

Local evaluation site summary

Report presenting the monitoring data from the South Yorkshire Green Social Prescribing Evaluation- April 2021-March 2025

- This document summaries the GSP monitoring data collected within SY during the 2024/25 GSP project.
- 2524 people were recorded as accessing GSP. This included:
 - 2021-23-883
 - 2023-24- 905
 - 2024-25- 736
- However, not all nature-based providers returned monitoring data, so it is likely that more people accessed GSP than we have data for.

Engagement with the organisation

In Y4, we collected data about whether a person had previously accessed an organisation delivering nature-based activities. This was to understand if GSP was reaching people who had not previously engaged. A similar number of people were new to the organisation or were already accessing support. 42.3% (n=311/735) were already receiving support and 38% (n=280/735) were new to the organisation. A further 19.6% (n=144/735) had previously accessed support from the organisation. This indicates that GSP reaches both people who are new to an organisation but also builds upon prior relationships organisations have with people to help them engage in nature-based activities.

Table 1- Engagement with the organisation (Data only collected in Y4)

Previously Accessed Support (n=735)	Number	Percentage
Has not previously received support from the organisation	280	38.0
Has previously received support from the organisation	144	19.6
Currently receiving support from the organisation	311	42.3

Service user Characteristics

- SY based nature-based providers are supporting people across the age spectrum including younger people, people of working age and older people. Almost 10% of people were under 18 but these were primarily in Years 1-3. In Y4, there was much less focus on supporting under 18s. This highlights that younger people will access GSP, if the programme chooses to fund projects focused on working with younger people.
- Over half of people supported were female (58.8%, n=1465/2478).
- SY GSP is supporting people from a variety of ethnic groups. Whilst the majority of people supported were White, over a quarter of people were from minority ethnic groups. Providers supported a significant number of people from different ethnic groups including people of Asian/British Pakistani ethnicities. The data indicates that GSP is engaging people from different ethnicities This is a strength of the GSP programme as nature-based programmes have sometimes been unsuccessful at engaging people from non-White British ethnicities.
- In the Y4 Evaluation, 14.8% (n=104/704) of people were recorded as being Refugee/Asylum Seekers. The variable was not collected in the previous years. This proportion is considerably greater proportion than the UK rate of less than 1%. Most people were from 3 organisations indicating that if GSP wants to reach refugee/asylum seekers, then working with organisations that are already engaged with the cohort may be advantageous.
- In the Y4 Evaluation, 25.6% (n=183/715) of people were recorded as speaking English as a second language. This variable was not measured in the earlier years of the GSP programme.

Table 2- Characteristics of service users accessing GSP

Characteristic	Number	Percentage
Age (Years) (n=2399)		
< 18	201	8.4
18 – 24	310	12.9
25 – 29	164	6.8
30 – 34	199	8.3
35 – 39	209	8.7
40 – 44	215	8.9
45 – 49	193	8.0
50 – 54	186	7.8
55 – 59	167	6.9
60 – 64	179	7.5
65 – 69	142	5.9
70 – 74	102	4.3
75 – 79	85	3.5
80 – 84	36	1.5
≥ 85	11	0.5
Sex (n=2478)		
Female	1456	58.8
Male	982	39.6
Other	40	1.6
Ethnicity (n=2380)		
Asian or Asian British	408	16.9
Black, Black British, Caribbean of African	118	5.0
Mixed or Multiple Ethnic Groups	85	3.6
Other Ethnic Group	102	4.3
White	1672	70.3
Refugee/Asylum Seeker (n=704)- Data only collected in Y4		
Is a Refugee/Asylum Seeker	104	14.8
Is not a Refugee/Asylum Seeker	600	85.2

English as Second Language (n=715)- Data only collected in Y4

Speaks English as a second language	183	25.6
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- 7% (n=109/1549) of people identified as being a carer, this is slightly lower to the national average of 9% ([Key facts and figures | Carers UK](#)). However, it is known that people can be reluctant to disclose being a carer. So, it may be that the number of carers was under-reported.
- 17.4% of people reported having a carer (n=269/1549). This is relatively high and indicates that GSP is supporting people who have mental and physical health needs.

Table 3- Caring status

Destination following support (n=1549)	Number	Percentage
Has a carer	269	17.4
Is a carer	109	7
Does not have a carer / Is not a carer	1171	75.6

- GSP is supporting people living in the most socio-economically deprived neighbourhoods. Over half of people accessing support lived in the 20% most socio-economically deprivation neighbourhoods (56.6%, n=959/1694). This is a strength of the programme and indicates that GSP is reaching people experiencing health inequalities.

