

Guidance Manual for Greenspace Programmes That Support People with Poor Mental Health and Substance Use Challenges

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Section 1: Introduction

Background and context

Greenspace programmes are outdoor initiatives designed to support physical and mental wellbeing. Examples include gardening, conservation activities, hiking, forest walks, and more. Evidence suggests these programmes positively impact health, though research on their effectiveness for those with co-occurring mental health and substance use issues is limited. With rising concerns about substance use and mental health in Scotland, greenspace programmes can offer person-centred approaches to improve health. Through an iterative research process, we have developed a guidance manual to support those experiencing poor mental health and substance use challenges. The manual is relevant for practitioners and organisations interested in developing and implementing a greenspace programme to support service users, providing a flexible framework that is adaptable to local context.

Project design and aim

This manual was developed using a *realist approach*, which means asking: ‘*what works? for whom? why does it work and in what circumstances?*’ rather than simply ‘what works?’ This approach allows services to consider what needs to be in place for desired outcomes to happen. Realist approaches use something called ‘context-mechanism-outcome’ relationships to build ‘programme theories’; these are theories about how and why an intervention is successful. We have provided definitions of these key phrases below:

Context	Mechanisms	Outcomes	Programme Theories
Environmental, interpersonal, and individual factors that impact the delivery of a greenspace programme.	Components of an intervention which are difficult to observe that allow greenspace programme to work. This often relates to psychological or social processes, such as participants feeling involved or developing confidence.	Outcomes are things which happen as a result of a programme. Outcomes are central to understanding how something works: they allow for a service to be evaluated in relation to the goals laid out at the development stage (for example, aiming to increase physical activity).	Combination of context, mechanisms, and outcomes that work together to create an effective programme. A particular context triggers a mechanism, which leads to an outcome. For example, the context of access to nature creates mechanisms that allow feelings of awe/ wonder, leading to the outcome of improved mental wellbeing.

In our project, the programme theories that explain why a greenspace programme is successful were created in collaboration with those who are experienced/interested in greenspace programmes (i.e., programme participants, programme staff/volunteers, wider health professionals, and local decision makers such as commissioners).

This document is split into four sections: this introductory section; a programme planning section which is split into design and risk assessment; a service delivery section to inform the running of the programme; and a final post-programme support section to help guide ongoing support and signposting. This structure (from planning through to ongoing support with delivery) can help the reader think through the key considerations at various stages of designing and delivering a greenspace programme.

Section 2.1: Programme planning: Design and focus

Greenspace programmes can vary widely in relation to where they run, activities offered, therapeutic goals, and who they engage and support. Always ensuring safety is paramount, including having the right combination of staff with relevant skills and training (which will depend on the programme being delivered). When thinking about the type of group you want to set up, there are several initial considerations to think through to ensure the programme is set up for success, outlined below. Whether looking to develop your own greenspace programme at your service (e.g., in a service garden), or collaborate with an existing greenspace/other organisation to develop a programme elsewhere, using this section to guide planning discussions will be useful.

1. Programme activities

Potential activities will depend on: funding and resources available; the setting; staff/volunteer skills and training; and the abilities and preferences of participants. Programmes may incorporate, to a greater or lesser extent, a focus on mindfulness, self-care, wellbeing, substance use support, mental health strategies, and/or goal setting and personal development. Organisations should have early discussions about what activity is feasible within their resources.

Co-designing programmes could be encouraged through asking potential participants what kind of activities they would like to engage in from week to week, and asking for feedback about how programmes should be designed. This is necessary for providing a sense of ownership, which can encourage initial and ongoing engagement.

Examples of Activities

- Conservation work
- Outdoor adventure activities e.g., abseiling
- Wilderness or camping trips
- Hillwalking/nature treks
- Bushcraft activities
- Forest bathing/meditation/qigong/tai chi
- Gardening programmes
- Community greenspace/garden development

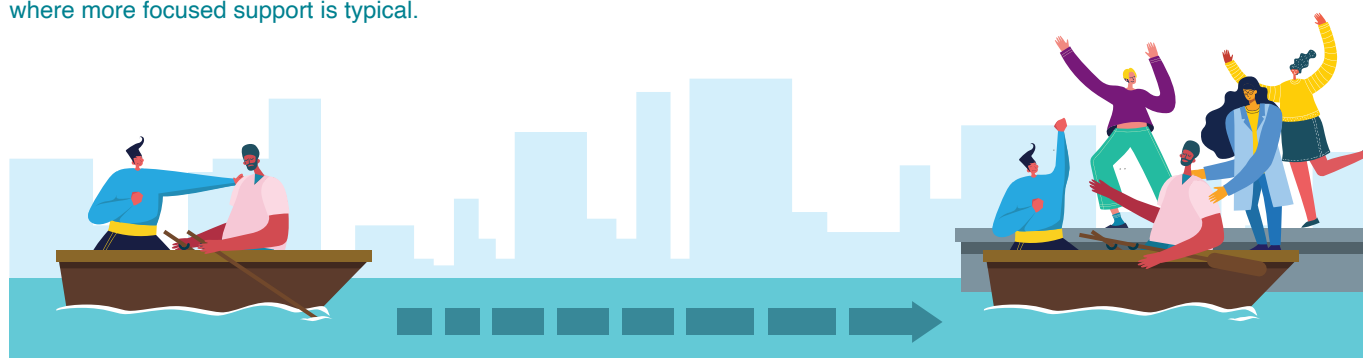


2. Participant group

Programmes may be tailored for different groups, and it is important to consider the suitability of different activities for the intended participants. Programmes may be designed for: individuals with challenges around substance use specifically; individuals with substance use *and/or* mental health challenges; and general/mixed groups which are open to anyone (including those without mental health or substance use challenges). Our manual is geared towards programmes that explicitly support people with their substance use, either within a substance-use specific group, or in a group supporting a mix of people with poor mental health and/or substance use problems. These groups are typically most appropriate for those still using substances or those in early recovery. However, for those further into their recovery journey, more informal, community-based groups which are open to anyone might be appropriate. The graphic below depicts this; however, every individual is different and there is a need for careful consideration and collaboration to identify and provide the most appropriate form of support.

