



Green Social Prescribing Practitioner Guidance

Ensuring safe and effective referrals
from the health system



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Introduction

Nature-based interventions (NBIs) have a long history in the UK, supporting people’s mental and physical health, confidence and sense of connection through activities such as community gardening, walking groups, conservation volunteering and outdoor arts. In the context of the social prescribing referral pathway, these approaches are now widely recognised as part of Green Social Prescribing (GSP).

To test and embed GSP at scale, partners across government and the health system launched the Cross-Governmental “Programme to tackle and prevent Mental Ill-health through Green Social Prescribing” in 2021. The programme supported seven “test and learn” sites aligned with Integrated Care Systems. The pilots reported statistically significant improvements in mental health and wellbeing, strong engagement among communities experiencing higher inequalities, and positive value for money.

This document integrates learning from the cross-Government GSP programme with the longstanding expertise of NBI providers. It is designed as high-level guidance to support providers of NBIs to reduce risk and deliver safely, ensuring people are connected to the right activity, at the right time, in the right way.

This document takes a focus on mental health referrals. While the foundational principles apply across all cohorts, it draws upon prior work that explores GSP in relation to mental health, including the cross-Government GSP Programme, and the reality that social prescribing cohorts almost always include people living with mental health difficulties.

The document should be read alongside NASP’s [Green Social Prescribing Toolkit](#)¹, which captures learning from the GSP Programme around establishing and strengthening local GSP systems.



Key terms in this document

- **Social Prescribing (SP):** “A means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription – a non-medical prescription, to improve health and wellbeing and to strengthen community connections” (Internationally-agreed definition¹)
- **Green Social Prescribing (GSP):** A social prescribing referral pathway that connects people to *nature-based interventions* to support their health and wellbeing.
- **Social Prescribing Link Workers (SPLWs):** Frontline non-clinical health professionals who connect people to community activities for their health, by co-producing a social prescription with the individual. SPLWs and other similar connecting roles are also sometimes referred to as ‘social prescribers’.
- **Nature-based Intervention (NBI):** A structured programme of nature-based activities that SPLWs may refer people to as part of GSP.
- **Providers:** Organisations responsible for delivering NBIs.
- **Practitioners:** Individuals within Provider organisations who deliver NBIs.
- **Participant:** The person referred to take part in an NBI.

Purpose of guidance

This guidance has been developed to offer clear, practical support for NBI providers and practitioners who are receiving referrals through Green Social Prescribing. It sets out foundational principles to help providers:

- Describe their offer clearly and consistently to SPLWs so they can make safe, appropriate referrals
- Establish safe and effective processes for receiving referrals and exchanging essential information with SPLWs
- Manage induction, supervision, ongoing assessment and dynamic risk management for participants
- Identify legal obligations relevant to providers
- Consider the core competencies and skills needed by practitioners and provider organisations
- Plan for supervision, training, continuous professional development (CPD) and quality improvement for practitioners, with links to sector resources that support consistent standards.

Our intention is to support providers and practitioners to deliver nature-based activities safely, confidently and in ways that best meet the needs of participants. This guidance may also be useful for SPLWs and other health professionals involved in GSP.

Aligning NBIs with different levels of mental health

In the UK, engagement with nature for health and wellbeing is commonly described across three connected pillars (see Figure 1):

- **Nature in everyday life:** engagement with nature as part of people's usual lifestyles
- **Nature-based community initiatives:** organised activities to engage people with nature
- **Nature-based therapy:** Provision of nature-based therapeutic interventions.²

To help Social Prescribing Link Workers and other referrers identify whether a nature-based intervention is appropriate for the person they are supporting, the [Nottingham and Nottinghamshire Green Social Prescribing Pilot Project \(GreenSpace\)](#)³ worked with clinicians to establish five levels of mental health need. These levels were used to ensure people were referred into settings that could safely and effectively meet their needs.

