



National Academy for Social Prescribing



The Green Social Prescribing Process Journey Collection



Step-by-step accounts of innovation in GSP delivery



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...these journeys are practical, candid accounts which focus on the process behind the work

Introduction

This resource has been developed as a collaboration between the [Innovation Network](#) and the [Green Social Prescribing Programme](#). It brings together a collection of ‘Process Journeys’ from organisations across the nature-based provider sector, focusing on how they have embedded Green Social Prescribing (GSP) in their practice and communities. A Process Journey is a focused, step-by-step account of how a real organisation navigated and overcame a specific challenge as part of establishing or strengthening a GSP offer. Rather than presenting a high-level overview, these journeys are practical, candid accounts which focus on the process behind the work, the decisions that were made, the obstacles encountered, and the partnerships that were formed.

We developed this approach, because we know that organisations want to hear not just what works, but how the work actually happens in practice. Establishing or expanding a GSP offer can involve navigating funding, partnerships, referral pathways, workforce development, and local community relationships; these journeys aim to make that process more visible and shareable.

The organisations featured in this resource have all taken different routes to developing their GSP activity, and each process journey was featured in a Specialist Tutorial to allow practitioners across the sector to explore the themes in more depth and ask questions directly of the organisations involved. These tutorials were delivered between January to March 2026 and are available to view [here](#).

We encourage readers to use this resource as a practical reference and learning tool, particularly those developing or delivering social prescribing offers. You may wish to explore journeys that reflect challenges you are currently facing, draw ideas from approaches used by others, or use the journeys as prompts for discussion within your own organisation or partnership.

What is Green Social Prescribing, and Why Does it Matter?

GSP connects people to nature-based activities as a means of supporting their health and wellbeing. It sits within the broader social prescribing model, which links people to non-clinical, community-based support, but focuses on the healing and restorative potential of the natural environment.

But GSP is not simply about signposting people to green activities. Done well, it requires genuine partnerships between health systems and the voluntary, community, faith and social enterprise (VCFSE) sector. It means connecting people in ways that are person-centred and appropriate. It means building the infrastructure, referral routes, workforce confidence, and community capacity, that makes sustained impact possible.

That is the work this resource is designed to support.

Context: Why This Resource, and Who It Is For

Between 2021-25, the Cross-Governmental Green Social Prescribing Programme tested how mental ill health could be tackled and prevented through GSP. With £5.77 million in funding from the Treasury Shared Outcomes Fund in the 2021-23 phase, and almost £4 million including match funding in the 2024-25 extension phase, GSP was piloted in seven test-and-learn Integrated Care Systems across England. This generated a large body of learning around establishing and strengthening GSP systems: please see the [national evaluation](#), [Green Social Prescribing Practice Report](#), [Green Social Prescribing Toolkit](#), and the test-and-learn site local evaluations linked in the [GSP Community Resource Hub](#).

As GSP continues to grow, supported by national policy, local health systems, and an increasingly engaged VCFSE sector, there is a real need for practical, peer-generated knowledge that helps organisations navigate common challenges and build on what works. As part of the GSP Programme extension phase, organisations from outside of the seven test-and-learn areas were commissioned to create Process Journeys on different aspects of GSP delivering.

This resource is for anyone involved in developing or delivering green social prescribing:

- Organisations establishing or scaling a GSP offer
- Link workers and social prescribing coordinators working with green partners
- Healthcare professionals (HCPs) looking to understand and champion GSP
- VCFSE sector organisations and activity providers
- Researchers and evaluators seeking to understand how GSP develops in practice

Whether you are just starting out or looking to strengthen an existing offer, the Process Journeys and insights here are designed to meet you where you are.

Innovation, Learning, and the Green Social Prescribing Community

Part of a Wider Innovation Ecosystem

Green Social Prescribing (GSP) represents a growing area of innovation within the wider social prescribing landscape. This resource is part of our commitment across NASP to build a culture of shared learning, continuous improvement, and collective innovation; one that enables the social prescribing system to grow in a way that is grounded in evidence and rooted in practice.

NASP's Innovation Network was designed in 2024 precisely with this in mind. The Innovation Network acts as a shared space for the whole social prescribing system to connect, learn from each other, and develop ideas together for the advancement of social prescribing. It brings together roles and organisations from across the system including link workers, healthcare professionals, system leaders, researchers and the VCFSE sector, recognising that innovation in social prescribing happens when these perspectives come together.

Through events, communities of practice, shared resources, and peer-led learning, the Innovation Network helps surface practical knowledge from the field, the real-world experiences, adaptations, and insights that often sit behind successful initiatives but are rarely captured.

The Process Journeys in this resource are one example of this learning in action. The organisations highlighted here are members of the Innovation Network. They surface the tacit knowledge that practitioners carry, knowledge that is often invisible in formal reporting, but which practitioners & provision need most. They also reflect a broader commitment to learning that goes beyond any single programme or pilot.





*...share learning, test ideas,
and build connections, to support
the spread and scale of GSP*

The Green Social Prescribing Innovation Community

Within the Innovation Network, the GSP Innovation Community was developed to continue the legacy of the cross governmental GSP Programme. It brings together organisations and practitioners working in and around Green Social Prescribing, along with Natural England and NASP's National Lead for the Natural Environment to share learning, test ideas, and build connections, to support the spread and scale of GSP. Green Social Prescribing often sits at the intersection of multiple sectors, and the Community has been a space for honest and open conversations around shared challenges: for example, the complexity of cross-sector partnerships, evidencing impact, funding sustainability and workforce development.

The GSP Innovation Community continues to be a place where practitioners can connect, contribute, and learn. The Process Journeys captured here were developed with organisations who are part of this community, and the Specialist Tutorials referenced earlier were delivered through the Innovation Network to deepen that shared learning.

Continuing the Conversation

If you are interested in connecting with others working in this space, exploring further resources, or contributing your own experiences, we encourage you to join the NASP Innovation Network and engage with the Green Social Prescribing Innovation Community. Members can access communities of practice, specialist tutorials, peer learning opportunities, and sector resources.