Upstream support: At an early part of the journey, people may still be using substances or may be in very early recovery. They will likely be in need of more focused, therapeutic support with very specific expertise in the staff team. This typically represents more structured groups, as this is where more focused support is typical.

Downstream support: For people in longer-term, established recovery, people may be able to comfortably attend more informal, community groups as an opportunity to build connections and engage in social activities to aid in recovery maintenance.



Regardless of who else is in the group, to ensure safeguarding for all attendees, there must be discussion of whether the activities and location is suitable for a person using substances as there could be increased risk of harm for this group. Programmes may require participants to have a current level of stability in substance use as individuals who are still frequently using substances at a high level could experience withdrawal and/or seizure. Additionally, being under the influence during activities could increase risk during activities. Programmes that support people who currently use substances will need to conduct a thorough risk assessment with individuals prior to engagement. This process could include meeting individuals prior to engagement and discussing current substance use and/or meeting with referrers (see risk assessment guidance in section 2.2). Organisations may need to consider how they will respond if a person turns up under the influence. This will be dependent on the activities planned. For example, a person may still be able to go on an accompanied walk but not take part in other activities; or they may be required to be supported 1-to-1 by a member of staff.

Other demographic considerations

Our data shows that a range of people take part in greenspace programmes. Programmes should consider: the age mix of participants (including potential licensing requirements that may be needed if working with under 18s); whether they wish to provide gender-specific or mixed-gender programmes; and the suitability of programmes for individuals with physical disability or additional learning/cognitive needs (this may be particularly important when supporting people with long-term substance use challenges). Many participants noted the benefits of including individuals with a wide range of experiences and characteristics, as this enabled connection amongst people who may not ordinarily mix.

Key 'activity' and 'participant group' questions to consider during programme planning

1. What activities will be included, and what funds, resources, and staff are available to support activities?
2. How can the programme be co-designed to ensure participation and encourage a sense of ownership? When and how will participants be asked their opinion/input?
3. Who will the programme be accessible for, and what will the eligibility criteria for participation be (e.g., does the person need to have stability in their use)?
4. Do the programme staff/volunteers have adequate knowledge and skills to safely support the range of individuals who may attend? This may relate to both staff/volunteer training and staff/participant ratio.
5. How are individuals referred to the programme, and is there a clear understanding of the programme's aims and suitability amongst referrers, so that participants are referred to a programme that meets their needs?
6. Are there GDPR considerations around data sharing, and if so, how might this be addressed?
7. Do staff have a good level of understanding of existing risk considerations for each participant and programme? (See more around risk assessment in section 2.2).

3. Programme length/structure

Programmes typically operate with either a set duration requiring committed attendance, or are drop-in, with less strict attendance expectations. Some organisations offer both types. Our findings suggest that, when possible, programmes should be long enough to allow for self-reflection, bonding, goal setting, and mental health improvements. For less frequent or shorter programmes, our findings recommend providing supplementary greenspace activities (like day events) or connecting participants with longer-term options elsewhere (see ongoing support guidance in section 4). This is crucial because recovery, in any form, does not have a set timeline, and ongoing support is often needed to maintain health and wellbeing improvements.

Programme structure considerations

There will be differences in programme planning considerations, depending on funding availability and relationships between programmes/wider organisations/community, but here are some initial considerations which may be relevant when thinking about how often to run a programme:

1. What is the suitability of drop-in versus set time commitment programmes when thinking about participants' circumstances and complex needs? For people who use drugs, it may be unlikely that a drop-in service is the right choice initially for those not in longer term, sustained recovery unless the programme is associated with/run by a setting like a day-service or residential setting which participants are already attending.
2. Is it possible to provide both (structured programmes combined with drop ins) or link with another programme providing drop-in, longer term support?
3. How can links with the wider community be drawn on throughout the programme?
Could participants visit existing groups in between sessions?
4. Is there a local community or group who should be included in design and operation of the programme? For example, existing groups could be consulted to see 'what works' from their point of view.

4. Type and level of expertise needed across staff/volunteers

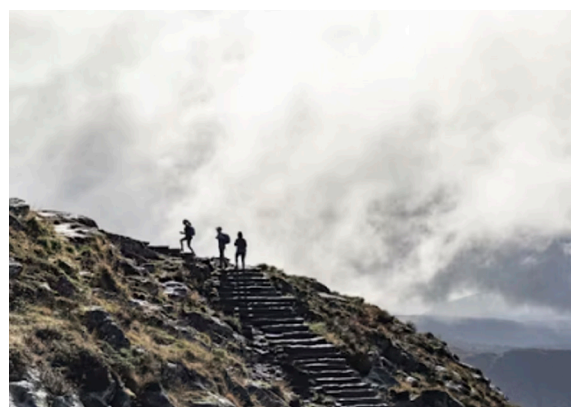
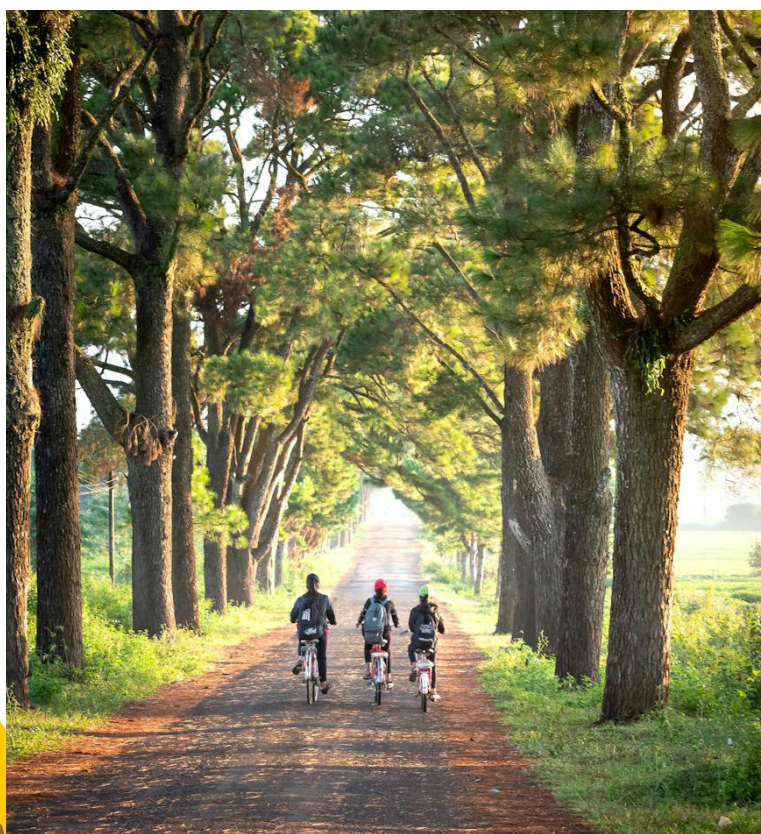
The expertise required around outdoor activity and/or mental health/substance use will vary and will depend on the participant group and activity being undertaken, but it is essential that services/groups do not overreach what they are able to provide. Previous work has described greenspace programmes as operating within three brackets: informal/community support; therapeutic care; and outdoor therapy. These are described briefly below and are discussed in more detail in the Outdoor Mental Health Interventions and Outdoor Therapy Statement of Good Practice [<https://www.outdoor-learning.org/standards/collective-knowledge/outdoor-mental-health-outdoor-therapy.html>].

