

Report presenting the Y4 monitoring data from the South Yorkshire Green Social Prescribing Evaluation- April 2024-March 2025

- This document summaries the GSP monitoring data collected within SY during the 2024/25 GSP project.
- **736** people were recorded as accessing GSP through the grant-giving programme. However, there were some organisations who were not in a position to return data, so the numbers actually supported are higher.
- There are different numbers of people completing each variable, reflecting the how different organisations were able to collect monitoring data.

Providers of GSP Activities

- A range of organisations were funded to deliver nature-based activities. Some were organisations that specialised in delivering nature-based activities whilst others were community organisations who offered nature-based activities to support communities to engage with GSP.
- Providers supported different numbers of people, reflecting the different types of support they provided.
- Organisations providing activities: Action for Autism Barnsley, Activate Rawmarsh, Barnsley Healthcare Federation, Bloom Sheffield, Casting Innovations, Cortonwood Comeback Centre, Changing Lives, Creative Recovery, Doncaster Mind, Darnall Wellbeing, Education Learning Support Hub, Flourish, GROW, Growing Together, Heeley City Farm, Manor Castle Development Trust, Oasis Sheffield, Sage, The High Street Centre, The Learning Community, Wildings and Wellbeing CIC, YAWR Services, ZEST

Engagement with the organisation

- A similar number of people were new to the organisation as were already accessing support with the provider.
- 42.3% of people (n=311/735) were already receiving support from the provider
- 38% of people (n=280/735) were new to the organisation.
- A further 19.6% of people (n=144/735) had previously accessed support from the organisation.
- These findings indicate that GSP reaches both new people but also builds upon prior relationships organisations have with people to help them engage in nature-based activities.

Table 2- Engagement with the organisation

Accessed support previously (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

Characteristics of people accessing GSP

- GSP is supporting people across the age spectrum including people of working age and older people. Less than 2% of people supported were under 18. This is less than the previous GSP project, indicating that the focus of the Y4 initiative is on adults.
- Just over half of people supported were female (54.3%, n=397/731). This indicates that GSP is reaching both men and women.
- 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.
- 14.8% (n=104/704) of people supported are Refugee/Asylum Seekers. This is considerably greater proportion than the UK rate of less than 1%. Most people were from three organisations. This indicates that funding existing organisations who have specialist skills and trust with Refugees/Asylum Seekers is a useful way of engaging with the population group. Three further organisations each worked with less than 5 people each who are Refugee/Asylum Seekers.
- 25.6% (n=183/715) of people spoke English as a second language.
- 9.5% (n=36/385) of people identified as being a carer; this is equivalent to the national average which is estimated to be around 9% ([Key facts and figures | Carers UK](#)).
- 13.5% of people reported having a carer (n=52/385). This is relatively high and indicates that GSP is supporting people who have mental and physical health needs.
- 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 deprived neighbourhoods (59.9%, n=281/469). This is a strength of the programme and indicates that GSP is reaching people experiencing health inequalities.

Table 3- Characteristics of people accessing GSP

Characteristic	Number	Percentage
Age (Years) (n=731)		
< 18	13	1.8
18 – 24	129	17.7
25 – 29	58	8.0
30 – 34	53	7.3
35 – 39	76	10.5
40 – 44	66	9.1
45 – 49	66	9.1
50 – 54	67	9.2
55 – 59	47	6.5
60 – 64	41	5.6
65 – 69	49	6.7
70 – 74	37	5.1
75 – 79	19	2.6
80 – 84	9	1.2
≥ 85	1	0.1
Sex (n=731)		
Female	397	54.3
Male	325	44.5
Other	9	1.2
Ethnicity (n=727)		
White	502	69.1
Asian or Asian British	85	11.7
Mixed or Multiple Ethnic Groups	57	7.8
Black, Black British, Caribbean or African	43	5.9

Other Ethnic Group	40	5.5
Refugee/Asylum Seeker (n=704)		
Is a Refugee/Asylum Seeker	104	14.8
Is not a Refugee/Asylum Seeker	600	85.2
English as Second Language (n=715)		
Speaks English as a second language	183	25.6

Table 4- Caring status

Destination following support (n=385)	Number	Percentage
Has a carer	52	13.5
Is a carer	36	9.5
Does not have a carer / Is not a carer	297	77.1

Table 5- Socio-economic deprivation

IMD decile (n=469)	Number	Percentage
1 (Most Deprived)	191	40.7
2	90	19.2
3	63	13.4
4	30	6.4
5	19	4.1
6	23	4.9
7	17	3.6
8	17	3.6
9	18	3.8
10 (Least Deprived)	1	0.2

