



Let's Go Outside and Learn CIC

Improving Wellbeing Through Nature in Richmond:

An exploration of the benefits of using nature as a wellbeing resource



September 2020

With thanks to Heathrow Community Trust



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LET'S GO OUTSIDE AND LEARN

1 BACKGROUND TO STUDY

Let's Go Outside and Learn CIC was established in 2015 and over the last few years has developed a strong ethos of working with vulnerable groups to encourage access to outdoor environments in order to benefit health and wellbeing, and to break down barriers to accessing parks and open spaces in the London Boroughs of Richmond and Hounslow.

By promoting learning outdoors, we aim to show the benefits that the natural environment can bring to improved health and wellbeing. Local parks and open spaces are a great place to bring people together, to learn and socialise. We encourage environmental stewardship in all our projects.

This study seeks to build on our experience to understand the barriers and needs of people living in London Borough of Richmond upon Thames.

2 STUDY AIM

The aim of this study is to identify the potential benefit for people living in the London Borough of Richmond, at risk of isolation, to improve their wellbeing by engaging with the natural environment through outdoor learning activities.

2.1 SCALE OF NEED

A desk-based review of what data is available on the scale of community needs and what is already known about the number of potentially isolated people in the borough

2.1.1 National picture

In recent years there has been growing public attention to loneliness and social isolation in our communities and this has been accompanied by a shift in our understanding of its impact and its implications for mental and physical health. Research tells us that the effect of loneliness and isolation is harmful to health. The impact of different interventions on loneliness has been discussed and three key challenges identified:

- Reaching lonely individuals
- Understanding the nature of an individual's loneliness and developing a personalised response
- Supporting lonely individuals to access appropriate services

The Campaign to End Loneliness identifies three main categories of direct loneliness intervention:

- Services to support and maintain existing relationships
- Services to foster and enable new connections
- Services to help people to change their thinking about their social connections

Age UK / Campaign to end loneliness (2017) [Promising approaches to reducing loneliness and isolation in later life](https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life) <https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

The report discusses an asset-based approach to tackling loneliness and social isolation and this theme is also taken up in The Lottery Fund rapid evidence review of the benefits parks and green spaces have for people and communities. <https://www.heritagefund.org.uk/publications/space-thrive> This research found that access to and use of parks and green spaces enhance physical health, mental wellbeing and life satisfaction and that parks can create important opportunities for social integration and for community engagement. The report also found that parks and green spaces enable people to connect with nature, which enhances their sense of wellbeing. As a result they recommend that parks and green spaces should be managed to support health and wellbeing, and support social prescribing within green environments.

2.1.2 Social isolation in adults in LB of Richmond

The Joint Strategic Needs Assessment (JSNA) gives data on the health and wellbeing of residents living in Richmond upon Thames and is an invaluable tool for understanding the local community needs. The Richmond Story <https://www.datarich.info/wp-content/uploads/2018/04/Richmond-Story-2017-18.pdf> gives a snapshot of the health and wellbeing of the population of the borough. This document references loneliness and isolation as a priority and comments that *“Green space promotes active living and provides important physical, psychological and social health benefits for individuals and the community. Publicly accessible parks (regional, metropolitan, district, local, small and pocket parks) make up 40% of the total area of Richmond.”* The document also noted that *“Only 28% of residents use outdoor space for exercise or health reasons, although this is the second highest percentage in London.”*

Recognition of the impact of social isolation and loneliness on physical and mental health and wellbeing has increased in recent years, and tackling the issue is currently a high government priority. The London Borough of Richmond upon Thames has identified loneliness and isolation as a key issue for older people and a priority for its public health work. The Joint Strategic Needs Assessment (JSNA) addresses the topic of loneliness and isolation. (https://www.datarich.info/wider-determinants-of-health/loneliness-and-isolation/#_edn3)

This document notes that some groups are at higher risk of loneliness and isolation. Risk factors for loneliness and isolation include the following characteristics:

- Being aged 75 years and over.
- Living alone.
- Becoming a carer or giving up caring.
- Poor health or disability.
- Living in a deprived area.
- Belonging to minority groups, such as in terms of ethnicity or sexual orientation.

A JSNA Newsletter <https://www.datarich.info/wp-content/uploads/2018/03/Newsletter-Issue-14.pdf> outlines the council approach to loneliness and isolation. The newsletter includes details of a needs assessment and outlines assets that can be used to tackle loneliness and isolation. The assets listed do not include nature or the natural environment.

The Joint Health and Wellbeing Board Strategy identifies social isolation as an issue of concern. The strategy www.richmond.gov.uk/media/10997/joint_health_and_wellbeing_strategy_2016-21.pdf states that *“Older people are particularly vulnerable to social isolation or loneliness owing to loss of friends extended families, mobility or income. Being a carer can also restrict the ability to participate in social activities (as well as paid employment), with consequences for physical and mental health, for depression and obesity. Furthermore, issues like loneliness and isolation exacerbate poor health and*

are a causal factor in many long term conditions, for example loneliness and isolation is associated with, and predictive of depression and dementia” Critically the strategy also comments that “A survey found that just under half of adult social care users feel they have as much social contact as they would like.” P21 The strategy also notes the role of local assets in finding solutions for the problem. “Local residents say making full use of local assets such can help support healthy behaviours and reduce poor health outcomes. For example, green spaces to increase opportunities for physical activity, and increasing the availability of healthy food.” p18

The Richmond Carers Needs Assessment www.datarich.info/.../LBRuT_Carers_Needs_Assessment_2019.pdf examines loneliness and social isolation among carers. The assessment states that “being a carer can influence the ability to participate in social activities.” The assessment highlights how carers living in Richmond upon Thames are at risk of social isolation, particularly carers aged 65 years and over. The assessment recommendations include a recommendation to improve carers’ health and wellbeing. Existing wellbeing services available for all residents will be promoted among carers, as well as awareness programmes to help carers acknowledge health issues that may be caused by their caring role. Supporting carers to remain mentally and physically well.

2.1.3 Impact of Covid-19 on loneliness and isolation in adults nationally

There is no assessment on the impact in loneliness and isolation of Covid-19 locally, however The Covid Social Survey¹ a national survey from March 2020 asked people to answer: How often do you feel that you lack companionship? How often do you feel left out? How often do you feel isolated from others? The survey also asked, “How often do you feel lonely?” There is no standard accepted score for which a person would be considered lonely, but they found significant variation between individuals and groups. Analysis of the data identified the characteristics of people at higher risk of loneliness. The study found that the important risk factors for adult loneliness are:

- Being young (18-30)
- Living alone
- Having low income
- Being unemployed
- Having a mental health condition

They identified that other characteristics carry a small increase in the risk of being lonely, both before and during the pandemic.

- Non-white ethnicity
- Low educational attainment
- Being female
- Living in urban areas

The study concluded that increased loneliness for some people is particularly concerning because the risk factors of loneliness are common to other important wellbeing risks and an increased loneliness is likely to compound other impacts on our wellbeing from the health, economic and social changes

¹ Centre for Wellbeing (August 2020) How has Covid-19 and associated lockdown measures affected loneliness in the UK? <https://whatworkswellbeing.org/wp-content/uploads/2020/08/COVID-LONELINESS-2020.pdf>

that people have experienced. The study also highlighted that alleviating loneliness has been shown to work through well-tailored interventions.

2.1.4 Local community needs of young people

Richmond Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015 – 2020 is the start of a five-year Emotional Wellbeing and Mental Health Strategy for children and young people. The strategy centres on promoting resilience and early help, particularly through schools and community settings, and improving access to specialist mental health support. It also addresses the needs of children and young people with special education needs and disabilities.

https://www.richmond.gov.uk/services/children_and_family_care/childrens_services_professionals/child_and_adolescent_mental_health_services There is no reference to the use of green spaces to support the delivery of this strategy.

