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**A Feasibility Study of
Therapeutic Green Social
Prescribing Programmes for
Migrants with Lived Experience
of Psychological Distress:
Participatory Methodology and
Evaluation of the Impact of
NHS Charities Funded Green
Activity Programmes.**

Final Project Report

February 2024

**Dr. Raphaela Berding-Barwick,
Professor Divine Charura,
Dr. Hannah Armitt & Anthony Hurd**



Acknowledgements.

We would like to thank all the participants who came to engage in the allotment programme at York St John University. We want to thank community leaders from **Bora Shabaa; BAMEEN; HACA (Hull Afro Caribbean Association); Solidarity Hull;** and **Welcome House** for their contribution in the co-designing of an evaluation tool with community groups offering outdoor activity programmes.

We would also like to thank HEY Smile Foundation and NHS Charities Together, alongside Natural England, for funding the research.

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Executive summary.

Overview and aims

As part of funding received from Hey Smile Foundation and Natural England to develop a 'test and learn' site for Green Social Prescribing we conducted two studies with diverse ethnic minority communities around outdoor activities. Study 1 was a feasibility study to explore a participatory methodology in co-designing an allotment based programme based at York St John University for sanctuary seeking migrants with lived experience of psychological distress; and study 2 focused on co-designing an evaluation tool with community groups of migrants based in Yorkshire and the Humber to determine the impact of their outdoor activities for their service users.

Study 1 - A feasibility study of an allotment based programme for refugees and asylum seekers with experience of psychological distress and trauma aimed to:

- ▶ Explore the feasibility of co-designing a therapeutic allotment-based programme for migrants with lived experience of psychological distress and trauma.
- ▶ Explore the experience that migrants have of engaging in the allotment-based programme.
- ▶ Measure and explore the perceptions of the impact of this programme on migrants' wellbeing.
- ▶ Gather feedback and evaluate the impact of engaging in the allotment-based programme.

Study 2 - Co-designing an evaluation tool with community groups offering outdoor activity programmes was focused on supporting five community groups who offer outdoor activities to migrants from ethnically diverse communities within the Humber and North Yorkshire.

This study aimed to:

- ▶ Develop a participatory methodology to support community groups to evaluate the impact of their outdoor activity programmes (including gardening, walking, conservation activities within nature reserves).
- ▶ Elicit the experience/perspectives of migrants from ethnically diverse communities who engaged in these outdoor activity programmes.
- ▶ Explore how the five community groups running outdoor activities conceptualised key evaluation components for their funded green projects.
- ▶ Co-design an evaluation tool for gathering feedback and determining the impact of engaging in outdoor based activity.

All participants in these projects identified as migrants from ethnically diverse communities, and included refugees and asylum seekers. Those engaging in study 1 were sanctuary seekers who were accommodated in contingency hotel accommodation in York. The community groups who took part in study 2 were based in the Humber and North Yorkshire.

Focus of the work

In study 1, the researchers ran a three-month programme during which time one of the researchers met weekly with asylum seekers at an allotment on the York St John's allotment site. To measure the impact of engaging in the outdoor activity, screening tools were administered (Brewin's Trauma Scale; PHQ-9 and GAD-7); and qualitative data was collected which was later

Participant comment

*I meet other friends
in this farm, we work
together, looking after
the plants and having
new ideas of growing
new plants.*

collated into a project film. Feedback was also collected via the evaluation tool that was developed in study 2.

In study 2, the researchers ran four participatory workshops with five community groups who were running outdoor activities funded through the 'test and learn' programme.