Mental Health Needs of people accessing GSP

- GSP is reaching people who consider themselves as having mental health needs which infringe on daily life. Over 80% of people accessing nature-based activities were categorised as having mental health needs which infringe on daily life (81.7%, n=592/725). This included diagnosed conditions such as depression but also included people experiencing pre-determinant risks to mental health illness including loneliness and stress.
- Just over half of people accessing GSP were recorded as experiencing moderate/severe mental health needs (51.7%, n=375/725). This will include depression, anxiety and severe mental illness such as schizophrenia. The proportion

of people is considerably higher than the national average, where 1 in 6 people are experiencing mental health issues at any time. This highlights that GSP is reaching people who may benefit from engagement in nature-based activities to improve their mental health.

- Almost a quarter of people were on a waiting list for mental health services (23%, n=114/495). The Y4 extension is the first time we have collected information on this issue. The proportion indicates that GSP has a function in supporting people experiencing mental health issues whilst they are waiting to access mental health services.
- The finding could have implications for staff training because it may 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 to access nature-based activities.

Table 6- Mental Health Needs of people accessing GSP

Person has mental health needs which infringe on daily life (n=725)	Number	Percentage
No mental health needs	133	18.3
Early/pre-determinants of mental health needs	237	32.7
Moderate mental health needs	266	36.7
Severe mental health needs	89	12.3
Mental Health Needs		
Yes	592	81.7
No	133	18.3

Physical Health Issues

- In Y4, we collected information on 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 lives (65.8%, n=288/438). Almost 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 activities were affected a lot by their physical health(19.2%, n=84/438). It may be useful for providers to

reflect on how they may need to be adapting activities to take account of people's physical health 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.

Table 7- Extent people are 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

Clinically Vulnerable to COVID

- Almost half of people consider themselves clinically vulnerable to Covid-19 (46.2%, n=162/351). This is reflective of how GSP is supporting people with physical as well as mental health needs.

Table 8- Clinically Vulnerable to COVID

Clinically Vulnerable to Covid-19 (n=351)	Number	Percentage
Yes	162	46.2
No	189	53.8

Referrals

- People accessed GSP through a variety of referral routes. Referral from another part of the organisation, self-referral and Link Workers were the most common sources of referral. The range of referral routes including through formal services and self-referral/ community engagements highlights how people will access GSP in different ways and that having a plethora of routes maximises reach.
- The most common referral source was self-referral (38%, n=277/706).
- Referral from another part of the organisation delivering the nature-based activity was also common (16.1%, n=115/706). 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.

- 15.5% of referrals were from Link Workers (n=111/706) (based in primary care or in the voluntary sector). 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 referral routes are with social prescribing services rather than other types of healthcare services.

Table 9- Source of referral

Source of Referral (n=706)	Number	Percentage
Self-Referral	277	38.7
Referral from another part of the organisation	115	16.1
Friends or Family	58	8.1
Voluntary, Community or Social Enterprise Organisation	57	8
Primary Care based Link Worker/Social Prescriber	57	8
Voluntary/Community/Social Enterprise Based Link Worker/Social Prescriber	54	7.5
Local Authority	18	2.5
Other NHS Service	16	2.2
Other Primary Care Professional	15	2.1
Community Mental Health Team	15	2.1
GP	15	2.1
Other	9	1.3
NHS Talking Therapies/IAPT	2	0.3

Source of self-referral

- In Y4, we asked how people found about GSP specifically for self-referrals. 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 nature-based activities because people already have 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=282/404). 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=31/404). 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 nature-based activities highlight the importance of organisations using a mixed approach to recruit people.

Table 10- Source of self-referral

Type of self-referral (n=404)	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

Referrals appropriate

- Most people were recorded as an appropriate referral (88.8%, n=639/720). This indicates that the majority of people supported are considered suitable for the GSP project.

Nature of support received

- 93.9% (n=675/719) received support. A small number of people (n=16) were awaiting support and 28 people did not receive support.
- Whilst data is more likely to have been recorded for people that accessed support, the high numbers recorded indicate that GSP does support most people who express an interest in nature-based activities to access them.

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 (84.4% n=556/658).
- A fifth of people attended one session (20.8%, n=137/658). 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 the cohort of people accessing one session and how to engage them further in nature-based activity.
- 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 is important for GSP to consider how to support people to access other nature-based activities or connect with nature themselves to help sustain nature-based engagement and improvements in wellbeing.