The Richmond Story tells us that the average mental wellbeing score for 15 year-olds in Richmond is the fourth worst in London. (About YOUth? Survey 2014/15.)

2.2 THE NUMBER OF POTENTIALLY ISOLATED PEOPLE IN THE BOROUGH

The Campaign to End Loneliness encourages local authorities to use existing data to predict and 'map' where the most lonely and isolated residents live by using 'risk factors' that can lead to loneliness and social isolation. Campaign to End Loneliness (2019) Using data to identify loneliness campaigntoendloneliness.org/guidance/wp-content/uploads/2015/06/Using-data-to-identify-loneliness.pdf

Age UK have produced a map at ward level which shows the risk of loneliness of those 65+. Data for the London Borough of Richmond can be seen here: <http://data.ageuk.org.uk/loneliness-maps/england-2016/richmonduponthames/> Ten areas indicate a very high level of risk and 17 a high level of risk.

The Joint Strategic needs assessment for Richmond concludes that *"The availability of local valid measures of loneliness and isolation is limited, and consequently establishing insight into the full extent of the issue accurately in Richmond upon Thames is challenging. However, the following sections utilise the locally available information to consider the likely characteristics and needs associated with risk of loneliness and isolation in Richmond upon Thames."* www.datarich.info/wider-determinants-of-health/loneliness-and-isolation/

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2.3 RISK FACTORS

2.3.1 Older people

The JSNA states that Richmond's population has a higher risk of loneliness and isolation, due to the number of older people living alone. Older people living alone are at higher risk of experiencing loneliness and isolation. Richmond has the highest proportion of people aged over 75 and living alone in London (51% in Richmond vs. 35% for London). Many older people living alone are female, and it is

estimated that the total number of older people living alone is expected to increase. The assessment comments that *“these growing numbers of older people will be at increased risk of depression and dementia. Those with limiting long-term illness will be particularly vulnerable.”*

Using longitudinal studies on loneliness in the UK from the past 70 years, Professor Christina Victor has shown that the percentage of older people experiencing chronic loneliness is 6-13% of people over the age of 65 who report that they feel lonely ‘all or most of the time’. Victor C. (2011) ‘Loneliness in old age: the UK Perspective’ Safeguarding the Convoy: a call to action from the Campaign to End Loneliness (Oxford: Age UK Oxfordshire) Longitudinal studies also show a rise in the number of people aged over 65 who feel lonely ‘sometimes’: Victor suggests that this increase could be as much as from 19% to 38% over the last 6 decades. As the population ages in Richmond there will be an increase in the absolute number of people experiencing chronic and severe loneliness.

In 2019 28,900 people aged 65+ live in Richmond upon Thames. This is predicted to increase by 55% to 46,800 people by 2035 (19% of total predicted population). This is the major area of demographic change. (Market Position Statement 2018/19 www.richmond.gov.uk/media/16024/market_position_statement_2018.pdf) Using the 10% rule developed by Victor there are 2890 people aged 65+ living in Richmond who are currently experiencing severe loneliness and isolation and a similar number who sometimes feel lonely.

Other groups at risk identified by the Joint Strategic Needs Assessment include:

2.3.2 Being aged 75 years and over.

Total population aged 75 and over is currently 13,506 (DataRich) with an estimated 7,259 living alone.

2.3.3 Becoming a carer or giving up caring.

There are 15,802 carers (8.5% of all residents) in Richmond, (Market Position Statement 2018/19 www.richmond.gov.uk/media/16024/market_position_statement_2018.pdf) although not everyone who is a carer will identify as one. Three quarters provide care for 1-19 hours a week, 10% for 20-49 hours a week. 15% or 2381 carers provide more than 50 hours of unpaid care per week. 59% of carers are female and the peak age for caring is 50-64 years. 1 in 5 carers give up work to care full time and providing care is often a reason for not working or for working part-time.

The number of carers aged 65 years and over in Richmond and receiving services is estimated to increase 25% over the next 5 years. (DataRich) Being an older carer can result in limitations in freedom to leave the home and can result in isolation. National studies as part of the Jo Cox Commission (Carers UK The World Shrinks 2019. www.carersuk.org/images/News_campaigns/The_world_Shrinks_Final.pdf) show that 81% carers have felt lonely or socially isolated as a result of their caring role. 48% said not having time to spend on social activities has made them feel lonely or isolated, and 49% said the difficulty of not being able to get out of the house much has made them feel lonely or socially isolated. A third (32%) said they had felt lonely or isolated because of not being comfortable talking about caring with their friends, 31% said not being able to afford to participate in social activities made them feel lonely or socially isolated.

2.3.4 Young Carers

Five percent of carers (864) in Richmond are younger than 25 years of age. (DataRich) National research has shown that younger carers experience higher levels of loneliness or social isolation, 89% of carers under 24 years old said they had felt lonely or socially isolated as a result of their caring role. 2019 www.carersuk.org/images/News_campaigns/The_world_Shrinks_Final.pdf

2.3.5 Poor health or disability.

People with poor health are at risk of isolation due to the difficulty of getting out of the house and problems using public transport. DataRich tells us that 0.8% of the population of Richmond (London 1.2%) say that they have very bad health and 2.5% (London 3.7%) that they have bad health. 4.9% of the population say that their day to day activities are limited a lot and 6.6% that their activities are limited a little. This impact will be felt in leisure activities as well as other areas of their life.

Disabilities take many forms but are often classified into the follows main groups:

- Physical disability
- Learning disability
- Mental health problems
- Sensory disability
- Special educational needs.

Disabled people may be isolated as a result of potential difficulties accessing public, commercial and leisure services, and as a result of difficulties with physical accessibility to buildings, places and transport. Almost a third of people with long-term physical conditions have a concurrent mental health problem such as depression and anxiety and surveys of people with disabilities report that they enjoy lower levels of life satisfaction and mental wellbeing.

DataRich tells us that 21,447 (11.5%) of people in Richmond report that they have some form of disability or health problem that affects their day-to-day activities a lot or a little. This compares to 17.6% in England as a whole. 2802 (2%) of people in Richmond aged 16-74 years consider themselves to be economically inactive due to a permanent sickness or disability, compared to 4% in England as a whole.

Population estimates based on Census data and research suggest that among Richmond residents aged 18-64 years 9,180 people have a moderate physical disability and 2,673 a severe physical disability. Registration data for Richmond show that in 2011 370 people were blind, 260 were partially sighted, and in 2010 550 were deaf or hard of hearing.

Nationally almost one quarter of disabled people (23 per cent) say they feel lonely on a typical day. Over half of disabled people (53 per cent) report feeling lonely. Three-quarters (77 per cent) of young disabled people say that they feel lonely. Jo Cox Commission on Loneliness / Sense (2018) "Someone cares if I'm not there." www.sense.org.uk/support-us/campaigns/loneliness/ This report acknowledges that the causes of loneliness for disabled people are complex. There can be practical barriers to establishing social connections, such as physical access to transport and premises, or issues related to the nature of conditions themselves. Worryingly, stigma and poor public attitudes were also directly related to feelings of isolation. The report also identifies solutions. One of these is to provide access to services that respond to loneliness.

Sensory disability The problem of loneliness and isolation associated with a sensory disability such as loss of hearing could increase with the aging population. The percentage of older people who are registered deaf is nearly three times as high as the national average.