Join the Innovation Network: [Innovation Network - National Academy for Social Prescribing | NASP](#)

Join the GSP Community: [Green Social Prescribing - National Academy for Social Prescribing | NASP](#)

Join NASP's Mailing List & explore our other offers: [NASP's Mailing List](#)

Forestry England's Feel Good in the Forest

*Embedding Green Social Prescribing
Within Local Authorities*

Green Social Prescribing Process Journey



...working together to make forests more accessible and inclusive.

© Forestry England

Background

[Feel Good in the Forest](#) is a social prescribing initiative from Forestry England and Sport England, designed to support people with mild to moderate health conditions through nature-based activities. It operates across four forest hubs - Chopwell Wood, Guisborough Forest, the National Forest, and Thames Chase Community Forest - all selected due to the health inequalities present in surrounding areas. The programme promotes wellbeing through nature and physical activity, using hub insights to guide national Green Social Prescribing across Forestry England. Feel Good in the Forest is supported by local Voluntary, Community, Faith, and Social Enterprise (VCFSE), health & volunteer networks working together to make forests more accessible and inclusive.

This process journey explores how Forestry England engaged with **Local Authorities** to embed Feel Good in the Forest in their strategy and delivery at two hub sites: [Chopwell Wood](#) and [Thames Chase Community Woodlands](#).

Thames Chase Community Woodlands

About the Area

Thames Chase Community Woodlands is a network of woodlands in the London Borough of Havering, North-East London, serving communities with low physical activity levels, an ageing population, and rising child poverty.

Our Approach

Over five years, Forestry England built a connection with Havering Council.

- **Years 1 & 2:** Initial engagement was slow due to council structures, staff turnover, limited resources, and low recognition of Forestry England's people-focused approach, but Active Forest's funding allowed us to offer free or low-cost activities to support relationship building
- **Years 3 & 4:** Connections grew with council contacts, including Public Health leads. These connections proved pivotal, as the programme was formally included in the Healthy Weight Strategy (see below)
- **Year 5:** Relationships continued to develop, with Forestry England hosting the Live Well Havering Network Partnership event (see below). Active support from key contacts, including the Head of Libraries, further enabled promotion.

Key initiatives we've delivered together include:

- **Healthy Weight Strategy:** Feel Good in the Forest is highlighted within the 'People' section of the strategy as a way of supporting physical wellbeing in nature. We are a key stakeholder in the Healthy Weight System Network meetings and events
- **Live Well Havering Partnership Network:** We hosted the first Live Well Havering Partnership Network meeting in person at Thames Chase, attended by over 60 staff from local authority, NHS and VCFSE services
- **Outreach nature-based talks** in community settings such as Warm Hubs and food banks
- **Bespoke forest days** for local authority teams and voluntary and community organisations through public health and Live Well connections.



Our Impact

Forestry England's partnership with Havering Council has acted as a catalyst to build new partnerships with community health and wellbeing contacts and, in turn, to connect local communities with nature.

Impact on participants and community:

- Participants from outreach talks, such as at food banks, value nature experiences brought to them and have welcomed further activities.
- Attendees from local authority and partner organisations at the Live Well Havering Network event, hosted at Thames Chase Forest Centre, reported deep connection and meaningful engagement, praising the forest setting as a place for authentic networking
- Patrick Odling-Smee, Director of Live Well Havering, called Forestry England's work at Thames Chase *"an amazing resource for the people of Havering."*



Next Steps

Thames Chase and partners are deepening strategic collaboration with Havering Council and the local health system. Working with Health Champions and using a council asset map, they aim to embed

nature-based outreach and link Active Forests priorities, while co-design with the council ensures alignment, shared ownership, and strengthened initiatives.

OUR TOP TIP:

Work with council staff to identify synergy between your project and their objectives.



"an amazing resource for the people of Havering."

Chopwell Wood

About the Area

Chopwell Wood is located near the village of Chopwell in Gateshead. Gateshead is the 47th most deprived local authority in England, out of 317 local authorities. Around 32,700 (16%) people in Gateshead live in one of the 10% most deprived areas of England.

Our Approach

Our relationship with Public Health began in 2020, sparked by a networking event we organised in Chopwell Wood for local health and charity organisations, which was attended by Gateshead's Public Health Programme Lead. Fostering this connection has led to a cascade of opportunities.

Key initiatives we've delivered together include:

- **Making Every Contact Count (MECC) Training:** Forestry England staff and volunteers completed MECC training to boost confidence in health conversations. We co-produced a forest-based training video, hosted on the MECC training platform, showing how everyday conversations can support wellbeing. Local service info is included in welcome packs and displayed in Chopwell's indoor space
- **Blood Pressure Monitoring:** As part of Gateshead's *Healthy Hearts* initiative, volunteers at Chopwell Wood were trained to take visitors' blood pressure and offer wellbeing advice
- **Events & Programmes:** Forestry England hosts and supports a range of health-focused activities, including the *Better Health at Work Awards*, *Feel Good Health Day* with the Melissa Bus and woodland activities, the summer *Code Breakers Challenge* for families, and the Pride-focused *Colour Run* co-developed with OutNorthEast and Public Health
- **Strategic Engagement:** Forestry England is part of the Sector Led Improvement Board for Physical activity and Healthy Weight Alliance.



Our Impact

On Community:

- The visibility of Chopwell Wood as a health-promoting space has grown, with more families and individuals returning for multiple activities. Recorded active visits to Chopwell Woods have increased from 21,766 in 2022/23 to 108,327 in 2024/25
- There has been a noticeable increase in referrals as our reputation has grown. This has made it easier to fill spaces in new activities and sustain engagement. In 2022/23 we recorded 1,749 visits as part of Feel Good in the Forest; in the first two quarters alone of 2025/26, we've recorded 1,234 visits as part of Feel Good in the Forest.