To support clear communication with mental health professionals, the Therapeutic Horticulture Stakeholder Group (sponsored by Natural England) adapted this five-level mental health framework and aligned different forms of gardening provision to each level. [The full paper](#) identifies why and when specific approaches should be used, the desired outcomes and benefits for the participant, how individuals typically engage in gardening activities and what skills, quality assurance processes and evaluation methods providers need in place to deliver safe and meaningful support.⁴



Although this work was developed with gardening-based NBIs, the principles apply widely across the sector. The model has therefore been adapted for broader use (Figure 1). It helps to clarify:

- I. How NBIs can support people across a wide range of mental health needs.
- II. How health and social care professionals can determine whether a gardening or other nature-based activity is suitable for the person they are working with.
- III. How NBI providers can identify the level of mental health need they are equipped to support.

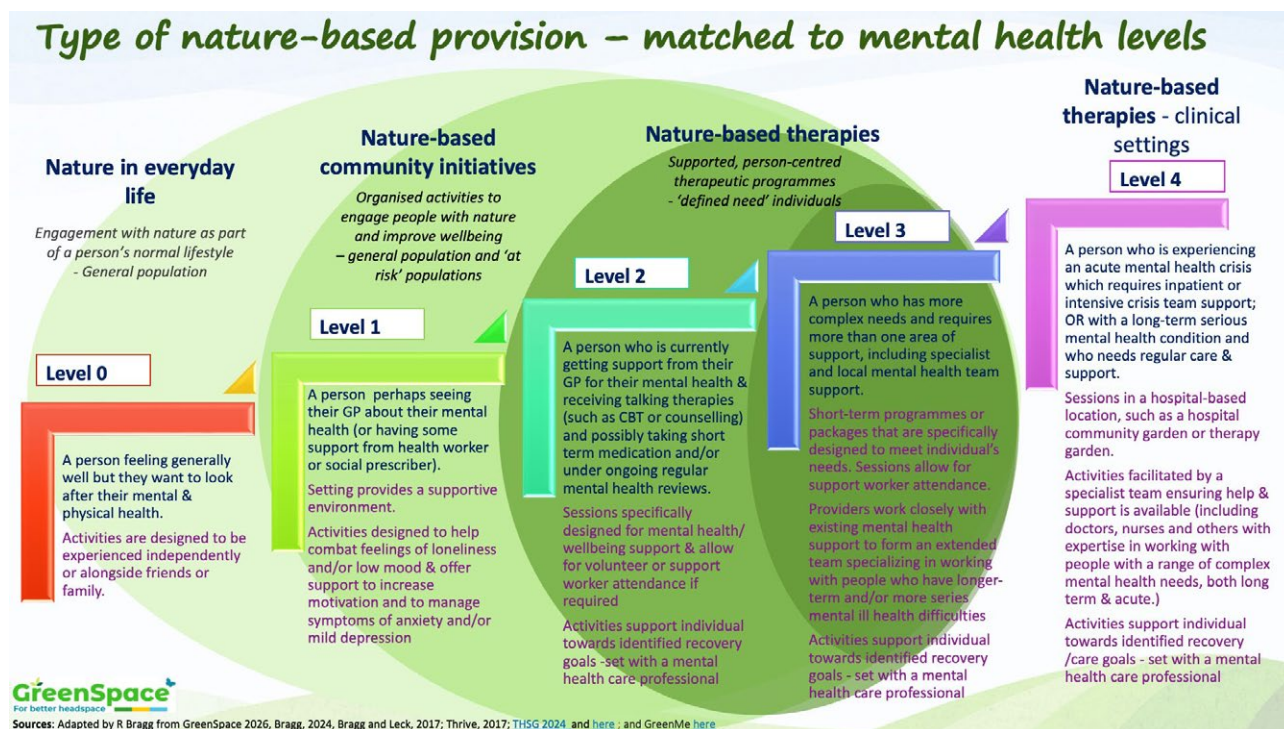


Figure 1

When considering the levels, both the requirements of the individual and the requirements for safe delivery increase from left to right. Level 0 does not involve NBI delivery, and Level 4 typically sits within clinical rather than community settings. This means most NBIs operate within Levels 1-3, where community-based support is most appropriate. While the original model focused on mental health (reflecting the aims of the GSP Programme), the same principles can be applied across other health and social needs.

