Scottish Natural Heritage
Research Report No. 1047

Development of a quality assurance / kitemarking system for nature-based health projects and programmes

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RESEARCH REPORT

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RESEARCH REPORT

Summary

Development of a quality assurance / kitemarking system for nature-based health projects and programmes

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Keywords

Nature-based solutions; green exercise; health; signposting; referral; barriers; quality assurance; kitemarking.

Background

A wide variety of nature-based health projects and programmes are provided by public and third sector organisations, particularly in the environment sector. Such projects range from those that help participants to be more active in an outdoor setting, through to targeted interventions designed specifically for a defined health or social need as part of an individual's care package. Previous research indicated healthcare professionals may be more likely to promote or recommend use of these initiatives where they have more knowledge of, and reassurance over, their purpose and operating practices.

As part of the Our Natural Health Service action programme, Scottish Natural Heritage (SNH) commissioned Iconic Consulting to conduct research on the potential role, development and operation of a quality assurance system focused on the planning and delivery of nature-based health projects and programmes in Scotland.

Main findings

The research involved consultation with 69 professionals from the environment and health sectors across Scotland, plus a review of relevant documents and other quality assurance systems. It is noted that the approach to recruitment of the health sector sample meant the consultees had greater experience and understanding of nature-based health projects and programmes than randomly selected health professionals. As a small qualitative study, the findings were not intended to be representative of the environment or health sectors, instead they provide an indication of the different views and experiences that exist.

The main findings are that:

- Environment sector consultees reported varying experiences of engaging health professionals and suggested that signposting or referral often depended on the strength of relationships with a small number of key health professionals.

- Environment sector consultees would welcome a quality assurance system that clearly demonstrated to signposting/referral organisations that they conformed to certain standards. Some also felt the system could help drive up standards or could have benefits in terms of attracting funding.
- None of the 40 health professionals interviewed for this study raised concerns about health and safety, or the suitability of nature-based initiatives as a barrier to signposting or referral. Some consultees did suggest however these issues could be barriers for other health professionals.
- Health professionals, particularly primary care staff, identified limited awareness of local nature-based projects or programmes as the main signposting or referral barrier.
- Other barriers identified by health professionals were limited time to source local initiatives and address lifestyle issues, and a reluctance to use initiatives with time-consuming referral processes.
- Health professionals' views on a quality assurance system were mixed. Recognising the nature of the sample of consultees, views ranged across: fully supportive; open to the idea but unsure as to whether it would affect levels of signposting/referrals; felt a quality assurance system wouldn't / wasn't the priority action to influence levels of signposting/referrals and was therefore unnecessary.
- The study confirmed that any future quality assurance system should:
    - Be clear and understandable for the health sector, as the customer.
    - Be simple to implement by the environment sector, as the provider.
    - Be proportionate.
    - Avoid additional burdens on the service provider.
    - Ensure quality, but avoid bureaucratic assessment or accreditation processes.
- Feedback from consultees, mainly from the environment sector, about potential criteria for the quality assurance system focused on three main areas – staff and volunteer training, beneficiary induction, and health and safety (although this covered a number of specific issues). Further suggestions included feedback and evaluation, the delivery organisation, and information provision. Generally, health professionals were less specific about the key features of a system, reflecting their mixed response to the idea.

The research identifies several recommendations including:

- The overriding aim of a quality assurance system for nature-based health projects and programmes was envisaged as reassuring health professionals that such projects and programmes were well planned and delivered. However, overall health consultees were not concerned about these issues and raised other more significant barriers. The development of a system is therefore not recommended at this stage.
- Should a system be developed in future, the core criteria should be: staff and volunteer training, beneficiary induction, and health and safety.
- It is also suggested the system is underpinned by four principles:
    - Reassurance for health professionals that projects/programmes are safe and effectively managed.
    - Accessibility and relevance to all project/programme providers.
    - Availability of practical support for providers.
    - Self-assessment.
- Any future quality assurance system should be promoted to providers of projects/programmes and appropriate referrers, and be endorsed by the health sector.
- The main barrier among health professionals was limited awareness of local initiatives. An accurate, up-to-date and easily accessible information source should therefore be developed.
- To address other barriers identified by this research, signposting / referral processes by providers should be simplified, and health professionals' legal responsibilities when signposting or referring patients to nature-based health projects should be clarified.

- An all-encompassing awareness raising programme is needed, carefully targeted at relevant health professionals mainly in primary care settings. The programme should: outline evidence that nature-based health projects and programme are effective interventions, promote the new/revamped information source, emphasise that signposting/referral processes have been simplified, and clarify health professionals' legal responsibilities.
- A pledge or statement of support for Our Natural Health Service should be developed which would provide an opportunity for organisations delivering nature-based health projects and programmes to signal their intention to contribute to the goals of the national initiative in exchange for use of the slogan and the logos of the organisations behind it.

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Acknowledgements

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1. INTRODUCTION

Iconic Consulting has explored the potential role, development and operation of a quality assurance / kitemarking system for nature-based health projects or programmes in Scotland. Scottish Natural Heritage (SNH) commissioned the research following previous research that indicated healthcare professionals may be more likely to promote or recommend use of nature-based health initiatives where they have more knowledge of, and reassurance over, their purpose and operating practices. This qualitative study has gathered views and experiences from both the environment and health sectors in Scotland, and reviewed quality assurance systems applied in other fields.

1.1 Background

SNH set out the background to the research in the study brief. It noted that public and third sector organisations, particularly in the environment sector, provide a wide range of nature-based health projects and programmes from those that help participants to be more active and to improve their well-being and social contact, through to targeted interventions designed specifically for a defined health or social need as part of an individual's care package.

The study brief highlighted 'marketing' of these activities and programmes through the health sector as one mechanism for recruiting participants, with methods including 1) the provision or display of promotional information in healthcare facilities, 2) signposting to relevant target groups, and 3) specific referral of individual patients directly by, for example, a GP, or indirectly via an intermediary or link worker. Earlier research (Jepson et al, 2010) and unpublished research for SNH (Wood-Gee, 2012) indicates that the effectiveness of this approach to encouraging participation is linked to several factors. This includes healthcare professionals being more likely to promote or recommend use of these programmes where they have more knowledge of, and reassurance over, their purpose and operating practices. Health and safety concerns and the suitability of projects for participants (for example, the level of physical activity required and participant support provided) have been reported as some of the key information gaps or uncertainties. Real or perceived confidence in how nature-based projects and programmes are delivered is a barrier to their promotion and uptake as a treatment / care option through the health sector.

To address these issues, some environmental organisations have developed branded schemes such as Forestry Commission Scotland's Branching Out, The Conservation Volunteers' (TCV) Green Gyms® and Paths for All's Health Walks. Each brand involves common components that seek to ensure the quality of the product. The schemes also seek to achieve benefits around brand recognition and association with a national network or product. Activities within each brand can cover different levels of provision, for example, health walks can be suitable for a wide range of abilities or be specifically established for people with certain health conditions. Other nature-based health projects do not have such quality assurance measures or defined delivery criteria but may be equally fit for purpose. The brief stated that the result is a supply of projects which is diverse and not easy for the health sector to understand the value or appropriateness of, and use, in the course of their work.

In response to this situation, and as part of the Our Natural Health Service action programme, SNH commissioned this research on the development of a quality assurance system for nature-based health projects or programmes. Our Natural Health Service is a cross-government initiative which seeks a step change in how the natural environment is used to improve people's health and well-being. A key goal is to see use of nature based health promotion initiatives and structured interventions routinely embraced by the public health and social care sectors for prevention, care and supported self-management.

Figure 1 below summarises the approach. SNH clarified at the outset that the quality assurance system would, if implemented, apply to two of the three core elements of the approach: 1) nature-based health promotion initiatives, and 2) nature-based interventions with a defined health or social outcome. It is not intended to cover everyday contact with nature.

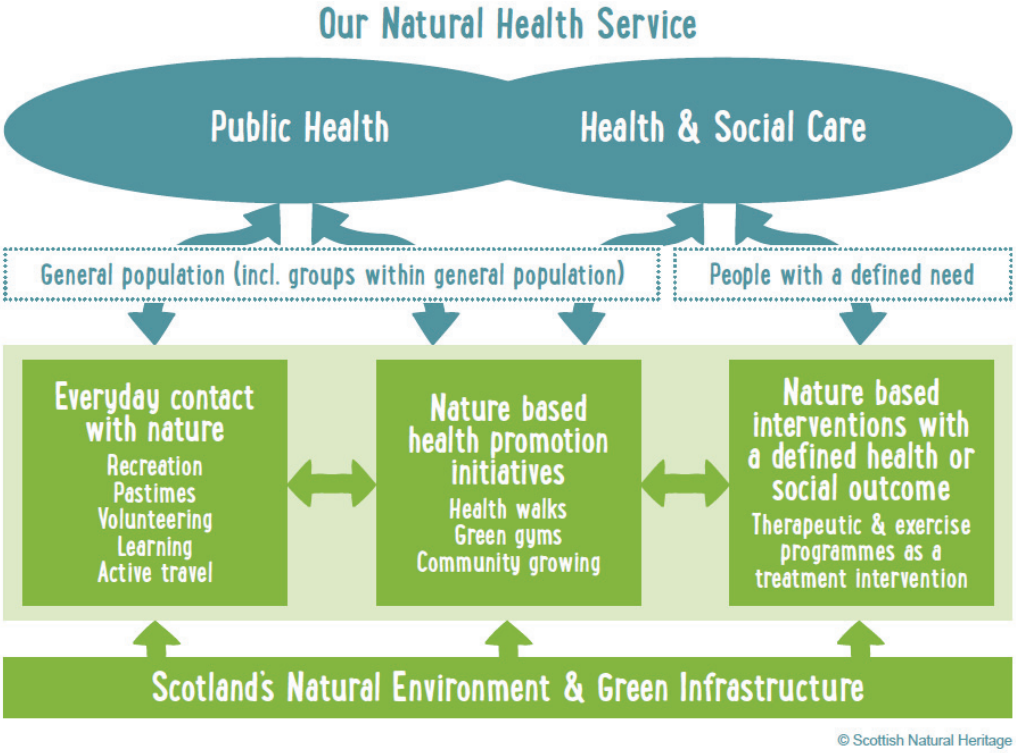

Figure 1. The Our Natural Health Service concept

Nature-based health promotion initiatives consist of a range of projects – either as part of a national programme or individual local initiatives - aimed at encouraging use of the outdoors as a way of generating healthy behaviour. Schemes such as health walks groups, or a local community growing project, are usually designed for the general population or target groups within the general population, and help participants achieve health improvements. In relation to the Our Natural Health Service concept, these nature-based health promotion initiatives have often been developed in recognition of a local need for extra support, the existence of a local resource such as land for a growing project, or because of motivated local professionals or volunteers. Where such local projects exist (and have capacity), there are opportunities for the health sector to promote them to appropriate patients through existing mechanisms such as the National Physical Activity Pathway.

Nature-based health interventions in the Our Natural Health Service concept consist of condition-specific activities aimed at those with mental health issues, heart disease or cancer for example. Where such local projects exist (and have capacity), there are opportunities for the health sector to refer appropriate patients to them as part of their treatment or care package through, for example, secondary care referrals or a patient's individual care plan.

The Our Natural Health Service action programme recognises there are a number of barriers limiting public participation in health-promoting activity outdoors and the level of use of nature-based initiatives and interventions by health professionals. This study focused on exploring the potential role of a quality assurance system, but was framed in the context of

wider work to address barriers such as lack of awareness of the benefits, the need for better sources of information, and the provision of health sector staff training – all of which can help to make signposting and referrals to nature-based health projects and programmes routine practice by health professionals.

SNH also clarified at the outset that exploration of a possible quality assurance system should focus on *how* a project or programme is planned and delivered rather than *what* it is or what it involves. It was therefore envisaged that it may cover internal process issues.

The mental and physical health benefits of nature based physical activity are now well established (Miller & Morrice, 2014; Barton & Pretty, 2010; and Gilbert, 2016). Some studies such as Rogerson et al (2016) highlight the added benefits that green exercise can provide compared to other forms of exercise.

1.2 Study aims

The overriding aim of the research was to explore the potential role, development and operation of a quality assurance / kitemarking system as a tool to signal which relevant nature-based health projects or programmes are delivered in ways that meet minimum defined criteria. SNH specified that the research should engage key service providers from the environment sector to gather their views on a potential quality assurance system and its operation, and engage relevant health professionals to explore the information that would provide most reassurance about the planning and delivery of nature-based health projects or programmes.