Findings and recommendations from the *feasibility study of an allotment based programme for refugees and asylum seekers with experience of psychological distress and trauma*

- ▶ The screening questionnaires employed pre-engagement (GAD 7, PHQ-9, and Trauma screening questionnaire) offered the researchers insight of the prevalence of anxiety, depression and trauma that refugees and asylum seekers presented with.
- ▶ The qualitative evidence relayed participants' past experiences of trauma, pre-migration and the present challenges of being an asylum seeker in contingency accommodation, having no certainty, or stability and living in poverty.
- ▶ The qualitative evidence also relayed their positive experience of engaging with the allotment project, and its impact on their mental health and psychological wellbeing.
- ▶ Participants in the allotment voiced the appreciation of the programme and their desire to engage in more nature based and outdoor activities.

Findings and recommendations of *Co-designing an evaluation tool with community groups offering outdoor activity programmes*

- ▶ The community groups collaborated to design an evaluation tool to find out about the impact of outdoor activities on their service users.
- ▶ The community groups voiced concern about the appropriateness of conventional screening tools, such as the PHQ-9 or GAD-7, for individuals from ethnic minority backgrounds and thus relayed their appreciation of an opportunity to co-design tools that were more culturally appropriate and accessible for a range of migrants that accessed their activities.
- ▶ There was a gap in understanding the importance and purpose of structured evaluation of project activities among the community groups.
- ▶ The structured approach of the workshops and the support throughout the evaluation process was appreciated by the groups.
- ▶ Upskilling community groups in effectively evaluating their project activities is important to increase their self-reliance and make their project activities sustainable through securing follow-on funding.

Participant comment

"... feel good to be here because if I am at hotel I am thinking a lot, I am there alone. But here a lot of people are here."

1. Introduction.

Background to the study

At the end of May 2023, there were 110 million people worldwide who had been forcibly displaced due to war and political conflict (UNHCR, 2023). Within the current political climate forced human migration is a rising global trend.

Forced migrants have a wide range of needs. Many sanctuary seekers who come to the UK have experienced or witnessed torture, war, sexual violence, multiple complex losses, and dislocation from family and other social networks (Burnett & Peel, 2001; Taylor et al., 2020). These experiences impact on their lives and disempower individuals personally and politically (Tribe & Raval, 2003; Taylor et al. 2020). The literature also reveals that forced migrants often present with a range of mental health and other related challenges. For example, it is common to experience trauma, post-traumatic stress, generalized anxiety, depression, wounds of torture, destitution, and the need for advocacy and legal representation (Solace, 2008; Boyles, 2015; Basoglu et al., 2001; Campbell, 2007).

Within the literature evidence-based practice is noted primarily to include psychological interventions (Boyles 2015; NICE 2018). Whilst trauma counselling and psychosocial interventions are important for those experiencing psychological distress, it is important that interventions are developed that are accessible and that advocate for appropriate support services. This approach is informed by practice-based evidence and the voice of migrants from diverse communities themselves. The Green Social Prescribing programme offers an opportunity for the development of green therapy interventions for migrants who have lived experience of psychological distress including trauma, anxiety and depression.



The Green Social Prescribing programme context

The Humber and North Yorkshire Health and Care Partnership secured £500,000 of national funding to develop a 'test and learn' site for Green Social Prescribing. This programme is funded by the Department for Environment, Food and Rural Affairs; NHS England; NHS Improvement; Office for Health Improvement & Disparities; National Academy of Social Prescribing; Natural England; Sport England; Department for Levelling Up, Housing & Communities; and Department of Health & Social Care. Humber and North Yorkshire is one of just seven 'test and learn' sites established in England to look at how to increase the use of, and connection with, the outdoors and nature through referral to 'green' and 'blue' projects and activities within communities, with the aim to prevent and tackle mental ill health (NHS, n.d.)

Through the Green Social Prescribing programme, York St John University received funding to run an allotment-based activity programme for asylum seekers on the University's Haxby Road allotment site; as well as to run workshops with five community groups in Hull who also received funding through this programme to develop tools for evaluating their Green Social Prescribing activities. These groups are:

1. **BAMEEN** - which is a community interest company which stands for Black & Minority Ethnic Environment Network. BAMEEN's mission is to improve the quality of life for the Black and Ethnic Minority Communities in Hull and East riding of Yorkshire. BAMEEN look to generate supplementary livelihood through a programme of scheduled activities to engage BME communities at grassroots level through listening, sharing, and bringing them together to find solutions to recycling & waste,

energy-saving, local food production and further develop and deliver environmental education-interpretation training programmes to BME groups and centres (<https://www.bameen.org.uk/>).