Both the levels of engagement with nature and the five-level mental health alignment framework provide useful language and terminology. They support providers to describe their offer clearly and enable social prescribers to refer people into the most suitable NBI, helping to ensure safe, effective and person-centred practice.

Foundational principles for safe and effective practice

Based on the framework outlined above, the following foundational principles are grouped into two columns. NBIs referred to through GSP typically support people whose needs fall within Levels 1, 2 and 3. The level 1 principles apply to all NBIs, with Level 2 and 3 principles applicable to those delivering at those levels.

To help providers and practitioners understand what is required at each level, the table separates:

- Foundational principles for Level 1 of participant need (left column)
- Additional principles for Levels 2 and 3 of participant need (right column)

Where the guidance is relevant across all levels, the table is presented as a single column.

Level 1	Levels 2 and 3
<p>A person who is receiving support from their GP and/or or a link worker for loneliness, low mood or lack of motivation/ structure and their feelings are having a negative effect on their wellbeing. Activities are designed to create a supportive environment to help the person manage their mental wellbeing.</p>	<p>Level 2: A person who needs access to psychological therapies, short term medication and/or ongoing monitoring and intervention and is able to manage their mental health with this support. This person may need initial support to access provision through social prescribing pathways. Activities are designed to include mental health support and a specific focus on wellbeing.</p> <p>Level 3: A person who has more complex needs and requires support in more than one area, including specialist and local mental health team support. This person may be supported to access provision through pathways such as the Care Programme Approach; provided by services with resources and expertise tailored to people with more with complex mental health difficulties.</p> <p>Activities may be tailored to meet individual needs. Providers can work closely with existing mental health support to form an extended team to support people with longer-term and/or more series mental ill health difficulties.</p>

Before referral

Providers must give SPLWs a clear and accurate **service description** outlining the type of nature-based intervention (NBI) being offered. This information enables SPLWs to assess whether the NBI is suitable for the health needs, presentation, circumstances and interests of each participant. As a minimum, the service description should include:

- How to find the site(s) using different methods of transport (including if public transport is a viable route).
- Access on site(s), covering physical, sensorial and cognitive considerations.
- Level of participant supervision or practitioner to participant ratio.
- Group size and ways in which groups/people engage with each other on site.
- Information about the provider's experience of working with different health presentations.

Providers receiving a GSP referral should also ensure that referral forms from SPLWs include information needed to support the participant safely and effectively. As a minimum, this should include:

- Contact details for the participant
- Information about the participant's health needs, and any relevant social or behavioural factors
- information on any identified risks to safe participation
- A pre-agreed limit on the number of contact attempts, with the participant as agreed with the SPLW
- Additional contact details of other health professionals involved in the participants' care and relevant to the referral, to enable consistency of approach and support the escalation of any safety issues.

The specific information required for safe and effective delivery will vary across different NBIs. The questions below offer examples of information that providers may wish to gather, e.g. from the SPLW or the participant.

- Does the participant have any health presentations that may affect their ability to engage with nature as part of (insert activity name)?
- Are there any allergies that would act as a barrier, or require an adjustment/adaptation, for the participant to take part safely?
- Is the participant experiencing any medication side effects that could affect their safety or require adaptation?
- Is there any social or behavioural presentation that may act as a barrier or require adjustment for the NBI to be effective?
- Are there any concerns relating to the participant's capacity to consent?

*Practitioners and providers delivering GSP are not regularly qualified/insured to administer or advise on medication. Their focus should be on any side effects that affect safety. In some cases, issues such as unsafe storage of medication may create risks to the participant or others, and an agreed management plan may be required to prevent this.

Information for the Participant

Participants should receive information in an accessible format, such as a welcome pack or leaflet. This should include key information from the service description shared with the SPLW, as well as clear, practical details about what to expect and how the provider will support them, particularly during the early stages of engagement.

The welcome information should set out any **rules or boundaries**, including expectations around behaviour (e.g. no alcohol on site). It should also explain how the NBI will keep participants safe and comfortable in the environment (e.g. access to toilets and handwashing facilities, shelter, drinks, sunscreen, gloves or other protective items).