On System Change:

- Over the past four years, our partnership delivery with Gateshead Public Health has engaged more than **750 participants**, contributing to a growing culture of outdoor physical activity in Gateshead—particularly in the west of the borough where services have traditionally been less concentrated
- We've contributed to a societal shift in awareness around the benefits of being outdoors for mental and physical health
- Louise Harlanderson, Public Health Programme Lead, Gateshead Public Health said of our partnership: *“Gateshead Public Health have gained knowledge, partnerships, and expertise from working with the staff in Chopwell Woods, to showcase to communities the benefits of being active in nature.”*



Next steps

We're planning a new physical activity trail at Chopwell Wood with Public Health, to promote physical activity, and the Public Health Programme Lead is keen to work from the woods, which could strengthen collaboration and visibility.

Transport access is a major challenge, despite being on a bus route. The mile walk

from the bus stop limits participation, so a volunteer or community transport scheme would help.

We'd like to explore a more formalised partnership with Public Health and expand our links with charities like Age UK and organisations such as Rise, the local Active Partnership, to support our delivery.

OUR TOP TIP:

Find out what your local public health team's priorities are for the coming year, then think about how nature can support that priority.



Lessons Learned

Despite being in two very different geographical areas, our lessons learned at Thames Chase and Chopwell Wood are very similar.

1. **Hosting local authority and sector staff in the forest** created meaningful engagement, enabled us to link with allies in the system, strengthened relationships, and embedded *Feel Good in the Forest* into local strategies.
2. **Our consistent, open, and flexible approach** with free/low-cost activities aligned with Public Health priorities, provided a constant source of support amid changing staffing and funding; building relationships with key contacts is crucial.

Forestry England's Tips

- Build trust through relationships, not paperwork
- Test & pilot ideas; impact often follows experimentation
- Find your unique-selling-point
- Celebrate small wins and stay persistent through challenges
- Let the community shape your offer.



“As these two process journeys show, we’ve come a long way in 5 years! Forestry England has gone from little recognition to having *Feel Good in the Forest* embedded in council strategy, with on-site meetings and active Public Health support.

We’re committed to growing this work to ensure nature-based health support is accessible, inclusive, and embedded in local health systems.”

Forestry England

Further information

- The evaluation report for the pilot phase, completed by Forest Research, is available at: [Active Forests evaluation: social prescribing pilot - Forest Research](#)
- A full evaluation of *Feel Good in the Forest* 2023-2026 will be available in 2026. Case studies from the current delivery are available at [Active Forests evaluation: Phase 3 ‘Removing Barriers’ - Forest Research](#)
- Email: active.forests@forestryengland.uk



This Process Journey was commissioned by The National Academy for Social Prescribing on behalf of the [cross-Government Green Social Prescribing Programme to Tackle and Prevent Mental Ill Health](#).

Addressing Inequalities and Improving Accessibility through Mindful Walks with ParkBathe

Improving Trust and Wellbeing

Green Social Prescribing Process Journey

For many refugees, engaging in nature-based wellbeing did not initially feel safe, accessible or culturally familiar.



© ParkBathe

Background

This case study outlines a series of nature-based wellbeing projects delivered by ParkBathe Mindful Walks CIC for refugees living in temporary accommodation across Croydon between 2024-2026. The work aimed to address health inequalities, social isolation, trauma, and barriers to accessing green space through culturally sensitive, trauma-informed nature connection sessions.

ParkBathe's model is a one-hour, accessible adaptation of Shinrin-yoku (forest bathing), a Japanese preventative health practice utilised by up to five million people annually. Sessions use slow walking, sensory exercises and simple nature-based creative activities to support relaxation, confidence and emotional regulation. All activities are secular, non-clinical and designed for mixed-ability groups.

Funding and partnerships evolved across phases:

- Initial support came from a Croydon Loves You (CLY) small grant in 2024 and volunteers from a refugee charity
- Later phases were funded by Friends of the Earth via Croydon Climate Action, Croydon Voluntary Action / Unibail-Westfield, and a further CLY grant in 2025
- Delivery partners included a local chaplaincy team, hotel management, a local refugee charity, volunteers and ParkBathe volunteers

Together, these projects formed a learning journey, with each phase adapting in response to lived experience, feedback and trust built over time.



The Challenge

From ParkBathe's organisational perspective, the core challenge was how to create a nature-based wellbeing offer that felt genuinely accessible, safe and relevant for refugees living in temporary accommodation, many of whom are unlikely to engage with formal wellbeing or mental health services. Croydon has a growing refugee population experiencing high levels of isolation, anxiety and trauma, with limited access to safe outdoor spaces. Home Office immigration figures (Aug 2025) recorded 577 asylum seekers living in Croydon.

For many refugees, engaging in nature-based wellbeing did not initially feel safe, accessible or culturally familiar.

Barriers included:

- Lack of trust in new people and unfamiliar organisations, heightened by recent media coverage, asylum processes and prior experiences of authority
- Fear of leaving the hotel or visiting unfamiliar outdoor spaces
- Temporary accommodation hotels are not publicly listed and so difficult to identify and are often under-resourced
- Strict hotel security procedures (e.g., signing in and out) and safeguarding protocols limit movement and spontaneity
- Language barriers and low confidence limit verbal self-expression
- Limited access to outdoor clothing or suitable footwear
- Hotel wellbeing teams are under significant pressure, with limited time or capacity to support external projects
- High turnover of residents, means that relationships are constantly disrupted or lost

Trust took time. In some cases, it took months of consistent presence before participants felt safe enough to attend regularly, speak, or engage emotionally. This shaped the programme's pace, scale and delivery model.



Approach

Phase 1: Refugee Hotel Walks (September 2024 - April 2025)

Following the training of four new ParkBathe walk leaders in August 2024, monthly one-hour sessions were delivered for individuals and families living in a Croydon refugee hotel.

Early attendance was small and inconsistent. Rather than seeing this as failure, ParkBathe treated it as a trust-building phase. Sessions were delivered consistently, calmly and without pressure to participate or speak.

Barriers in practice included strict hotel security, limited communication with hotel wellbeing staff, cultural hesitancy around mindfulness and outdoor activities, and participants' low confidence in sharing how they felt.