2. **Bora Shabaa** aim to help immigrants settle into and thrive in Hull communities. They provide advocacy, training, and support for African people in Yorkshire as well as for African people in other parts of the UK and overseas. Bora Shabaa aim to relieve financial hardship, increase awareness, and improve mental and physical health by offering language support, how to access services such as housing, benefits, employment, healthcare and schools for children (<https://borashabaa.org.uk/>).
3. **HACA (Hull Afro Caribbean Association)** is a UK registered charity established in 1985. HACA aims to ensure community safety and cohesion through a core piece of work focused on a neighbourhood watch network. HACA aims to ensure community members will feel better equipped and informed to create safer environments in which to live and work, improving people's lives and health and well-being in the long-term.
4. **Solidarity Hull** is a community organisation run by and for people from around the world. Solidarity work with over 100 people from a wider range of ethnic minority backgrounds including Congo, Tanzania, Colombia, Argentina, Kurdistan, Ethiopia, Eritrea, and Britain. Solidarity engage with their members through a process of critical education, that creates a space of belonging and support (<https://solidarityhull.org/>).
5. **Welcome House** is a new charity, registered in May 2020. Welcome House provides services for the 2000 to 3000 asylum seekers and refugees living across Hull and the East Riding. Welcome House

specifically aim to work with the 1000 asylum seekers, provided with basic accommodation by the Home Office, and given £40 per week to live on. Welcome House service users are predominately from 21 countries, mainly across the Middle East and Africa (<https://welcomehousehull.org.uk/>).

Research Questions

The following questions guided this research:

1. What are the experiences of migrants (asylum seekers, refugees and ethnically diverse communities) living in York and what challenges and support do they have for psychological wellbeing?
2. What are the barriers and facilitators to accessing green social prescribing or green spaces and interventions that can help to enhance mental/psychological wellbeing?
3. How can Green Social Prescribing prevent and tackle mental ill health/psychological trauma that migrants from ethnically diverse communities present with?
4. What participatory methods can be developed to evaluate outdoor activities run by ethnically diverse community groups?
5. What are the processes involved in developing a participatory methodology to support ethnically diverse community groups to evaluate the impact of their funded outdoor activity programmes?

Participant comment

"They have to help us to grow a lot of things so we can eat, we don't have money to buy so if we grow and it comes we can eat some."



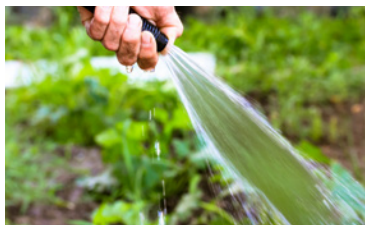
2. Methods.

To answer the research questions, the project was divided into 2 studies:

Study 1

Develop and utilise a section of York St John University (YSJU) community allotments and examine the impact of Green Social Prescribing on wellbeing in migrant ethnically diverse communities. This study focused on the 'test and learn' site ethos to explore how to increase the use of, and connection with, the outdoors and nature to prevent and tackle mental ill health.

Study 1 involved weekly sessions at an allotment space on YSJU Haxby Road allotments between August and October 2023. Participants were recruited with the help of a local supporting organisations, as well as through snowballing. At the start of their engagement with the gardening activities, participants were asked to complete Brewin's Trauma Scale (Trauma Screening Questionnaire), GAD-7 (Generalised Anxiety Disorder) and PHQ-9 (Patient Depression Questionnaire) questionnaires. The approach was informed by a participatory ethos, and participants were given choice about all aspects of the development of the allotment space, including what to plant where. After having come to a few sessions, participants were given an evaluation questionnaire developed with community organisations in Hull. In addition, short videos were recorded of participants, which were later collated into a short film.