The brief indicated that key requirements of an approach to a possible quality assurance system were likely to be:

- Clear and understandable for the health sector, as the customer.
- Simple to implement by the environment sector, as the service provider.
- Proportionate.
- Avoids additional burdens on the service provider.
- Ensures quality, but avoids bureaucratic assessment or accreditation processes.

It was envisaged that the process and output of this study will help to engage with the health sector, raise awareness of the health benefits of green exercise, and show how the use of a common set of delivery criteria for projects and programmes could increase connections between the health and environment sectors, leading to greater participation by target groups in health-promoting outdoor activity.

1.3 Methods

1.3.1 Preparation

The study team reviewed the documents identified in the research brief (Jepson et al, 2010; Wood-Gee, 2012 and McHugh & Chowdhury, 2013) which provided a solid foundation for all subsequent aspects of the study. In addition, the team reviewed documents identified as the study progressed related to relevant programmes such as Forestry Commission Scotland's Branching Out (CJC Consulting et al, 2016) and Scottish Waterways Trust's Nature Walks for Wellbeing (Wiseman & Kollef, 2017).

The document review informed discussion guides for consultation with both the environment and health sectors, and a pro-forma to record information on other quality assurance systems. Feedback from SNH was incorporated into the development of these tools,

including establishing consent for views to be attributed to research consultees during the study process.

1.3.2 Environment sector consultation

SNH provided a list of potential contacts from the environment sector following the inception meeting. The list was supplemented with other potential consultees identified during the document review and the initial consultations (a technique often referred to as snowballing).

Individual, paired and small group interviews were conducted with 29 environment sector consultees (see Annex 1). The majority of the depth interviews were undertaken face-to-face and this provided opportunities to view some of the nature-based projects and programmes. The findings from the consultations are summarised in sections 2 and 4 of this report. Three of the environment sector consultees opted to take part in the study anonymously and their views have been incorporated into the findings without identifying them in any way. The environment sector consultees represent projects and programmes of varying size from across Scotland. However, given the relatively small number of those taking part, the views should not be interpreted as being representative of the sector as a whole.

1.3.3 Health sector consultation

SNH provided a short list of potential health sector contacts following the inception meeting. Further names were identified through the document review, environment sector consultees, our own research and contacts, and through snowballing. This approach to recruitment - sometimes referred to as purposive sampling - meant the consultees had greater experience and understanding of nature-based health projects and programmes than randomly selected health professionals. This and the relatively small number of consultees means the views in this report should not be regarded as representative of the health sector as a whole.

Individual, paired and group interviews were conducted with 40 health professionals from across Scotland (see Annex 2). In total, 24 were based in primary care settings including GPs, nurses and Community Links Workers, 12 consultees worked in secondary care settings including occupational therapists, nurses and physiotherapists, and four other health professionals were interviewed including health improvement specialists and strategic managers. The findings from the health sector consultations are summarised in sections 3 and 4.

1.3.4 Quality assurance systems review

Other quality assurance systems, mainly outwith the field of nature-based solutions, have been reviewed in order to identify potential learning for the nature-based health project / programme proposals. More than 40 systems were initially identified, which were narrowed down to those that focus on: *how* rather than *what* projects deliver, organisations rather than individuals, and systems involving an element of self-assessment. A sample of systems were then subject to more detailed review including: Investing in Volunteering, Volunteer Friendly Awards, Healthy Working Lives, Landlord Accreditation Scotland, Social Enterprise Mark, and Care Farming UK.

1.3.5 Consultation on draft study outputs

Feedback was sought from all consultees on two draft outputs from this study. These outputs consisted of draft guidance for a possible quality assurance system, and a draft statement of support for the goals of Our Natural Health Service (see Annexes 3 and 4). The two documents were circulated, alongside a summary of the emerging conclusions and recommendations, to all consultees who had expressed an interest in further consultation. A dozen responses were received from health and environment sector consultees.

2. ENVIRONMENT SECTOR FINDINGS

This section summarises the views and experiences of the 29 environment sector professionals consulted during the study. It covers the delivery of nature-based health projects and programmes, views on the idea of a quality assurance system to support the aims of Our Natural Health Service action programme, and the relationship with the health sector. The findings are qualitative and are not therefore intended to be representative of the environment sector as a whole.

2.1 Delivery of nature-based health projects and programmes

Without exception environment sector consultees, in quite different roles and different geographical areas of Scotland, were very enthusiastic about nature-based health projects and programmes and highly committed to helping people address mental and physical health issues. They had a high level of understanding on how projects and programmes help people, and a commitment to making sure they were the right place for the right people.

One of the concerns that motivated this research was whether health professionals might be reluctant to signpost or refer to nature-based projects and programmes because of uncertainty about how the initiatives were delivered, including issues such as health and safety, beneficiary induction, and training for staff and volunteers. It was clear that all the environment sector organisations involved in this consultation took these issues seriously and had appropriate procedures, which in many cases were well-established.

2.1.1 Health and safety

All initiatives had health and safety procedures in place, with consultees confirming that this was an integral part of the planning and delivery process. Health and safety arrangements appeared to be commensurate with the size of the organisation or the scale of the project. For example, consultees involved in Forestry Commission Scotland's Branching Out programme exhibited a detailed knowledge of health and safety issues and explained arrangements that ensure safe delivery of activities in woodland locations (which are often remote), using potentially dangerous tools, and in inclement conditions for example. Consultees involved in activities such as health walks in local outdoor places explained that they tended to have simpler health and safety arrangements appropriate to the activities.

> *We always do health and safety for everything. For example, on working with wood, hand tools, working with a camera. If there's more than 12 people then there would be two Rangers. We need to check safety, one area (of the Park) does not have mobile phone coverage however we do have radios and also it is close to the main centre. This is always emphasised in Ranger Services anyway - there is a huge volume of work and training on this - weather, children, tools etc. It's all something that we are very used to doing.*
>
> *Project Worker*

2.1.2 Beneficiary induction

Where projects operated on a drop-in basis such as some therapeutic gardening or health walks groups, beneficiary induction was undertaken whenever a new starter attended. In most cases this consisted of relatively informal discussions with beneficiaries about their needs and whether the project was a good fit, and an outline of the activities. For projects or programmes which were more structured, induction tended to be more formal and could for example involve a health questionnaire, as well as a more detailed briefing on the project/ programme and safety issues.

We show them around and have a chat about their interests… we then have a meeting discussing what the client needs and how we can help. They then have a cooling off period to decide if they want to go on. Then they can have a trial for four weeks before signing up to anything.

Project Worker

2.1.3 Staff and volunteer training

Training was another feature common to all nature-based health projects and programmes and it covered a wide range of issues depending on each initiative. For example, TCV's Green Gyms® and Forestry Commission Scotland's Branching Out programmes have extensive training programmes - Branching Out Leader training involves a three-day course covering the programme's core criteria, policies and background, and Branching Out Leaders must also have completed mental health first aid training, an outdoor first aid course, and spent two days shadowing another qualified Leader. Forestry Commission Scotland has also developed a Champions training course for health professionals and peer mentors. Trellis, a networking organisation which supports over 300 therapeutic gardening projects, tailor their training and support depending on each project's needs; for example, projects where there is limited gardening knowledge might want advice on how to adapt a flower bed to be used by a wheelchair user, and those with more gardening and less health knowledge might require support on sourcing and using adapted gardening tools.

All of our walk leaders have undertaken training. We highlight the key policy drivers but also the structure of the walk and planning a safe health walk, and planning routes, accessibility and looking at the needs of the walker.

Project Manager

Many consultees emphasised that their expertise was environment-related and, if necessary, they would turn to a health professional for health-related training or support.

2.1.4 Awareness raising

Consultees had carried out many different forms of awareness raising including distributing leaflets, delivering training or information sessions to health services, meetings and telephone calls with health service staff, attending community events, membership of local community networks, and speed networking where community groups found out about each other.

GPs have quarterly managers' meetings and we've been to two of these. We flyered and phoned every single GP Practice Manager and whenever we have time, which is nowhere near as often as we would like, we go round the practices and see if the flyers are out and if they need new ones.

Project Manager

We have done a lot of promoting, for example presentation to schools as there is a large gap in mental health provision for those aged 16 to 25 before they can access adult services and are trying to bridge that. Also, presentations to GPs, OTs and lots of other groups. We have jumped up and down and waved banners. We have very good relationships with other mental health groups. We do a lot of promotion and do this increasingly. The problem is that much of it is at the weekend in our own time and it can become very tiring.

Project Worker

A number of consultees highlighted that awareness raising was an ongoing challenge.

> *The environment sector needs to have more awareness of the health sector who are extremely busy. Health professionals want to engage, they just don't have the time. There needs to be a change of ethos in health where social prescribing, including to nature-based projects, is the norm. That would make things easier. Time has always been the biggest barrier.*
>
> *Project Worker*

A number of organisations have produced online information, often very detailed, about their initiatives and its benefits. For example, Paths for All has a comprehensive section of their website[1] aimed specifically at health and social care practitioners containing information on the programme, the benefits of health walks and on training for professionals on promoting health walks. It also includes a Walking for Health Statement from the Medical Protection Society.

2.1.5 Signposting and referrals

A number of environment sector consultees highlighted that establishing good relationships with health professionals was a significant factor in them subsequently signposting or referring patients to projects or programmes.

> *We have worked very hard with health professionals to get referrals, it works very well in some areas and not so well in others. It tends to be down to personalities, on both sides. If you've got a very interested GP or physio they are more likely to refer than others. It also works the other way round, if you've got a very good co-ordinator who works well with health centres then the relationship builds, the confidence builds and there you get referrals.*
>
> *Senior Manager*

Many consultees commented on the challenges faced in getting health professionals, especially GPs, to signpost or refer patients to nature-based health projects or programmes. Some consultees had given up trying to engage GPs and/or targeted others such as practice nurses, secondary care services, or intermediaries such as Community Links Workers.

> *Referrals is a challenge, uptake is traditionally low, especially when we try to do that through traditional doctor pick up. It never worked that well for us and we find that using secondary organisations gets better pick up. In Glasgow, we have been working with Community Links Practitioners who are actually more directly associated than the NHS with some of the target groups and they have basically become the delivery element for us and we have found that has worked reasonably well. Breaking the barrier with the NHS is an incredibly hard one. We are doing the information sharing but it is usually just lost in the milieu of the NHS, perhaps because it is not an accredited scheme etc. It is difficult breaking that barrier. Whereas I feel that your secondary practitioners are more open, once that person is on their referral scheme they look to match them with something and that's when it starts to sit a little bit better.*
>
> *Senior Manager*

In general, environment sector consultees perceived that GPs made limited referrals or signposts for two main reasons. First, because they were not aware of the projects and programmes (compounded by the number of such initiatives and regular changes to them).

[1] http://www.pathsforall.org.uk/pfa/health-professionals/health-professionals-and-walking.html

Second, that GPs did not have enough time to spend with patients to make referrals or signpost them to relevant projects / programmes.

> *GPs aren't the best people to refer. They only get fifteen minutes with each person. That's not enough time to assess if this is appropriate.*
>
> *Anonymous consultee*

> *GPs get so much information about so many things and the nature of the funding of these projects is that they might disappear so a GP can't be sure if it still exists and they can still refer to it.*
>
> *Senior Manager*

> *We set up a referral form in the past and sent it to GPs but it didn't take off. GPs have too many (other) commitments. So now it's more about providing information and exploring this further to increase referrals and build relationships with health professionals.*
>
> *Project Worker*

> *You do the flyers for doctors, and sometimes if you get the chance to chat to them you will start to get referrals, but sometimes there is an automatic barrier and you can't get through their door. Even if you do do the chat and the flyering, because it's not one of their predictive programmes like swimming or X, Y or Z which tend to be indoor activities or more traditional healthy walks programme, there appears to be a better sign-up with that than a green exercise programme. It's probably because of workload and ease of access, something like Edinburgh Leisure has their Activity Co-ordinators, it's a structured group, they know of Edinburgh Leisure and I expect it's on their systems basically. I also think getting that buy-in from health professionals for green exercise programme, they need that day-to-day funding. It is not a constant whereas something like Edinburgh Leisure is a constant.*
>
> *Senior Manager*

> *There is enthusiasm among NHS staff for nature-based health projects and programmes but they face practical challenges such as which patients to refer, is it going to be safe, and which initiative to refer to. Limited referrals is not because they do not think it is worthwhile, it is just challenging for them. I just think it's outside their sphere of confidence rather than them not wanting to do it. It's just different.*
>
> *Senior Manager*

Several environment sector consultees reported that awareness raising was a constant process which was resource intensive but necessary to maintain the flow of new participants. In contrast, others reported that once a project established its networks and word of mouth helped spread the message, a steady supply of participants followed and the need for awareness raising tended to reduce. Some projects reported that they were operating at, or near, full capacity and did not need to raise awareness further. In such cases, they would look to raise awareness again if the project received additional funding or a new member of staff started who increased capacity. This is positive as it demonstrates a demand for these services both amongst referrers and service users, however it could make it more difficult for new users to access these services, to widen access, and also to build relationships with other health service staff.