i) Informal/community support

Programmes in this category are typically informal community groups, such as walking or gardening clubs, focused on spending time outside, socialising, and connection, rather than therapeutic care explicitly. As in the graphic on page 4, this might be most suitable for those in longer-term, established recovery. Staff, volunteers, or peers may offer informal emotional support within their competence but should maintain clear boundaries.

Minimum levels of training/expertise suggested (although this will depend on specific outdoor activity):

- Someone with basic first aid skills will likely be necessary for any outdoor activity group, even if the activity only involves walking outside.
- Basic training around mental health and trauma informed practice would be beneficial. It may also be beneficial to consult with local treatment/harm reduction services to receive some training/input from knowledgeable staff where possible.
- Having individuals with lived experience of mental health and substance use in the team may help with providing sensitive and appropriate support.
- Clear protocols and procedures around referral/signposting to specialist support will be necessary.



ii) Therapeutic care

These types of programmes are generally designed to provide therapeutic care and may explicitly support individuals with mental health and/or substance use challenges. The activities and conversations on therapeutic programmes may still be geared towards outdoor activity and may not be focused directly on substance use or mental health. However, activities will likely actively encourage reflection, discussion, and goal setting around these issues, so it is important that staff/volunteers have adequate training and knowledge in these areas to support participants. Not everyone in the team requires expertise in mental health/substance use, but it is important to have enough individuals present on the team who are able to provide support. It will be essential for staff/volunteers to know the boundaries of their knowledge and competency as, although they provide some level of 'therapeutic' support, these types of programmes are not designed as 'therapy'.

Minimum levels of training/expertise suggested:

- Adequate training in running outdoor activities and managing risk will be essential. For example, depending on the activities involved, training may be required around skills/practices such as using tools, fire safety, or other areas.
- A designated first aider will likely be necessary, particularly for any activity that involves a higher risk of injury.
- Training around mental health and trauma informed practice is essential. It will likely also be beneficial to consult with local treatment/harm reduction services to receive some training/input from knowledgeable staff where possible.
- Having individuals with lived experience of substance use and poor mental health in the team may also help with providing sensitive and appropriate support.
- Clear protocols and procedures around referral/signposting to further specialist support will be necessary.

iii) Outdoor therapy

Outdoor therapy can occur through programmes where the therapeutic process (either individually or in groups) is intentionally undertaken with a trained psychological professional. These programmes can run in a variety of settings and tend to be multidisciplinary given the need for psychological professionals working alongside outdoor activity professionals. Thorough risk assessment will be essential given the likelihood that these programmes will include work with people with varied and complex challenges.

Minimum levels of training/expertise suggested:

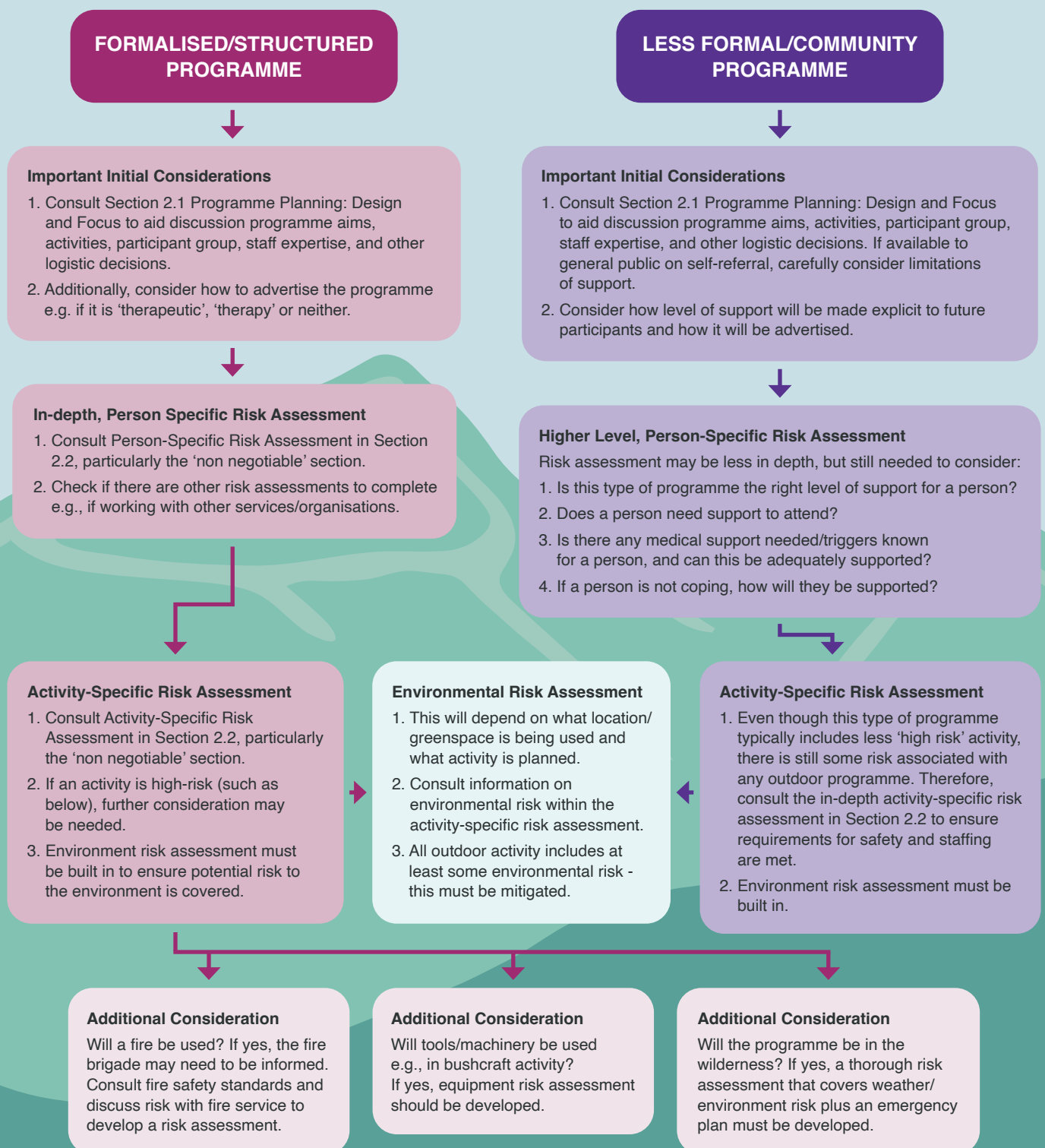
- At least one qualified mental health professional (e.g., therapist/counsellor) is required.
- At least one qualified outdoor professional is required. The type of expertise will be dependent on the activity.
- Having individuals with lived experience of substance use and poor mental health in the team may also help with providing sensitive and appropriate support.
- Clear protocols and procedures around referral/signposting to further specialist support will be necessary.

***Summary of key considerations
for design and planning***



Section 2.2: Programme planning: Risk assessment

As already mentioned, assessing risk in a rigorous way is essential for preventing harm to participants, staff/volunteers, and the environment. The flowchart below can help navigate risk assessment by identifying important considerations, depending on the type of programme being delivered (as discussed in section 2.1 above).



Risk Assessment 1 (person-specific)

In the introductory section, we explained how participant interview data allowed us to create programme theories of why and how greenspace programmes are most likely to be effective. The following programme theory was created to explain risk assessment relating to the participants themselves in order to ensure the programme was suitable for their needs:

IF there is time set aside for person-specific risk assessment prior to the programme commencing (the right context) THEN the programmes can meet participant needs, participants feel supported, and participants have realistic expectations of the programme (the causal mechanisms) this LEADS TO increased buy in and safe engagement/practice (the outcomes).

Here are some examples of how this might look in practice to help guide planning:

CONTEXT

If there is time set aside for person-specific risk assessment prior to the programme commencing, this could look like:

- **Risk assessment preparation:** The link/support worker (i.e., the person supporting the participant onto the programme) should conduct multiple meetings with participants in advance to gather detailed participant information and implement support adjustments.
- **Identify participant needs:** During risk assessment, the link/support worker should discuss abilities, mental and physical health, current substance use, and other relevant factors respectfully while avoiding judgment. These should be shared with greenspace programme staff/volunteers.
- **Group dynamics:** During risk assessment, the link/support worker should assess potential group interactions and address concerns with staff/volunteers.
- **Session check-ins:** Each session should start with brief, informal 'risk assessment' questions from staff/volunteers to assess participants' well-being and identify support needs in line with their risk assessment.
- **For less structured/drop-in type programmes:** Risk assessment may be less intensive for less structured/drop-in sessions, but staff/volunteers should speak to each participant individually to ensure a brief check-in around how they are feeling that day to identify any risks and safeguard all participants.
- **Important information:** Medical, contact, and emergency details should be gathered for each participant prior to a programme starting, and these shared with necessary staff/volunteers, and updated when necessary.

MECHANISMS

(i.e., if the contexts above are in place, then the following mechanisms are more likely to occur)

- **Programme meets participant needs:** With thorough risk assessment, any additional support that the participants need, or concerns they may have, are addressed and supported to enable safe participation. Additionally, what each participant would like to achieve, have a go at, or develop during the programme is considered by staff/volunteers.
- **Participant feels supported:** The participant understands that the staff/volunteers are working to ensure they can take part and are aware that the staff are acknowledging the different types of support they may need.
- **Participant has realistic expectations of the programme:** The participant understands the potential physical, psychological, and/or social challenges of the programme, and how this can affect them.

OUTCOMES

(i.e., if the mechanisms above happen, the following outcomes are more likely to occur)

Increased buy-in: Participants are willing to take part and make the first step of engaging with the programme.

Safe engagement and practice: When a participant takes part, the possibility of injury/distress/risk is as low as possible.



Risk Assessment 2 (activity-specific)

The following programme theory was created to explain risk assessment relating to activities:

IF there is time set aside for activity-specific risk assessment prior to the programme commencing (the right context) **THEN** the staff/volunteers are adequately informed about risks associated with activities on programmes (causal mechanism) **THIS LEADS TO** staff/volunteers ensuring they have necessary training/skills for the specific activities, and safe engagement/practice with the suitable level of activity (outcomes).

Here are some examples of how this might look in practice to help guide planning:

CONTEXT

If there is time set aside for activity-specific risk assessment prior to the programme commencing, this could look like:

- **Training requirements:** Risk assessment can identify whether staff/volunteers have appropriate training to lead activities safely; this is often beyond personal experience. However, less intensive activities may require minimal training (e.g., walk leaders).
- **First aid:** Ensure at least one first-aid-trained staff or volunteer is present and available at all times.
- **Environmental risk assessment:** Incorporate risk evaluations for environmental hazards, which vary by activity (e.g., there may be higher fire risks if a fire is set during bushcraft work).
- **Consultation:** During risk assessment, seek advice from organisations running similar programmes to ensure training and skills align with activity needs and requirements remain current.