Table 11- Number of sessions attended

Number of sessions (n=658)	Number	Percentage
1	137	20.8
2 – 5	246	37.3
6 – 10	173	26.3
11 – 15	49	7.4
16 – 20	26	3.9
Over 20	27	4.1

Finishing Support

- Almost half of people were continuing to attend the nature-based activity (41.7%, n=204/491). It is unknown how the organisations will continue to support people to attend when the funded GSP programme finishes.
- A third of people were supported to access further activities with the same organisation (31.1%, n=152/491). This highlights the role of GSP being a catalyst to help service users access further support
- A small percentage of people stopped attending before the planned ending (6.7%, n=33/491). This is a relatively small proportion and indicates that generally organisations are managing to support people to engage in the nature-based activity.

Table 12- Destination following support

Destination (n=491)	Number	Percentage
Continuing to attend the activity	204	41.7
Accessed further activities within the same organisation	152	31.1
Finished in the organisation with no onward referral	23	4.3
Dropped-out of the activity before completing planned support	33	6.7
Finished in the organisation and referred to other organisations	79	16.2

Reasons for stopping attending the activity

- The variable was only completed by 75 people as not many people had an unplanned ending.
- There were different reasons why people stopped attending GSP and usually it was due to issues related to the person's life such as caring responsibilities or ill health.
- Just over 10% (n=8/75), 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 consideration of the logistics of activities are important. It is not possible though for a nature-based activity to be run at a time and location that suits every potential attendee so there is likely to always be some people who stop attending because of logistics.
- Less than 10% (8%, n=6/75) of people stopped attending because they did not find the activity helpful or there were issues with the activity. This is relatively small

number and indicates that generally the reasons people stopped attending activities was due to issues within their own lives rather than anything related to GSP.

Table 13- Reasons for stopping attending the activity

Reason Not Completed (n=75)	Number	Percentage
Stopped attending because of issues outside of the activity (e.g. family commitments)	14	18.7
Other	11	14.7
Not able to make activity (e.g. transport, not the right time)	8	10.7
Ill health	7	9.3
Moved out of the area	7	9.3
Moved into employment/education	6	8
Stopped attending because of physical health issues	6	8
Not finding the activity helpful	5	6.7
Stopped attending because of mental health issues	4	5.3
Did not start attending activity	4	5.3
Family issues	2	2.7
Issues with the activity	1	1.3

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 14- Type of nature-based activity

Activity	Number	Percentage
Nature connection activity	457	61.9
Craft	340	46.1
Horticulture	273	37
Exercise	103	14

Alternative therapies e.g. mindfulness activities, spiritual retreats	95	12.9
Talking therapies delivered in a natural setting	63	8.5
Wilderness focused	56	7.6
Conversation focused	54	7.3
Sport	8	1.1
Other	3	0.4
Care Farming	3	0.4

Footnote: People may be attending a GSP activity which has more than one nature-based component. So percentages add up to more than 100%. So, the percentage is the percentage of people that attend a nature-based activity with the specific component.

Improvement in wellbeing

- People experienced an improvement in wellbeing when accessing GSP.
- There was an optional yes/no report variable for organisations to report whether they felt someone had experienced an improvement in wellbeing. Whilst this was not a validated approach and was poorly completed, it indicated that organisations felt that the majority of people accessing nature-based activities experienced some improvement in their wellbeing (95.4%, n=287/301). Interestingly, there was also 14 people who providers did not feel had experienced an improvement. It is unknown why this is, but it would be interesting to explore qualitatively about why this may be as could shape future provision such as shaping delivering to meet people's needs.
- In terms of life satisfaction (measured by ONS-4), 58.9% of people experienced improved life satisfaction between their pre and post measure (n=122/207). The mean score changed from 5.0 (SD: 2.0) to 6.0 (2.2) out of 10 with a mean change of 1.0 (P Value= <0.001). This indicates that the change is statistically significant and not due to chance. The UK national average score 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.
- Over two-thirds of people experienced an improvement in feeling their life is worthwhile (68.2%, n=137/201) (measured by the ONS-4). The mean score changed from 5 to 6.4 with a mean change of 1.3 (P Value= <0.001). This indicates that the improvement was statistically significant and not due to chance. 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.
- Almost two-thirds of people experienced an improvement in happiness (68.2%, n=131/201) (measured by the ONS-4). The mean changed from 5 to 6.3. The mean

change was 1.4 (P Value= <0.001). This indicates that the improvement was statistically significant and not due to chance. 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.