Equally important is clear information about how the provider promotes psychological safety, including how staff support participants and create a welcoming, respectful atmosphere.

Because NBIs vary widely, providers will need to tailor their welcome pack to their specific offer. The tone should be friendly and reassuring to ensure a warm handover and may differ from the more operational information provided to the SPLW. As a minimum, the welcome pack should include:

1. Key points about the service
2. Contact details for a named person who the participant can liaise with
3. The needs addressed and likely benefits. Could include examples or experiences from previous participants
4. Things participants may need to bring, such as warm clothing, water, swimwear or towels
5. Opening times, access arrangements and what is available on site
6. The expected length of access or duration of the NBI programme
7. A brief summary of research evidence supporting the effectiveness of the activity

Offering additional ways for participants to familiarise themselves with the NBI before attending can help people overcome anxiety or psychosocial barriers. Useful options include pictures, pre recorded videos, opportunities to ask questions online, taster visits, or a short introductory phone call.



Risk assessment for NBIs	
<p>Although the participant is being referred due to mental health difficulties, physical health needs and the risks associated with them need management.</p>	
<p>A written risk assessment of the NBI must be completed by the provider before the participant attends. Providers should consult the Management of Health and Safety at Work Regulations 1999⁵ and check for updates. At time of writing, the minimum legal requirements are to:</p> <ul style="list-style-type: none"> • identify what could cause injury or illness (hazards) • decide how likely it is that someone could be harmed and how seriously (the risks) • take action to eliminate the hazard, or if this isn't possible, control the risk <p>Providers should nominate practitioners to be responsible for specific elements relating to safety. E.g. a practitioner is identified to carry out risk assessments.</p> <p>Reviewing the risk assessment and identified management plan for any risk is recommended yearly, however immediate review should occur if:</p> <ul style="list-style-type: none"> • The risk management plan has failed • Changes to site/equipment occur • If staff change (particularly if high turnover of practitioners/staff) • Concerns have been raised regarding risk/management of risk • The referral type or common participant need changes to a level that impacts risk propensity/severity 	<p>For participants with more complex needs, risk is more likely to change over time. As a result, risk management should include dynamic elements. Ideally providers and SPLWs would maintain regular communication to share updates, agree adjustments, and ensure safe, appropriate participation.</p> <p>Risk within provider sites often relate to the different environments used for NBIs. Good practice involves dividing the site into clear areas so that risk assessment and management can be applied effectively. Environmental risks may change depending on the activity taking place. Because it is rarely practical to complete individual risk assessments for every single activity, grouping similar activities into one risk assessment and management plan is more manageable.</p> <p>Environmental and activity-based risk assessments should then be applied dynamically to individual participants. For example, a participant who may experience seizures should not use tools or machinery that present a safety risk without appropriate supervision.</p> <p>In some cases, providers may also need to liaise directly with other services involved in the participant's wider care to ensure alignment with existing care plans. Establishing a regular schedule of communication or review meetings may support consistent, safe practice.</p>

At the beginning of access	
<p>An induction for each participant should take place as soon as the person attends the site of the NBI. The induction must cover information to support the participant to understand how to keep themselves and others safe while attending. This will likely include (not exhaustive):</p> <ul style="list-style-type: none"> • Orientation to site including WCs, washrooms, PPE, first aid kit/defibrillator, rest areas, food storage etc • Understanding what to do in an emergency: alerts, who to inform, where to go, location of safety equipment • Explaining the need for the participant to communicate changes that impact on their capacity to be safe in the NBI • Explaining rules in relation to physical and psychological safety and clear direction of who to approach to raise a concern • Explaining the right of the provider to withdraw access, the reasons access might be withdrawn, and how this is managed to ensure fairness 	<p>For participants with more complex presentations, inductions may need to be repeated to ensure understanding, familiarity and confidence.</p> <p>Induction should include a 1:1 conversation to explore any additional induction needed or ongoing access needs (e.g. whether the participant may benefit from bringing a friend or supporter, or whether a staggered or gradual start would be helpful).</p> <p>A more clearly defined approach to expectations may also be beneficial, such as using a code of conduct that the participant is asked to agree to.</p> <p>During the 1:1 conversation, it may be necessary to explore specific risk issues, or more general antecedents and triggers.</p> <p>It may be helpful to collaboratively create an intervention plan with the participant (and potential others surrounding them) to guide them through the NBI.</p>
Throughout access	
<p>Practitioners should use ongoing assessment through observation and conversation to help maintain safety as activity demands or the participant's capabilities change. Regular check-ins (including brief conversations before, during and after activities) help practitioners notice shifts in mood, attention or wellbeing and make timely adjustments.</p> <p>A participant's presentation may change within a session, between sessions or over longer periods, so safety should be approached dynamically. For example: 'today isn't the right day for handling sharp tools, as the participant appears distracted or less responsive'.</p>	<p>Ensure structured and regular 1:1 check-ins and conversations. Use intervention plans created to guide how to engage with the participant within the NBI programme.</p> <p>You might consider using specific assessment tools (such as feelings thermometers) to support ongoing assessment.</p>