MECHANISM

- **Staff/volunteers are adequately informed about risks associated with activities on programmes:** With thorough risk assessment, staff/volunteers understand activity risks and know the necessary training and skills to safely implement programmes. Not all outdoor activities require specific certifications, but the required training level must align with the activity to prevent harm to people and the environment.

OUTCOMES

Staff/volunteers ensure they have necessary training/skills for the specific activities:

Staff/volunteers are able to identify if they have the necessary skills/qualifications for activities planned. If upskilling is required, then staff know that additional training must be sought, or additional staff with the right level of training brought in.

Safe engagement and practice with suitable level of activity: When an activity is undertaken, the possibility of injury/distress/risk to participant, staff, or environment is as low as possible.

Section summary: Non-negotiable considerations for risk assessment

From our research, the points below were described as 'non-negotiable' when considering risk assessments.

1. There is clear understanding amongst all relevant stakeholders of the diverse needs and experiences of participants, and link/support workers and programme staff/volunteers are sure programmes can fully support these needs within the boundaries of staff/volunteer competence.
2. Every participant is spoken to at the start of each programme to check-in with them to see how they are that day as a brief, informal risk assessment.
3. All programmes have explicit emergency procedures as part of their general risk assessment, so it is clear to everyone what to do, and what the designated roles and responsibilities are, if something goes wrong.
4. Programme staff/volunteers receive outdoor first aid training (whether basic or more in depth will be dependent on activity).
5. Overdose prevention training is needed for staff working with people who use drugs. Organisations, such as Scottish Drugs Forum, provide free e-training in Naloxone, for example. Knowledge and awareness of withdrawal risks will also be necessary for those working with people who use both drugs and/or alcohol.
6. Staff/volunteers have the necessary training/qualifications when they are leading an activity. This is particularly important when undertaking activities that are classified as 'high risk' e.g., bushcraft skills, knife skills, fire building.
7. Risk assessment relating to environmental harms has been integrated into activity-related risk assessment e.g., fire risk.
8. The chosen outdoor space is accessible (e.g., if people have mobility issues or if people need support with how to get there).
9. Programmes continuously review all necessary qualifications and/or licenses that may be required. These may relate to outdoor qualifications, mental health/substance use qualifications, Disclosure, or licenses for working with specific population groups (e.g., under 18s).
10. It is clearly communicated to participants in advance what will happen, where, and for whom, so they are prepared for activities and potential challenges, as well as how to navigate these.



Section 3: Service delivery

In this section, we provide programme theories that describe how a greenspace programme could be set up to successfully support people experiencing poor mental health and substance use challenges. The themed name of each programme theory describes its main focus. Although identified outcomes are provided (through analysis of what participants said was important), it will likely be helpful to also consult the separate Outcomes and Evaluation Guidance document to aid discussion around specific evaluation methods and outcome measures.

1. Programme theory: Feelings of Escape and Getting Away

IF a programme is easy to access, and it is spacious with the presence of sensory stimuli and with knowledgeable staff/volunteers present (the right contexts), **THEN** this can allow feelings of wonder and awe, feeling removed from daily stressors, and feeling calm (causal mechanisms), **THIS LEADS TO** improved mood, reduced stress and anxiety, and an increased connection to nature (outcomes).

Here are some examples of how this might look in practice to help guide service delivery:

CONTEXT

If it is easy to access, this could look like:

- Ensure programmes are accessible by considering the various potential barriers to access. This could be built into risk assessment or through ongoing consultation with attendees to see what could make accessing the programme easier for them or make participants feel safe. Consulting the Buy-in/Referral Toolkit may assist in discussions.

If there is a spacious environment, this could look like:

- Provide enough physical space to move around, away from settings like offices or institutional spaces.
- An environment that contrasts the built environment of a 'city' or 'town' (although selected greenspace may still be situated in an urban environment).

If there is presence of sensory stimuli, this could look like:

- Where possible, the environment should have audible birdsong, biodiversity and scenery (e.g., not be just an expanse of grass), audible water, and/or other aspects that awaken senses.

If there is the presence of knowledgeable staff/volunteers, this could look like:

- Staff/volunteers share knowledge about nature and encourage participants to notice the environment.
- Staff/volunteers facilitate immersion in nature while avoiding causing harm to the environment.

MECHANISMS

Feelings of wonder and awe (described as a sense of wonder at nature and feeling inspired. Some also described this as feeling spiritual).

This mechanism can happen because of the following contexts outlined above:

- Time is available to be still and be in nature.
- Staff/volunteers point out aspects in environment, including vistas, flowers, animals, food, trees, sounds, etc.

Feeling removed from daily stressors (described as a feeling of psychological and physical space away from stresses in their day-to-day life).

This mechanism can happen because of the following contexts outlined above:

- Outside space is provided away from other services (even if only outside a service, this still allows separation).

Feeling calm.

This mechanism can happen because of the following contexts outlined above:

- Time can be spent around sensory stimuli.
- Staff/volunteers provide opportunities for nature-based activities like sound mapping, mindfulness, etc. although for some participants, becoming more aware of their senses and thoughts may be triggering, and staff need to be aware of this.
- Participants are encouraged to reflect on how they feel in this space, and on the benefits of being in nature.

OUTCOMES

Improved mood: Participants may experience greater mental clarity, positivity, and reduced worry. However, mood is variable and part of a healing journey. Emotional challenges like sadness or grief may arise before improvements in mood are noticed. It is also important to note that such emotions may be cathartic and should not be seen as solely 'negative'.

Reduced stress and anxiety: Participants may feel less reactive, report reduced rumination, and show fewer physical symptoms of anxiety, such as a racing heart or changes in communication.

Increased connection to nature: Participants expand their knowledge, appreciation, and understanding of nature's benefits. Many begin independently accessing nature to manage emotions and support mental health.