These were navigated by:

- Keeping group sizes small and predictable
- Using the same short route each time
- Relying more on demonstration, body language and modelling than verbal explanation
- Avoiding clinical or therapeutic language
- Allowing people to join late, leave early or simply observe

Safeguarding was managed through clear boundaries, visible consent and close coordination with hotel safeguarding leads. Sessions avoided emotional disclosure, focusing instead on grounding, sensory awareness and choice. All facilitators and volunteers were required to hold enhanced DBS checks, follow hotel safeguarding procedures, sign in and out for each session, provide photo ID and wear ID badges. ParkBathe's safeguarding policies for vulnerable adults and children were shared with all volunteers.

Sessions included simple sensory noticing, playful activities, gentle breath awareness and nature crafts such as leaf bracelets or stick initials. A non-verbal thumbs-up / thumbs-down evaluation tool proved culturally inclusive and quickly became a shared point of humour and connection.

Trust gradually grew. One participant from Pakistan shared, "In the hotel it is depression and stress, but here in the woods I feel relaxed."

OUR TOP TIP:

When working with complex communities, remain aware of the continual nuances involved, including legal, cultural and other barriers to engagement. Remain trauma-informed and build in the time & flexibility needed to respond appropriately



Phase 2: Local Green Space - Refugee Week Project (June-July 2025)

To mark Refugee Day, ParkBathe delivered a short series of sessions in a local park in an area of social deprivation. This phase focused explicitly on addressing earlier barriers by supporting refugees to feel confident visiting local green spaces independently.

The approach prioritised familiarity, reassurance and repetition. Sessions were clearly framed as local, safe and optional. The same facilitation style was used, maintaining continuity with earlier hotel sessions.

The group was small: a family of three and one additional woman. While small in number, the impact was significant. Participants described surprise at discovering a nearby green space that “smelled like home.” Two teenage boys returned daily to check on mandalas they had made, demonstrating independent engagement beyond the sessions.

This phase showed that small group size does not limit impact. Effects can be replicated at scale, but the ratio of facilitators to participants is critical in early stages. Trust develops faster when people feel seen and supported. Scaling is achieved not by increasing numbers too quickly, but by recruiting and training “refugee ambassadors” who support delivery through peer trust and cultural understanding - and by promoting the sessions “behind the scenes”, removing some of the burden from hotel staff to promote sessions. Over time, less ratio of facilitators to refugees is required as trust builds and refugees become more confident with the activities.

OUR TOP TIP:

Prioritise relationships over scale





Phase 3: Croydon Garden (September-October 2025)

The third phase moved to a contained garden space in Croydon. This felt safer, quieter and more accessible, including for a wheelchair user. It also did not require an extensive litter-pick prior, which was a barrier to the other green space.

By this stage, collaboration with hotel staff had improved. This followed months of “low-ask” engagement: emails, short, less formal conversations, flexibility around staff schedules and demonstrating value without adding burden.

Sessions integrated creative elements that had previously built trust:

- Mandala making
- Writing “how we feel” on leaves
- Stick initials
- Scent-based activities using lavender and rosemary
- Translation cards with simple nature vocabulary
- Goody bags for collecting natural items, including mirrors for visual exercises

Participants took items back to the hotel to show others, reinforcing continuity. Hotel staff began to notice tangible benefits: calmer mornings, fewer conflicts, residents discussing the walks and improved atmosphere. One staff member said, “at breakfast after a session the next day, we see less anger in the hotel. We can tell when you have been!” Friendly ParkBathe volunteers supported staff engagement by speaking with them personally.

Communication continued primarily via WhatsApp, recognising that relationships with under-resourced teams take time and consistency.

OUR TOP TIP:

Allow time and repetition



Phase 4: Indoor Nature Sessions (Autumn/Winter 2025-26)

Recognising that many refugees lacked winter clothing, feared leaving the hotel or avoided wet weather entirely, ParkBathe piloted indoor nature-inspired sessions funded by a second Croydon Loves You grant.

These included:

- Nature bookmark making
- Nature bracelets using tape
- Leaf pressing for cards
- Making tea bags
- Aromatherapy room spray making

Indoor sessions allowed for longer engagement, deeper conversation and cultural exchange. They also addressed seasonal barriers while maintaining the same principles of choice, safety and sensory grounding.

OUR TOP TIP:

Adapt sessions to culture, context and season



Outcomes and Impact

Across all phases:

73 refugees engaged, many attending repeatedly. 11 volunteers supported delivery (the second project is on-going until March 2026, with attendance increasing with each session. Currently we see 8-12 attendees which we believe is a combination of increased trust, familiarity, word of mouth by attendees and the “refugee ambassador” within the hotel.)

Participants demonstrated:

- Reduced anxiety and visible relaxation
- Increased confidence using local green spaces
- Growing trust in facilitators and partners
- Improved social connection across nationalities
- Increased autonomy and initiative

One refugee who asked to become a ParkBathe Ambassador, has helped engage others. This peer-led role offered confidence, agency, unpaid community experience and will result in a reference letter at project completion, which is highly valued within refugee communities.

OUR TOP TIP:

Use peer leadership to scale sustainably



“In the hotel it is depression and stress, but here in the woods I feel relaxed.”

Qualitative feedback included:

“I feel like I am in a different place. I forgot about being at the hotel.”

“With no money, we have got a lot of profit.”

Language became a bridge rather than a barrier. Participants enjoyed learning and sharing nature-related words, writing in their own languages on leaves and using Google Translate. ParkBathe used ChatGPT to prepare translation cards in advance and live Google Translate during sessions to support communication.

Observational evidence showed clear physical shifts from tense, withdrawn postures at the start to open, smiling and communicative interactions by the end.

OUR TOP TIP:

Observe body language as a primary indicator of impact



Volunteers and partners also benefited:

- Volunteers and hotel staff requested their own sessions
- One volunteer now supports delivery regularly because she benefits personally, builds trust with residents and creates bridges for the legal and practical support her organisation offers
- Hotel staff strengthened their wellbeing engagement model and reported calmer environments on session days. They have requested that the sessions continue and expand into a sister hotel

No negative or harmful outcomes were recorded.



Lessons Learned

Staff and volunteers came from mixed backgrounds. Some were from global majority backgrounds, others were not. Shared ethnicity was not essential to trust. Trust was built through consistency, kindness, returning regularly, listening, and delivering reliably. Many volunteers had lived experience of low mood or strong empathy for refugee communities, which supported engagement.

