

A photograph showing a group of people, including children and adults, in a lush green natural setting. Some individuals have their arms raised, suggesting a physical activity or exercise session. The background features a stream and dense foliage.

There is a growing body of research evidence that exposure to natural environments has demonstrable physical and mental health benefits

## DARTMOOR - A Natural Health Service

by Orlando Ruter

### ■ INTRODUCTION ■

This article provides a description of a three year project specifically to share some of the reflective learning undertaken through the project term in discussions between the project manager and project officer.

There is a growing body of research evidence that exposure to natural environments has demonstrable physical and mental health benefits.<sup>1-6</sup>

National Parks, landscapes of significant natural beauty, are well placed to contribute to physical health and mental wellbeing through engagement with natural environments – the challenge was to understand why more people currently do not avail themselves of this ‘free at point of delivery’ service.

Dartmoor National Park Authority (DNPA) was approached by DCC Public Health to develop a joint project that would help deliver some tangible health and wellbeing outcomes for local communities and add to the wider evidence base. The project ran from November 2014 to January 2018.

This project specifically sought to:

- develop greater understanding of health benefits, particularly mental wellbeing benefits of accessing outdoor space;
- link GPs in a small pilot area with the National Park Authority through exploring a ‘green prescription’ programme;
- through action research to understand the barriers all stakeholders face – community and individual barriers to accessing the natural environment; health professional barriers to prescribing; National Park (environment provider) barriers to making the connections to communities and GPs.

The pilot area was a small town within the National Park. It was chosen specifically to build on work that DCC Public Health had previously undertaken to understand the demographics and many of the associated health risks within this community. Further work outside this geographical area was also undertaken to demonstrate efficacy of the approaches, activities and interventions being used by National Park staff to generate a larger evidence base for evaluation.

The pilot and Action Research elements were equally important – to share learning more widely and find a sustainable model to replicate in other Dartmoor communities.





being were offered; examples included: Tai Chi, mindful art, cycling and willow weaving. An important part of the learning from participant feedback was that not everyone wants to walk and not everyone wants to do 'activities'.

In the final phase, bringing the project to a self-sustaining close, working arrangements that would support both volunteers and the, by now well established, *Naturally Healthy Group* were established. In addition, supportive training for those who would lead activities in future beyond the project's lifetime was provided.

## ■ OUTCOMES ■

Understanding the opportunities and challenges (barriers) for the three major stakeholder groups (potential beneficiaries, green infrastructure providers and medical professionals) was an important part of this project and considerable time was spent gathering both quantitative and qualitative data. A full analysis of this mixed methods approach is provided by the independently conducted evaluation of the Dartmoor Naturally Healthy Project and the sister project on Exmoor National Park – *Moor to Enjoy*.<sup>7</sup>

To provide a sense of some of the findings – some headlines and direct quotes from participants are provided below:

■ The activities in themselves were seen as valuable:  
*"Nice to do something very special and a treat...Felt like a celebration."*

■ Having events organised by the project officer was important:  
*"Good that it's organised as I get tied up with mindless stuff, shopping, cooking at all that stuff. I wouldn't have the time or energy to do it for myself."*

■ Being part of a group ensured participation:  
*"I wouldn't do it if I had to do it on my own."*

■ Although a concern in terms of project resource investment and sustainability, the small group size was an important aspect for participants and supported relationship development:  
*"Small group, not intimidating and very friendly. If it was bigger wouldn't be able to get to know each other as well."*

■ Social relationship building is the predominant positive outcome for participants:  
*"I am at home for most of my time as care full-time really. People you think you know well can "drop-off" rather than confront dementia in the household. Real friends are now few or far away."*

■ Another important aspect was the activities took people out of their "everyday" which gave them "time out":  
*"I felt more relaxed, probably even forgot things for a while, but going home can sometimes fill me with dread on a bad day."  
 "When you're indoors all your problems just bounce off the walls whereas when you are outside they just fly away"*

The Plymouth University evaluation<sup>7</sup> compared these self-reported outcomes identified by participants with the literature which illustrated the importance of these to well-being. Three specific examples in a little more detail:

- **Sense of belonging** – Other studies concur that shared therapeutic experiences in nature with opportunities for meaning making may help to create feelings of connection to each other and to place itself.<sup>9-11</sup>
- **Enjoyment** – Enjoyment arising from participation is present in comparable studies.<sup>9-11</sup> The Office for National Statistics (2015) highlight the improvement of wellbeing scores by one fifth following engagement with nature-based activity.<sup>12</sup>
- **Relaxation** – Relaxation arising from time in nature is widely reported in the literature including UK based projects<sup>9&11</sup>, specifically assisting a decrease in negative emotions and an increase in positive affect.