Study 2

Develop a participatory methodology to support ethnically diverse community groups in Hull to evaluate the impact of their Green Social Prescribing programmes.

Study 2 was a series of four workshops with the five community organisations based in Hull who received funding for their Green Social Prescribing activities. In the first two workshops, we explored the importance of evaluation, and co-developed a questionnaire (see Appendix 1) to evaluate the impact of participating in the activities the groups were running on their beneficiaries. Workshop three was conducted at Tophill Low Nature Reserve in Driffeld. In a reflective activity, the groups were asked to reflect on barriers and obstacles; positive takeaways and learnings; support they need; and ideas for the future in relation to their green activities. In workshop four, we ran a guided activity in which the groups completed a template for an evaluation report.

Participant comment

"... really very good opportunity for us to have time in the nature, fresh air and under the sun."

3. Findings – Study 1.

Below we present the findings from study 1 and study 2.

3.1. Study 1

The gardening sessions began on the 11th of August and ended on the 30th of October. During this time, one of the researchers met weekly with a group of asylum seekers at the allotments. Each week, between four and eight participants came to the allotment.

While the group planted popular crops, such as potatoes, different kinds of salads, and radishes, the researcher also encouraged participants if there were any plants from their home countries which they could not find in the UK, but which they wanted to plant. The group thus tried planting Blue tea, which is native to Africa.

Table 1 shows a sample of results from the initial screening questionnaires that participants completed when they first started coming to the allotment.

Table 1: Results from screenings at the start of project

| Participant | Brewin's Trauma Scale | GAD 7 | PHQ 9 |
|-------------|-----------------------|-------|-------|
| 1 | 4 | 4 | 5 |
| 2 | 7 | 13 | 7 |
| 3 | 8 | 20 | 16 |
| 4 | 2 | 7 | 15 |
| 5 | 2 | 18 | 16 |
| 6 | 4 | 12 | 15 |
| 7 | 9 | 17 | 13 |
| 8 | 5 | 8 | 7 |
| 9 | 4 | 5 | 8 |

Participant comment

"So we really like it here it is kind of relieving from all the experience we been through..."

The initial design of the study was to gather baseline scores for trauma, anxiety and depression symptoms. We had envisaged collecting the scores at the mid- as well as end point of the programme. However due to most of the refugees and asylum seekers being relocated before the end of the programme, we were unable to collect full scores to compare pre-mid- and post engagement scores. We did however agree that it was valuable to outline the initial scores in this report to show the range of scores. Four participants score equal to or more than 5, which means that they likely experience post-traumatic stress disorder (Brewin et al., 2002). Results from GAD 7 indicate that one participant experiences minimal anxiety (score between 0 and 4); 3 participants experience mild anxiety (score between 5 and 9); 2 participants experience moderate anxiety (score between 10 and 14); and 3 participants experience severe anxiety (score greater than 15). Similarly, results from the PHQ 9 depression questionnaire indicate that 4 participants experience mild depression (score between 5 and 9), 1 participant experiences moderate depression (score between 10 and 14), and 4 participants experience moderately severe depression (score between 15 and 19). Due to project restrictions, questionnaires were not administered a second time at the end of the project.

In addition to this quantitative data, and given our awareness of the uncertainty that this population faces, we also collected qualitative data through filming, and collecting short answer questions from the evaluation survey co-developed with the community groups in Hull (Appendix 1). The quotes indicate the positive impact of engaging with the allotment on participants:

"I feel good to be here because if I am at hotel I am thinking a lot, I am there alone. But here a lot of people are here. The secondary, I like farming because my parents are farmers so I like farming and I like to eat vegetables, leaves etc. so if I see any place they are doing this I am happy to be there. ...I am very very happy, it

releases a lot of stress from me. It's helping me not to thinking more its helping me to become happy. It's helping me to become active. They have to help us to grow a lot of things so we can eat, we don't have money to buy so if we grow and it comes we can eat some. ”