2.4 PREDICTION OF NUMBERS OF THE MOST LONELY AND ISOLATED RESIDENTS

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People with poor health are at risk of isolation due to the difficulty of getting out of the house and problems using public transport. DataRich tells us that 0.8% of the population of Richmond (London 1.2%) say that they have very bad health and 2.5% (London 3.7%) that they have bad health. 4.9% of the population say that their day to day activities are limited a lot and 6.6% that their activities are limited a little. This impact will be felt in leisure activities as well as other areas of their life.

Disabilities take many forms but are often classified into the follows main groups:

- Physical disability
- Learning disability
- Mental health problems
- Sensory disability
- Special educational needs.

Disabled people may be isolated because of potential difficulties accessing public, commercial and leisure services, and as a result of difficulties with physical accessibility to buildings, places and transport. Almost a third of people with long-term physical conditions have a concurrent mental health problem such as depression and anxiety and surveys of people with disabilities report that they enjoy lower levels of life satisfaction and mental wellbeing.

DataRich tells us that 21,447 (11.5%) of people in Richmond report that they have some form of disability or health problem that affects their day-to-day activities a lot or a little. This compares to 17.6% in England as a whole. 2802 (2%) of people in Richmond aged 16-74 years consider themselves to be economically inactive due to a permanent sickness or disability, compared to 4% in England as a whole.

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Sensory disability The problem of loneliness and isolation associated with a sensory disability such as loss of hearing could increase with the aging population. The percentage of older people who are registered deaf is nearly three times as high as the national average.

2.4.6 Living in a deprived area.

Richmond is generally affluent. (The Richmond Story www.datarich.info/richmond-story/) There are no areas in Richmond ranked in the most deprived decile of local authorities in England i.e. the 10% most deprived areas. There are pockets of deprivation in Barnes, Hampton, Whitton, Heathfield and Ham and Petersham. 9% of children in the borough live in low income households, and 9% of households experience fuel poverty.

2.4.7 Belonging to minority groups, such as in terms of ethnicity or sexual orientation.

Ethnic minorities

86% of Richmond's residents categorise themselves as belonging to a White ethnic group, and 14.0% to a Black and minority ethnic (BME) group. Richmond's BME groups are made up of 7.3% Asian/British Asian, 3.6% Mixed/multiple ethnic groups, 1.6% other ethnic groups, and 1.5% Black groups. A quarter of Richmond's residents were born outside the UK, with 14.3% of the population born outside Europe. www.datarich.info/groups-and-communities/race/ National research by the Red Cross suggests that people from Black, Asian and Minority Ethnic (BAME) backgrounds may be more vulnerable to loneliness and face greater barriers in accessing help to overcome it. British Red Cross (2018) Barriers to Belonging www.redcross.org.uk/about-us/news-and-media/media-centre/press-releases/people-from-bame-backgrounds The research shows that people who feel like they 'belong' to their community feel valued, included, safe and able to join in community activities are less likely to feel lonely. People from BAME backgrounds face multiple challenges that may mean they may be more likely to experience loneliness. Recommendations include equality of access and feeling welcome.

Lesbian, gay and bisexual people

Beyond Richmond, surveys found that 1.5% of the national population and 2.5% in London consider themselves LGB and a government report estimated that between 5% and 7% of the population in England and Wales is LGB . A conservative estimate (5%) equates to 9,500 people in Richmond. However, some local organisations suggest an estimate of 10%, equating to 19,000 people, is more realistic. A study by Age UK reports that Research shows that older LGBT people are especially vulnerable to loneliness as they are more likely to be single, live alone, and have lower levels of contact with relatives. They are also less likely to engage with local services, with recent findings showing that over four fifths of older LGBT people do not trust professionals to understand their culture or lifestyle. Alden, S. and Wigfield, A. (2018) Reducing social isolation amongst older LGBT people: A case study of the Sage project www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/combating-loneliness-amongst-older-lgbt-people-a-case-study-of-the-sage-project-in-leeds/ also www.campaigntoendloneliness.org/blog/older-lgb-adults/

2.4.8 The number of people in the borough with mental health issues

Around 1,700 people are estimated to have some form of severe mental illness and there are about 2,000 people recorded to be in contact with specialist mental health services. An estimated 22,000 people in Richmond have a less severe, common mental disorder (such as depression and anxiety) and there 6,164 adults identified with depression by GPs. https://www.richmond.gov.uk/media/10997/joint_health_and_wellbeing_strategy_2016-21.pdf

SUMMARY OF PREDICTION OF NUMBERS OF THE MOST LONELY AND ISOLATED RESIDENTS IN THE LONDON BOROUGH OF RICHMOND UPON THAMES

The Campaign to End Loneliness encourages local authorities to use existing data to predict and 'map' where the most lonely and isolated residents live by using 'risk factors' that can lead to loneliness and social isolation. In Richmond, there are large numbers of residents who fall within these risk factors:

- 21,447 (11.5%) of people in Richmond report that they have some form of disability or health problem that affects their day-to-day activities a lot or a little.
- In 2019 28,900 people aged 65+ live in Richmond upon Thames.
- Total population aged 75 and over is currently 13,506 with an estimated 7,259 living alone.
- There are 15,802 carers (8.5% of all residents) in Richmond 81% carers have felt lonely or socially isolated because of their caring role.
- Around 1,700 people are estimated to have some form of severe mental illness and there are about 2,000 people recorded to be in contact with specialist mental health services.
- An estimated 22,000 people in Richmond have a less severe, common mental disorder (such as depression and anxiety) and there 6,164 adults identified with depression by GPs.

2.5 MEASURING WELLBEING IN LONDON BOROUGH OF RICHMOND UPON THAMES

2.5.1 Measuring Wellbeing Inequality

What Works Centre for Wellbeing published a report on the 6th March 2017, which takes the data from the four questions on subjective wellbeing from the Annual Population Survey (already published by the Office for National Statistics, ONS) and calculates the inequality score for each local authority.

Wellbeing is defined as ‘how we are doing’ as individuals, communities and as a nation – and in this research is measured by asking questions like “on a scale of 0 to 10, where 0 is ‘not at all’ and 10 is ‘completely’, overall, how satisfied are you with your life nowadays?”.

Wellbeing inequality is the extent to which peoples’ experiences of life vary either:

- Within a population ie. Local Authority
- Between groups i.e. male or female, education level

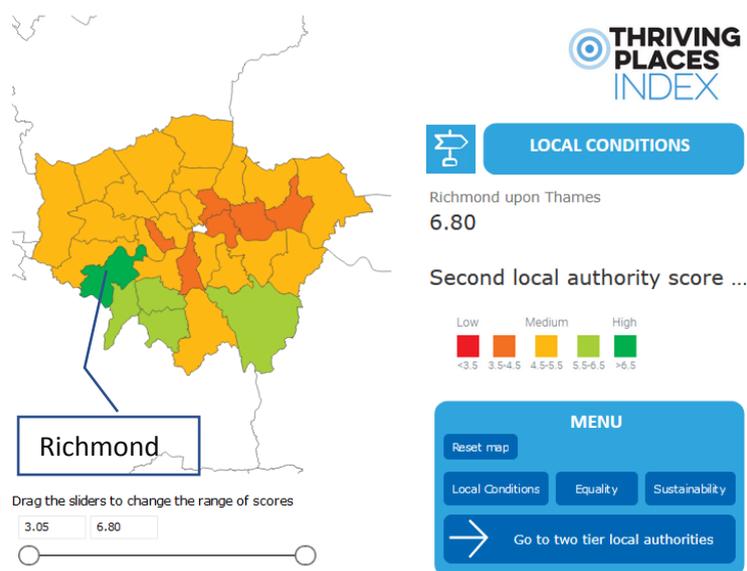
2.5.2 Key messages

The report identifies Richmond as having the 29th (out of 203 local authorities) lowest level of overall wellbeing inequality (which indicates that wellbeing is distributed relatively equally across the population). The report does not give details of the average wellbeing score, but we know from ONS data already in the public domain that Richmond has slightly higher levels of wellbeing than the UK average.