> *No. We did not need to do much promotion. There is such a high demand for this type of project that word of mouth between healthcare professionals has done the job for us. However, getting healthcare professionals to assist with*

signposting or with progress reports is very difficult as they already have many demands themselves. Stronger partnership working with them would be beneficial.

Project Worker

2.1.6 Feedback to signposting/referral agencies and beneficiaries

It was rare that the environment sector consultees provided any formal feedback to those referring or signposting service users, although they reported that they would be very happy to do so if required. Several consultees mentioned that the sheer volume and variety of people supported, and data protection issues, made structured feedback to referral agencies challenging.

A small number of projects and programmes provide feedback to beneficiaries although they highlighted the challenges involved in this process.

They do have feedback but it is informal. It is hard to quantify as users have different needs, for example one might be agoraphobic and just coming out is a big step, one might go back to work after a period of absence. Confidence increases and anxiety decreases. Staff are also trained in all the Ranger skills and so on. They do ask for feedback but a lot of them [the users] are not able to tell you very much, although support workers do do this. If they want to carry on then this is good feedback. We want them to appreciate the countryside and it that it is free.

Project Worker

Clients are given feedback but it is tricky. There are so many different types of things that are offered and that they support that it would be difficult to have a consistent measure. It might be informal prison officer rating of how someone is behaving, or a family member of someone with learning difficulties, or very rigorous OT feedback.

Senior Manager

2.1.7 Funding

Many of the environment sector consultees highlighted their ongoing struggles with funding. The majority of projects and programmes rely on short-term external funding and the implications of this in terms of sustainability and signposting/referrals were discussed by consultees from both sectors.

A small number of environment sector consultees noted that nature-based health projects and programmes receive limited funding from health budgets. They noted the disparity in the size of environment and health budgets and suggested there was a reluctance on behalf of health to invest in preventative initiatives despite the long term savings that would accrue. One consultee highlighted evidence from Branching Out which demonstrated the programme's financial benefits.

2.2 Views on a potential quality assurance system

Environment sector consultees were not shown a draft quality assurance system during the main consultation process, and it is acknowledged that the sample spoken to were not representative of the environment sector as a whole. In exploring the idea of a quality assurance system for nature-based health projects and programmes, those who engaged in this study were overwhelmingly in favour.

I cannot think that anyone would say a quality assurance or kitemarking system won't be useful.

Senior Manager

Anything that encourages, reassures GPs is beneficial.

Project Manager

2.2.1 Potential benefits

Environment sector consultees suggested that the main benefit of a quality assurance system would be to demonstrate to those considering signposting or referring people that it was a safe setting that applied appropriate standards and complied with relevant requirements.

If you had interventions that were quality assured it would make a difference because the health professionals have the confidence that the intervention that they are referring their patients to has at least been quality assured in an objective way.

Senior Manager

It gives you a better idea of what's in the tin. Certain standards are met. You know what you are getting and that is important for healthcare professionals' referral.

Senior Manager

In addition, there was a view that the quality assurance system may help organisations delivering projects and programmes to improve their own processes. Several environment sector consultees suggested there was no point in a system if it did not include this element and was instead seen as a 'tick-box' exercise.

Many of the environment sector consultees felt the application of a quality assurance system would have benefits in terms of funding. It would demonstrate to potential funders that the project was well delivered. Some suggested that they could gain a competitive advantage by quality assuring their activities over other projects and programmes that did not apply the standards.

It might help with applying for funding generally as it narrows the applicants down to those who are recognised providers. It would more clearly match them to the right element of funding and save the hours and hours of work trying to get funding.

Project Worker

2.2.2 Potential challenges

Several environment sector consultees recommended that any quality assurance system needed to avoid being bureaucratic and time consuming to implement. These consultees suggested delivery organisations already tended to have a heavy workload and limited capacity.

There was also a concern specifically about any potential cost of accreditation. Several consultees felt that cost could be a barrier as many organisations in the sector had limited budgets and/or financial pressures.

It was suggested that these concerns about bureaucracy and cost may affect smaller organisations and new projects/programme in particular. Consultees were therefore keen

that the proposed quality assurance system took account of the size of the organisation as well as the length of time the project/programme had been in existence.

> *In theory it sounds good but already there is a lot of paperwork and this could easily become another level of bureaucracy.*
>
> *Senior Manager*

> *I am unsure. In general yes but, and it's a big but. If our group had to do more evaluation and paperwork we would no longer have the time to run the group. It would perhaps make additional constraints that we would not be able to physically and timely adhere to.*
>
> *Project Worker*

Some consultees suggested that there could be different levels of accreditation to the quality assurance system similar to the Gold, Silver and Bronze Awards that make up the Healthy Working Lives scheme. An entry level could enable small organisations to demonstrate compliance with key criteria while a higher-level accreditation could appeal to organisations seeking to demonstrate more robust processes. It should be noted however that a small number of consultees suggested that different levels of accreditation could potentially be confusing for those seeking to signpost or refer people to the projects/programmes, although this could potentially be addressed during the promotion of the system.

There were a few comments that organisations would only invest resources (financial and human) in accreditation if they knew the scheme's backers were fully committed to its implementation. They also called for the scheme's backers to support organisations seeking accreditation if they needed it to meet the criteria. Examples of the support envisaged were signposting to relevant training providers, good practice case studies such as on induction processes, and the provision of health and safety templates.

> *I'd also be keen for support to existing projects so they reach the criteria. I'd be worried that wasn't made available then the existing projects may feel that they'll not get future funding. It would need to be developed with the sector so that everyone was in the loop.*
>
> *Project Worker*

There was a concern about how the proposals would fit with existing organisational quality assurance systems such as TCV's Green Gyms® and Forestry Commission Scotland's Branching Out. A small number of consultees felt that the scheme's backers should make sure that they were fully aware of other similar schemes and provide guidance on if and how the schemes could complement rather than duplicate one another. One consultee suggested there could be core criteria common to all schemes with other criteria for specific schemes.

Several consultees were also concerned that accreditation could be regarded as merely a rubber stamping exercise or something to purchase for marketing and funding purposes, rather than having a real value.

> *It feels that there are a lot of kitemarking and QA schemes and that is not always a good thing. It can mean that the services with kitemarking are favoured when you are not comparing the same things. Also used as a means of promoting rather than a quality stamp.*
>
> *Anonymous Consultee*

A number of environment sector consultees discussed how to encourage organisations to adopt any proposed system and some suggested how this was handled could be a challenge. A specific point was raised about the organisations that might lead on proposing

and implementing any future system. Several consultees suggested that the scheme should be endorsed by the NHS given the main issue it was seeking to address was a lack of confidence among healthcare professionals in the quality of the nature-based projects/programmes.

> *Professionally, whoever administers this kind of approach needs to have the relevant experience to manage and run it with respect among the constituents so it is not just seen as a paperwork exercise. For instance, Greenspace Scotland is seen as a bit of an independent organisation, reputationally on a good footing, so it could be a collaboration between the scheme backers and Greenspace Scotland and then that takes it away from just being seen as a public body kitemarking system and it could be seen as a kitemarking system applied more widely.*
>
> *Senior Manager*

> *If it was fronted by the NHS there would undoubtedly be better buy-in from health professionals. It would make a huge difference.*
>
> *Senior Manager*

> *Organisations need to know the NHS is going to use the list (of accredited projects and programmes) otherwise what's the point? A NHS-backed QA system could help embed the use of nature-based health project/programmes in the NHS.*
>
> *Senior Manager*

2.2.3 Assessment

Environment sector consultees had mixed views about how a quality assurance system would be operated at a project/programme level. Given the concerns, summarised above, about the system being accessible to a wide range of organisations and not being overly bureaucratic, the majority of environment sector consultees were in favour of self-assessment – they believed a light touch would be necessary. On the other hand, other environment sector consultees – and some health professionals – felt the system needed some element of external verification to ensure the criteria were being applied and to provide the reassurance to health professionals which underpins much of the rationale for any future system. Those in favour of external verification suggested this should involve the submission of evidence as part of the application process, spot checks on a sample of projects/programmes, and renewal on either an annual or bi-annual basis. There was an acknowledgement that such processes would result in administrative and management costs to the organisation overseeing the system but the view was that this would probably be a necessary part of a quality assurance system should one be developed in the future.

On balance, the feedback from environment sector consultees accorded with the study brief which indicated that key requirements of an approach to a possible quality assurance system were likely to be: clear and understandable for the health sector, as the customer; simple to implement by the environment sector, as the service provider; proportionate; avoids additional burdens on the service provider; ensures quality, but avoids bureaucratic assessment or accreditation processes.

2.3 Relationship with the health sector

Overall, environment sector consultees reported mixed experiences in terms of relations with the health sector. The majority of consultees highlighted examples of positive relations with health professionals. For those with greater operational experience this applied at a local level, whereas for those with a strategic experience this applied at a national level with senior staff in Health Boards and NHS Health Scotland. Forestry Commission Scotland emphasised how important working in partnership with NHS Health Scotland had been during the development of the Branching Out programme, stating joint development of the quality assurance aspects gave health professionals confidence it was a good quality programme. Senior consultees from TCV also highlighted close working relationships with health professionals and both these organisations recommended that this kind of partnership approach be replicated should a quality assurance scheme for nature-based health projects and programmes be developed in future.

> *There is some shared understanding between health and environment about what environment can do for health but both sectors are working within different models and languages. Environment projects don't think much of health, and GPs etc. tend to focus on drugs and on an immediate treatment rather than something more long term. People like to have different things to offer clients but this is only one of them.*
>
> *Senior Manager*

Consultees who have been working with health professionals for a number of years were of the opinion that relationships had generally improved over time.

> *The health service is slowly moving towards something more akin to a wellbeing service, particularly in the past five years or so. The Christie Commission and the concept of preventative spend has helped that process. Policy drivers are pointing in the right directions.*
>
> *Senior Manager*

3. HEALTH SECTOR FINDINGS

This section summarises the views and experiences of the 40 health professionals consulted during the study. It covers their own experience of signposting or referring patients to nature-based health projects including the barriers encountered, and their views on the idea of a quality assurance system to support the aims of Our Natural Health Service action programme. As noted in section 1, the method of recruitment resulted in a sample of consultees with greater experience and understanding of nature-based health projects and programmes than randomly selected health professionals. This, the relatively small number of consultees, plus the qualitative nature of the research, means the findings should not be regarded as representative of the health sector as a whole.

3.1 Experience and use of nature-based health projects

Approximately half of the health professionals had signposted or referred people to nature-based health projects, and they worked in both primary and secondary care settings. There were some noteworthy views in terms of drivers, particularly from primary care consultees.

Some consultees highlighted a personal interest in exercise and physical activity, particularly outdoor pursuits such as cycling or walking which, they reported, aided their awareness of the benefits of nature-based projects and knowledge of local projects/programmes.

> *As a partnership we are all very active and tend to support any increase in activity, whatever format that takes, anything that will get people more active. We all walk, hill run, ski, mountain bike – we are very comfortable in that environment. Maybe in a more urban environment there might be a tendency to think of the gym.*
>
> *GP*

One consultee - a Glasgow-based GP - highlighted their practice's focus on the environment as a key driver in their active signposting of patients to a number of local nature-based health projects.

> *We are trying to get away from a very medical approach to addressing health problems. We went so far as to rename our practice after the little river behind the practice to draw people's attention to greenspace. The area has a reputation for being socio-economically deprived and having lots of economic problems - post-industrial stuff - but actually it's got a tremendous amount of greenspace. There is a green gym, there is a community garden, there are some walking groups from the health centre, so we have tried to be proactive in encouraging people to take that up.*
>
> *GP*

The research engaged a small number of Occupational Therapists working in mental health settings and they used nature-based projects and programmes as an integral part of their role. This included walks, therapeutic gardening and Branching Out. These consultees accompanied their patients to the nature-based health projects/programme and this regular and personal experience led to strong working relationships with the staff running the initiatives. One reported that health walks appealed to patients more than other forms of exercise and suggested this was because the walks involved more gentle exercise than going to the gym and was easier to re-connect with if they missed a week.