Table 4- Socio-economic deprivation

IMD decile (n=1694)	Number	Percentage
1 (Most Deprived)	634	37.4
2	325	19.2
3	210	12.4
4	88	5.2
5	96	5.7
6	109	6.4
7	72	4.3
8	75	4.4
9	62	3.7
10 (Least Deprived)	23	1.4

Mental Health Needs

- GSP is reaching people experiencing mental health issues. Over 80% of people accessing nature-based activities were categorised as experiencing mental health issues (81%, n=1799/2221). This included diagnosed conditions such as depression but also included people experiencing pre-determinant risks to mental health difficulties including loneliness and stress.
- Almost half of people accessing support were recorded as experiencing moderate/severe mental health issues (46.8%, n=1041/2221). This is considerably higher than the national average, where 1 in 6 people are experiencing mental health issues at any time. It indicates that GSP is successfully reaching people experiencing mental health issues and supporting them to access nature-based activities.
- In the Y4 evaluation, almost a quarter of people accessing GSP were on waiting lists for mental health services (23%, n=114/495). The data was not collected in Y1-3 of the programme. The proportion indicates that GSP has a function in supporting people experiencing mental health issues whilst they are waiting to access mental health services. It may have implications for staff training as could mean that GSP is having a role as a 'safety net' for people who need mental health services. It also indicates that there could be scope for GSP to work with mental health services to develop pathways for people waiting to receive mental health services.

Table 5- Mental Health Issues

User has mental health needs which infringe on daily life (n=2221)	Number	Percentage
No mental health needs	422	19
Early/pre-determinants of mental health needs	716	32.2
Moderate mental health needs	744	33.5
Severe mental health needs	297	13.4
Mental Health Needs- severity not specified	42	1.9
Mental Health Needs		
Yes	1799	81
No	422	19

Physical Health Issues

- In Y4, data was collected about people's physical health conditions. Over two thirds of people accessing GSP were experiencing a physical health condition/disability (67.7%, n=321/474)
- Over two-thirds of people felt their physical health needs had a detrimental impact on them being able to live their daily life (65.8%, n=288/438). Alost half

of people felt their physical disabilities caused them some problems doing daily activities (46.6%, n=204/438). Almost a fifth of people felt their daily lives were affected a lot (19.2%, n=84/438). This indicates how GSP is reaching people with physical health needs but also how nature-based providers may need to adapt activities to take account of people's different needs.

- Over two-thirds of people accessing GSP experienced both mental health issues and physical health difficulties (67.6%, n=320/473). This highlights the inter-relation between physical and mental health needs and the complexities for GSP of supporting people with a range of needs.
- Just over a third of people consider themselves as clinically vulnerable to Covid-19 (37.6%, n=512/1361). This is reflective of how GSP is supporting people with physical as well as mental health needs.

Table 6- Extent people affected by their physical health/disabilities

Extent physical health/disabilities impact on someone doing their usual activities? (n=438)	Number	Percentage
A lot of problems doing usual activities	84	19.2
Some problems doing usual activities	204	46.6
No problems doing usual activities	150	34.2

Table 7- Clinically Vulnerable to COVID

Clinically Vulnerable to Covid-19 (n=1361)	Number	Percentage
Yes	512	37.6
No	849	62.4

Referrals

- People accessed nature-based providers through a variety of referral routes. Referral from another part of the organisation, self-referral and Link Workers were the most common source of referral.
- The most common referral source was self-referrals. Over a quarter of people accessed GSP through self-referral (28.3%, n=646/2283)
- Referral from another part of the organisation was also common (18.3%, n=413/2283). Referrals from within an organisation highlights how several grant recipients were organisations that were funded to deliver nature-based activities with client groups they already had a rapport with.
- 21.6% of referrals were from Link Workers (n=493/2283). This indicates that Link Workers are an important component within the GSP pathway especially in terms of reaching new people who may not already be engaged with nature-based providers.

- Referrals from family and friends indicates the importance of word of mouth and building up trust with communities to encourage engagement.
- There were minimal referrals from mental health services. This indicates that GSP could develop further links with mental health services especially as earlier in this report, we documented how people accessing GSP often have mental health issues and some will be on waiting lists for mental health services.