“ This has really transformed my life, I start having the opportunity to go out, to fresh air, be in the sunny place [...] also I meet other friends in this farm, we work together, looking after the plants and having new ideas of growing new plants. So we really like it here it is kind of relieving from all the experience we been through, earlier so this kind of really very good opportunity for us to have time in the nature, fresh air and under the sun. ”

“ This gardening it has helped me on the sense of connection to the natural world. I am so happy meeting new people, being among people, growing different kinds of seeds [...]. I am so happy because I haven't had any experience of this before but ever since I joined this gardening, I am so happy, I am always happy. In fact I am always happy. Anxiety and all this depression, I never feel anything of such again, I am happy, I am not depressed. ”

It is not just the gardening itself, but participants also comment on the conviviality created by group dynamics which contributed to the positive experience of being at the allotment. In addition, many participants have experience of farming or growing their own food in their home countries, and so coming to the allotment also spoke to a dimension of their identity which connected them with their past lives.

Tables 2-5 summarise responses given to short answer questions from the co-designed evaluation survey.

Figure 1: As a result of the gardening I now find it easier to...

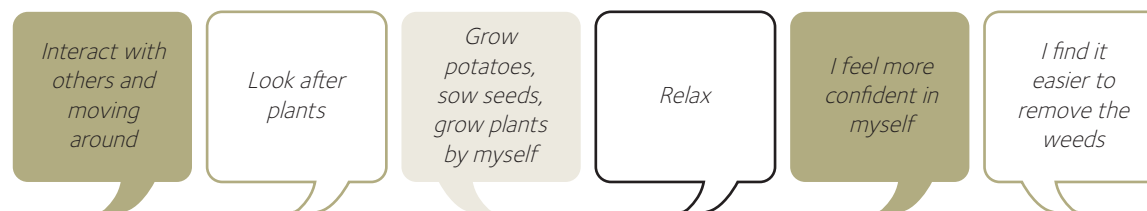


Figure 2: What was the best thing about the activity?



Figure 3: What would you change about the activity?

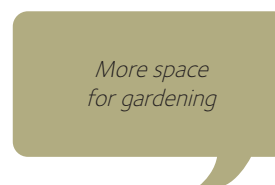


Figure 4: Anything else you would like to share?



In addition to commenting on the impact of engaging in gardening and being in nature on their mental health and wellbeing, participants' comments also relate to learning about gardening itself, as well as being in a group setting and interacting with others. The quotes indicate how keen participants were to do more gardening, as well as for the activities to continue.

A short film has been made by a participant which is available here: www.youtube.com/watch?v=mGftAKCkeHA

3. Findings – Study 2.

3.2. Study 2

In a series of workshops, the researchers co-designed an evaluation tool for the community groups to use for evaluation of their green social prescribing activities (see Appendix 1).

In the first workshop, the groups introduced their projects and what outdoor activities they had planned. We noticed there was a lack of understanding the importance and relevance of evaluation both within a lifecycle of a project, as well as for evidencing the impact of project activities on beneficiaries. We discussed evaluation more generally, why it is important and how projects can be evaluated. As part of this, we shared examples of project evaluations with the group, both qualitative and quantitative. We then moved on to specifically design an evaluation tool the groups could use for their own green social prescribing activities. The groups voiced their concern about the appropriateness of conventional screening tools currently used in practice and research, such as the PHQ-9 or GAD-7. The group suggested different rating questions that ask individuals to rate the impact of the activity on various aspects of their mental health and wellbeing. In addition, the group also suggested including some short answer questions.

In the second workshop, the groups gave an update on how their projects were going. We used this workshop to refine the evaluation questionnaire.

