environmental Conservation Interventions; Source: Bragg and Atkins, 2016

Nature- based interventions – good for health and social care

- Recent structural changes in healthcare
- NHS needs to change
  - from *"a 'factory' model of care and repair"*
  - to one that focuses on much wider individual and community engagement (Five Years Forward View, NHS England, 2014)
- Increase in Social prescribing
- Drive to integrate health and social care
- Action to tackle major health risks

- **Nature to the rescue? ……**

Multiple outcomes

- Multiple outcomes from green care
  - simultaneously produces positive life outcomes
  - wider than clinical outcomes
  - Integrates health and social care
  - Is therefore cost-effective
  - Also enjoyable – people go back!
- Ticks many of the boxes for health and social care policy
- Still a need to raise awareness – commissioners practitioners and patients alike







Some recommendations

- Raising awareness *within the green care sector* of the importance of adopting coherent language and using collective term for green care when communicating with commissioners is paramount.

- A core group of national organisations should widely adopt the term ‘green care’ to facilitate this process and to ‘lead from the front’ on this issue. (NOFAWG or Green Care Coalition for example)



- It is crucial to make a distinction between
  - specifically designed and commissioned interventions for individuals with a defined need (green care), and
  - public programmes for the general population.

- To ensure that nature-based service providers use the appropriate language (and evidence) to talk to the 'right' commissioners
  - i.e. green care providers will target health and social care commissioners (Clinical Commissioning Groups and Local Authorities) and more general nature-based programmes will target commissioners of Public health (PHE and Local Authorities).

- Cite and draw upon relatively strong evidence for STH when building projects
- Need for good practice in evaluation design and delivery
- Development of a suite of recommended outcome measures
- Green care providers should work together to provide a larger ‘offer’ to commissioners such as CCGs











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