What worked well:

- Slow trust-building through repeated presence
- Creativity and play as gateways to regulation
- Non-verbal communication tools
- Peer ambassadors and refugee leadership
- Low-ask collaboration with overstretched staff
- Visible benefits that supported staff roles

What could have helped:

- Earlier, consistent staff support and engagement from hotel management
- Dedicated interpreters for larger groups
- Clearer winter clothing provision pathways (ParkBathe is investigating a campaign to request more winter clothing donations through their network)



Next Steps

ParkBathe will continue developing indoor and outdoor refugee wellbeing provision, including:

- Expanding indoor sessions across additional hotels
- Formalising refugee Ambassador training
- Strengthening partnerships with refugee organisations
- Refining multilingual visual evaluation tools
- Seeking multi-year funding to scale across Croydon and beyond

Links:

Join our free weekly Parkbathe walks & explore our partnership opportunities! We also offer training for Peer Leaders to help grow your impact.

Discover all of ParkBathe's activities & opportunities here: <https://linktr.ee/ParkBathe>

Get in touch with us at parkbathe@gmail.com



Trust was built through consistency, kindness, returning regularly, listening, and delivering reliably.

Capturing and Utilising Data for Green Social Prescribing with Delapré Abbey & The Active Quarter

*Embedding Green Social Prescribing
in a Heritage Landscape*

Green Social Prescribing Process Journey



Background

Delapré Abbey is a 900-year-old former nunnery and the site of the 1460 Battle of Northampton, with 550 acres of Parkland. Since 2020, Delapré Abbey has worked in partnership to unlock the wider social value of the estate as a heritage landscape where nature, culture, history and physical activity combine to support early intervention, prevention and improved access to the outdoors. The programme focused on communities experiencing the greatest barriers to participation, particularly women from the global ethnic majority, individuals living with long term conditions, young people with SEND, and residents with limited access to safe nature and active travel infrastructure. By working at neighbourhood and landscape scale, the project aimed to address structural barriers as well as individual wellbeing needs.

From the outset, partners agreed that robust data capture, shared evaluation and system-aligned outcomes would underpin both programme design and strategic influence.



“The heritage site provided a great context and enabled participants to access a range of services.” – Course Leader

UoN University of Northampton
Centre for Physical Activity and Life Sciences

© Delapré Abbey

Key system partners include:

- **University of Northampton** - independent evaluation, research design and data capture
- **General Practice Alliance (GPA)** - primary care referral pathways through social prescribing link workers
- **West Northamptonshire Council Public Health** - prevention strategy alignment and system integration
- **Northamptonshire Sport** - physical activity programme delivery and behavioural insight
- **VCSE partners** including [Space2Talk](#), [Sol Haven](#), [Action for Happiness Northampton](#) and [Delapre Bike Doctor](#) - culturally safe, community led engagement

This partnership matured through NASP’s Thriving Communities programme, which positioned Delapré as a trusted convening space for nature-based wellbeing ([Northampton Wellbeing Partnership, 2022](#)). Independent evaluation demonstrated measurable improvements in wellbeing from gardening, creative activity, walking and community connection.

Building on this foundation, partners co-developed Northampton’s [Active Quarter](#): a place-based model linking Delapré Abbey with the wider blue and green corridors of Northampton. The Active Quarter works at system level to make greenspaces and wellbeing programmes easier, safer and more enjoyable to access.

Challenges

The project encountered a number of structural and operational challenges in capturing meaningful data and embedding a heritage organisation within the health and care system.

1. Recognition of heritage as a health asset

At the outset, heritage landscapes and green spaces were not widely recognised within local health structures as preventative health assets. Combatting this required robust wellbeing data that could withstand scrutiny within Integrated Care System (ICS) frameworks. We also wanted Delapré Abbey to be recognised as a preventative health asset within Local Authority strategies, which required evidencing not only individual wellbeing outcomes, but also how residents navigate and experience the space to demonstrate behavioural change, accessibility and repeat engagement.

2. Aligning with NHS data standards to embed within referral pathways

To move from informal community provision to recognised system partner status, the project sought to establish Delapré as a trusted, referral-ready destination for healthcare practitioners. Health system reporting requirements were significantly more structured than typical heritage outcome monitoring. Referral tracking, demographic profiling, deprivation data, progression measures and recognised wellbeing indicators all needed to align with Primary Care Network and ICS prevention priorities. This required new processes, shared data agreements and a step change in monitoring capability across partners.

3. Capturing qualitative insight in open access environments

Much of the engagement within a heritage landscape is informal and open access. However, understanding lived experience, confidence building, cultural safety and barriers to participation required meaningful qualitative insight alongside quantitative metrics. Designing proportionate methods that respected participant experience while generating credible evidence was a continual balance.

4. Pressures around evaluation capacity within prevention pathways and the VCSE sector

Additional challenges included digital exclusion among participants, funding discontinuity which limited longitudinal tracking, and constrained workforce capacity to manage reporting expectations. Within the VCSE sector in particular, evaluation is often treated as a transactional funding requirement rather than a strategic tool for learning and system influence, and staff often lack protected time and resources for evaluation. This reinforced the need for shared systems and for partnership with a university. A deliberate objective of this project was to build confidence, skills and shared understanding around when and how to use evaluation effectively. This included properly costing evaluation activity, embedding academic partners into programme design, and ensuring that data collection generated actionable insight rather than administrative burden. Creating shared delivery models and funding training of staff and volunteers in data capture supported capacity and strengthened collective ownership of outcomes.

Approach to evaluation

The programme evolved across four progressively system-focused phases, each grounded in evidence and co-design.

Independent evaluation was delivered through the University of Northampton across multiple phases, using a consistent mixed methods approach. Our partnership with the University developed through personal relationships: a mutual contact connected us with researcher Dr Declan Ryan due to similar interests. Dr Ryan aligned evaluations to public health prevention priorities, combining quantitative participation data, referral tracking, footfall and route usage metrics with qualitative wellbeing outcomes and lived experience insight.