When looking at education-based wellbeing, Richmond shows almost no difference in wellbeing between those with higher and lower levels of education (with a score of -0.01).

2.5.3 The Thriving Places Index (TPI)

This is a framework measures how well 363 Local Authorities in England and Wales are delivering the conditions for wellbeing by measuring the drivers of wellbeing. They use a broad set of indicators from datasets produced by agencies such as the Office for National Statistics and the Index of Multiple Deprivation which are arranged into headline elements – local conditions, sustainability and equality, to reflect the asset-based approach. For Richmond the Wellbeing Scores high 6.80 compared to other boroughs in London. <https://www.thrivingplacesindex.org/page/insights/maps>



This data is only available at borough level and neither of these reports address inequalities in wellbeing in the borough, nor do they map wellbeing at a ward level which would allow to compare wellbeing across the borough.

2.6 SUMMARY - SCALE OF NEED

Recognition of the impact of social isolation and loneliness on physical and mental health and wellbeing has increased in recent years, and tackling the issue is currently a high central and local government priority.

Some groups in Richmond have been identified as at higher risk of loneliness and isolation. Risk factors for loneliness and isolation include the following characteristics:

- Being aged 75 years and over.
- Living alone.
- Becoming a carer or giving up caring.
- Poor health or disability.
- Living in a deprived area.
- Belonging to minority groups, such as in terms of ethnicity or sexual orientation.

In general, Richmond has high levels of wellbeing as indicated in the Thriving Places Index, there are some estimates for groups that make up these different populations who are at risk and research by Age UK has identified 10 geographic areas of the borough where populations are at high risk of loneliness and isolation.

The Joint Strategic Needs Assessment notes that *“Publicly accessible parks (regional, metropolitan, district, local, small and pocket parks) make up 40% of the total area of Richmond.”* The document also tells us that *“Only 28% of residents use outdoor space for exercise or health reasons, although this is the second highest percentage in London.”*

This would imply that there is an unmet need to in Richmond to increase access to green space for health reasons, including supporting wellbeing. The strategy also notes the role of local assets in finding solutions for the problem. *“Local residents say making full use of local assets such can help support healthy behaviours and reduce poor health outcomes. For example, green spaces to increase opportunities for physical activity, and increasing the availability of healthy food.”*

3 IMPROVING ACCESS TO PARKS AND OUTDOOR GREEN SPACE AND BENEFITS

The Richmond Story <https://www.datarich.info/wp-content/uploads/2018/04/Richmond-Story-2017-18.pdf> states that:

“Green space promotes active living and provides important physical, psychological and social health benefits for individuals and the community. Publicly accessible parks (regional, metropolitan, district, local, small and pocket parks) make up 40% of the total area of Richmond.”

The document also noted that *“Only 28% of residents use outdoor space for exercise or health reasons, although this is the second highest percentage in London.”*

3.1 RECENT STUDIES LINKING WELLBEING AND NATURE

The recognition in the Richmond Story that green space has an important role to play in providing physical, psychological and social health benefits for individuals and the community reflects two national policy documents that make recommendations for improving access to green space for local people and recommends that this is achieved through social prescribing to facilitate participation where barriers to access exist.

3.1.1 Improving access to greenspace: A new review for 2020 (September 2020) published by Public Health England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf gives a review of the understanding of the wider determinants of health linked to the natural environment are fundamental pillars. Their report outlines the links between greenspace and health and wellbeing:

- improving access to greenspace promotes healthy behaviours, such as engaging in physical activity and other recreation, and connecting those spaces together can encourage active travel
- greenspace also can improve social contacts and give people a sense of familiarity and belonging—cleaner, greener communities are places where people wish to live and work: they can promote social contact and connectivity, foster a sense of belonging, reduce isolation and loneliness and encourage a connection to nature
- greenspace supports the development of skills and capabilities—particularly for young people, there is emerging evidence that spending time in greenspace is associated with a range of benefits including improved motor skills, better academic performance and increased concentration
- nearby greenspace, and green features such as pocket parks and street trees also mediate potential harms posed by the local environment—it can help to reduce exposure to air pollution, reduce the urban heat island effect, and mitigate excessive noise and reduce flood risk, all of which can impair both physical and mental health

The report argues that improving access to quality greenspace has the potential to improve health outcomes for the whole population. The report outlines the substantial evidence of a range of positive outcomes linked to living in greener communities and having greater exposure to greenspace which include that:

- systematic reviews have found that greater exposure to greenspace enhances quality of life for both children and adults through multiple social, economic, and environmental means
- several systematic reviews have found positive associations between a greener living environment and mental wellbeing outcomes, this includes: emotional wellbeing, reduced stress and improved resilience, and higher health-related quality of life— in children and young people several reviews found evidence of a link between greater exposure to greenspace and reduced rates of hyperactivity and inattention
- in adults, several systematic reviews have found an association between nature in the urban environment and positive emotions—evidence also shows links between a greener living environment and higher life satisfaction and reduced mental distress, and strong evidence of improved self-rated mental health and reported stress
- greener environments have been shown to reduce levels of depression, anxiety, and fatigue - the beneficial effects are greatest for socioeconomically disadvantaged groups, with inequality in mental wellbeing narrower in deprived groups with good access to greenspace, compared to those with less access
- for children and young people, the effects of greenspace are influenced by developmental stage and both the type and accessibility of greenspace
- for adults, factors such as age, gender and physical activity behaviours appear to moderate relationships between greenspace exposures and mental health outcomes

Improving access to greenspace: A new review for 2020 (September 2020) published by Public Health England p22

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf

3.1.2 Nature Connectedness and wellbeing

Natural England March 2020 (Monitor of Engagement with the Natural Environment) A summary report on nature connectedness among adults and children in England: Analyses of relationships with wellbeing and pro-environmental behaviours.

<http://publications.naturalengland.org.uk/publication/6005041314136064>

This report explores the relationships between nature contact, nature connectedness, wellbeing and pro-environmental behaviour. It found that people with high nature connectedness were 1.7 times more likely to report that their lives were worthwhile than those with low nature connectedness. People who visited nature at least once a week were 1.9 times more likely to also report good general health. Other reports suggest that the time spent in nature can be as low as 20 minutes. (Natural England (2020). Their analysis suggests that contact with nature is good for people's general health and nature connectedness is good for their wellbeing.

borough.

3.2 SUMMARY - IMPROVING ACCESS TO PARKS AND BENEFITS OF ACCESS

The Joint Strategic Needs Assessment notes that *"Publicly accessible parks (regional, metropolitan, district, local, small and pocket parks) make up 40% of the total area of Richmond."* The document also tells us that *"Only 28% of residents use outdoor space for exercise or health reasons, although this is the second highest percentage in London."*

This document highlights the role of green space *"Green space promotes active living and provides important physical, psychological and social health benefits for individuals and the community. Publicly accessible parks (regional, metropolitan, district, local, small and pocket parks) make up 40% of the total area of Richmond."*

The recognition in the Richmond Story that green space has an important role to play in providing physical, psychological and social health benefits for individuals and the community reflects two national policy documents that make recommendations for improving access to green space for local people and recommends that this is achieved through social prescribing to facilitate participation where barriers to access exist.

The social prescribing offer in Richmond is in its early stages, and there is potential to include outdoor learning activities within the offer. There is a growing body of research that highlights the benefits to individual wellbeing that access to nature brings. People who visited nature at least once a week were 1.9 times more likely to also report good general health but the research also tells us that people with high nature connectedness were 1.7 times more likely to report that their lives were worthwhile than those with low nature connectedness.

