HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Social Farms and Gardens

Being outdoors in nature, taking gentle exercise and working alongside others are all well proven methods in addressing physical and mental health recovery and as such community gardening has enormous potential to offer to the social prescribing agenda.

Social Farms and Gardens support a U.K wide network of community gardens, city and care farms supporting people and communities to reach their full potential through nature-based activities.

In Scotland we support and advocate for circa 220 community gardens operating in 31 local authorities. https://www.farmgarden.org.uk/your-area/scotland Our response to this consultation is informed by numerous conversations we have had with our membership about the communities they work with, the challenges they face and their desire to work more directly with the primary health care agenda. It is also important to note that a large proportion of our membership cannot or do not want to play a formal part in the social prescribing agenda.

Community gardens come in all shapes and sizes; some entirely volunteer led requiring little or no budget for their activity others are grant funded to run services or more structured garden/training, cooking programmes with paid staff supporting volunteer programmes. Almost half our membership are located in areas defined as SIMD 1 and 2 and as such often provide positive volunteering opportunities, as well as offering informal services (distributing waste food, running community meals, clothes swaps, health related discussion groups) to those directly impacted by health inequalities. Many work in partnership with other voluntary sector groups or health groups such as Macmillan Move More, a few work directly with their local primary care providers. Community gardens present a huge range of activities and opportunities for people to engage with their local neighbourhood and do something for themselves, others and their local environment. People engage in activity with dignity and purpose precisely because there is no waiting list, referral process or ‘agency’ involved and they can often drop in, if and when they feel able.

1.

For anyone experiencing, physical and mental health conditions we know that motivation can be an enormous issue and as such a referral from a trusted partner-g.p, link worker health professional or possible peer referral may well act as a sign of endorsement and encouragement to the individual seeking support and treatment for their health issue. Our current medical model places ‘faith’ and responsibility with our doctor or other trusted health professional. One Glasgow based community garden adjacent to the g.p and keen to work in partnership proposed a green printed prescription.

Sustained participation where social prescribing is proving successful is however precarious given the current state of the voluntary/community sector. Many community gardens are under increased pressure to support individuals and groups facing a myriad of issues, and they do so admirably but against a background of constant funding uncertainty and with very little recognition or support. The constant threat of ‘service’ closure across the
community sector undermines the whole premise of social prescription and as such needs highlighted. More in depth research, consideration of the opportunities and barriers and discussions between communities providing green opportunities need to take place in order to develop sustainable models of partnership working. This cannot be yet another un resourced ask of the community sector or it will be counterproductive.

2.

The individual should decide having had the opportunity to discuss and explore with a health professional the options available to them and what the best fit may be.

Providers of services also need to be in receipt of enough information that they can make an informed decision as to whether they can offer appropriate levels of support. One Edinburgh member when approached by local link workers just didn’t feel they were ready to take on referrals, yet large numbers of their volunteers will essentially be ‘self referring’ to maintain their health and well-being.

A number of things need to be in place in order for that to happen- ‘the service provider’ needs to meet a number of criteria: how do we know people are accountable? What policies and procedures need to be in place, is there a named person involved, how much (if any) support is available to support someone to attend and for how long, what back up is there if there is cause for concern if someone stops coming? What training do staff or volunteers at the garden need to have in place?

3.

There are a number of barriers to effective social prescribing to community garden settings-

Some as stated above-many are volunteer led and those that want to get involved (and there increasing numbers) need increased support (training) and funding to play an effective, active part in this agenda.

Managing expectation and bureaucracy from statutory providers- if community gardens have to adhere to lots of legislation etc they threaten losing their very essence-spontaneous, community led and in control of their agenda.

Many of our network already support vulnerable adults and children through partnerships that have evolved over time. They are aware that by nature of the groups they are sometimes working with they are moving into service provision and some are keen to do so but are unsure how to develop more formal green health pathways. Language, budgets and constant changes in funding partners makes the environment very challenging. We know a number of network receive ‘informal’ referrals from g.p’s or have been approached by link workers but there is no offer of finance or support.

If community gardens are to play a part in the social prescribing agenda, they need to be properly consulted and involved in the development and design of green health pathways.

If there is a ‘transaction’ there needs to be recognition for the issues of accountability, procedure and liability. Our network is not made up of horticultural therapists (represented by Trellis) but community workers or just very good facilitators- many of whom are
enormously skilled at engaging people in the outdoors at their pace but they do need more recognition and support. Some funding to support them to provide a green end point would help make this happen but as stated above it does require careful thought and consideration. As such we welcome the opportunity to start a conversation.

4.

In purely clinical terms - reduced symptoms and thus reduced g.p or primary care waiting lists.

Long term data collections on what happens to people to identify whether a social prescription can support someone to sustain behavioural change, there is a high risk of the revolving door syndrome if social prescribing is not properly thought through, totally person led and with the long term of sustained support from referrer or referred to agency.

A number of our network use the Warwick- Edinburgh mental well being scale https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/