<p>Providers must have a clear, accessible process for exclusion, supported by a code of conduct and transparent steps for addressing behaviour that compromises safety.</p>	
<p>NBIs are inherently strength-based, focusing on what participants can do and supporting them to use their abilities confidently. Practitioners should enable participants to act with as much independence and agency as is safely possible within the activity, offering reasonable adjustments to support meaningful engagement.</p>	<p>Assess changing strength and limitations throughout and make necessary adaptations for access and engagement.</p> <p>Programmes of NBIs and their individual activities should be graded accordingly to support engagement and outcomes.</p> <p>Practitioners should utilise appropriate methodology and tools to support groups and individual engagement and outcomes.</p>
<p>The level of supervision of the participants by practitioners during attendance should be decided according to:</p> <ul style="list-style-type: none"> • The value of supervision/working alongside versus the value of being independent within the activity • The growing capacity of the participant for independent engagement in the NBI activity • The demands (physical and cognitive) of the individual nature-based activity • The risk of damaging nature/ecosystems through error within the activity • The health and safety risk associated with the nature-based activity 	<p>Supervision of participants may require a more specific assessment approach to understand safety in relation to changeable participant presentation.</p> <p>Providers should consider accommodating access when the participant comes with support from a carer.</p>
<p>Practitioners should create and maintain a social environment that is safe, respectful and free from bullying, harassment, shaming or offensive behaviour.</p> <p>Practitioners are responsible for managing the social environment so that all Participants feel welcomed, respected and emotionally safe. This includes actively preventing behaviours such as bullying, harassment, shaming, exclusion or any form of offensive conduct. Creating a consistently safe space supports Participants to engage confidently, express themselves without fear of judgement, and build positive relationships within the NBI.</p>	<p>Practitioners support participants toward positive behaviour, taking a consistent approach in line with any care plans used across wider care services being accessed.</p> <p>The NBI programme’s induction should ensure clarity around expectations, potentially using restorative conversations or other conflict resolution approaches to support group cohesion.</p>

<p>Practitioners should develop a relationship of trust and support with each participant.</p>	<p>Practitioners seek therapeutic rapport with each participant.</p> <p>Practicing within a person-centred approach, providing congruence, empathy and unconditional positive regard.⁶</p>
<p>Provide clear information from week to week to ensure the participant has clear expectations for engagement.</p> <p>Emails, social media and newsletters can be useful to support a clear understanding of any changes.</p>	<p>Practitioners should design the NBI session to ensure enough time for participants to be able to ask anything important to them.</p> <p>Potentially using 1:1 conversation at regular intervals to maintain an up to date understanding of the participant in relation to the NBI.</p>
<p>Practitioners should maintain professional boundaries. Developing rapport with participants is based on an intentional, therapeutic relationship between practitioners and participants, not ‘friendship’. The provider should:</p> <ul style="list-style-type: none"> • Ensure the relationship is professional and clear for both participant and practitioner <p>Practitioners should:</p> <ul style="list-style-type: none"> • Not disclose sensitive personal information about themselves or others • Not seek to socialise beyond the NBI setting <p>NBI providers do not diagnose clients or advocate externally for clients (i.e. beyond the sphere of NBI practice), except in response to an appropriate information request by another professional, or as part of multi-disciplinary team planning or when responding to a safeguarding concern.</p>	