4 THE LOCAL OFFER

4.1 EXISTING OUTDOOR LEARNING ACTIVITIES IN LBRUT

A desk-based audit of what outdoor learning activities currently exist in the area.

A total of 30 outdoor learning providers have been identified in the borough. (See Appendix 1 for a full listing.) These range from organisations who offer conservation work including volunteering opportunities, Friends of Parks and Open Spaces who include community engagement within their remit, and parks and houses who include outdoor activities within their scope of work. These include some nationally important spaces such as the Royal Botanic Gardens at Kew and The Wetlands and Wildfowl Trust at Kew.

4.2 TARGET BENEFICIARIES

Community engagement for most organisations listed tends not to be targeted to specific audiences but to address the community in general. Kew Botanic Gardens as some targeted interventions such as a monthly dementia friendly walk.

Four organisations offer targeted interventions to adult beneficiaries.

Dose of Nature offer social prescriptions for people with mental health problems supervised by a psychotherapist. The sessions encourage participants to connect with nature in order to improve their mental wellbeing.

Friendly Parks for All (Richmond Parks and open spaces) targets people who face barriers to accessing parks in the borough, including people with dementia, blind and visually impaired and people with limited mobility. There are monthly activities with local charities, including an accessible walk and a wellbeing walk.

Let's Go Outside and Learn CIC offers targeted nature-based activities for people at risk of isolation in parks (older people, young people, BAME, volunteers, intergenerational projects and volunteers)

Richmond Green Gym targets vulnerable groups to offer exercise a chance to socialise and new skills.

4.3 ORGANISATIONS WORKING WITH YOUNG PEOPLE

There are 10 organisations who have children and young people as their audience, these include 7 forest schools and nursery schools based in outdoor environments. Three organisations work with specific audiences of young people.

Holly Lodge offers educational programmes that explore science, nature and history, and specialise in activities for people with special needs.

The Wild Mind Project offers mental health and wellbeing support for young people aged 10-25, parents, carers and communities through creative nature-based activities

Let's Go Outside and Learn CIC offers outdoor learning activities for vulnerable groups of young people such as young carers.

4.4 BARRIERS

What data is already available about the barriers preventing people at risk of isolation from accessing programmes.

The JSNA tells us that *“Only 28% of residents use outdoor space for exercise or health reasons, although this is the second highest percentage in London.”*

There has been significant research looking at barriers preventing people accessing the natural environment.

4.4.1 Nationally

Public Health England (September 2020) [Improving access to greenspace](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenpace_2020_review.pdf) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenpace_2020_review.pdf tells us that:

- the most economically deprived areas have less available good quality public greenspace
- people exposed to poor quality environments are more likely to experience poorer health outcomes than people who enjoy good quality environments
- unequal provision of good quality greenspace means those who are at greatest risk of poor physical and mental health may have the least opportunity to reap the health benefits of greenspace
- all demographic groups benefit, but deprived groups appear to gain the most health benefit and socioeconomic inequalities in health are lower in greener communities—providing greener environments for deprived groups could help to reduce health inequalities
- analysis of MENE survey data across multiple years found that infrequent users of greenspace tend to be—people who are female; older; in poor health; of lower socioeconomic status; with a physical disability; ethnic minorities; people living in deprived areas; those with less local access to greenspace; and people living further from the coast

4.4.2 The local picture

Friendly Parks for All project has analysed barriers to accessing parks for the benefit of health and wellbeing:

Friendly Parks for All consultation May 2020

https://haveyoursay.citizenspace.com/richmondcs/friendly-parks-19/consult_view/

Friendly Parks for young and old Oct 2017

https://haveyoursay.citizenspace.com/richmondcs/dementia-friendly-parks/consult_view/

- **Difficulties with public transport** – This comes out very strongly in consultations, lack of mobility means that people are not able to walk to their local park so need to take some form of transport. This can cause logistical problems. Parking is also a frequent problem and disabled access in or near the park is included in design of the project. Transport problems can provide logistical problems that acts as a disincentive to visit, this reason local parks spread across the borough are included so that residents do not have to travel too far to visit.
- **Dependence on others** Some people with disabilities are dependent on others to accompany them to outdoor facilities; this restricts their opportunities to take part in activities. In consultations most of the respondents said that they visited parks with others rather than alone.

- **Park infrastructure and maintenance** Well maintained parks are essential, to ensure that this is not a barrier. Accessible toilets and plenty of benches are important and mentioned in consultations.
- **Activities and equipment** (e.g. outdoor gyms etc) that are relevant to the group are also important. The project has included outdoor gyms equipment suitable for people with dementia and limited mobility in the project at Heathfield Recreation Ground. The outdoor gym at Kneller Gardens was designed in consultation with physiotherapists at INS and Richmond Carers.
- **Lack of access to appropriate information** due to a lack of awareness of the needs of underrepresented groups in terms of accessing information in appropriate formats, as well as a lack of readily available information.
- **Lack of time and / or motivation**, Many studies report that “lack of time” and motivation are major barriers to taking part in engaging with outdoor spaces. This barrier is reflected in the Natural England annual Monitor of Engagement with the Natural Environment. This annual study asks why people who spend limited time outdoors do not spend more time outside. “Too busy at home” (10%), and “no particular reason” (9%) were given as reasons. The most recent MENE noted that the proportion of people reporting bad health as a barrier had increased over the last year (23%).
- **Attitudinal problems** - attitudes towards the use of parks e.g. lack of confidence and unfamiliarity with the park were not tested in this consultation. Fear of personal safety in parks is often cited as a reason, however busy parks such as the parks chosen for Friendly Parks do not suffer from this perception. Not understanding the benefits of spending time in parks is also an attitudinal problem that is difficult to respond to although the current situation has highlighted how many people have changed their lifestyle to spending more of their limited outdoor time in parks.
- **Lack of awareness of opportunities** Studies show that underrepresented communities such as the blind or visually impaired, people with dementia are not targeted sufficiently to raise their awareness of opportunities that spending time outside has for their health and wellbeing.

4.5 SOCIAL PRESCRIBING

Social prescribing in the London Borough of Richmond and where outdoor learning activities could sit within this.

Social Prescribing supports people to take control of their health and wellbeing by connecting them with activities and support in their local community. Evidence suggests that social prescribing can be an effective way to provide an alternative framework of addressing patient needs at the primary healthcare level and has the potential to be a cost-effective way of reducing GP and A&E attendance and increase wellbeing of certain population groups.

Social Prescribing Richmond is a new service established in 2020 and delivered in Richmond by Ruils in partnership with the Richmond GP Alliance. There are 15 link workers who are based within GP practices across the borough.

4.5.1 How social prescribing works in Richmond

A GP or health care professional can make a referral to one of the 15 link workers, who meets with the person to find out more about them and what they want to achieve or change. The link worker explores different options available in the local community. This could include supporting people with things like managing stress, loneliness, finding social groups, learning new skills, or physical activity. Contact Narinder Dosanjh narinderdosanjh@ruils.co.uk

The new service was put in place after a trial based in Barnes for 94 patients. The evaluation shows that the number of referrals was lower than expected, a higher proportion of referred clients were female or aged 65 or older, and social isolation was cited as reason for referral for most clients. There were no referrals to organisations offering nature based activities. <https://richmondccg.nhs.uk/wp-content/uploads/2019/04/Richmond-Social-Prescribing-Pilot-Evaluation-Report-2018.pdf>

Nature based outdoor activities sits neatly within the remit of social prescription and is referred to in recent Public Health England recommendations.