Health professionals with experience of nature-based health projects/programmes held positive views on the benefits of the initiatives. This included both physical and mental wellbeing. It was noteworthy that in many cases a strong relationship had been established

between the health professionals and the initiatives, mirroring the experience of the Occupational Therapists highlighted above.

Health professionals' experiences of signposting people to initiatives provided valuable learning for this research. Generally speaking, they had had no concerns about signposting and had not asked questions about how the projects/programmes operate or requested evidence such as insurance or health and safety procedures. Several of these consultees stated that they assumed the initiatives complied with legal requirements and had relevant procedures.

> *I just assume they (a local nature based health project) have everything like insurance and that type of thing.*
>
> *Occupational Therapist*

> *Health and safety etc? No. We know that (project) is very conscious of all of this and it is part of the induction. Right clothes, take register, sensitively handled without too much jargon.*
>
> *Occupational Therapist*

Several consultees, especially Physiotherapists and Occupational Therapists, pointed out that risk was part of life, that users were able to take part in risky activities in their own time and that providers were knowledgeable about risk assessment. Some consultees explained that they, or colleagues, assess the suitability of each patient taking into consideration issues such as health conditions, medication, and weight, in the context of the physical exertion involved in the proposed activities.

> *They're adults. We take calculated risks. There's never, ever been any incidents where we've had to call for help.*
>
> *Occupational Therapist*

> *Do I have concerns about health and safety and training? No. People are adults and can choose this by themselves. It is up to them and I have no concerns. I am not risk averse.*
>
> *Senior Manager*

A number of health professionals would welcome, but rarely receive feedback on participants including anonymous testimonials.

3.2 Barriers to use of nature-based health projects

As recognised in the study brief, health professionals identified four significant barriers to signposting / referral to nature-based health projects and programmes:

- Awareness of local initiatives
- Limited time during appointments
- Preference for other options
- Uncertainty about referring to nature-based projects.

Consultation with health professionals – and the environment sector - illustrated that these barriers are more prevalent in primary care settings than secondary care settings. The four barriers are discussed in more detail below. It is worth noting however that consultees tended to discuss the existence of more than one barrier at a time and suggested there could be some overlap, particularly between awareness and limited time.

3.2.1 Awareness of local initiatives

Health professionals' limited awareness of nature-based health projects and programmes in the local vicinity was the most frequently identified barrier.

> *We don't know about them (local nature-based health projects). It's not about time, or liability, it's about awareness.*
>
> *GP*

> *If you have a busy caseload you choose the things that you are aware about.*
>
> *Occupational Therapist*

Health professionals noted that third sector organisations deliver the majority of nature-based health projects and they felt the short-term funding that the projects tend to rely on contributed to the difficulty in maintaining up-to-date knowledge of local projects.

> *There is a small core of staff who make referrals or signpost, I don't think it is widespread. I think they sometimes feel things change in the voluntary sector quite a bit, a project might have funding for a couple of years and then: is it still there, I'm not really sure if it's still there? Maybe they don't have a strong relationship with health staff, and to be fair, it probably takes quite an investment from the voluntary sector, we've found it needs a constant nurturing of that relationship. It takes quite an investment in awareness raising to get that pathway established.*
>
> *Health Improvement*

> *It is always changing. You might do a piece of work gathering a list of services and then within a month, two of them aren't available or their funding's gone. So, you've given a patient a telephone number, they make contact but there's no answer. It is quite difficult to keep up-to-date with what's available.*
>
> *GP*

Health professionals discussed the challenges they face in trying to build up their awareness of relevant projects. Several commented on the plethora of third sector projects across a wide range of issues which made for a cluttered landscape. Although many consultees suggested a database of initiatives would be useful, few had heard of the ALISS[2] database and none had used it. Some of those who had heard of ALISS highlighted issues with its development and implementation which had led to some negative perceptions.

> *It's not just nature-based health projects. There are so many community activities, projects, groups out there that when you find out about one you think: Gosh I wish I'd known about that cos I've got all these people who could go on to it. It is an ongoing issue, having a central point where you could just say: I'm looking for X for a certain patient, where do I go to find out?*
>
> *GP*

Examples of how the awareness barrier had been overcome were cited. An environment sector consultee stated that a Community Links Worker in Glasgow had been a productive referral route for their health walks and subsequent consultation with the Community Links team demonstrated how their awareness of local initiatives allows them to provide a valuable intermediary role between primary care health professionals and a range of projects and

[2] A Local Information Service for Scotland https://www.aliss.org/

programmes including nature-based health ones. The Alliance, which is leading the Community Links Workers pilot in Glasgow, helped to produce a guide to promote the benefits of nature-based health projects and programmes (Health and Social Care Alliance Scotland, 2017). Consultees from a GP Practice in Dundee highlighted similarly positive experience with the Social Prescribing Buddies. Also in Dundee, an environment sector consultee highlighted previous work to map local nature-based health projects which were subsequently promoted to GP practices in the city.

> *I might suggest local projects to people or I might go online with them when they are in the room. I can't remember which website it is but there's a website where you type in your postcode and it tells you all the local fitness things that are about. It's not the ALISS database but it's a Scottish Government based resource. It lists all of the gyms and all of the community based projects that people can get involved with. I'd suggest it for people with physical and mental health issues, sometimes people might not have a mental health diagnosis but they may have poor social skills, or small social networks, or be very apprehensive about meeting people, making the effort to go out and do something so they wouldn't think of Googling so they would need a lot of help, handholding to try to encourage them to go.*
>
> *GP*

> *We've generally tried to be quite hands-on in knowing what is happening locally. There used to be a physical activity directory that was put together locally it was a combined Highland and National Park initiative for Badenoch and Strathspey. It was great but it needs to be kept up-do-date. It was really, really useful as it was the sort of thing you could have sitting in front of you. I'm not aware of the ALISS database.*
>
> *GP*

3.2.2 Limited time during appointments

Several health professionals identified the limited time GPs and other practitioners have for patient appointments as a barrier. The time allocated to see each patient was reportedly insufficient to listen to their symptoms, reach a diagnosis and, if appropriate, signpost or refer the patient to a nature-based health initiative.

Several consultees stated that processes that involve referral forms were more likely to be viewed as a barrier compared to those that involve signposting such as handing over a leaflet or providing the name of a local project.

> *Some organisations produce forms that are like 'War and Peace'. Anything that takes up more of the GP's time the less chance there would be for a referral.*
>
> *GP*

> *Potential barriers are: does it involve a referral form? The person I referred, it didn't, it was just here's where it is, here's what time it's at, if you are interested go along, so that was easy.*
>
> *GP*

> *For most of these things (local nature-based health projects) there isn't a formal referral process and we are not hugely keen on referral forms. Firstly, because they reflect the priorities of funders rather than patients, and secondly, just logistically because a plethora of referral forms is just not manageable and becomes a barrier to encouraging people. If you have to*

hunt out that form and can't quite remember where to find it, then you are just not going to do it. So we are anti-referral forms. What we have gone for in the practice is to develop the Community Links Worker role which has now become Scottish Government policy. They become the conduit into nature-based stuff from General Practice because there are people who will go and people that won't. The people that won't go often have very real barriers to why they won't go, whether they are attitudinal barriers or financial and those things aren't overcome by a referral process, they are overcome by helping them solve the problems and stopping them using up the practice's resources, That's where the Links Worker who is part of the GP practice, is a familiar person, and has got the confidence of the person, so they go and really they're the catalyst, even accompanying them the first couple of times so they've the confidence.

GP

Two GPs specifically mentioned that the limited time made it less likely that they and their colleagues would be proactive and raise lifestyle issues such as physical exercise, smoking, diet and alcohol consumption – which could be addressed by nature-based health promotion projects/programmes. One of the GPs described this as "opening a can of worms" and suggested many GPs would avoid doing so because of the time pressure.

In some cases this barrier was linked to limited awareness, with GPs not having the time to research suitable local initiatives if they did not already know of one. This experience reflects the broader experience of GPs involved in social prescribing (Cawston, 2010).

It (limited signposting) is down to both a lack of awareness and a reluctance to refer. I don't think GPs are particularly aware of what's available. The reluctance to refer, in my view, is possibly a time constraint. With the majority of GPs it's ten minute appointments and increasingly people come in with a list of problems, and trying to fit recommending exercise in - we know we should be doing it – can be difficult to do. Speaking more generally for GPs, we all know that exercise and physical activity is important and there's a lot of publicity about it and it's something the general public is aware of so it's almost not my job, I've got enough to do without spending a couple of minutes telling somebody you need to do this amount of exercise, you need to go there.

GP

As well as the intermediaries such as the Community Links Workers, a GP stated that other health professionals may have more time to be able to support patients and find appropriate initiatives.

None of the health professionals working in secondary care settings highlighted limited time as a barrier, although some perceived it would be a barrier for GPs.

3.2.3 Preference for other options

It was suggested that some health professionals may prefer to direct patients to other treatments instead of nature-based health projects, although it is important to note that none of those consulted during this research identified this barrier directly – it was a perceived barrier among other health professionals. The suggestion was that some health professionals may be more comfortable prescribing a medical treatment, or if they were inclined to prescribe exercise, may be more comfortable signposting patients to indoor exercise.

Nature-based projects are a little unknown to some health professionals. If you work in a building and your working life is constrained by the walls of that building, people find it very hard to see beyond that. There is a cultural change where it is being encouraged all the time, to think about people self-managing, but I still think people who work in a hospital find that very difficult. They have very clear views about it.

Physiotherapist

3.2.4 Concerns about legal responsibilities when referring to nature-based projects

A key driver in the commissioning of this research was a perception that concerns about health and safety and the suitability of nature-based health projects and programmes was a barrier to healthcare professionals promoting or recommending use of such initiatives. None of the 40 health professionals interviewed for this study, who generally had greater experience and understanding of nature-based health projects and programmes than randomly selected health professionals, raised concerns about health and safety or the suitability of the initiatives.

However, a small number of primary care professionals did raise concerns about legal responsibility when referring patients to such initiatives, and the fear of litigation should an issue subsequently arise. It was suggested that these concerns may be part of the reason some primary care professionals chose other treatments for their patients.

Some GPs or health practitioners may be reluctant to recommend people go and do something that they might feel they might injure themselves and be liable for it. It's like, say you've got a sore back, a health practitioner might say go and buy some paracetamol as opposed to the GP printing out and signing a prescription for medication so they are clinically responsible for that. I'm not sure at what point the responsibility becomes ours, say if I tell you at 1 o'clock on Friday there's a walk, here's where it is, why don't you give that a try, compared to if it's more like an exercise prescription and I'm saying I've filled in this form and I've signed it and I'm referring you to it. That to me carries much more responsibility. The insurance, the indemnity, would need to be clarified.

GP

Insurance was raised as part of these discussions. There was no concern that projects may not have such insurance, the concern was whether the health provider's professional indemnity insurance would cover any claims from patients who were signposted or referred.

Two of the Occupational Therapists who accompanied patients with mental health issues on health walks pointed out that they assumed the patients would be covered by NHS insurance.

None of the consultees referenced the Medical Protection Society's Walking for Health Statement promoted by Paths for All and highlighted in section 2 of this report. The Statement includes the following clarification:

Health professionals can be confident when they recommend their patients attend a health walk group. All leaders are trained; each route is risk assessed and walked at the pace of the slowest member; basic first aid training is recommended. All leaders receive public liability insurance by Paths for All. No paperwork is required from any health professional helping to save time in a busy day. So is there any chance of a health professional being sued if the patient comes to harm from participating in a local health

walk? Yes, there is a chance but it is minute provided that a sensible approach is adopted by both the health professional and patient.

3.3 Views on the usefulness of a quality assurance system

Three views emerged from consultation with health professionals regarding the proposed quality assurance system – those were:

- supportive
- open to the idea but were not convinced about the impact
- not supportive.

This was a small qualitative study that did not set out to provide statistically significant findings for the health sector, and it is worth referencing the purposive sampling techniques described in section 1 namely that the sample of consultees had greater experience and understanding of nature-based health projects and programmes than randomly selected health professionals. However, it is nonetheless useful to give an indication of the relative strength of opinions. Approximately half of those consulted were broadly open to the idea but were not convinced about its impact, with the remainder broadly divided between those who were supportive and not supportive. In other words, roughly a quarter of health sector consultees unequivocally supported the idea of a quality assurance system for nature-based health projects.