Crucially, the University was involved at grant writing stage so that evaluation was designed into programmes from the beginning and properly costed. This shifted evaluation from an arm's length, transactional requirement to a core partnership function. The University acted as a critical friend, ensuring methodological rigour while helping translate findings for public, policy and funding audiences. Their understanding of the local strategic and political context strengthened the relevance and application of the data.

OUR TOP TIP:

To understand your local community, their needs & how your organisation could help, research local authority policies and cross-reference areas of alignment. The English indices of deprivation search tool is invaluable as a starting point: [Local Deprivation Explorer 2025](#). It is also useful to look at best practice evaluation guidance from funders such as [Evaluation good practice guidance | The National Lottery Heritage Fund](#) and [Tools to help you gather and use evidence and learning | The National Lottery Community Fund](#).



Later, to further align with more structured health system reporting requirements, we co-developed a monitoring framework with primary care and Public Health partners to ensure alignment with NHS data standards and prevention priorities.

This included:

- Capturing referral source data (for example via social prescribing link workers)
- Recording demographic and deprivation indicators
- Using recognised wellbeing and confidence measures
- Tracking progression across programmes to evidence preventative impact

Reporting formats were structured to support PCN-level insight and ICS population health objectives. This alignment enabled data sharing that demonstrated reduced isolation, improved mental wellbeing, increased physical activity and strengthened community

resilience in system relevant language. Reports were adapted into policy briefs, Board-ready summaries, workshops and supporting datasets, using terminology aligned with local strategies to strengthen credibility and referral confidence.

Importantly, dissemination was also community-facing. Recognising that residents often feel over-consulted & under-informed, we closed the feedback loop by translating evaluation into accessible formats such as press releases, video summaries, public talks and web-based updates via the Active Quarter platform.

OUR TOP TIP:

Ensure findings are shared back clearly and accessibly to the public to foster two-way dialogue and demonstrate how lived experience is shaping tangible change.



This approach influenced wider infrastructure and policy decisions. For example, lived experience interviews across Northampton's parks highlighted how residents use green space to maintain wellbeing. Sharing these insights with Public Health and elected members contributed to reshaping the draft Parks Development Strategy to strengthen its public health focus.

While the University ensured methodological rigour, the Trust retained ownership of the data infrastructure and reporting framework. This informed route prioritisation and accessibility improvements, strengthened funding submissions and ultimately supported over £5 million in wellbeing infrastructure investment.

As a result, Delapré Abbey shifted from being perceived as a cultural venue delivering activities to being recognised as a prevention focused anchor institution with credible, system aligned data and influence.



Phased Delivery and Evidence Development

Phase 1: Thriving Communities (2020-2021)

This phase established Delapré Abbey as a credible wellbeing site through gardening, walking, creativity and outdoor connection.

Key achievements included:

- Creating a structured framework for developing social prescribing partnerships.
- Independent evaluation evidencing increased confidence, improved mood, stronger community connection and sustained behaviour change.
- Piloting tools to measure health and wellbeing outcomes, including participant registration, attendance monitoring, pre and post surveys, case studies and media tracking.

Working with an independent evaluator (University of Northampton) allowed us to test and refine which tools generated meaningful insight. We learned when lighter touch monitoring was sufficient and when more structured measurement was required to inform programme and system decisions.

A shared data capture framework was introduced across delivery partners. All partners used the same participant and leader survey tools, ensuring consistency in reporting. Case studies were developed to contextualise quantitative findings, while programme support staff ensured timely and accurate data submission. This phase established the foundations for system-aligned evaluation.

OUR TOP TIP:

Work at landscape scale: Large green and blue networks adjacent to areas of deprivation offer unique prevention opportunities.



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Phase 2: Cycling and Walking Social Prescription (2021-2023)

This phase scaled delivery and strengthened integration with primary care.

Programmes included inclusive cycling, women's confidence sessions, walking groups and SEND cycling through Delapré Bike Dr.

Outcomes were measured through a mixed methods approach:

- Physical activity changes were assessed through automated footfall counters, route monitoring tools and structured surveys capturing walking and cycling frequency before and after participation.
- Mental wellbeing outcomes were measured using recognised pre and post participation self-report indicators (WEMWBS), alongside qualitative feedback on confidence, motivation, social connection and perceived health improvements.

This phase also strengthened relationships with Primary Care Networks and link workers. Referral reliability was measured through:

- Number and source of referrals from PCN social prescribing link workers
- Repeat referrals from link workers over time
- Progression rates across programmes
- Attendance following referral

Qualitative feedback from link workers assessed confidence in the referral pathway and perceived responsiveness of provision. The shift from informal signposting to structured, repeat referral flows, alongside formal engagement in PCN meetings, demonstrated measurable integration into the local prevention system.

The University also undertook a feasibility study exploring residents' preferences for a cycling and walking social prescription hub. This captured views on programme timing, affordability, navigation, bike hire and park design. Findings directly informed service design and infrastructure priorities, including accessible footpaths.

OUR TOP TIP:

Embed evaluation from the outset: independent, system aligned evidence accelerates trust and unlocks investment.





*“It definitely gives me reassurance...
it’s a safer path for everyone.”
– Long term condition walk leader*

© Delapré Abbey

Phase 3: Wayfinding and Accessibility Improvements (2023-2024)

Building on behavioural and referral evidence, this phase tested environmental interventions.

Temporary signage was piloted to assess its impact on route confidence, safety perceptions and accessibility. An intercept survey explored how anxiety about navigating unfamiliar landscapes affects participation.

Findings demonstrated that clearer wayfinding reduced perceived barriers, increased participant independence and reinforced the landscape as a self guided health asset. The pilot generated evidence to justify investment in permanent solutions.

OUR TOP TIP:

Invest in physical infrastructure: signage, accessible routes, seating and lighting significantly increase confidence and sustained participation.



Phase 4: Footfall and Path Evaluation (2023-2024)

Continuous monitoring across earlier phases enabled us to establish, for the first time, a baseline understanding of park usage as evidence for Local Authority funding into greenspaces.

Footfall monitoring was undertaken through visual observation and infrared sensors placed on footpaths. This provided daily usage data and became a primary proxy outcome for increased exposure to health and wellbeing benefits.