- 40.6% of people experienced an improvement in their anxiety (n=65/160) (measured by the ONS-4). Anxiety is scored the other way than the other ONS-4 constructs in that a decrease in score indicates an improvement in anxiety. The score changed from 5.4 to 5.2 with a mean change of -0.2. The P Value was 0.216, which means we cannot trust that a change did occur. The P value coupled with the small mean change of -0.2 indicates that we have less evidence that GSP is having an impact on people's anxiety. The people accessing GSP has higher levels of anxiety than the UK population average score of 3.9. This is reflective of GSP being aimed at people experiencing mental health issues.
- Whilst there was not necessarily a significant change in mean anxiety score across the GSP population, there was a statistically significant change in terms of a reduction in the number of people who measured as experiencing high anxiety. 52.5% (n=84/160) had high anxiety and this reduced to 40% (n=64/160) after accessing GSP (P value=0.016). This indicates that for some people, their anxiety did reduce when accessing GSP.

Table 15- Change in wellbeing measured by the ONS-4

		Pre		Post		Mean Change	95% CI	P-Value ¹
	N	Mean	SD	Mean	SD			
Life Satisfaction	207	5.0	2.0	6.0	2.2	1.0	0.8 to 1.2	<0.001
Worthwhile	201	5.0	2.2	6.4	2.0	1.3	1.1 to 1.5	<0.001
Happiness	201	5.0	2.2	6.3	1.9	1.4	1.2 to 1.6	<0.001
Anxiety	160	5.4	2.1	5.2	1.9	-0.2	-0.6 to 0.1	0.216

Key:

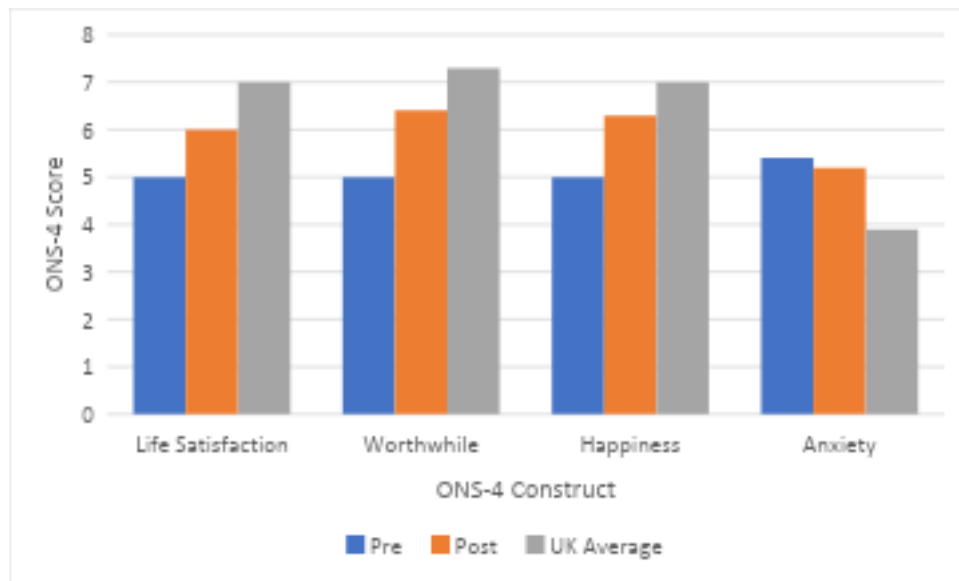
1Paired samples t-test- a statistical test.

SD (Standard Deviation)- How wide the scores ranged from. The smaller this is the less variance there is amongst the population.

95% CI (Confidence interval)- 95% of people have a mean change in their ONS-4 score in the range. If the range does not cross '0' then it indicates most people are experiencing an improvement.

P-Value- If this is under 0.05 then it is likely that the change happened and was not due to measurement issues or chance. So if it is less than 0.05 it indicates that there has been an improvement in wellbeing.

Figure 1- Change in wellbeing measured by the ONS-4



Nature Connectedness

There was an improvement in people's nature connectedness. Of the 127 people that completed the measure, there was an increase in mean score of 3.1 to 4.3 (out of 7). The change was statistically significant, indicating that it was not due to chance. The finding highlights that GSP is supporting people to feel more connected with nature and there is a documented benefit of how improving connectedness to nature improves mental health (Nejade RM, Grace D, Bowman LR. What is the impact of nature on human health? A scoping review of the literature. J Glob Health. 2022 Dec 16;12:04099. doi: 10.7189/jogh.12.04099. PMID: 36520498; PMCID: PMC9754067).

Healthcare Service Use

For Y4, as part of the national evaluation, self-reported monitoring data was collected on healthcare use of people accessing GSP. The data will be analysed as part of GSP national evaluation and included in an updated version of the SY Y4 GSP Report in due course.