The third workshop took place at Tophill Low Nature Reserve in Driffeld. The group engaged in a guided reflective exercise about their projects, and evaluation. The groups were asked to reflect on barriers and obstacles; positive takeaways and learnings; support they need; and ideas for the future in relation to their green activities.

Ideas for the future:

There is more to gardening than just the provision of garden planters -> let you into their own space, build trust, sharing thoughts with you

Overcoming risks and building communication and making everyone connect with nature

The evaluation process is good, we will have to conduct a workshop with service users just for evaluating (giving feedback)

Evaluation (will start from the beginning of the project)

Accept the negative feedback to be our next challenge that we need to work on it for the better outcome in the future

Make sure people fill the evaluation forms before any activities; continue to support people with language barriers

Positive takeaways/learnings

One positive takeaway from the evaluation will be – to continue the project (walks)

Positive: help in mental wellbeing, access to gardening becomes easy, a lot of interest

Developed process to keep track of the project, e.g. a register of attendees

The procedure of the evaluation; the programme is very useful, supportive and inspiring

People have registered for our activities; we got nice feedback from our service users (community members)

Support you need

Continuity; doing more activities, not stopping activities, at least have walk for groups once a month or once in two months

We need more funding to continue our activities, specially with our service users (asylum seekers and domestic abuse)

Project needs continuity as always, being highlighted in all the conversations we had; also it is something that we love to do

More time, encouragement, reminders, feedbacks for members of our community

More funds and workshops to support the evaluation to help our service users to connect more with nature and to get out more

Funding is needed to sustain the project; the walk is important and needed in our community; we want to continue for our mental health and wellbeing

Obstacles and barriers

Convince ladies in our group to go out and integrate into community

Some people are not able to fill the online form for themselves so they need help from us because of language barrier and lack of knowledge with electronic devices

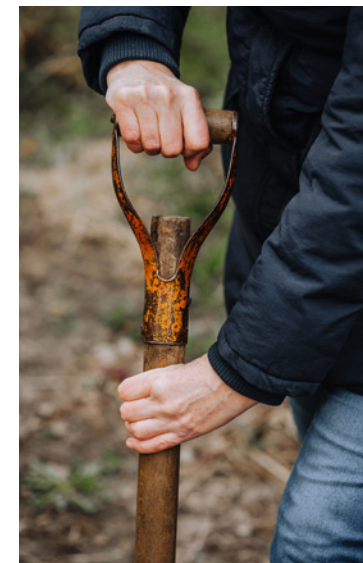
To gather the feedback from service users who writing is a challenge for them

Supported in translating

Obstacles and barriers to the evaluation will be communicating and adapting with the weather especially if the walks are done in the winter season

Participant comment

"... I am so happy, I am always happy. In fact I am always happy. Anxiety and all this depression, I never feel anything of such again, I am happy, I am not depressed."



During the third workshop, we participated in outdoor activities ourselves, namely going for a guided walk through the nature reserve. After this activity, the researchers asked three individuals to complete the evaluation tool they had designed. This was to encourage the groups to use the evaluation tool with their service users but also to gather feedback about the activity. The feedback was as follows:

Figure 5: As a result of the activity, I now find it easier to...

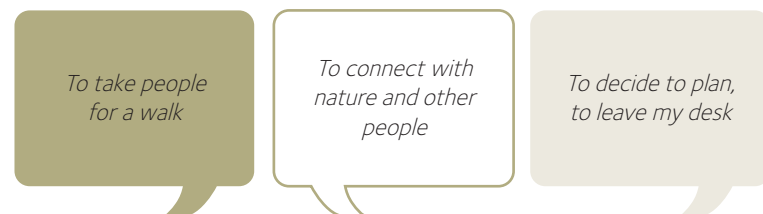
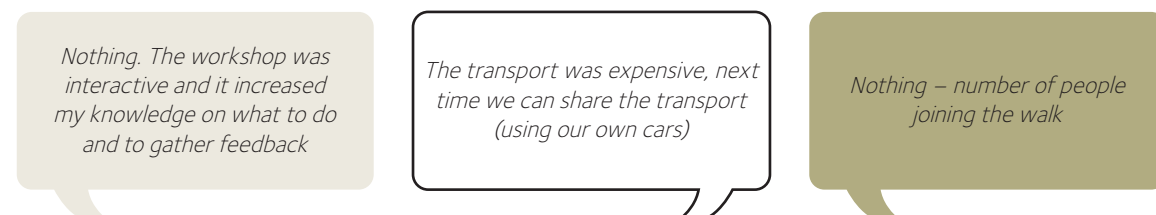