2. Programme theory: Space to Reflect

IF a programme allows enough time to be spent on it and runs in a non-authoritarian environment that has knowledgeable and experienced staff/volunteers' present (the right contexts), THEN this can allow feelings of reflection, increased motivation for change and personal growth, and mindfulness (causal mechanisms), THIS LEADS TO opening up/sharing, reduced shame and guilt, and improved identification of changes required and how to enact these (outcomes).

Here are some examples of how this might look in practice to help guide service delivery:

CONTEXT

If there is enough time on the programme, this could look like:

- Base programme duration decisions on resources, focus, and funding. While longer-term groups typically provide sustained support; other intensive trips, like wilderness trips, are shorter due to the intensity of the experience.
- For shorter programmes, consider linking participants to continued outdoor activities and hosting pre- and post-programme day sessions for flexible engagement.
- Aim to offer support over weeks or months where possible. Informal, ongoing support, such as self-organised meetups, can also be valuable.

If the environment is non-authoritarian, this could look like:

- Include a range of non-clinical staff, as this can create a sense that the programme is distinct from traditional/health treatment.
- Staff/volunteers should be clear throughout that sessions are a neutral and confidential space where information is not shared with external parties without consent (within clear boundaries of confidentiality, e.g., if someone is at risk of harming themselves or others).

If there is the presence of knowledgeable staff/volunteers, this could look like:

- Staff/volunteers on therapeutic programmes should have some training/experience in identifying goals and supporting reflective action-planning in 1-to-1 and group settings.
- Staff/volunteers should feel comfortable discussing how behaviours and attitudes may impact a participant's life/desired goals. For less therapeutic programmes, this may involve active listening more than guidance.
- Staff/volunteers should have some experience in structured activities that aid reflection and know when to engage in reflective discussion and when it's best to give people space.
- Staff/volunteers should understand trauma-informed practice and be able to spot signs of emotional distress.
- Staff/volunteers should be able to support a person's safe exit from the group, if necessary (e.g., if a participant becomes distressed and needs to be supported elsewhere). Activities that promote reflection may require higher numbers of staff to provide 1-1 support where necessary.
- Staff/volunteers in less therapeutic groups should still have some basic experience/knowledge of poor mental health and substance use. Staff/volunteers should be empathetic and create a space for individuals to share reflections should they wish to, while being aware of limitations and when signposting to additional support is necessary.

MECHANISMS

Feelings of reflection.

This mechanism can happen because of the following contexts outlined above:

- Time and space are provided for participants to spend time quietly by themselves, either while working on a task or while walking/sitting.
- Reflection is facilitated in the non-authoritarian environment through listening to sounds within it e.g., birdsong/water sound.
- Staff-led activities can aid reflection. An example could be drawing similarities between cycles of nature and people's lives (e.g., how plant growth can be a metaphor for personal growth), and allowing this to enhance reflection.

Increased motivation for change and personal growth.

This mechanism can happen because of the following contexts outlined above:

- Experienced staff/volunteers encourage participants to identify attainable goals for life outside the programme.

Mindfulness (described as a sense of calm and being present 'in the moment')

This mechanism can happen because of the following contexts outlined above:

- Space and time are provided for quiet moments during the sessions to sit/walk/work.
- Specific spaces are provided where participants can go for privacy.
- Staff/volunteers bring knowledge around breathing exercises/grounding techniques. Mindfulness techniques could be 'externally' focused on stimuli within the environment such as birdsong or the feeling of the ground.

OUTCOMES

Opening up/sharing: Participants gradually discuss personal experiences, including past experiences, health, coping strategies, or desired changes. This process, often accompanied by strong emotions, happens at their own pace and to the extent with which they are comfortable.

Reduced shame and guilt: Participants experience greater self-acceptance, with reduced shame and self-stigma, common among those with substance use challenges. This shift helps overcome barriers to positive change by fostering self-worth and recognising shared experiences.

Improved identification of necessary changes and how to achieve these: Reflection leads to increased motivation, confidence, and clarity, enabling participants to identify needed changes in their lives and identify actionable steps to achieve them.

3. Programme theory: Enabling Physical Activity

IF there is availability of resources (such as equipment/clothing), and programmes have facilities to adapt to weather conditions, and there are a variety of activities available, with staff/facilitators present to prepare and encourage participants (the right contexts), THEN this can allow participants to feel prepared/confident for the programme (including its challenges), enjoy the programme, and feel accomplished (causal mechanisms), and THIS LEADS TO improved mood, increased physical activity while on programme, and increased physical activity outside the programme (outcomes).

Here are some examples of how this might look in practice to help guide service delivery:

CONTEXT

If there are availability of resources, this could look like:

- Ensure the right kit/equipment is available so taking part is safe/comfortable (for example, allotment programmes may need items such as shovels and trowels to participate effectively).
- Provide warm jackets, gloves, hats, hand sanitiser, suncream, and sturdy/waterproof footwear, where necessary.

If there are facilities to adapt to/plan for weather conditions, this could look like:

- Provide a shelter/polytunnel/tarpaulin/firepit (depending on risk assessment and expertise availability).
- Avoid extremely wet/windy conditions and/or know where shelters are.
- Skilled outdoor staff should risk assess a session and adapt where necessary.

If there are a variety of activities available, this could look like:

- During referral, make a list of activities available to potential participants as this may help highlight the variety.
- Participants should be able to choose activities that appeal to them and that are suitable for them. This could be activity type, but it could also involve choice within an activity (e.g., choosing type of flower to plant or route to walk).
- Activities should accommodate people with varied fitness and mobility levels, interests and skills, and interest in both individual and group activities.

If there are staff/volunteers present to prepare and encourage participants, this could look like:

- Risk assess each participant's physical fitness, mobility, and health for capacity to take part and to identify appropriate activities. As seen in section 2.2. risk assessment previously, this may be a more intensive process for 'higher risk' activities.
- Help participants visualise the programme and discuss concerns (physical, psychological, or social), as well as potential solutions.
- Discuss with participants what they need to wear/how to dress appropriately to ensure safety.
- Take part alongside participants so staff/volunteers can lead by example and encourage participation.