Through Higher Education Innovation Funding, the University secured access to smartphone GPS data, significantly strengthening the dataset. This allowed us to:

- Identify the most used areas of the park
- Understand visitor flow beyond monitored footpaths
- Analyse approximate home postcodes to assess whether local residents were being reached

This postcode insight was particularly valuable for health partners, who prioritised local population benefit over tourism metrics.

Evidence from footfall data, visitor motivations and perception studies demonstrated that path conditions limited accessibility, particularly in wet weather. This insight supported West Northamptonshire Council in securing funding from Active Travel England to upgrade 1,300 metres of path to a firm all weather surface.

A follow-up evaluation assessed satisfaction with the improved paths, identified further accessibility needs such as seating and path extensions, and informed the design of permanent wayfinding infrastructure.



Outcomes and Impact

System Impact

By combining behavioural metrics, referral tracking, lived experience and environmental data, Delapré Abbey and the Active Quarter have become a foundational delivery vehicle within Northamptonshire's Integrated Care System's prevention framework.

- Active Quarter partners are recognised as trusted social prescribing referral destinations by PCNs
- The Active Quarter is now referenced within West Northamptonshire's Parks Development Strategy 2025-2045, West Northamptonshire Estates Strategy 2025-29, West Northamptonshire Council's Active Lives Strategy and Active Travel Strategy, demonstrating how a heritage organisation, when supported by robust data and aligned partnerships, can influence wider public health priorities.
- Data was embedded within funding submissions and Board reports, contributing to over £5 million secured for wellbeing infrastructure.
- Independent evaluation and footfall analysis directly informed:
 - Route prioritisation and infrastructure design
 - Programme mix and accessibility interventions
 - Business cases submitted to Public Health, Active Travel and heritage funders

Participation and Reach

- 1,500+ participants in walking, cycling, gardening, community arts, SEND cycling and nature-based programmes delivered through Delapré Abbey and the Active Quarter partnership
- Strong engagement from underrepresented groups
- Increased use of active travel routes, particularly cycling confidence and family cycling

Footfall analysis has demonstrated wider landscape impact:

- **1,213,791** visits to Delapré Park between 2022 and 2024
- Year-on-year monthly **footfall increase averaging 2.12 percent** in 2025
- Average monthly footfall of **33,180**
- **9,433** unique visitors in 2025
- **84% of visitors** in 2025 living within **0-3 miles** of the park, up from 75.1% in 2022

The growth in local usage has been particularly significant for health partners, evidencing that the park is functioning as a community health asset rather than solely a visitor-economy destination.

Health and Wellbeing Impact

Independent evaluation (Ryan et al., 2023; 2024) using ‘intercept go-along’ interviews demonstrated:

- Increased confidence and motivation to be physically active
- Improved mobility and overall activity levels
- Reduced isolation and stronger social connection
- Improved understanding and use of local green and blue assets
- More consistent engagement in preventative activity

Qualitative feedback reinforces these findings, highlighting the importance of safety, accessibility and cultural belonging within the heritage landscape.

*“Now I feel very fulfilled... I feel I’m helping fill the gap for other people.”
– Participant*

“Beginners told us how lovely it was to run through the trees... it gives them that safe space away from traffic.” – Running Group Leader

“The heritage site provided a great context and enabled participants to access a range of services.” – Course Leader

*“It definitely gives me reassurance... it’s a safer path for everyone.”
– Long term condition walk leader*



*“Now I feel very fulfilled... I feel I’m helping fill the gap for other people.”
– Participant*

Outputs Produced

- Thriving Communities Evaluation Report: <https://pure.northampton.ac.uk/en/publications/evaluation-report-thriving-communities-for-delapre-abbey-preserva/>
- Cycling and Walking Social Prescription Study: <https://pure.northampton.ac.uk/en/publications/evaluation-report-delapre-cycling-and-walking-social-prescription/>
- Wayfinding and Signage Research: <https://activequarter-nn.co.uk/research-update/delapre-walk-project-research-published/>
- Footfall and Path Evaluation: <https://activequarter-nn.co.uk/research-update/evaluation-report-published-for-new-pathways/>
- Using automated active infrared counters to estimate footfall on urban park footpaths, behavioural stability and validity testing: <https://pure.northampton.ac.uk/en/publications/using-automated-active-infrared-counters-to-estimate-footfall-on-/>
- Value of Greenspaces: <https://activequarter-nn.co.uk/research-update/the-significance-of-urban-greenspaces/>
- Active Quarter website: <https://activequarter-nn.co.uk/>
- Research updates - Active Quarter: <https://activequarter-nn.co.uk/research/>

These outputs have strengthened both local system confidence and wider knowledge exchange around heritage led prevention.

Next Steps and Recommendations

Future Plans

- The Stables Wellbeing Hub (opening 2026) will integrate physiotherapy, recovery services, green social prescribing, community kitchens and culturally safe community space within a heritage setting.
- Strengthened monitoring and Social Return on Investment modelling in partnership with the University of Northampton.
- Expanded programmes targeting underrepresented communities and areas of deprivation.



Delapré Abbey's Tips

1. Blend funding strands by demonstrating relevance to different policy objectives

Heritage, health, environment and active travel funding each support different aspects of prevention and infrastructure.

2. Prioritise culturally safe engagement

Design programmes with communities experiencing the greatest inequalities to avoid widening gaps.

3. Nurture cross-sector leadership

Strong partnership governance and shared language are as important as programme delivery.



Conclusion

By combining nature, heritage, physical activity and cross-sector collaboration, the Active Quarter has redefined what prevention can look like in a place-based, community-driven context. This has been underpinned by independent evaluation, system-aligned data capture and deliberate translation of evidence into policy and investment decisions.

The model demonstrates that prevention is most effective when it is:

- Embedded in everyday places people already value
- Informed by lived experience as well as quantitative data
- Delivered through sustained cross-sector partnership
- Supported by infrastructure that increases confidence and accessibility

Through this approach, Delapré Abbey and the Active Quarter have contributed not only to improved wellbeing outcomes, but to a broader shift in how heritage landscapes are understood within health and care systems.