## ■ PROJECT DEVELOPMENT ■

The project developed over three distinct phases.

The first phase was an opportunity to make contact both with health professionals and those individuals and groups who may benefit from 'green prescriptions'. It was also a period of testing different interventions and activities and to start gathering evidence about efficacy. Fourteen different types of activity were offered to trial different approaches with different audiences to test both for efficacy (self-reported) and for uptake. Results from this pilot year helped inform activity provision in years two and three.

The second phase sought to develop some of the learning from phase one into a targeted programme of activities with a specific focus on the target town. During this second phase, work with the local surgery, in particular the practice manager, explored different routes for GPs and patients to access 'naturally healthy' interventions. This aspect was more difficult and the evaluation by Plymouth University<sup>7</sup> explores some of the barriers in greater depth. Self-referral was also an important mechanism for participants to engage with the project. These findings are further supported by the literature.<sup>8</sup>

This phase saw the development of a very successful alternate 'fortnight format'. Every other Wednesday, a volunteer led a *Walking for Health* walk; at first these were in the town but later further afield on Dartmoor. On the Wednesdays between walks, a variety of activities to increase physical activity and mental well-



## ■ LEARNING FROM THE PROJECT ■

The Action Research element was a major output (and outcome) for the project and 'learning' was captured during the project lifespan using a number of key processes.

Both projects used a modified Warwick-Edinburgh Mental Wellbeing Scale to track changes in participants' perceived well-being before and after events, activities and walks. In addition, qualitative information was collected before and after sessions.

The two project officers and two project managers from the two National Parks also met regularly for reflective practitioner conversations – these helped develop both projects and refine Action Research findings. This approach was helpful in sharing practice, joint working to seek solutions to problems and barriers as well as providing a supportive discursive environment, particularly for the project workers who could otherwise have felt somewhat isolated.

Based on this reflective practice some of the **headline ingredients for a successful project include:**

- Social relationship building is the predominant positive outcome for participants; being part of a group was important in overcoming some of the initial fears, these included factors such as the nature of the activity, the required level of fitness, terrain, weather.
- Trying out new activities increased participants' self-confidence whilst the variety of activities and ways of engaging were important.

- Importance of a dedicated Coordinator / Project Officer - as a catalyst and initiator for both participants and partner organisations. Factors that stakeholders value include; having someone lead, knowledge about venue - making decisions about where to go and having the time to invest to arrange activities.

In any project there are challenges and these can be potential barriers to participation - those identified by project workers and participants in informal discussion included:

**Partner organisation challenges** included the time consuming nature of getting a project going from a standing start and the difficulty in sustaining commitment from partner organisations for unsupported visits. In addition larger organisations tended to focus on Government defined targets and external drivers leaving little capacity for additional engagement activities.

**Community organisations' engagement challenges** included the time needed to develop trust and relationships with stakeholders who needed to focus on their own sustainability - many were both unfunded and reliant on volunteers. In addition there was some resentment – why was there funding for this project when communities' own priorities could not get funding?

**Medical practitioner challenges:** Medical practices have their own priorities which are usually short term - 'urgent' - which limits capacity to engage in longer term or experimental activity.

## ■ LEGACY AND SUCCESSION ■

From the outset, this was always a pilot project with time limited funding. It was imperative to communicate this at the beginning of any community engagement to ensure that participants understood that future succession would rely on local resources. This approach, whilst perhaps challenging in the short term to engage people and organisations, has proved successful – with the *Naturally Healthy Group* having established a clear, independent identity with the intention of continuing walks and activities beyond the funded project lifespan.