3.3.1 Supportive

There were health professionals who felt a quality assurance system would be useful and would make a difference not only to their own actions but could also, potentially, encourage other health professionals to direct people to relevant initiatives. Support was expressed from consultees in primary and secondary care settings as well as other health professionals.

> *I think it probably would make a difference in the current climate, with litigation and so on I think it would help to be able to validate services. Nowadays everything has got to be Is dotted and Ts crossed. I guess it would give some sort of format to be able to say yes this has certain criteria that it has met to say it is a service that would be ok for seeing patients. It would feel quite reassuring if you saw a kitemark. You'd feel that it was under an umbrella body. If you are more relaxed as a GP, and you are more open to things (like nature-based health projects), you sometimes feel slightly self-conscious that other GPs or health professionals think you are renegade in what you are suggesting. You might worry that your appraiser would look and think what are you suggesting all these for? Also, if you were signposting outwith projects that you'd had direct knowledge of yourself - you'd been to the group or knew the person running it and had a degree of trust - some sort of kitemarking scheme would be helpful.*
>
> *GP*

> *I think it would make a difference, as long as you knew what that kitemark said, what it indicated, the type of things the organisation has been assessed as providing. It would make a difference in the ones I would think about using. For us in our field, wanting to use another agency, then having a kitemark, quality assurance, would be very beneficial.*
>
> *Physiotherapist*

I think it would be a very good idea. It could start to provide the bridge for health professionals until such a time as social prescribing or green prescribing, call it what you want, becomes more normal or accepted.

Health Improvement

I think a TripAdvisor style rating would be good for this.

Senior Manager

A small number of consultees suggested the proposals may help reassure patients, their families, and the wider community.

I think it would help. If people in the community saw it they would think that was a professional operation.

Occupational Therapist

Quite often we've had the parents of someone who is suffering mental health problems in the community but doesn't want to come along (to health walks). If there was some sort of a quality assurance scheme they may well be more encouraged to attend because it's official.

Occupational Therapist

3.3.2 Open to the idea but not convinced about impact

A number of health sector consultees - from primary and secondary care settings and health improvement - had mixed views about a quality assurance system and felt it may make a difference to some but not all health professionals and/or noted that other actions were also required to improve signposting/referrals. These other factors included raising awareness of initiatives, promoting the health benefits of nature-based activities, and providing clarity on legal responsibilities when signposting and referring patients to nature-based initiatives.

It would be welcomed and it would help a bit but I don't think that is the deal breaker really one way or another. I think the relationship that people have, the confidence they have - and I suppose the quality standard might instil a wee bit of confidence - but I do think the relationship is really the pivot that makes or breaks it. That needs investment from the Green Gym®, or whatever it is, to make that happen. I think a quality standard would be a good thing, it would demonstrate a certain standard but I don't necessarily know that it would be the thing that would make people say I'll make a referral or a signpost.

Health Improvement

It would be really good to know, to be aware that it was structured and the organisation of the activity was all in place, that it was a safe and supported environment that people were going along to participate in. It would be reassuring certainly. But would it encourage me to do it more often? I don't know. It's knowing that things are there in the first place that is probably the main stumbling block at the moment.

GP

I don't think a kitemarking scheme would make a difference to the GPs in my practice. It's more about what's out there, how they access it, and the sustainability of it all. Also, even though a project might have a kitemark and had strict criteria for safety or whatever, the actual day to day operation of the project and our relationship with them and feedback from local people, is much more important. I think for some health professionals who are still very

medically orientated in their mindset and their ways of working it might make a difference but for us I would say that we would not see the value in a kitemark to the same extent. Some clinical staff would just say that (project or programme) was who they wanted to refer to.

Community Links Worker

My belief is that it is less to do with kitemarking. The main issue is awareness. Number one, GPs, practice nurses don't know about what's available. Even if they've been told once it needs to be reinforced, that relationship between whatever service you are trying to engage with and the referrer needs to be sustained, strengthened. The first thing is awareness, and kitemarking is lower down in the order of priorities. I suspect it may make a difference to some GPs, but for me personally it probably wouldn't make a huge difference. It is certainly not going to do any harm, it is just taking the costs and the effort involved, is it worth it or are there other things you could be doing?

GP

I think there is a spectrum of GPs from the very bio-medically orientated GP to those that have a much broader bio-pyscho-social understanding. I am not sure the kitemarking would increase confidence. To me that feels like a red herring if I'm honest. If you are bio-medically oriented then you are just not interested. So if you have a very pharmacological understanding of things then you want to tell people to walk, but if you don't believe in all this stuff about community activity, it makes no difference to people's health, then you just don't believe in it. It's more of a broad educational issue rather than a lack of confidence (in the initiatives). At the other end of the spectrum, GPs who are enthusiastic about it don't need a kitemarking scheme because they are happy to recommend things. It is true there may be GPs in the middle that are concerned about things like litigation – if they recommend something and someone goes and breaks a leg - but I don't know any GPs personally where that would change their mind. I know that is not representative of all GPs but I'm not convinced that kitemarking would make GPs more confident to refer. The people who say it is to do with medical legal stuff are using that as a justification, if I'm being honest. What would make a difference is education and information about the medical-legal aspect of signposting and referring, and that recognition that a recommendation that someone might consider an activity doesn't carry with it full medical-legal responsibility of say giving them a drug, a prescription. That is where, I think, there is some confusion and misunderstanding that needs some clarification. That issue is broader than the backers of the system, but if they were able to link in with other signposting type strategies and have a common message, I think that would be the main thing in education or promotional material to GPs rather than a kitemark of quality.

GP

3.3.3 Not supportive

There were health professionals who felt a quality assurance system would not be useful although there were different reasons for such views.

First, there was a view that a future quality assurance system would not address the main barriers and these consultees felt it would therefore make no difference to their own, or their colleagues', propensity to signpost/refer patients to such initiatives.

There's a danger of creating a huge bureaucracy. Initiatives are subject to the law anyway so we don't require a QA system to prove to us they are safe. Having all of the information (on initiatives) in one place would be the biggest help. Others need to understand the way we do business. It is no use sending us leaflets or posters or directing us to each organisation's website - we need all the information in one place where we can find it straightaway.

Manager

I've seen these before and didn't find them very helpful. I don't think it would make any difference to referral rates.

Anonymous consultee

One consultee was not supportive of the idea of a quality assurance system that related exclusively to nature-based projects and suggested it should cover a broad range of exercise projects and programmes. The consultee suggested an alternative could be adoption of the competency framework for practitioners involved in physical activity which is being developed by the Chartered Institute for the Management of Sport and Physical Activity. Another consultee highlighted the potential refresh of the Exercise Referral Toolkit by SSEHS Active (part of the School of Sport, Exercise and Health Sciences at Loughborough University) and the development of an Exercise Referral Accreditation Scheme as an alternative option.

I am not sure if it is just nature-based projects where it will be useful. If it were to be framed in the broader context of physical activity, then, yes there could be benefits from a quality assurance system. If it's just nature-based projects then no I don't think it would be helpful. General awareness of referral, or signposting, to physical activity is lacking among the health profession, there are a handful of individuals who do it.

Senior Manager

There were also health professionals who already directed patients to nature-based health projects and they felt the quality assurance proposals were unnecessary.

3.4 Views on key aspects of a quality assurance system

Overall, health professionals were less concerned about the specific details of the proposed quality assurance system compared to environment sector consultees.

Anything we would refer to, we would hope would be safe and have some sort of accountable process but the finer details of that I don't think are of interest to many GPs. Just knowing there is some oversight is probably enough.

GP

Some health professionals did comment on which organisation leads or endorses the system, and the criteria. Earlier in the study a number of environment sector consultees suggested that the system should be led or endorsed by the NHS given the aim was to reassure health professionals about the quality of processes that underpin nature-based health projects and programmes. Broadly speaking, health professionals agreed that endorsement from the NHS would provide the greatest reassurance. Part of this stemmed from limited knowledge of the environment sector and respective roles of organisations within.

You'd want a familiar brand i.e. 'NHS Healthcare Improvement' approved. What you don't want is some kitemarking that means nothing to GPs – so

they'd be saying what is that, you need to teach me about the kitemarking. It needs an NHS stamp. I've never heard of SNH. They could both have a stamp – NHS and SNH together as the Natural Health Service – and that would draw your attention, so on the one hand you are reassured by the NHS and on the other you see there's another partner, and the Natural Health Service, oh that sounds interesting.

GP

It would need to have NHS endorsement, with the NHS logo. It will have no credibility with health professionals if it just comes from SNH. It would be great if the Chief Medical Officer for Scotland endorsed it for example.

Senior Manager

In contrast to the above, some health professionals felt that SNH was sufficiently well known and regarded. A small number of health professionals suggested the system should not be endorsed by the NHS as this might put off some would-be referral/signposting agencies that might perceive it as bureaucratic or put off some potential participants who might perceive it to be more medical or clinical than it is.

I'd prefer it to be SNH. You kind of associate the NHS with healthcare, I know it is health-related, but you associate the NHS with hospitals and doctors' surgeries, whereas with SNH you associate it with outdoor life.

Occupational Therapist

For us we wouldn't really feel the need to have any kind of NHS support. But I would say that we are unusual in that we refer to all sorts of charities and other agencies that have no connection with the NHS.

Physiotherapist

There were various suggestions on what form NHS endorsement could take if a quality assurance system was to be developed, examples included NHS Health Scotland, NHS Healthcare Improvement, or Our Natural Health Service.

A small number of health professionals echoed the views of the environment sector in highlighting the need to make the system accessible for small organisations.

It could be quite labour intensive to achieve it, so smaller organisations working on quite narrow margins, they will need to feel the benefit of doing it to invest in it. It adds a bit more weight if there's an external process attached to it.

Health Improvement

Self-assessment doesn't sound like an accreditation scheme but the more robust it is the more bureaucratic it becomes. A bit of me thinks it should be accredited but I can also see that it might put off some projects. Perhaps focusing on a set of core principles that organisations could sign up to that would be sufficient to demonstrate their quality.

Senior Manager

A number of consultees noted that the system would need to cover a very wide range of nature-based projects and programmes and suggested this may be a challenge in terms of its design. For example, one of the most frequently suggested criteria was reassurance that staff and volunteers had completed relevant training but in practical terms this may be quite different training depending on the specifics of the project; one health professional suggested they would need reassurance that projects they would signpost to had staff who

were trained to support people with mobility issues and another health consultee stated that relevant training to them would be supporting people with mental health issues. So to truly reassure health professionals, projects would need to specify what their staff and volunteers were trained in and a quality assurance scheme of the nature being explored may be too blunt a tool to achieve this.

There were also some comments about a possible quality assurance system covering, and setting minimum criteria, for the delivery of activities – *what* rather than *how* projects deliver. As this is outwith the scope of the study brief no further details are provided. However, it does reinforce an often made comment that the purpose of any future system, should one be developed, would need to be clearly articulated.

4. QUALITY ASSURANCE SYSTEM

While section 2 demonstrated that environment sector consultees were broadly in favour of a quality assurance system, section 3 demonstrated that health sector views were more mixed, with a minority of health sector consultees not supporting the idea and the remainder either being open to the idea but not sure of its likely impact, or expressing unequivocal support. In this section we summarise the key features of a quality assurance system, and outline potential principles and criteria should a system be developed in future; we also present draft guidance. The section begins with a summary of the lessons highlighted by the review of other quality assurance systems.

4.1 Lessons from other quality assurance systems

Quality assurance systems chosen for review were ones that were consistent with the study brief in that they were easy to understand, proportionate and did not place onerous burdens on the service provider. Overall, the review illustrated how much these systems varied in terms of their complexity, cost, assessment process, and uptake.

The most comprehensive system reviewed was Heathy Working Lives which has very detailed criteria covering three award levels – Gold, Silver and Bronze. Accreditation requires the production and upkeep of an online portfolio including a strategy and action plan, and proof of the implementation of annual campaigns and activities. Reflecting the complexity of this scheme, Healthy Working Lives was the only one to make extensive use of external assessors to verify submissions, although advisor-supported self-assessment is also part of the scheme. It is also the only one of the systems to have different levels of accreditation – on the one hand this allows organisations to choose a level commensurate with their own needs, on the other it could be seen as adding to the scheme's complexity. The benefits of the system to award holders are clearly set out and this is one positive attribute that a nature-based system could seek to replicate. Although information on the cost of managing the various quality assurance systems was not available, the use of assessors and advisors (and an advice line) would, in all likelihood, result in Health Working Lives having higher operating costs than the other schemes.