Preparing for the end of access	
<p>Clear expectations for when access to the NBI will end for the participant is critical from the beginning of GSP to avoid the participant experiencing a 'cliff edge' when they leave. This can be included in the initial information shared with SPLWs and participants.</p> <p>Support the participant to build nature connection and signpost them to appropriate ways to continue social and nature connection locally.</p>	<p>Practitioners should design and deliver the NBI to reduce the creation of dependency.</p> <p>Practitioners should work in individualised ways to support improved nature, occupational and social connection.</p> <p>Practitioners should design the NBI to manage the end of access as part of the programme.</p> <p>Practitioners should work with each participant to explore options for further engagements with other community opportunities. Where appropriate, you might refer back into social prescribing services.</p>
<p>Providers should use evaluation to understand the effectiveness of the service. Ensure that non-access, attrition and people leaving early is recorded alongside successful engagements.</p>	<p>Providers may use validated outcome measurement tools (e.g. The Warwick-Edinburgh mental wellbeing scale) to understand change for each participant.</p>
<p>Providers should seek participant feedback and evaluation to support the development of the NBI programme and to reduce non-attendance.</p>	<p>Providers should use mixed methods for gaining feedback and evaluation to gain fuller insight into what can be improved, particularly for participants to attend as fully as possible.</p>

Legal obligations and guidance

The Green Care Quality Mark provides details of the legal frameworks that NBI providers may be subject to. The guide provides direct links to information that will assist providers to be compliant. It is freely available [here](#).⁷

Alongside legal obligations, providers can seek guidance from advocacy organisations that represent the collective voice of people with health needs and disabilities, such as [Mind](#).

Safeguarding

NBI providers supporting children or adults at risk of abuse have a clear responsibility to safeguard participants. Safeguarding should be embedded as part of everyday culture within providers, guided by the nationally recognised [‘six safeguarding principles’](#)⁸:

- **Empowerment** – People are supported to make their own decisions and give informed consent.
- **Protection** – Support and representation for those in greatest need.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – Responses should be the least intrusive and appropriate to the level of risk.
- **Partnership** – Local solutions achieved by working with communities; everyone has a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Clear roles, responsibilities and transparency in safeguarding practice.

Providers must have a **safeguarding policy** that reflects these principles and clearly outlines responsibilities, reporting routes, and the organisation’s approach to keeping people safe.

Safeguarding processes and escalation pathways are managed by **local authorities**, and Providers must understand how to engage with their local systems and escalate concerns when necessary. National government guidance signposts providers to local authority safeguarding arrangements.

Providers should also make appropriate use of the **Disclosure and Barring Service (DBS)** as part of preventative safeguarding practice. This includes ensuring appropriate checks for staff and volunteers and using the DBS Update Service where relevant to maintain ongoing assurance.

Finally, providers should ensure staff understand the importance of **whistleblowing** and the legal protections available to whistleblowers. Whistleblowing is a critical safeguard that supports transparency, prevents harm, and enables staff to raise concerns about unsafe or inappropriate practice. Every provider should have a clear whistleblowing policy and make it easily accessible.

Recommended competency and skills

Providers should seek to employ or upskill practitioners to in a way that ensures they demonstrate an appropriate level of competence, confidence and skill for the nature of the NBI. Using clear person specifications and role descriptions helps to ensure that recruitment is transparent, that expectations are understood, and that new staff are equipped for the responsibilities of the role.

The following suggested skills and competencies are intended to support recruitment, induction, training and ongoing continuous professional development for practitioners, helping providers build a workforce capable of delivering safe, effective and person-centred NBIs.

As above (see page 6), this table divides the different skills and competencies into two groupings to indicate which are most relevant to the different levels of participant need shown in Fig 1.