4.5.2 Informed by emerging policy for increasing access to greenspace

Public Health England (September 2020) Improving access to greenspace p14 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf

The document includes policy recommendations at a local level including:

- Establish interventions, such as green social prescribing initiatives, that will support people who do not use greenspace to begin using it
- Programmes to support social engagement or to facilitate participation in activities coupled with improvements to the physical environment, are an effective approach to enable people to start using these spaces and to continue to use them.
- Work with local NHS systems and professionals to promote the role greenspace plays in both individual and population health outcomes. This will support the health service's ambition to take more action to prevent poor health and to use green assets, through initiatives such as social prescribing, as part of the overall plan to achieve this aim.

The recommendations note that:

"Greener environments are associated with better mental health and wellbeing outcomes including reduced levels of depression, anxiety, and fatigue, and enhanced quality of life for both children and adults. Greenspace can help to bind communities together, reduce loneliness, and mitigate the negative effects of air pollution, excessive noise, heat and flooding."

4.6 SUMMARY – THE LOCAL OFFER AND BARRIERS TO ACCESS

The Joint Strategic Needs Assessment notes that *"Only 28% of residents use outdoor space for exercise or health reasons, although this is the second highest percentage in London."* This implies that there are barriers that prevent people accessing the natural environment.

In recent years there has been significant research looking at barriers that prevent people accessing the natural environment. Research has identified the following factors:

- Unequal provision of good quality public open space, especially within economically deprived areas.
- Analysis of Monitor of engagement with the National Environment survey data across multiple years found that infrequent users of greenspace tend to be—people who are:
 - Female
 - Older
 - In poor health
 - Lower socio-economic status
 - Have a disability
 - From an ethnic minority
 - Have limited access to greenspace

These are also identified characteristics for people at risk of isolation.

In Richmond consultation has identified further barriers to accessing greenspace and activities that take place within them have been identified:

Difficulties with public transport

Parking is also a frequent problem

Dependence on others Importance of good park infrastructure and maintenance

Lack of access to appropriate information

Lack of time and / or motivation Attitudinal problems Lack of awareness of opportunities Social Prescribing supports people to take control of their health and wellbeing by connecting them with activities and support in their local community. Evidence suggests that social prescribing can be an effective way to provide an alternative framework of addressing patient needs at the primary healthcare level and has the potential to be a cost-effective way of reducing GP and A&E attendance and increase wellbeing of certain population groups. Social Prescribing Richmond is a new service established in 2020 and delivered in Richmond by Ruils in partnership with the Richmond GP Alliance. There are 15 link workers who are based within GP practices across the borough.

5 STUDY OF BARRIERS TO INDIVIDUAL PARTICIPATION.

The original proposal for this piece of work was to carry out a detailed assessment to identify the barriers to access of green space for health and wellbeing through a series of small workshops with young people and adults at risk of isolation. The aim of the workshops was to understand the barriers to participant and the types of activity that they considered would be beneficial.

Due to the exceptional context of life in 2020 the remit of the project was amended to examine examine if and how respondents they are using nature to support their wellbeing and how they are using it. We also sought to understand what lessons can be drawn form what we are experiencing.

The sample sought to include the following groups

- Families
- Adults
- Vulnerable people normally at risk of isolation
- Residents currently self-isolating

The data was gathered between May 20th 2020 and 1st July 2020 at a time when the government advice was to stay at home as much as possible, work from home if you can, limit contact with other people, keep your distance from people not in your household (2 metres apart).

Data was collected via an online survey. Working in partnership with the South West Environment Network the survey was promoted via social media throughout the period that it was open. The project team also sought to work with organisations who have clients who are normally at risk of isolation in order to understand the impact on their lives.

There was a total of 117 responses over a period of 6 weeks just as government and local restrictions were easing.

5.1 LEARNING FROM STUDY

We learnt that:

- **Before** the corona virus crisis most (88.03%) respondents spent their leisure time outdoors at least once a week
- **During** the corona virus emergency 51.28% of people spent time outside every day, and almost a third of respondents (30.77%) spent time outside several times a week.
- More than ¼ (25.49%) respondents spent more time outside every day than they had previously.
- 7.69% of people never spent their leisure time outside and, 0.84% i.e. one person had visited once.
- Nearly 10% (8.84%) of respondents do not have a garden or shared outdoor space.
- Over half of respondents (55.56%) visited parks.

All respondents were asked to comment on the link between greenspace and wellbeing. Most of the comments illustrated the positive impact that spending time in nature had during the lockdown period.

“Mental health in lockdown saved by local walks in greenspace - by river and in parks”

Lack of structure to my day and poor sleep patterns. Nature is where I recover and rebalance.

Most days are OK, some days I can be low, these are the days when going for a walk in the local nature reserve has made all the difference. I'm also fortunate that I have also been able to work.

Anxiety has been very heightened during lockdown – the park & my garden have been integral in managing this.

Nearly a quarter (23%) of respondents commented on how being **close to nature** helped their wellbeing, and other respondents (3%) commented on how nature had **inspired** them. We learnt how people used parks during lockdown - for some (4%) it became important as a **social space** or a place to meet friends and for others (9%) being outside was a place that they could use **for exercise**. There was a small number (8%) who indicated that the pandemic had given them an opportunity to spend **more time in nature** observing it while others talked about the **impact of the pandemic on nature** was mentioned by 8% of respondents. .

For some of the respondents having an opportunity to **get outside** was a positive benefit to their wellbeing by 13% of respondents, and several commented on the **positive impact on mood** of spending time outside was mentioned by 17% of respondents

Some (3%) of respondents felt other activities had benefited their wellbeing more than spending time outside. The example given was craft activities.

5.2 BARRIERS TO ENGAGING WITH THE NATURAL ENVIRONMENT

The study highlights the barriers to engaging with the natural environment during the period of lockdown. These barriers have implications for the future provision of access to natural spaces for people at risk of isolation.

The barriers identified by the study include:

- Poor physical health/illness
- People with limited mobility
- Poor mental health
- People living alone

- People with no access to provide gardens or shared outdoor spaces
- People with limited access to local green spaces due to distance
- Worry about contracting or spreading coronavirus while visiting green and natural spaces;
- Concerns about over-crowding and not being able to keep a safe distance from others;
- Lack of facilities such as public toilets, or benches.

The full study can be found on the Let's Go Outside and Learn website <https://www.lgoal.org/stay-connected-with-nature/>

Other studies have looked at the impact of loneliness as a result of covid-19. The Covid study group https://whatworkswellbeing.org/blog/loneliness-in-the-time-of-social-distancing/?mc_cid=42ca3d8e6a&mc_eid=0942ac703e

found that:

- The least lonely people in the population got less lonely in the weeks following lockdown.
- Living with others, in a rural area with access to outdoor spaces and having more close friends or greater social support were protective factors.
- Loneliness increased over this period for people who already reported feeling lonely prior to lockdown.

The study also found that the people most at risk of loneliness were the same during the lockdown period as they were before. This includes people who are:

- young
- living alone
- on low incomes
- out of work
- living with a mental health condition

5.3 SUMMARY -SIGNIFICANT THEMES

There were three significant themes that came out of this small survey:

Inequalities

While the survey showed that many people benefited from access to green spaces, and were able to use green spaces to support their health and wellbeing, The study has highlighted the barriers and inequalities to the benefits to be gained from accessing green space.

There is a need which needs to be addressed to ensure that everyone in the local community to benefit.

The need for well-maintained accessible nature-rich green space

The response of all respondents has highlighted the need for well-maintained accessible nature-rich green space near to peoples' homes and the importance of them to an urban population.

Creating meaning and purpose

The survey showed how parks and green spaces can be used improve the health, wellbeing, and general resilience of local people. The strongest impression from the comments of respondents was that at a time of isolation from the outside world, and at a time of chaos and uncertainty they used access to nature to create meaning and purpose in their lives in order to cope better with negative feelings.