Table 8- Source of referral

Source of Referral (n=2283)	Number	Percentage
Self-Referral	646	28.3
Referral from another part of the organisation	413	18.1
Voluntary Sector Based Link Worker/Social Prescriber	317	13.4
Voluntary, Community or Social Enterprise Organisation	248	10.9
Primary Care based Link Worker/Social Prescriber	176	7.7
Friends or Family	118	5.2
Private Sector Referral	99	4.3
Local Authority	72	3.2
Other Primary Care Professional	67	2.9
Other NHS Service	52	2.1
Community Mental Health Team	32	1.4
GP	29	1.3
Other	9	0.4
NHS Talking Therapies/IAPT	5	0.2

Source of self-referral

- In Y4, we collected data on how self-referrals found out about GSP. The numbers are greater than people who were recoded as self-referrals because of cross-over between people who were already attending an organisation.

- Almost half of people said they found out about an activity because they were already attending the organisation (46.3%, n=186/404). This highlights how GSP funds organisations who deliver a range of services to support people to access activities when they already had trust with the provider.
- Almost a quarter of people found out about the activity through word of mouth such as through friends (20.4%, n=82/404). This indicates the importance of working with service users in building trust and sharing their experiences with friends/family members to reach other people.
- A small number of people were signposted through social prescribers such as being given leaflets (12.7%, n=51/404). This is a smaller proportion of people compared to those who had been formally referred by social prescribers. This indicates that social prescribing services are primarily utilising formal referral methods.
- A small proportion of people found out about the activity through social media or advertising.
- The different routes people utilise to find out about a nature-based activity highlight the importance of organisations using a mixed approach to recruit people to nature-based activities.

Table 9- Source of self-referral

Type of self-referral (n=404)- Data only collected in Y4	Number	Percentage
Already attend the organisation	186	46.3
Word of mouth e.g. friends attend	82	20.4
Signposting by social prescriber	51	12.7
Social Media	36	9
Advertising	25	5.7
Other	24	6

Number of Sessions Attended

- The data indicated that GSP is a relatively short-term intervention with the vast majority of people attending less than 10 sessions (82.9% n=1512/1824).
- Over a quarter of people attended one session (29.2%, n=532/1824). Some of these people may have attended one off sessions whereas other may not have engaged further in the activity. Further consideration is needed about managing people who attend for one session in terms of engaging further within nature-based activities.

- Given the relatively short nature of the funded nature-based activities, it will be important to be realistic about what difference they can make to longer-term outcomes such as mental health service use. It also highlights that it will be important that nature-based activities support people to access other nature-based activities or connect with nature themselves to help sustain nature-based engagement and improvements in wellbeing.

Table 10- Number of sessions attended

Number of sessions (n=1824)	Number	Percentage
1	532	29.2
2 – 5	588	32.2
6 – 10	392	21.5
11 – 15	130	7.1
16 – 20	67	3.7
Over 20	115	6.3

Finishing Support

- Almost half of people were continuing to attend the nature-based activity (43.1%, n=639/1439). This indicates that providers may be managing to continue to deliver activities even when the GSP funding finishes.
- Over a third of people were either supported to access further activities with the same organisation (35.8%, n=529/1439). This highlights the role of GSP being a catalyst to help service users access further support.
- A small percentage of people stopped attending the nature-based activity before the planned ending (6.9%, n=102/1438). This is a relatively small proportion and indicates that generally nature-based providers are managing to support people to engage in an activity.

Table 11- Destination following support

Destination (n=1484)	Number	Percentage
Continuing to attend the activity	639	43.1
Accessed further activities within the same organisation	368	25
Finished in the organisation with no onward referral	207	13.9

Dropped-out of the activity before completing planned support	102	6.9
Finished in the organisation and referred to other organisations	161	10.8
Employment	7	0.7

Reasons for stopping attending the activity

- There were different reasons why people stopped attending the activities and usually it was due to issues related to the person's life such as caring responsibilities or ill health.
- A third of people did not start attending the activity (33%, n=79/240). Further reflection is needed about why people referred to GSP do not start attending and what help is given to them to access nature-based activity.
- 10% (n=24/240) stopped attending due to issues accessing the activity. For example, transport or the session not being at a convenient time. Transport was reported as a barrier within the previous national evaluation so considered the logistics of activities are important.
- 3.3% (n=8/240) of people stopped attending because they did not find the activity helpful or there were issues with the activity. This is a relatively small number and indicates that generally the reasons people stopped attending activities are due to issues within their own lives rather than anything related to GSP.