Level 1	Levels 2 and 3
<p>Attitudinal / Values</p> <ul style="list-style-type: none"> • Passion for and commitment to the nature-based approach to health and wellbeing. • Calm and patient • Consistent in their own behavioural presentation • Empathetic • Trustworthy and sensitive in communication • Capacity to see the person, not the health presentation • Belief that people can achieve positive outcomes despite challenges • Reflective • Confident in what they know, and aware of their own limitations 	<p>Attitudinal / Values</p> <ul style="list-style-type: none"> • Willingness to work within defined professional boundaries and to seek support and guidance where needs exceed role or competence. • Recognition of the importance of supervision, reflection and self-care to sustain safe and effective practice • Calm in crisis and conflict situations
<p>Skills / Knowledge</p> <p>Competence in the nature-based approach</p> <ul style="list-style-type: none"> • With any education/training specific to the nature-based approach • Able to risk assess and design risk management plans in relation to the nature-based approach being used 	<p>Skills / Knowledge</p> <p>Supporting more complex needs</p> <ul style="list-style-type: none"> • Understanding how different natural environments, settings, seasons and conditions may affect individuals differently • Ability to adapt nature-based practice to different environments and the changing needs to participants.

Level 1	Levels 2 and 3
<ul style="list-style-type: none"> • Fully qualified in the use of any equipment, machinery or substance where qualification is mandated for its use within a workplace • Awareness of environmental protection, land use, access and conservation considerations relevant to nature-based activity <p>Green Social Prescribing pathways</p> <ul style="list-style-type: none"> • Awareness of the intended outcomes of GSP and both the benefits and limits of nature-based interventions • Understanding of how GSP operates within wider community, voluntary and statutory systems • Ability to work collaboratively with link workers, partner organisations and community stakeholders • Able to communicate effectively with participants and SPLWs <p>Supporting wellbeing</p> <ul style="list-style-type: none"> • Awareness of mental health difficulties • Ability to manage emotional demands, lone working and professional risk within nature-based practitioner roles • Observant and sensitive to change within the participant • Able to respond to risk in the moment • Able to facilitate groups working together to create inclusive and emotionally safe social environments • Understanding safeguarding as an approach and the specific processes related to the local authorities the NBI works within <p>Increasing nature connection</p> <ul style="list-style-type: none"> • Awareness of barriers to engagement with nature, including cultural, social, economic and environmental factors • Able to reflect on and acknowledge one's own relationship with nature and its impact on ones' own health/wellbeing. 	<ul style="list-style-type: none"> • Ability to maintain appropriate therapeutic boundaries. • Understanding when and how to escalate concerns, refer on, or work alongside health and social care professionals. • Skilled in relevant communication methods for the particular participant group, such as active listening or restorative conversations.

Supervision for Practitioners

Supervision for practitioners delivering NBIs should cover the full range of their responsibilities. In addition to typical line management, supervision within an NBI needs to provide space for:

- **Exploring challenges in practice:** including issues that arise with individual participants and wider patterns or barriers that affect delivery of the NBI programme.
- **Personal development:** supporting practitioners to reflect on and develop their knowledge, skills and competence over time.
- **Raising concerns about safe and effective practice:** enabling practitioners to discuss any safeguarding, risk-related or operational concerns linked to the NBI.
- **Supporting the practitioner's own health and wellbeing:** recognising that working closely with participants carries emotional, physical and professional demands.

A **suitable supervisor** should be identified for every practitioner. This does not have to be the practitioner's line manager or someone more senior within the organisation. Often, supervision is more effective when delivered by someone who has a strong understanding of the role, such as another health professional or an experienced NBI practitioner. Supervision should be viewed as a process that benefits not only the individual practitioner but the wider NBI service, contributing to ongoing development and quality improvement.

Some of the value of supervision can also be achieved through **reflective practice**, **de-briefing opportunities**, and **peer supervision**. Short conversations at the end of sessions can support immediate reflection, while more structured peer or group supervision becomes particularly important when practice concerns arise or when deeper reflection is required.



Training and Continuous Professional Development (CPD) recommendations

To deliver safe and effective NBIs, providers should ensure that one or more of their practitioners have training in the following key areas:

- Emergency first aid or first aid in the workplace
- Mental health first aid
- Safeguarding
- Suicide awareness and prevention

Through the supervision process, practitioners should have opportunities to complete a skills audit and develop a CPD plan that identifies learning needs and beneficial development opportunities. This supports both individual growth and continuous improvement of NBI delivery.