Figure 6: What was the best thing about the activity?



Figure 7: What would you change about the activity?



Participants spoke positively not only about being in nature and going for a walk but also about the workshop and learning about project evaluations.

Figure 8: Is there anything else you would like to share with us or say about the impact or how you feel about the activity?



Participants spoke positively not only about being in nature and going for a walk but also about the workshop and learning about project evaluations.

In the final workshop, the groups participated in a guided writing activity, where they completed an evaluation report for their individual projects. The groups appreciated the guidance and support with this process, as well as having time set aside to complete a project report.

4. Conclusion



Results from Study 1 indicate the positive impact of engaging with nature, or green activities, on the wellbeing for individuals from an ethnic minority background. While few quantitative data was collected during the study, the qualitative outputs show that there was a positive, almost immediate effect on wellbeing and mental health. This was not just due to the connection with and engagement in green activities, but also because of convivial moments which arose from a group setting, and identifications of participants with gardening and growing food which was something many did in their home countries. Future studies could look at the long-term effects of engaging in green activities; as well as running Green Social Prescribing projects which take place over a longer time period.


In relation to Study 2. The researchers received positive feedback about the workshops they ran for community groups to develop tools for evaluation. While groups have gained skills, knowledge and confidence about how to evaluate and evidence the impact of their activities, which are important to secure funding, working with the community groups also showed that it is important to use a culturally sensitive approach to measuring outcomes which is appropriate with ethnic minority communities, in particular refugees and asylum seekers. Currently, standard medical questionnaires, such as GAD-7 or PHQ-9, were deemed by the community groups to be complex to lack appropriateness and cultural/contextual sensitivity to the individuals who accessed their activities, many of whom had experienced Trauma. Generally, there was a lack of understanding of the importance and purpose of evaluating project activities among the community groups. The workshops were thus a valuable upskilling activity to incorporate evaluation into the life cycle of the project, and to think about how to evidence the impact of project activities from the start of projects. Investing the time to support community groups through the evaluation process is valuable and can lead to an increase in self-reliance and confidence for community groups to evidence the positive impact their work has on their beneficiaries, and to use this to apply for further funding for their project activities.


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Evaluation Survey. Green Social Prescribing

We would like to know what impact the activity has on your wellbeing and how you feel after the activity. Please complete this short survey to collect your feedback on the activity that you participated in. Your answers will help us apply for funding to develop similar activities in the future.







| How much do you agree with these statements? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|----|
| I enjoyed [the activity]. | | | | | | | | | | |
| I feel better after [the activity]. | | | | | | | | | | |
| I feel more confident after [the activity]. | | | | | | | | | | |
| Going to [the activity] is helping me to go out of my house. | | | | | | | | | | |
| I would like to continue with [the activity]. | | | | | | | | | | |
| I picked up new hobbies after participating in [the activity]. | | | | | | | | | | |
| I made new friends. | | | | | | | | | | |

Please complete the sentence:

As a result of [the activity] I now find it easier to [WRITE ON THE LINE] than I used to before.

What was the best thing about [the activity]?

What would you change about [the activity]?

Is there anything else you would like to share with us or say about the impact or how you feel about the activity?

I have engaged in [activity] over the last

- ☐ Day
- ☐ 2-3 months
- ☐ Week
- ☐ For over 3 months
- ☐ 1 month

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