The Investing in Volunteering (IiV) scheme is also quite complex and involves an element of external assessment. This may help to explain the costs to applicants associated with this scheme (as of 2017) which are relatively high compared to the others reviewed; accreditation for organisations with less than 50 volunteers costs £1,000 and fees for organisations with more volunteers are tailored to the size of the organisation. By comparison, the Care Farming Code of Practice costs applicants £60 (as of 2017), while the Landlord Accreditation Scheme is free for landlords with fees for letting agents ranging from £75 for those with 50 properties or fewer, up to £395 (as of 2017) for agents with more than 500 properties. Take up of the UK-wide IiV Award has been limited in Scotland. The Volunteer Friendly Award was specifically developed as a lighter touch to the IiV in Scotland and is based on the same indicators which are covered in less detail. Accreditation involves less paperwork and is less time-consuming. Take up of this Award has been more widespread. The only costs of the Volunteer Friendly Award are small charges for the application and to cover the cost of the Award plaque and certificate. Based on the above, the cost of accreditation is a potential issue to be aware of. More broadly, the Volunteer Friendly Award appears to be a user-friendly system that could provide some helpful pointers if a system for nature-based projects/programmes is to be explored further.

The Social Enterprise Mark has a sliding scale of fees ranging from £350 for organisations with an annual income of £150,000 up to £4,500 (as of 2017) where turnover is £30m+. Uptake in Scotland has been very limited. Senscot – the social enterprise network for Scotland - developed a Voluntary Code which is more applicable to social enterprises in

Scotland reflecting the specific definition of social enterprise used in Scotland. The Code has been widely applied in Scotland. While cost may well be a factor in uptake, as Senscot's Code is free of charge, this situation may also demonstrate that a scheme's relevance is also an important factor to consider. The main purpose of the Social Enterprise Mark appears to be to reassure others that award holders are genuine and trustworthy social enterprises rather than the application of rigorous quality standards.

All of the schemes involve an element of assessment by the awarding authority, however this varies quite significantly. As summarised above, Healthy Working Lives and IiV have quite rigorous assessment processes. Other schemes such as the Social Enterprise Mark, Landlord Accreditation Scheme and Care Farming UK Code of Practice essentially involve a self-assessed application process which is assessed by a panel of experts with limited verification such as visits or spot checks, as far as we could establish. For example, the Landlord Accreditation Scheme involves a self-certification Landlord Accreditation Checklist which enables landlords and letting agents to confirm that they do meet the required standards. Care Farming UK's Code of Practice involves the submission of a self-assessment form and copies of Client Agreement and safeguarding policy. The Social Enterprise Mark has a very light touch application and accreditation process.

It was noteworthy that the quality assurance systems reviewed tended to have complementary training programmes. For example, the Landlord Accreditation Scheme requires attendance at a minimum of one Core Standard training session annually. The resources involved in planning and delivering appropriate training would therefore need to be factored in to decisions about a future quality assurance system.

4.2 Key findings from consultation

For the quality assurance system to appeal to the environment sector our consultation suggests it would need to take account of the needs of organisations of varying size. For smaller organisations a key consideration is that the system is not overly-bureaucratic and self-assessment would be one way to achieve this, however the system must also appeal to those organisations, particularly larger ones, requiring a more comprehensive system and that suggested a degree of external verification may be necessary. The environment sector also noted the need for commitment to the introduction and implementation of the system, and to provide support for organisations to achieve accreditation where needed.

Health professionals were less specific about the key features of a system. Where they did comment they agreed that the system should be accessible to a wide range of projects and programmes.

The consultation demonstrated that a quality assurance system would need to be widely promoted – on the one hand to ensure it is taken up by the environment sector and on the other so that it is understood by health professionals. Consultees from both sectors suggested that endorsement by the NHS would be beneficial. Many consultees suggested the awareness raising should also promote the mental and physical benefits of outdoor activities to reinforce the rationale for nature-based health projects and programmes.

The above confirms the key elements of any future quality assurance system outlined in the study brief:

- Clear and understandable for the health sector, as the customer.
- Simple to implement by the environment sector, as the provider.
- Proportionate.
- Avoids additional burdens on the service provider.
- Ensures quality, but avoids bureaucratic assessment or accreditation processes.

Consultees also suggested a system should be complemented by the promotion of a central database that provided up-to-date information on nature-based health projects, as well as other forms of exercise. Accreditation should be recorded on the database and be a searchable criteria or filter. To meet these calls, existing databases such as ALISS would require further development; one GP suggested a system that was integrated into GP patient management software packages, such as EMIS[3], would be ideal.

4.3 Principles

It is proposed that the following principles underpin a quality assurance system should one be implemented.

- The system reassures health professionals that nature-based health projects and programmes are safe and effective health interventions.
- The system is accessible and relevant to all providers irrespective of their size or length of time they have been operating.
- Practical support is provided for organisations seeking accreditation, where necessary.
- The system is primarily based on self-assessment.

4.4 Core criteria

The following were identified by consultees - mainly from the environment sector - as the key criteria for a quality assurance system for nature-based health projects and programmes.

4.4.1 Staff and volunteer training

Proof that staff and volunteers had undertaken relevant training was the most frequently suggested criterion. First aid training was identified as a key generic area of training. Consultees also identified specific health-related training such as mental health and mobility issues, which may be more challenging for a broad quality assurance system to cover, as noted in section 3.

4.4.2 Induction process

Consultees suggested the system should provide reassurance that new participants would be met by a member of staff or a volunteer on their first visit. They stipulated that there should be a set induction process where the staff member or volunteer would talk to new beneficiaries about the project and answer any questions, and, where appropriate, take relevant registration details including health issues and emergency contact details. Proof that staff and volunteers had completed training on the beneficiary induction process was suggested by several consultees.

4.4.3 Health and safety

Consultees, primarily from the environment sector, frequently mentioned health and safety as a key criterion. To some this was quite generic and related to the existence of a health and safety policy and procedures. Other consultees were more specific and suggested the system should seek to provide reassurance about:

- how staff and volunteers would respond to medical emergencies
- risk assessment of activities and procedures for dealing with situations where beneficiaries, staff or volunteers were at risk of harm or in danger
- staff and volunteer membership of the Protecting Vulnerable Groups scheme
- maintenance of equipment

[3] Egton Medical Information Systems (EMIS) Limited.

- professional indemnity and public liability insurance.

4.5 Other potential criteria

In addition to the above suggestions which were identified by several consultees, the following criteria were also proposed by a smaller number of consultees.

4.5.1 Feedback and evaluation

Some of the health professionals reported that they would welcome, but rarely receive, feedback from nature-based projects or programmes that they signpost patients to. A few followed-up this line of conversation by suggesting this could be a criterion for the quality assurance system. There was an acknowledgement that this would probably only be possible where formal referrals were made and they suggested that projects and programme should set out processes for how they provide feedback to referral agencies, subject to compliance with data protection laws. Some health professionals stated they would still welcome more general feedback in cases where signposting rather than referrals occurred for example where links had been established between health professionals / social prescribing practitioners and a local nature-based project. One suggestion was that feedback from beneficiaries could form part of periodic reassessment, with the consultee likening this to Care Inspectorate reviews.

A small number of health professionals took this a step further and suggested that evaluation, including feedback to referral/signposting agencies, could be a quality assurance criterion. They felt organisations should be providing proof that the initiative was outcome-focused and had processes in place to gather evidence of its impact.

4.5.2 Organisation

A small number of health professionals suggested the quality assurance system should provide reassurance that the organisation was trustworthy and felt a criterion could be developed to cover this issue. Health professionals talked in general about the plethora and often short-lived nature of projects and some stated they would welcome reassurance about an organisation covering, for example, its governance, track record, project management, and links to the local community.

4.5.3 Information provision

A handful of health professionals suggested setting minimum standards for the provision of information on activities as a possible criterion so they could make better informed judgements on whether initiatives would be appropriate for their patients. Some consultees stated that the information they received in advance on initiatives was limited at times, for example, a health professional who had accompanied patients on health walks would have welcomed information on the length of the walk and what gradients it involved, and suggested the system may be one way of addressing this problem.

4.6 Draft guidance

Draft guidance for a quality assurance system for nature-based health projects and programmes is shown in Annex 3. It covers the purpose and principles of the system, draft guidance on potential operating standards, assessment, support and advice, and accreditation and cost, as well as a checklist and declaration. Further feedback from health and environment sector consultees on the draft guidance will be helpful should a system be developed in the future.

5. OTHER APPROACHES

Consultation with health professionals highlighted mixed views on a quality assurance system and its potential impact in reassuring the profession that initiatives are well planned and delivered. Feedback from this study reinforced the inclusion in the Our Natural Health Service action programme of work to tackle other barriers which currently result in the value of nature-based projects and programmes not being recognised in health sector policy and practice. In this section we consider some other approaches available should a nature-based quality assurance system not be considered a priority in the first instance. The barriers associated with the signposting / referral process are explored in order to help identify alternative or complementary approaches that could potentially improve the situation, such as awareness raising and a comprehensive information source.

5.1 Signposting / referral process and barriers

Consultation with the environment and health sectors illustrated that the barriers to signposting or referring people to nature-based health projects and programmes are more prevalent in primary care settings than secondary care settings. To assess options on how to address these barriers we first summarise (and simplify) the signposting / referral process facing health professionals in primary care settings, and the barriers that arise during the process.

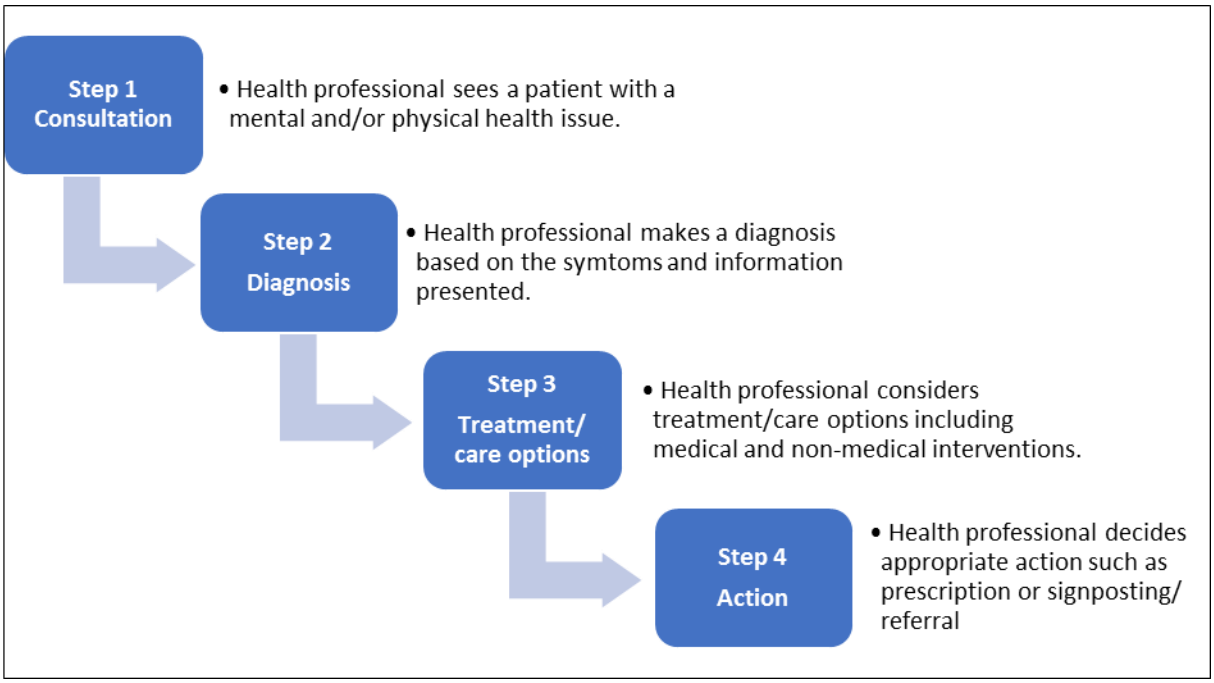

Figure 2. The process within primary care leading to signposting / referral

Based on the consultation evidence, the barriers to signposting or referral to nature-based health projects arise at step 3 when health professionals are considering the treatment / care options. Four significant barriers exist:

- **Barrier 1 - Understanding:** Some health professionals will not include nature-based health projects as viable treatment or care option if they are proponents of medical interventions or are more inclined to think of other forms of exercise.
- **Barrier 2 - Awareness:** If the health professional is considering nature-based health projects as an option, they may discount it if they do not know what initiatives exist locally and do not know where to find such information.