The following suggestions outline potential areas of training and development that align with safe, confident and effective practice:

- **Safeguarding training**, to ensure practitioners understand core principles, can recognise indicators of abuse, and know how to respond and escalate concerns appropriately.
- **Active listening training**, which can support improved outcomes for people experiencing mental health difficulties.
- **Trauma-informed practice**, helping practitioners understand the impact of trauma and avoid retraumatising individuals.
- **Counselling skills**, to strengthen rapport-building, listening and responsive communication.
- Training in the **therapeutic use of self**, supporting practitioners to use their strengths and interpersonal skills effectively.
- Specific training or guidance from **advocacy organisations**, particularly when working with specialist groups.
- Training aligned with the specific nature-based approach used by the provider (e.g. horticulture skills, outdoor facilitation, animal care).
- Training in the use of any **validated tools** adopted by the NBI for assessment, evaluation or participant support.

There is a range of training available through [Skills for Health](#)⁹, which offers a wide range of courses relevant to health, wellbeing, and community-based practice.

Quality improvement principles to support continuous development

Quality improvement is both cultural and procedural. Providers that cultivate a culture of listening, reflection and ongoing review are better able to identify what is working well, understand where challenges lie, and implement meaningful improvements over time.

An organisational culture that values continuous learning strengthens quality improvement.

For providers seeking more structured frameworks, there are established models within the NBI sector. The [Green Care Quality Mark](#), for example, is specifically designed to support good standards and quality development in nature-based services.

In addition, some individual NBIs have developed their own practice guidance and professional development resources, such as the UK [Association for Social and Therapeutic Horticulture](#).¹⁰

Core Practices for Continuous Quality Improvement

- Always put participants first. Adaption based on what is best for the people using the service is more important than organisational convenience. Involve people who use your services in designing and reviewing what you offer.
- Evaluation should offer opportunities for people leaving the NBI to provide feedback and should encourage critical feedback to support development.
- Create opportunities for participants to share feedback in forums where access and engagement issues can be explored together. Prioritise asking rather than assuming (e.g. checking whether the induction process feels sufficient or whether there are ways to make first contact consistently positive.)
- Working locally with other NBIs to identify any collective opportunities to improve. E.g. write service description using the same structure.
- Support staff and volunteers to grow. Give them training, space to reflect and chances to develop their skills.
- Revise roles and responsibilities. Make sure everyone knows who is responsible for quality assurance, safety and decision-making.
- Check your policies periodically. Review procedures and safeguarding processes systematically so they stay up to date and effective.
- Collect the right information and use it to inform practice. Keep track of simple measures like who is using the service, what outcomes they experience and why people disengage.
- Listen to people. Combine quantitative measures with real life feedback to understand what is working well and what needs to change.
- Make sure everyone can access the service fairly. Look at which groups are not taking part and find out what might be stopping them.
- Work closely with community partners. Share learning, improve referral processes and fix common problems together.
- Celebrate achievements. Share positive stories, recognise staff and volunteer contributions, and highlight improvements made to demonstrate learning and re-enforce positive culture.



Conclusion

Safe and effective nature-based practice is built on clear information, proportionate risk management, and collaborative working between SPLWs, providers and wider services. The cross-Government GSP programme has demonstrated that, when delivered well, GSP can improve mental health outcomes, reach people facing greater inequalities, and deliver measurable social value.

The actions in this guidance are intended to be practical and achievable. Doing these things consistently will help to protect people, staff, volunteers and our local environments, while ensuring participants experience meaningful, person-centred, strength-based engagement with nature-based interventions.

Looking ahead, continued partnership working across health, voluntary and community and environmental sectors, together with ongoing learning and quality improvement, will support GSP to become a consistent element of everyday care. This will help deliver better health outcomes, reduce pressure on services and strengthen community-based support.

Reference list

1. [Green Social Prescribing Toolkit - National Academy for Social Prescribing](#)
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