6 DESIGNING OUTDOOR LEARNING FOR ADULTS

6.1 PILOT STUDY

The original remit of the project was to run a number of small pilot events held with the participants from the workshops to trial different activities and gauge the impact of those activities on reducing loneliness and isolation. At a time when meetings of individuals outside a family unit were not permitted that we were not able to hold these pilot events. As a result, the remit of the project was changed to allow for the development of resources and nature-based activities and techniques for use by individuals self-isolating, which can and be used to support outdoor learning in the future.

6.1.1 Nature-based activities and resources

All resources are available online on the Let's Go Outside and Learn website: www.lgoal.org/go-outside-and-learn/ This is a growing bank of resources that will be added to over the next few months and years. The topics covered are:

- Squash and pumpkins
- Autumn traditions
- Spiders
- Butterflies
- Grow a curry
- Wildflowers
- Butterflies and caterpillars
- Vertical Gardens
- Great Trees of London
- Trees for contemplation
- Trees in folklore and tradition
- The Rose Flower: a poem set to music
- The art of plants
- The art of bees
- Thinking about plants
- National Gardening Week
- Cloud Week

6.1.2 Designing outdoor activities to support wellbeing

This survey aimed to collect data through a survey which sought to understand the different ways of bringing people together and the best way to design outdoor learning activities to benefit wellbeing. The survey was collected via an online survey rather than through planned workshops in outdoor spaces.

The survey was very limited, with 13 respondents taking part. All respondents had access to online facilities so were not completely isolated from the outside world as many of our regular project participants. This bias may be reflected in the analysis of the survey, but we had no way of including to test participants' experiences, but instead relied on their perceptions of what that experience might have been.

Despite this we have made some progress in understanding how outdoor learning activities can be designed to benefit the wellbeing of project participants.

- Walking and rambling activities were seen to be beneficial
- Activities that stimulate the senses and that offer opportunities to socialise and build resilience were seen to be beneficial
- There was interest in nature-based activities, environmental surveys and campaigning
- Learning about the work of other organisations and other opportunities available to take part in were also highlighted as beneficial.
- A programme with a mix of different activities was thought to be beneficial
- There was a preference for weekly meetings throughout the year with no breaks
- Group size should be between 5-10 people
- There was a preference for groups of mixed age, with some interest in intergenerational sessions
- There was no preference for gender-based meetings
- There was no interest in activities specifically designed for groups with specific characteristics, but there was a preference for mixed groups.
- There was some preference for a closed group that could get to know each other well, but interest by others in a more dynamic group that changes with each session.

The full report can be found on the Let's Go Outside and Learn website www.lgoal.org/go-outside-and-learn/

Given the limited opportunities for meeting in groups due to Covid-19 Let's Go Outside and Learn have held 4 trial sessions of small group work with strict protocols in place. The project has been received 4 referrals through social prescription. So far feedback has been positive with one prescriber commenting *"I had very good feedback and the activity was very helpful. She mentioned how supportive the experience was."*

Findings of this work will be shared with the social prescribing teams in Richmond, adult social care teams, Richmond Council Public Health team and the Richmond GP alliance.

7 A 'TOP TIPS' GUIDE

Let's Go Outside & Learn has extensive experience of working outdoors to tackle social isolation in and through outdoor education. We recognise the importance of being outdoors for social, physical and mental wellbeing. We deliver projects across the London Boroughs of Richmond and Hounslow and feedback from those people involved in our activities is extremely positive.

We model projects on a small scale to begin with to ensure we are reaching the right audience and providing initiatives that meet the needs of the clients.

It is important to ensure that each project is evaluated and that the participants are consulted on an ongoing basis.

Feedback can be obtained in different ways. It is up to the project managers to decide on appropriate methods of feedback and evaluation and this will vary according to each group.

Outlines below are our top tips for hosting a successful outdoor session.

Planning Outdoor Learning Experiences to Reduce Social Isolation

- Ensure that you have appropriate safeguarding policies and relevant insurance in place before undertaking this as a formal activity
- Session leaders should have completed a full DBS for working with vulnerable people. This should be updated regularly
- Risk assessments must be carried out in advance of any activity
- Volunteers should be offered support and training and DBS if relevant
- Have ongoing and meaningful consultation with your target audience to understand the barriers that might prevent them from taking part, such as physical barriers, social and cultural issues, perceptions of safety, awareness or interest in nature –work systematically and jointly to identify solutions to these barriers.
- Understand their interests and preferences and then co-design activities with them to ensure that their needs are addressed.
- Market the project widely – not all people have access to Internet and Social Media
- Ensure that there are accessible fliers and posters i.e. not too many words, bright and cheerful with simple information about venue, dates and activity
- Visit potential clients in places where they feel safe and talk about the outdoor opportunity
- Be prepared to spend time visiting groups where there may be isolated clients.
- Once you have introduced the initiative, spend time talking to individuals and answer any questions they may have, take on board their comments
- Be friendly and approachable at all times
- Listen to any concerns and address them – not everyone feels confident about joining a group
- On the day – ensure that you arrive early to set up
- Make sure you are visible to the group – have a flag or easily identifiable clothing e.g. Hi Vis
- Be prepared to wait at the meeting point beyond the scheduled time of the start of the session
- Make sure that the planned activity is accessible to all
- Explain what the group is going to do and lead on this

- Don't over explain – let the group know that your activity is for fun and it is not a test
- Talk to participants and make them feel at ease throughout the session
- Consult your group as often as possible, it may be that someone in your group has some ideas that they would like to suggest.
- It is important that participants feel empowered and able to make suggestions which are valid.
- Smile – it's the key to success

8 CONCLUSIONS

This study has investigated the use outdoor nature-based activities as an intervention to tackle loneliness and social isolation.

The Richmond Joint Health and Wellbeing Board Strategy identifies social isolation as an issue of concern. The strategy www.richmond.gov.uk/media/10997/joint_health_and_wellbeing_strategy_2016-21.pdf notes the role of local assets in finding solutions for the problem. *“Local residents say making full use of local assets such greenspace can help support healthy behaviours and reduce poor health outcomes. For example, green spaces to increase opportunities for physical activity, and increasing the availability of healthy food.”*

While the benefits of spending time in nature is more fully understood and there is an identified significant need for outdoor learning and nature-based activities in the borough there is currently a limited availability of suitable activities.

To enable people to access greenspace, they need to have the opportunity to use it, feel they have the capability to do so, and see a benefit to their lives. Overcoming barriers identified by this study are an important component of making activities accessible.

Such activities should include well-planned interventions to raise awareness or raise confidence in using the use of local greenspace, activities should be inclusive and accommodates people with a range of needs, offering a range of opportunities for learning, relaxation, social interaction and stimulation.

From the survey we understand that people can use green space to realise social and health benefits in several ways:

- An increase in the time that they spend in outdoor environments
- An increase engagement with nature
- Use of outdoor environments to support social or other activities

Green space is an important asset for maintaining and supporting health and wellbeing in local communities. The evidence base linking health and greenspace is compelling, and innovative use has the potential to help achieve local priorities linked to tackling the social isolation and loneliness agenda. Programmes of social engagement and participation in outdoor activities have been shown to be effective at delivering on multiple health and wellbeing outcomes.

This study proposes the use of targeted interventions based in local greenspace to improve accessibility for people who face barriers to access. Survey participants told us that regularly scheduled group activities is a strong motivation for participation, developing confidence and encouraging continued involvement. This is an important learning for future activities and to the concept of social prescribing.