References

- Ryan, Hardwicke & Tonkin (2023). Thriving Communities Process Evaluation. University of Northampton.
- Ryan, Tonkin & Hardwicke (2024). Cycling and Walking Social Prescription Evaluation. University of Northampton.
- Ryan & Hardwicke (2024). Walking Route Signage and Wayfinding Study. University of Northampton.
- Ryan, Hardwicke, Tonkin & Benton (2025). Evaluation Report - Connecting the Active Quarter. University of Northampton.

(All reports available via the [University of Northampton PURE research repository](#).)

Websites

- Active Quarter - <https://activequarter-nn.co.uk>
- Delapré Abbey - <https://delapreabbey.org>
- University of Northampton - <https://www.northampton.ac.uk>

Further Innovation in Green Social Prescribing

Volunteering Matters



Bridging Green Social Prescribing through accessible dual pathways

“Where we deliver environmental or green focused volunteering projects ([Action Earth](#)), we’re looking at how we can offer them **more proactively** to communities, groups, GP networks, and healthcare providers; all of whom have inroads to people who may benefit from them within the context of social prescribing.

Where we deliver activities in support of social prescribing such as volunteer drivers and accompanying people to community appointments and resources, we’re looking at **how we can signpost or support** them into green social prescribing opportunities.

We are constantly thinking about the challenges of accessibility, be it physical or expectations, when trying to **engage people in nature**, and we’re pivoting our volunteer driver schemes to support more social prescribing activities, especially to help people access places that are seen as inaccessible.”

Links:

[Action Earth - Volunteering Matters](#)
[Creating stronger communities from within](#)



Open Roam Coaching

Weaving Green Social Prescribing as integral to wellbeing, not as an add-on

“Embedding Green Social Prescribing has become a natural extension of our work at Open Roam CIC, especially through a local Economic Accelerator (link) programme. One practical shift we have made is treating nature not as an ‘add-on’ to wellbeing, but as core infrastructure that supports founders, communities, and local economies. As such, we map local green assets, woodlands, reservoirs, community gardens, accessible trails, into our coaching and enterprise support.



Instead of asking ‘*What support do you need?*’, we ask: ‘*Where could nature help you think, plan, or recover? Which outdoor spaces feel safe and accessible for you?*’

This small reframing has helped **remove barriers** for people who do not see themselves as ‘outdoorsy’ but who benefit deeply from gentle, supported contact with nature. GSP becomes more powerful when it is woven into **identity, livelihood, and community belonging**, not treated as a standalone intervention. By pairing nature-based practices with enterprise support, coaching, and peer connection, we are seeing people step into green spaces with **more confidence and continuity.**”

Links:

[OpenRoam - Coaching that Explores More
www.linkedin.com/in/nick-stubbs](https://www.linkedin.com/in/nick-stubbs)



Mind Over Mountains

Utilising the evidence of Green Social Prescribing to build partnerships across the sector



“At Mind Over Mountains, Green Social Prescribing is embedded through partnerships with healthcare providers, community organisations, and referral networks who connect people to our guided wellbeing walks and retreats.

Our approach combines time in nature with access to trained coaches and counsellors in an informal outdoor setting, creating a space where participants can benefit from movement, connection, and professional mental health support in a way that feels accessible and non-clinical.

One key lesson we’ve learned is the importance of **building strong relationships with referral partners and clearly communicating what a nature-based intervention looks like in practice**. For many partners, seeing how conversations, reflection and support can happen naturally while walking outdoors has helped build confidence in referring people to our programmes.

For many partners, seeing how conversations, reflection and support can happen naturally while walking outdoors has helped build confidence in referring people to our programmes. Moments such as our wellbeing walk with The Princess of Wales in the Peak District have also helped shine a light on the value of nature-based approaches to mental health and the role Green Social Prescribing can play.

A practical step that has helped us embed GSP more effectively is **sharing evidence and impact data with partners, alongside participant stories**. This combination helps demonstrate both the **measurable outcomes** and the **human impact of nature-based approaches**. We’ve also found that nature-based programmes can act as a catalyst for longer-term change; many participants go on to create their own walking groups, reconnect with outdoor activity, or become more engaged in their local communities, showing how GSP can support wellbeing beyond the initial intervention.”

Links:

<https://mindovermountains.org.uk/pages/naturemind-conference>



Links to further resources

[The Green Social Prescribing Toolkit](#)

[Final evaluation from the Cross-Government GSP Programme to tackle and prevent mental ill health](#)

[Green Social Prescribing Practice Report](#)

[Green Social Prescribing Advocacy Pack](#)

[A narrative review of reviews of nature exposure and human health and well-being in the UK \(Natural England, 2024\)](#)

[The Role of Nature-Based Interventions in Supporting Long-Term Conditions through Green Social Prescribing: A Systematic Review](#)

GSP Programme Local Evaluation Reports:

[Nottingham and Nottinghamshire: GSP Programme phase 1 evaluation](#)

[Nottingham and Nottinghamshire: GSP Programme phase 2 evaluation](#)

[Bristol, North Somerset and South Gloucestershire: GSP Programme phase 1 evaluation](#)

[Humber and North Yorkshire: GSP Programme phase 1 evaluation](#)

[Surrey Heartlands: GSP Programme phase 1 evaluation](#)

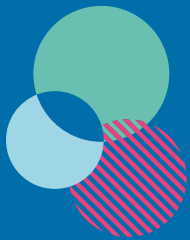
[Derbyshire: GSP Programme phase 1 evaluation](#)

[Greater Manchester: GSP Programme 2021-2025 evaluation](#)

[Greater Manchester: GSP Programme 2021-2025 evaluation summary](#)

[South Yorkshire: GSP Programme phase 1 evaluation](#)

[South Yorkshire: GSP Programme phase 2 evaluation](#)



National
Academy
for Social
Prescribing

National Academy for
Social Prescribing (NASP)
Southbank Centre,
Belvedere Road,
London, SE1 8XX

hello@nasp.info

socialprescribingacademy.org.uk



[NASP.Facebook](#)



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