If there are staff/volunteers present to prepare and encourage participants, this could look like (cont...):

- Maintain a positive attitude, and show enthusiasm and confidence in being outdoors in all kinds of weather.
- Avoid assuming that someone can do something based on visual judgements. Sometimes there are hidden anxieties about physical activity, particularly a new activity, so it is important to go slowly.

MECHANISMS

Feeling prepared/confident for the programme.

This mechanism can happen because of the following contexts outlined above:

- Pre-programme preparation is in place through risk assessment and staff/volunteer support.

Enjoyment of the programme.

This mechanism can happen because of the following contexts outlined above:

- Participants are given a choice around the activities undertaken.
- Staff/volunteers encourage an ethos of participation, where everyone takes part according to their own capacity/ability, and where people's achievements and efforts are praised.

Feelings of accomplishment.

This mechanism can happen because of the following contexts outlined above:

- A variety of activities are provided. Some should be challenging enough to push the participants, although the level of physicality will look different for each participant depending on abilities/mobility.
- Staff/volunteers reinforce that turning up and taking part is an achievement.

OUTCOMES

Improved mood: Participants are more positive/motivated and less anxious, both during the programme and after it.

Increased physical activity on the programme: Participants are more physically active on the programme.

Increased physical activity outside the programme: Participants are more physically active in their day-to-day life when not attending the programme. Some participants specifically linked increased physical activity in their daily lives to reduced cravings for drugs and/or alcohol.

4. Programme theory: Learning New Skills

IF a programme allows enough time to be spent on it, and there is availability of experienced/skilled staff/volunteers to teach/encourage different skills (the right contexts), THEN this can allow strength-based thinking, and participants to feel empowered and confident, and prepared for challenges that may arise (causal mechanisms), THIS LEADS TO learning or reconnecting with practical, psychological and social skills, application of skills outside the programme in order to cope with challenges, and increased future goal setting (outcomes).

Here are some examples of how this might look in practice to help guide service delivery:

CONTEXTS

If there is enough time on the programme, this could look like:

- See the description of this context in Programme Theory: Space to Reflect

If there are staff/volunteers present to teach and encourage different skills, this could look like:

- Staff/volunteers should be confident/trained in teaching different practical skills e.g., gardening, conservation work, wilderness skills, etc. This may include qualifications/training for some activities. Not all staff/volunteers need to be trained in all areas of programme delivery, but it is important to have sufficient expertise across the team.
- Staff/volunteers should take part alongside participants and lead by example.
- Staff/volunteers should be comfortable/trained in teaching and supporting psychological skills, such as coping strategies, if the programme is explicitly therapeutic.
- Staff/volunteers should be experienced in supporting participants to work together during activities to promote social skills.

MECHANISMS

Strength-based thinking (described as an increased focus on a person's strengths, skills, and potential, rather than a focus on weaknesses/perceived deficiencies).

This mechanism can happen because of the following contexts outlined above:

- Staff/volunteers verbally recognise participants' learning and strengths throughout.
- Staff/volunteers acknowledge developing interests and encourage opportunities to engage with relevant activities.
- Staff/volunteers support/encourage individuals to reflect on areas which they wish to develop over time.
- Staff/volunteers seek to learn from participants and work together to foster equality.

MECHANISMS (CONT...)

Feeling empowered and confident.

This mechanism can happen because of the following contexts outlined above:

- Encouragement and affirmations are provided by staff/volunteers throughout.
- There is time for participants to ask questions and learn without feeling rushed.
- Participants are encouraged to lead by example/demonstrate if they feel comfortable to do so.
- Participants are encouraged to follow any developing passions.

Feeling prepared for the challenges that may arise.

This mechanism can happen because of the following contexts outlined above:

- Potential challenges are clear prior to activities, but staff/volunteers reassure participants and provide support.
- Staff/volunteers teach new skills in a series of steps, ensuring instructions are broken down slowly enough for everyone (as some people may find activities harder than others).
- Staff/volunteers work alongside participants, particularly during more challenging activities/sessions.
- Participants are reassured that progress takes time and that 'ups and downs' are a natural part of this process.

OUTCOMES

Learning/reconnecting with practical, psychological, and social skills: Participants learn new skills e.g., practical, psychological (like emotional regulation), and/or social (like improved communication); or reconnect with old skills such as activities they used to do/enjoy.

Application of skills to cope with challenges on/outside the programme: Participants use the skills they learn on the programme as a way of dealing/coping with challenges in their day-to-day lives.

Increased future goal setting: Participants can identify their desired goals and what they want to change/achieve in their lives, and they are clear on what actions to take to initiate and sustain change.



5. Programme theory: Having a Purpose

IF a programme is person centred, allows enough time to be spent on it, and it is structured (the right contexts), THEN this can allow a sense of routine, feelings of purpose and responsibility, feeling valued, and a belief that activities are meaningful (causal mechanisms), and THIS LEADS TO improved self-care in daily life, improved self-esteem and positive sense of identity, and increased goal and future planning (outcomes).

Here are some examples of how this might look in practice to help guide service delivery:

CONTEXTS

If a programme is person-centred, this could look like:

- Ensure planned activities match the participant's abilities, preferences, and goals.
- Allow individuals to identify activities and areas of interest which they would like to develop.
- Ensure there are enough staff/volunteers to provide 1-1 support when needed. According to people we spoke to, the ratio should not drop below one staff member/volunteer per 4-5 participants, avoiding lone working with groups. Higher ratios may be required based on participant needs.

If there is enough time on the programme, this could look like:

- See the description of this context in Programme Theory: Space to Reflect

If the programme has structure, this could look like:

- Participants work towards goals they have personally identified. This could be small tasks or longer-term aims.
- Staff/volunteers incorporate group work, mindfulness, and other activities which can help bring a sense of purpose to the programme.
- Specific tasks/responsibilities are set for participants, so they have a specific role.

MECHANISMS

Sense of routine (described as regular attendance to sessions but can also refer to activities on the programme that provide routine).