Table 12- Reasons for stopping attending the activity

Reason Not Completed (N =240)	Number	Percentage
Did not start attending activity	79	33
Stopped attending because of issues outside of the activity (e.g. family commitments)	29	12.1
Not able to make activity (e.g. transport, not the right time)	24	10
Other	23	9.6
Stopped attending because of physical health issues/ill health	21	8.8
Stopped attending because of mental health issues	18	7.5
Moved into employment/education	15	6.3

Moved out of the area	12	5
Ill health	7	2.9
Not finding the activity helpful	7	2.9
Accessed alternative provision	2	0.8
Family issues	2	0.8
Issues with the activity	1	0.4

Type of Nature-based Activity

- There was a diverse range of nature-based activities delivered through GSP including nature-connection activities, craft-based activities and horticultural therapies. The wider evidence base does not indicate that some types of activities are more 'effective' than others but rather many will share similar components irrespective of the specific activity. Given this, GSP's approach of funding a range of nature-based activities which have been designed on a local basis to meet the needs of target population is key.

Table 13- Type of nature-based activity

Activity (n=4037)	Number	Percentage
Nature Connection	1077	26.7
Horticultural	667	16.5
Craft	656	16.2
Alternative Therapies	458	11.3
Exercise	457	11.3
Wilderness Focused	142	3.5
Conservation Focused	128	3.2
Nature Based Arts and Crafts	102	2.5
Talking Therapies	95	2.4

Sport	57	1.4
Other	49	1.2
Wellness walks/photos	43	1.1
Photo Walk	39	1
Community gardening and horticulture programme	38	0.9
Care Farming	26	0.6
Nature-based physical health activities	3	0.1

Footnote: People may be attending a GSP activity which has more than one nature-based component.

Improvement in wellbeing

- In terms of life satisfaction, over two-thirds (68.6%) of people experienced improved life satisfaction between their pre and post measure (n=295/430). The mean score changed from 4.3 (SD: 2.2) to 5.5 (SD: 2.3) with a mean change of 1.3 (95% Confidence Interval was 1.1-1.4, P Value= <0.001). This indicates that there was a genuine change and we can have confidence in the results. The UK national average is 7, indicating that GSP is supporting people with lower wellbeing than the general population. This is not surprising given that the GSP programme is focused on people experiencing mental health issues and health inequalities.
- Almost three-quarters of people experienced an improvement in feeling their life is worthwhile (73.2%, n=317/430). The mean score changed from 4.2 (SD: 2.3) to 5.6 (SD:2.2) with a mean change of 1.4 (95% Confidence Interval was 1.3-1.5, P Value= <0.001). This indicates that there was a genuine change and we can have confidence in the results. The UK national average is 7.3 indicating that GSP is supporting people with lower wellbeing than the general population. This is not surprisingly given the GSP programme is focused on people experiencing mental health issues and health inequalities.
- Over half of people experienced an improvement in happiness (56.3%, n=242/430). The mean changed from 4.3 (SD:2.1) to 5.8 (SD:2.1). The mean change was 1.6 (95% Confidence Interval was 1.5-1.8, P Value=<0.001). This indicates that there was a genuine change and we can have confidence in the results. The UK national average is 7, indicating that GSP is supporting people with lower wellbeing than the general population. This is not surprisingly given the GSP programme is focused on people experiencing mental health issues and health inequalities.
- 61% of people experienced an improvement in their anxiety (n=239/392). Anxiety is scored the other way to the previous constructs- a decrease in score indicates an improvement in anxiety. The average score reduced from 5 (2.1) to 4 (2.2) with a mean reduction of -1.1 (95% confidence interval was -0.9—1.3, P Value <0.001 indicating that there was a genuine change and we can have confidence in the results). The post-anxiety score is similar to the UK average of 3.9.

Table 14- Change in wellbeing (ONS-4 Score)

	N	Pre		Post		Mean Change	95% CI	P-Value ¹
		Mean	SD	Mean	SD			
Life Satisfaction	430	4.3	2.2	5.5	2.3	1.3	1.1-1.4	<0.001
Worthwhile	430	4.2	2.3	5.6	2.2	1.4	1.3-1.5	<0.001
Happiness	430	4.2	2.1	5.8	2.1	1.6	1.5-1.8	<0.001
Anxiety	392	5	2.1	4	2.2	-1.1	-0.9--1.3	<0.001

¹Paired samples t-test. Except for anxiety- an increase in score indicates an improvement whereas for anxiety, a decrease indicates improvement.

Figure 1- Change in wellbeing (Measured by ONS-4)