## ■ CONCLUSIONS ■

From a project perspective there are some emergent themes that may help inform practice elsewhere. The Plymouth University evaluation<sup>7</sup> in addition provides a 'toolkit'<sup>13</sup> with further recommendations for practitioners seeking to learn from or develop 'naturally healthy' programmes. Some project based findings:

### 1. It takes time

- Time for people to understand what you are trying to do
- Time for partners and participants to build relationship with the project worker
- Time for people to develop confidence in the project
- It takes time for people to develop trust

### 2. It takes variety

- Variety of engagement communication methods
- Variety of activities was important in offering a range of routes for people to engage
- Variety of activity needs to be linked to target groups and audiences

### 3. People need support...from other people

- People need encouragement to become motivated (word of mouth particularly successful at recruitment and retention)
- People need support - from project officers/professionals but equally importantly from peers - to overcome fear and lack of confidence
- People need practical support which gives them the opportunity to help others - car shares are an important part of the project, both for recipients and donors

### 4. Projects benefit from support networks

- Local support networks of practitioners – to share experiences and co-develop solutions
- Wider support networks of key 'allies' – in this case colleagues specifically from Public Health (Devon County Council and SW Public Health-England teams) and the Community Sports Partnership – *Active Devon* who co-ordinate *Walking for Health* schemes across Devon.

5. Building in a clear **succession strategy** from the outset helps provide a clear exit for all - funders, delivery organisations and participants.

The Government's 25 Year Environment Plan<sup>14</sup> makes clear an ambition to 'connect people with the environment to improve health and wellbeing' and this three year project helps provide an evidence base and captures some learning that may inform future projects, practice and providers. ■



## References

1. Bell, S., Hamilton, V., Montarzino, A., Rothnie, H., Travlou, P. & Alves, S. (2008). Greenspace and Quality of Life: A Critical Literature Review. Stirling: Openspace & Greenspace Scotland.
2. Bird, W. (2007). Natural Thinking: Investigating the links between the natural environment, biodiversity and mental health. London: RSPB.
3. Bowler, D.E., Buyung-Ali, L.M., Knight, T.M. & Pullin, A.S. (2010). A systematic review of evidence for the added benefits to health of exposure to natural environments. BMC public health 10, 456.
4. Lee, A.C.K. & Maheswaran, R. (2011). The Health Benefits of Urban Green Spaces: A Review of the Evidence. Journal of Public Health, 33 (2), 212–22.
5. Mitchell R. & Popham F. (2008). Effect of Exposure to Natural Environment on Health Inequalities: An Observational Population Study. The Lancet, 372 (9650), 1655 – 1660.
6. Natural England (2017). Good practice in social prescribing in mental health: The role of nature based interventions. Available from: <file:///C:/Users/sehowes/Downloads/NECR228%20Edition%201%20-%20Good%20Practice%20in%20Social%20Prescribing%20for%20mental%20health,%20the%20role%20of%20nature-based%20interventions.pdf>
7. Howes, S., Edwards-Jones, A. and Waite, S. (2018) Moor Health and Wellbeing. An evaluation of two National Park projects: Dartmoor Naturally Healthy and Exmoor Moor to Enjoy. Plymouth University Available from: <http://www.dartmoor.gov.uk/enjoy-dartmoor/outdoor-activities/naturally-healthy>
8. Bragg, R., Atkins, G. (2016). A review of nature-based interventions for mental health care. Natural England Commissioned Reports, Number 204.
9. Bloomfield, D. (2017). What makes nature based interventions for mental health successful? BJ Psych International. 14(4): 82-85.
10. Grant, G., Machaczek, K., Pollard, N., Allmark, P. (2017). Walking, sustainability and health: findings from a study of a walking for health group. Health and Social Care in the Community. 25(3): 1218-1226.
11. The Conservation Volunteers (2016). Green Gym - Exercise to make a difference (online) Available: <http://www.tcv.org.uk/greengym>
12. Office for National Statistics (2015). Measuring National Well-being – International Comparisons. Accessed on 14.12.17. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-07-01>
13. Howes, S., and Waite, S. (2018) Moor Health and Wellbeing Toolkit Plymouth University Available from: <http://www.dartmoor.gov.uk/enjoy-dartmoor/outdoor-activities/naturally-healthy>
14. Defra (2018) A Green Future: Our 25 Year Plan to Improve the Environment Available from: <https://www.gov.uk/government/publications/25-year-environment-plan>

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