- **Barrier 3** - **Time:** If the health professional is considering nature-based health projects as an option, they may discount it if they a) do not have the time to research local initiatives, or b) know or believe the signposting / referral process is time consuming.
- **Barrier 4 - Responsibilities:** If the health professional is considering nature-based health projects as an option, they may not signpost or refer when they are unclear about their responsibilities for patient safety and fear potential litigation if the patient is subsequently injured.

5.2 Other approaches

Other approaches that could, potentially, help to address the barriers are discussed below. They have been identified during the course of assessing feedback from this study's consultees, and in some cases were specifically noted as a preferred approach, or as a higher priority than a quality assurance system. The approaches could be implemented as alternatives to a quality assurance system, or as complementary actions as part of an all-encompassing approach implemented in phases over time as part of the Our Natural Health Service programme.

5.2.1 Information source

The development and widespread promotion of an accurate, up-to-date and easily accessible information source could, potentially, help to address barriers associated with limited awareness of local initiatives (Barrier 2) and limited time to source information (Barrier 3). The inclusion of information on signposting / referral processes would also help to address the view that signposting / referral to nature-based health projects and programmes is time-consuming.

To be useful, to health professionals and intermediaries such as Community Links Workers, the information source would need to be easily accessible, comprehensive and up-to-date and a web-based system would therefore be ideal. Information would need to cover as many initiatives as possible across Scotland, and be regularly updated to ensure it remained comprehensive and accurate. This would require ongoing investment if centrally managed, or buy-in from each organisation if self-managed like the ALISS system. Users would need to be able to filter results by key criteria such as area, target group, and type of activity. If nature-based quality assurance system is implemented, we recommend that accreditation should be recorded on the information source and be a searchable criterion or filter.

Rather than creating a new information source from scratch which could be costly, partners could invest in an existing tool such as ALISS or other local systems, either of which could fulfil the role in our opinion. Consultation with health professionals demonstrated limited awareness of many sources at present, and some concerns about the usability of ALISS. One GP suggested integrating the information source into GP patient management software packages, such as EMIS, would be ideal as health professionals were already familiar with the system. This appears to be a very constructive suggestion which could be investigated further.

5.2.2 Awareness raising

An awareness raising programme summarising credible evidence that nature-based health projects and programme are effective interventions could, potentially, help to address the barrier associated with understanding (Barrier 1). This is a significant barrier for some primary care health professionals as it means they do not even consider nature-based health projects or programmes when assessing treatment / care options.

We recommend an all-encompassing awareness raising programme not only outlining the evidence that nature-based health projects and programme are effective interventions, but

also promoting the information source, the simplification of signposting / referral processes, and clarification of health professionals' legal responsibilities when signposting or referring patients to nature-based health projects. To take account of staff turnover, the awareness raising programme may need to be open-ended.

The awareness raising programme would need to be noteworthy and targeted at appropriate health professionals which is not as straightforward as it may appear. Our consultation with health professionals found that GP practices and other healthcare settings receive a significant amount of information on a daily basis and the awareness raising programme will, somehow need to stand out from the crowd. It was also apparent that the programme will need to target different staff in different primary care settings for example, Practice Managers or administration staff in some GP practices act as a filter for the information that makes its way to the range of health professionals. It was also apparent that in some practices, targeting Practice Nurses would be more effective than targeting GPs. One way of achieving this targeted engagement is establishing a small team to take on the role – Cancer Research UK adopted a similar approach with the establishment of their Facilitator Programme[4] and Primary Care Engagement Teams across the UK. We appreciate however that this option would require significant investment.

The awareness raising programme should include the social prescribing / Community Links teams that are being established across Scotland. Doing so will provide a network of workers throughout the country who have all the information required to signpost / refer people to nature-based health projects or programmes. This option would not require the same level of investment as a primary care engagement team.

5.2.3 Clarity around litigation

The consultation process demonstrated that some health professionals lack clarity on their responsibilities for patient safety and fear litigation should anything untoward happen. Most of those who commented on this issue suggested there was less risk involved in signposting than referring patients but still felt uncertain about their responsibilities and the legal situation. Therefore, this barrier could potentially be addressed by providing very clear guidance on the legal responsibilities associated with health professionals signposting and referring people to nature-based health projects or programmes. As noted above, this information could be part of an all-encompassing awareness raising exercise.

5.2.4 Simplification of signposting / referral processes

Simplification of the signposting / referral process by nature-based health projects could, potentially, help to address the view among some primary care health professionals that the process is complicated and time consuming. By encouraging all organisations involved in the delivery of such projects / programmes to review their current processes, where necessary they could be revised to be more clear and succinct. Where the process requires the health professional to provide information, organisations should ensure this includes only essential information and that it can be provided electronically, if at all possible. The production of referral templates or guidance may assist some providers to simplify their systems.

5.2.5 A statement of support by initiatives

The consultation found that overall, health professionals were not concerned with the detail of how initiatives are planned and delivered, but were open to the idea of a quality assurance system and/or felt that it was not the priority to be addressed in the first instance. Nonetheless, one aspect of the conversations during the course of this study was the

[4] http://www.cancerresearchuk.org/health-professional/learning-and-ways-we-can-support-you/the-facilitator-programme

importance health professionals attached to some form of health endorsement should a system be introduced. Several health professionals reported that they, and potentially their colleagues, would be more likely to signpost or refer patients to initiatives that had a health-related branding of some form compared to initiatives that did not. They were not especially interested in the criteria behind the health branding but felt reassured by its mere presence. Therefore, an alternative approach is put forward whereby providers of projects or programmes that support the principles of green exercise (fostering better health through more use of the outdoors and contact with nature) and the goals of the Our Natural Health Service initiative are able to use the slogan and the logos of the organisations behind the approach including NHS Health Scotland. This pledge or statement of support would not signify endorsement by the organisations but would demonstrate to health professionals that the project / programme was contributing to the goals of the national initiative. Organisations adopting the statement of support could be listed on the Our Natural Health Service website[5] and would become part of a loose group of projects and programmes seeking to implement the approach which, it is hoped, will become a recognisable brand over time.

A draft statement of support is shown in Annex 4. Further feedback from health and environment sector consultees on the draft statement will be helpful should a system be developed in the future.

[5] www.naturalhealthservice.scot

6. CONCLUSIONS

This study has explored the potential role, development and operation of a quality assurance or kitemarking system for nature-based health projects or programmes in Scotland. It consisted of depth interviews with 29 environment sector consultees involved in the development and delivery of such initiatives and 40 health professionals working in a range of positions mainly in primary and secondary care settings. The consultation sought to 1) identify delivery practices at existing projects/programmes, 2) identify barriers among health professionals to signposting or referring patients to such initiatives including knowledge of, and reassurance over, their purpose and operating practices identified during previous research, and 3) gather views from both sectors on the potential for a quality assurance system to help increase signposting or referrals. The consultation was supported by a document review and assessment of quality assurance systems applied in other fields. As a qualitative study with small sample sizes, the findings were not intended to be representative of the environment or health sectors, instead they provide an indication of the different views and experiences that exist. The purposive sampling used to engage some health professionals with experience of nature-based health projects/programmes, including GPs, Nurses, Occupational Therapists and Physiotherapists, means their views are very unlikely to be representative of the health sector as a whole.

Consultation with environment sector practitioners highlighted some excellent examples of nature-based health project and programme delivery across Scotland. The initiatives varied significantly from small local projects to large national programmes however they shared a commitment to helping people address mental and physical health issues. It was noteworthy that the environment sector organisations involved in this consultation appeared to have appropriate procedures in place for issues such as health and safety, beneficiary induction, and training for staff and volunteers. Environment sector consultees reported varying experiences of engaging health professionals and suggested that signposting or referral often depended on the strength of relationships with a small number of key contacts.

Health professionals identified limited awareness of local nature-based projects or programmes as the main signposting or referral barrier, particularly among primary care staff. Other barriers identified by consultees were limited time during appointments to source local initiatives and address lifestyle issues, and a reluctance to use initiatives with time-consuming referral processes. Based on their own mainly positive experience, none of the 40 health professionals interviewed for this study raised concerns about health and safety, or the suitability of nature-based initiatives as a barrier to signposting or referral although some did suggest they could be barriers for other health professionals. A small number of primary care professionals did raise concerns about legal responsibilities when signposting or referring patients to such initiatives, and the fear of litigation should an issue arise. Previous research has noted health and safety and the suitability of nature-based initiatives as key information gaps or uncertainties which affected health professionals' confidence about how they are delivered and acted as a barrier to signposting or referral, indicating the difference in study methodologies.

Health professionals' views on barriers were reflected in their opinions on the idea of a quality assurance system focused on the planning and delivery of nature-based health projects and programmes. Recognising that the sample of consultees had greater experience and understanding of nature-based health projects and programmes than randomly selected health professionals, approximately a quarter expressed unequivocal support for a quality assurance system. A similar proportion were not supportive of the idea and felt it was unnecessary and would make no difference to signposting or referrals. Roughly half of the health professionals were open to the idea of a quality assurance system and suggested it may make a difference to some but not all health professionals and/or noted that other actions may have more impact in increasing signposting/referrals such as

raising awareness of initiatives, promoting the health benefits of nature-based activities, and providing clarity on legal responsibilities when signposting and referring patients to nature-based initiatives. Overall therefore, health professionals consulted for this research were not, at this stage, convinced about the value of a quality assurance system.

In contrast, the environment sector consultees were supportive of the idea. The consultation found that nature-based health projects and programmes already addressed process issues such as health and safety and training but would welcome a quality assurance system that clearly demonstrated to signposting/referral organisations that they conformed to certain standards. Some environment sector consultees also felt the system could help drive up standards among organisations in the sector. It was also suggested that accreditation could have benefits in terms of attracting funding which was an ongoing concern for organisations in the environment sector.

Although environment sector consultees were supportive of a quality assurance system they did raise some concerns which should be considered if a system is to be developed in the future. For smaller organisations in particular, a key consideration is that the system is not overly-bureaucratic and self-assessment would be one way to achieve this. In addition, environment sector consultees suggested that the scheme's backers would need to demonstrate commitment to rolling out the system and provide support for organisations that required it. The consultation demonstrated that the quality assurance system will need to be widely promoted – on the one hand to ensure it is taken up by the environment sector and on the other so that it is understood by health professionals.

The overall findings from the consultation supported the study brief's suggestion that any future quality assurance system should:

- Be clear and understandable for the health sector, as the customer.
- Be simple to implement by the environment sector, as the provider.
- Be proportionate.
- Avoid additional burdens on the service provider.
- Ensure quality, but avoid bureaucratic assessment or accreditation processes.

In addition, if a quality assurance system is developed in the future, it is recommended that it should be underpinned by the following principles.

- The system reassures health professionals that nature-based health projects and programmes are safe and effectively managed.
- The system is accessible and relevant to all providers irrespective of their size or length of time they have been operating.
- Practical support is provided for organisations seeking accreditation, where necessary.
- The system is primarily based on self-assessment.

Feedback from consultees, mainly from the environment sector, about potential criteria for the quality assurance system focused on three main areas – staff and volunteer training, beneficiary induction, and health and safety (although this covered a number of specific issues). The consultation therefore confirmed the criteria that the study brief suggested would be important at the outset. Further suggestions were made regarding feedback and evaluation, the delivery organisation, and information provision. Generally, health professionals were less specific about the key features of a system, reflecting their mixed response to the idea. Feedback from the health and environment sectors on draft guidance developed during the study will be useful should a system be developed in the future.

A potentially significant finding emerged from the consultation on how the system should be implemented so as to achieve increased signposting / referrals by health professionals and other relevant staff. Consultees from both the environment and health sector felt that a health endorsement of some kind would be beneficial. As the aim of the system would be to reassure health sector staff about the quality of processes that underpin nature-based health projects and programmes, several consultees stated this would be best achieved by a health endorsement such as from NHS Health Scotland. Joint branding, such as the Green Exercise Partnership or Our Natural Health Service, was suggested by some consultees and may be worthy of further consideration.