Frances Bennett
Let's Go Outside and Learn
September 2020

APPENDIX 1 PROVIDERS OF OUTDOOR LEARNING IN LONDON BOROUGH OF RICHMOND

This is a full listing current in September 2020 of outdoor learning, ecotherapy or nature based activity groups based in Richmond upon Thames.

The South West Environment Network maintains a full listing of information on environmental groups and volunteering opportunities in the South West London Boroughs of Hounslow, Kingston, Richmond upon Thames, Ealing and Wandsworth. <https://swlen.org.uk/local-groups/>

Providers of Outdoor Learning in London Borough of Richmond			
Website:	Email:		Comments
Environmental, Friends of Parks and Residents Groups			
Environment Trust			
www.environmenttrust.co.uk	office@environmenttrust.co.uk		Events are advertised on http://www.environmenttrust.co.uk/whats-on
Friends of Barnes Common			
Website: www.barnescommon.org.uk	education@barnescommon.org.uk	Phone : 07855 548 404	Events are advertised on www.barnescommon.org.uk/learning
Friends of Bushy and Home Parks			
www.fbhp.org.uk	focpark@gmail.com		Events are advertised on www.fbhp.org.uk/walksandtalks
Friends of the River Crane Environment (FORCE)			
www.force.org.uk	info@force.org.uk		For walks and talks, community learning, and outdoor learning for schools in sites in the lower Crane
Ham United Group			
Website: www.hamunitedgroup.org.uk	frostp@blueyonder.co.uk	Phone : 020 8940 2941	
River Thames Boat Project			
Website: www.thamesboatproject.org	info@thamesboatproject.org	Phone : 020 8940 3509	Educational, therapeutic and recreational cruises and activities on the River Thames.

Thames Explorer Trust

Website: www.thames-explorer.org.uk

info@thames-explorer.org.uk

Phone : 020 8742 0057
Summer playscheme - www.thames-explorer.org.uk/families/summer-playscheme

Thames Young Mariners

Website: www.surreyoutdoorlearning.uk

outdoor.learning@surreycc.gov.uk

Phone : 01372 37890 1
Outdoor learning opportunities for schools, youth groups, families and adults.

South West London Environment Network

Website: www.swlen.org.uk

hello@swlen.org.uk

Phone : 020 88920 590
Signposting to organisations and activities in the borough who host outdoor learning.

The Conservation Volunteers

Website: www.tcv.org.uk/london/richmond

laura.brackenbury@tcv.org.uk

Phone : 07764 655 667
Practical conservation skills, community learning and environmental walks.

Richmond Green Gym

Website www.tcv.org.uk/london/green-gym-london/richmond-green-gym/

gg-richmond@tcv.org.uk

Phone : 07717 49447 6
Low impact conservation work, gentle exercises, and opportunities to socialise

Adult health and wellbeing in parks and open spaces

Dose of nature

<https://www.doseofnature.org.uk/>

info@doseofnature.org.uk

Social prescriptions for people with mental health problems and the general population, encouraging everyone to connect with nature in order to improve their mental wellbeing.

Friendly Parks for All project

www.richmond.gov.uk/services/parks_and_open_spaces/explore_richmonds_parks_and_open_spaces

parks@richmond.org.uk

Improved access to our parks for all residents, the project includes targeted activities for different groups.

Let's Go Outside and Learn

www.lgoal.org.uk

outdoor.learning@outlook.com

020
8401
6837

Targeted activities for people at risk of isolation in parks (older people, young people volunteers, intergenerational projects and volunteers)

Royal Botanic Gardens, Kew

www.kew.org/learning/community-and-access/community-learning-programmes

communitylearning@kew.org

Community learning programmes

Walking for Health

www.richmond.gov.uk/services/wellbeing_and_lifestyle/health_walks

parks@richmond.gov.uk

Gentle walks in groups and provide a safe and social atmosphere.

Parks, houses and gardens that provide outdoor learning

Bushy Park

enquiries.ldn@fieldstudies-council.org

Phone
: 020
3130
0469

Education and Learning in Bushy Park is managed by the Field Studies Centre.

Ham House

Family visits - www.nationaltrust.org.uk/ham-house/things-to-see-and-do/for-families/

School visits - www.nationaltrust.org.uk/ham-house/learning/

London Wildlife Trust at Crane Park Island

Website: www.wildlondon.org.uk/reserves/crane-park-island

Phone
: 020
8755
2339
or
07702
669
888

Strawberry Hill House

Website: www.strawberryhillhouse.org.uk

learning@strawberryhillhouse.org.uk

Phone
: 020
8744
124

Wildfowl and Wetlands Trust, Barnes

Family visits - www.wwt.org.uk/wetland-centres/london/experience/for-the-family/

School Visits - www.wwt.org.uk/learn/learn-at-london/

Outdoor Learning for families and children

The Holly Lodge Centre in Richmond Park

Website: www.thehollylodgecentre.org.uk	aking@thehollylodgecentre.org.uk	Phone: 0208 940 8730	Educational programmes that explore science, nature and history, and specialise in activities for people with special needs
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Let's Go Outside and Learn CIC

Website: www.lgoal.org.uk	outdoor.learning@outlook.com	Phone: 020 8401 6837	Environment clubs for schools, and training packages for teachers. Outdoor learning for vulnerable groups such as young carers.
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The Wild Mind project

https://thewildmindproject.org/about-the-wild-mind-project-2/	hello@thewildmindproject.org	020 8977 9989	Mental health and wellbeing support for young people aged 10-25, parents carers and communities through creative nature based activities.
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Forest school, nursery schools and outdoor play

Brilliant Play Solutions CIC

Website: www.brilliantplay.co.uk	info@brilliantplay.co.uk	Natural play
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Kingston Forest School

www.kingstonforestschool.org

kingstonforestschool@gmail.com

07973
371
133

Fun, Forest School and Bushcraft sessions engaging children and families to connect and learn in nature. Richmond, Kingston and Wimbledon

Forest School Workshops

mariasprostranova@gmail.com

07737
644
119

Sessions take place on Ham Lands, and include holiday workshops

Mandarin Ducklings Bilingual Montessori Home Setting

Website:

www.mandarinducklings.co.uk

info@mandarinducklings.co.uk

Phone:
020
8408
3166

Tree House Learning Forest School

www.treehouselearning.co.uk

contact@treehouselearning.co.uk

07985
969
416

Forest School sessions in the Ham Common Woods.

Wild Education

Website: www.wildededucation.co.uk

ellie@wildededucation.co.uk

Forest school at various locations.

Wild Learning Holiday Club

www.wild-learning.net

info@wildlearning.net

Outdoor learning and Forest School programmes throughout the year, including holidays,

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<https://www.heritagefund.org.uk/publications/space-thrive>

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https://www.datarich.info/wider-determinants-of-health/loneliness-and-isolation/#_edn3

LBRUT JSNA NEWSLETTER 14 : LONELINESS AND ISOLATION
<https://www.datarich.info/wp-content/uploads/2018/03/Newsletter-Issue-14.pdf>

LBRUT JOINT HEALTH AND WELLBEING STRATEGY 2016-2021
www.richmond.gov.uk/media/10997/joint_health_and_wellbeing_strategy_2016-21.pdf

LBRUT THE RICHMOND CARERS NEEDS ASSESSMENT
www.datarich.info/.../LBRuT_Carers_Needs_Assessment_2019.pdf

LBRUT CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

[https://www.richmond.gov.uk/services/children and family care/childrens services professionals/child and adolescent mental health services](https://www.richmond.gov.uk/services/children-and-family-care/childrens-services-professionals/child-and-adolescent-mental-health-services)

LBRUT MARKET POSITION STATEMENT 2018/19

www.richmond.gov.uk/media/16024/market_position_statement_2018.pdf)

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to Greenspace_2020_review.pdf

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