Similarly, the backers of any future scheme may wish to consider how to raise awareness of nature-based health projects and programmes. Several health professionals identified this as a higher priority and called for an awareness raising programme and provision of a source of information on local projects and programmes that was easy to search and up-to-date. Some consultees also suggested that awareness raising on the benefits of using the natural environment to promote health and wellbeing and clarification on the litigation issue should be carried out and would potentially have greater impact on signposting and referrals.

Based on the consultation findings, we do not recommend that a quality assurance system for nature-based health projects and programmes is developed at this stage. The overriding aim of the system was envisaged as reassuring health professionals that projects and programmes were well planned and delivered. However, whilst acknowledging that many of this sample of consultees had experience and understanding of nature-based health projects and programmes, overall health consultees were not concerned about these issues and the system would not therefore be necessary in our opinion. The main barrier among health professionals was limited awareness of local initiatives and we therefore recommend the development of an accurate, up-to-date and easily accessible information source. Rather than creating a new information source from scratch, relevant partners could invest in an existing tool such as ALISS. To address the other barriers identified by this research we also recommend an all-encompassing awareness raising programme outlining the evidence that nature-based health projects and programme are effective interventions, promoting the information source, the simplification of signposting / referral processes, and clarification of health professionals' legal responsibilities when signposting or referring patients to nature-based health projects. We also recommend that a statement of support for Our Natural Health Service is developed whereby organisations delivering nature-based health projects and programmes would signal their intention to contribute to the goals of the national initiative in exchange for use of the slogan and the logos of the organisations behind it including an appropriate health sector body.

The study has provided some thought-provoking findings regarding the idea for a quality assurance system, and other potential initiatives to improve signposting and referral to nature-based health projects and programmes. Discussion within SNH, and with external partners including NHS Health Scotland and Scottish Government, may help to clarify which elements are taken forward and when, and how they complement other relevant initiatives such as the rollout of the Community Links Workers programme across Scotland.

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ANNEX 1: ENVIRONMENT SECTOR CONSULTEES

Alan Melrose, NHS Grampian
Alis Balance, The Conservation Volunteers (TCV)
Craig Lister, TCV
David Graham, TCV
Debbie Adams, TCV
Dom Hall, TCV
Kevin Lafferty, Forestry Commission Scotland
Nathalie Moriarty, Forestry Commission Scotland
Ferga Perry, Velocity Café and Bicycle Workshop
Fiona Thackeray, Trellis
Heath Brown, National Trust for Scotland
Heather Duff, Scottish Association for Mental Health
Helen Thomson, Clydesdale Community Initiatives Scotland
Hugo Whitaker, Cyrenians
Ian Findlay, Paths for All
Ian McKenzie, Scottish Wildlife Trust
Jane Rosegrant, Borders Forest Trust
Judy McCready, Clyde Muirshiel Regional Park
Julie Driscoll, Perth & Kinross Association of Voluntary Service
Kate Shaw, Concrete Gardens
Laura Lucas, Dundee City Council
Linda Telford, North Ayrshire Council
Mike Woolvin, Cairngorms National Park
Rob Burns, Ramblers Scotland
Sarah Griffiths, Ninewells Community Garden
Stephen Wiseman, Scottish Waterways Trust

Three environment sector consultees opted to contribute to the study anonymously.

ANNEX 2: HEALTH SECTOR CONSULTEES

Dr David Esler, Woodside Health Centre, Glasgow
Dr David Blane, Glasgow University General Practice and Primary Care
Dr Peter Cawston, Garscadden Burn Medical Practice, Glasgow
Dr Claire Robertson, Creich Surgery, Bonar Bridge
Dr Gilly Kirkwood, Aviemore Medical Practice
10 health professionals, Fintry Mill Medical Centre, Dundee
Flora Jackson, NHS Health Scotland
Katy Boocock, Highland Council
Catrina Boal, Lochee Health Centre, Dundee
Tommy Birse, NHS Highland
Sue Fraser, NHS Highland
Susan Smith, NHS Highland
Lynn Speed, NHS Forth Valley
7 health professionals, Alliance Scotland - Community Links programme
Dan Jenkins, NHS Highland
John Thomson, NHS Greater Glasgow and Clyde
Lorraine McNally, NHS Ayrshire and Arran
Anna Haendel, NHS Ayrshire and Arran
George Nish, NHS Ayrshire and Arran
Jane Holt, NHS Ayrshire and Arran
Billy McClean, NHS Ayrshire and Arran
Joanne Gibson, Fullarton Practice, Ayr
Mike Cant-Pinnons, NHS Borders
Maureen Black, NHS Lanarkshire
Danielle Turner, NHS Lanarkshire

ANNEX 3: DRAFT GUIDANCE FOR A QUALITY ASSURANCE SYSTEM

INTRODUCTION

Scotland's 'Our Natural Health Service' initiative builds on a strong evidence base that recognises the value of nature-based or 'green exercise' projects and programmes in promoting mental and physical health and wellbeing. The evidence demonstrates that such schemes can help guard against and manage a range of health issues such as depression, coronary heart disease, stroke, type 2 diabetes, obesity and dementia. Our Natural Health Service is promoted by Scottish Natural Heritage, NHS Health Scotland, Forestry Commission Scotland, and Transport Scotland, and is being implemented in partnership with other national and local organisations.

This quality assurance system has been drafted by Iconic Consulting under the terms of a study commissioned by Scottish Natural Heritage in 2017. It is the result of a consultation exercise that gathered views from a range of staff within the Scottish environment and health sectors.

PURPOSE AND PRINCIPLES

The **Purpose** of this quality assurance system is to:

1. Ensure providers of nature-based health projects and programmes apply the operating standards specified by the system.
2. Reassure health and social care professionals and other referrers that providers of nature-based health projects and programmes are applying the standards specified by the system.
3. Increase awareness and use of nature-based health projects and programmes.

The **Principles** of this quality assurance system are:

1. Reassurance - the system reassures health professionals that nature-based health projects and programmes are safe and well managed.
2. Accessibility - the system is accessible and relevant to all providers of nature-based health projects and programmes irrespective of their size, finances or length of time they have been operating.
3. Supported – practical support is available to organisations seeking accreditation where necessary.
4. Self-assessment - accreditation should not be burdensome and the system is therefore based on the principle of self-assessment.

If a quality assurance system is to be developed and implemented, the study also recommended that the following issues be addressed:

- Endorsement – To be regarded as credible by the health sector, some form of health endorsement of the system is recommended - suggestions include NHS Health Scotland, Green Exercise Partnership and Our Natural Health Service.
- Promotion - To be effective, the system will need to be widely promoted to providers of nature-based health projects and programmes, and appropriate referrers.
- Support - Practical support should be provided to organisations seeking to promote their good practice, where necessary, to help them reach and maintain the specified standards.

GUIDANCE

This Guidance identifies the operating standards that nature-based health projects and programmes must meet in order to gain accreditation. The four standards are:

1. Staff and volunteer training.
2. Beneficiary induction.
3. Health and safety.
4. Communication.

Further details of each standard are provided below.

STANDARD 1 - STAFF AND VOLUNTEER TRAINING

All members of staff and volunteers involved in the delivery of your nature-based health project or programme must be adequately trained.

You must be able to provide evidence that:

a. All members of the delivery team have successfully completed induction training with the organisation.
b. At least one member of the delivery team has successfully completed first aid training.
c. All members of the delivery team are aware of the medical emergency procedures.
d. If the project or programme is focused on a specific health issue such as mental health or coronary heart disease, at least one member of the delivery team has received training relevant to the health issue.
e. At least one member of the delivery team has relevant experience of, or a recognised standard of training in, the activities involved in the project or programme such as walking, gardening, or cycling.
f. Any member of the delivery team required to use specialist equipment as part of the project or programme has completed recognised training on its safe use, where relevant.

STANDARD 2 - BENEFICIARY INDUCTION

All beneficiaries of your nature-based health project or programme must complete an appropriate induction process.

You must be able to provide evidence that:

a. Beneficiaries are met by a member of the delivery team prior to or on their first visit who fully explains what the project or programme involves.
b. Beneficiaries have the opportunity to ask questions or identify any specific requirements before taking part.
c. The complaints procedure relating to the project or programme is explained to all beneficiaries.
d. Personal details, health conditions and emergency contact details are taken and securely stored, where relevant.
e. Beneficiaries are asked for their consent to share information with referrers, where relevant.
f. Beneficiaries are introduced to the rest of the participants by a member of the delivery team.

STANDARD 3 - HEALTH AND SAFETY

Your nature-based health project or programme must have adequate health and safety standards in place.

You must be able to provide evidence that:

a. All staff and volunteers involved in the delivery of the project or programme are members of the Protecting Vulnerable Groups scheme and / or have Disclosure Scotland clearance, where relevant.

b. Your organisation has an up-to-date health and safety policy and procedures.
c. Procedures are in place in cases of medical emergency.
d. A risk assessment has been undertaken of the nature-based health project or programme as a whole. This should be reviewed on an annual basis. In addition, specific activities should be subject to risk assessments, where relevant.
e. Only trained members of the delivery team use potentially dangerous equipment such as chainsaws.
f. Equipment is regularly checked and properly maintained.
g. You have public liability insurance covering the delivery of the nature-based health project or programme.

STANDARD 4 – COMMUNICATION
You must communicate effectively with all those involved in your nature-based health project or programme.

You must be able to provide evidence that:
a. You provide potential referral and signposting organisations with clear information about your project or programme and keep them informed of all relevant developments such as changes to service delivery, the delivery team, and referral criteria.
b. You provide information about your project or programme in a clear and accessible format for potential beneficiaries.
c. You acknowledge all referrals with relevant organisations.
d. Feedback is gathered from beneficiaries about the project or programme and its benefits on their mental and physical health and wellbeing.
e. Where relevant, feedback is shared with referrers. This could be on specific individuals where they have given their consent, or more general feedback about the project or programme's participants as a whole.
f. Participants have the opportunity to ask questions of the delivery team.
g. Participants are able to raise complaints without fear of retribution.

ASSESSMENT
Following research with a variety of nature-based projects and programmes across Scotland, this quality assurance system is primarily based on self-assessment and self-regulation. This decision was made to ensure accreditation is not burdensome and so the system is accessible to providers of nature-based health projects and programmes irrespective of their size, finances or length of time they have been operating.

Self-assessment means you are asked to conform to the four standards before promoting compliance with the quality assurance system. Self-regulation means that you will not automatically be asked to provide evidence of compliance however, you may be asked to provide evidence periodically. If you are found not to be complying with the standard, you will be given access to advice and support to help you reach the standard, if required.

SUPPORT AND ADVICE
Advice and support is available to any organisation seeking to promote their good practice and compliance with this quality assurance system. We can explain more about what is involved and will try to help in whatever way we can such as sourcing health and safety templates or identifying relevant training courses. Please get in touch for further information.

Our contact details are:

<insert name of main contact>
<insert main contact's telephone number>
<insert main contact's email address>
<insert main contact's address>

ACCREDITATION AND COST

Accreditation will allow your organisation to include reference to compliance with this quality assurance system's standards in information about your project or programme.

[If a charge is to be levied -]

The cost of accreditation is £*<insert amount>.* This cost covers promotion of the quality assurance system to providers and referrers, administration of periodic verification of compliance with a sample of projects and programmes, the provision of advice and support, and the sharing of good practice among accredited organisations.

CHECKLIST AND DECLARATION

On behalf of *<insert name of organisation>*, I, *<insert name>,* confirm that we comply with the four standards of this quality assurance system in the delivery of *<insert name of nature-based project or programme>.*

I also confirm that we can evidence compliance with these standards and will provide proof if requested.

STANDARD 1 - STAFF AND VOLUNTEER TRAINING

All members of staff and volunteers involved in the delivery of our nature-based health project or programme are adequately trained.

STANDARD 2 - BENEFICIARY INDUCTION

All beneficiaries of our nature-based health project or programme complete an appropriate induction process.

STANDARD 3 - HEALTH AND SAFETY

Our nature-based health project or programme has adequate health and safety standards in place.

STANDARD 4 – COMMUNICATION

We communicate effectively with all those involved in our nature-based health project or programme.

Signature:
Position:
Name of organisation:
Date:

ANNEX 4: DRAFT STATEMENT OF SUPPORT

This project/programme helps to make use of Scotland's outdoors as **Our Natural Health Service**. The concept builds on a strong evidence base that recognises the value of nature-based or 'green exercise' health projects and programmes in promoting mental and physical health and wellbeing. **Our Natural Health Service** is promoted by Scottish Natural Heritage, NHS Health Scotland, Forestry Commission Scotland, and Transport Scotland.

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