This mechanism can happen because of the following contexts outlined above:

- Programme structures typically involve specific routines, such as early wakeups, organising kit(s), tidying, pitching equipment, no phones, etc. and this structure can help encourage routine in other areas of participants' lives.
- Programmes may provide structure in the sense that participants have something to look forward to. However, having something to look forward to can also increase anxiety, so this should be addressed by staff/volunteers reaching out to chat through anxiety/worries.

MECHANISMS (CONT...)

Feelings of purpose and responsibility.

This mechanism can happen because of the following contexts outlined above:

- Roles/activities are shared among participants, so they understand and are involved in plans and processes of the programme. This is dependent on the type of programme and can be extremely varied ranging from larger responsibilities given to smaller tasks. Ensuring participants have a choice of tasks over time can help them develop a sense of ownership and purpose amongst the group.
- Collaborating to develop shared expectations around person-centred, respectful, and caring behaviour with the group can encourage participants to feel involved in developing a positive and safe environment.

Feeling valued.

This mechanism can happen because of the following contexts outlined above:

- A person-centred focus encourages praise from staff/volunteers, as well as from peer-to-peer. This could be for tasks or for simply attending the group.
- Staff/volunteers recognise competency and development by assigning tasks to participants.

Belief that activities are meaningful.

This mechanism can happen because of the following contexts outlined above:

- Staff/volunteers discuss and explore how person-centred activities help participants reach their goals as well the wider benefits of activities to the community and/or the environment.
- Time should be secured at the beginning/end of each session to reflect on how people feel about taking part and what they gained from the session.

OUTCOMES

Improved self-care in daily life: Regular attendance helps participants build routines and improve self-care by transferring reflections and skills from the programme to daily life. This could include better sleep, improved self-care, leaving the house, and engaging with nature. Specific, desired outcomes around self-care will be identified through individual goal setting.

Improved self-esteem and positive sense of identity: Identifying closely with mental health or substance use challenges can lower self-worth. This outcome helps participants shift from seeing themselves solely through this lens, to recognising positive aspects of their identity.

Increased goals and future planning means: Participants can identify their personal development goals, understand how to enact these goals, and have belief that they can do so.

6. Programme theory: Relationships with Staff/Volunteers

Participants may have previous negative experiences with health/social care services, so IF there is a sufficient number of skilled staff/volunteers who are confident, friendly and from diverse backgrounds, who are working towards a trauma-informed culture of care, and with an ethos of 'doing with' rather than 'doing for' (the right contexts), THEN this can allow a sense of safety/inclusion, feelings of empowerment, a reduced perceived power imbalance, and increased communication (causal mechanisms), and THIS LEADS TO increased meaningful engagement with programme and continued engagement post programme (outcomes).

Here are some examples of how this might look in practice to help guide service delivery:

CONTEXTS

If there are a sufficient number of confident and friendly staff/volunteers from diverse backgrounds, this could look like:

- Staff/volunteers should meet each participant prior to the start of the programme. This may be several times prior to the session (if detailed planning is needed), or the day before (if it is more of a drop-in format).
- Staff/volunteers should greet each participant at the start of the programme.
- There should be a mix of skills within the staff/volunteer team, although the type and level of skills/expertise required will vary between programme types (as seen in section 2.2. risk assessment).
- Where possible, diversity amongst the staff and volunteers should be encouraged. Diversity could relate to: ethnicity; age; life experiences and background; sexuality; and/or gender. Diversity amongst staff could create a more inclusive environment.
- Ideally, there should be inclusion of people with lived experience of poor mental health and substance use challenges in the staff team.
- There should be enough staff to facilitate 1-to-1 conversations when/if participants require, without this disrupting the safety or delivery for the rest of the group. As previously mentioned, the ratio should not be below one staff member/volunteer per 4-5 participants, ideally with more than one staff/volunteer in attendance at all times.

If there is a trauma-informed culture of care, this could look like:

- There should be careful risk assessment prior to the start of programmes.
- Staff/volunteers should be confident in supporting people experiencing triggers and/or challenging emotions and knowing when signposting to specialist support is needed.
- Staff/volunteers who are facilitating less therapeutic programmes should undertake some general training in trauma to aid in responding to challenging situations that may still arise.
- Staff/volunteers should clearly explain the importance of respect and personal boundaries.
- Space/time alone or with a trusted member of staff on a 1-to-1 basis should be possible, when necessary, without impacting the safety/delivery for the rest of the group.

CONTEXTS (CONT...)

If there is an ethos of ‘doing with’ rather than ‘doing for’, this could look like:

- Staff/volunteers should take part in activities and work shoulder-to-shoulder alongside participants, while anticipating/supporting next steps in the activity to ensure progression of activities.
- Staff/volunteers should readily admit when they don’t know the answer to something and commit to finding out with participants.
- Staff/volunteers should use reflective conversations to identify any potential safety concerns, as well as to gain insight into participant’s experience of the programme.

MECHANISMS

Sense of safety/inclusion

This mechanism can happen because of the following contexts outlined above:

- Staff/volunteers meet each participant at the start of each session to welcome them.
- There are clear expectations around treating others with kindness, empathy, and respect; and these are upheld and continually reiterated.
- Participants know that staff/volunteers understand their challenges/triggers, feel comfortable seeking support from them, and know they will be able to provide necessary guidance.
- Participants know that there is a diversity of life experiences within the staff/volunteer team.

Feeling empowered

This mechanism can happen because of the following contexts outlined above:

- Staff/volunteers encourage participants while working together during activities, by demonstrating activities or collective problem solving if something is not known.
- Staff/volunteers support participants with reflective conversations and goal setting.

Reduced perceived power imbalance (described as participant and staff/volunteers being seen as equals, with a reduction in professional/patient dynamic often be seen in traditional treatment settings).

This mechanism can happen because of the following contexts outlined above:

- Staff/volunteers work alongside each other which ensures a collaborative ethos.
- Reflexive and general conversations between staff/volunteers and participants build rapport, and this fosters a culture of shared experience and collective care for mental and physical wellbeing.
- Staff/volunteers are transparent when they do not know something and are willing to learn from participants.

MECHANISMS (CONT...)

Improved communication

This mechanism can happen because of the following contexts outlined above:

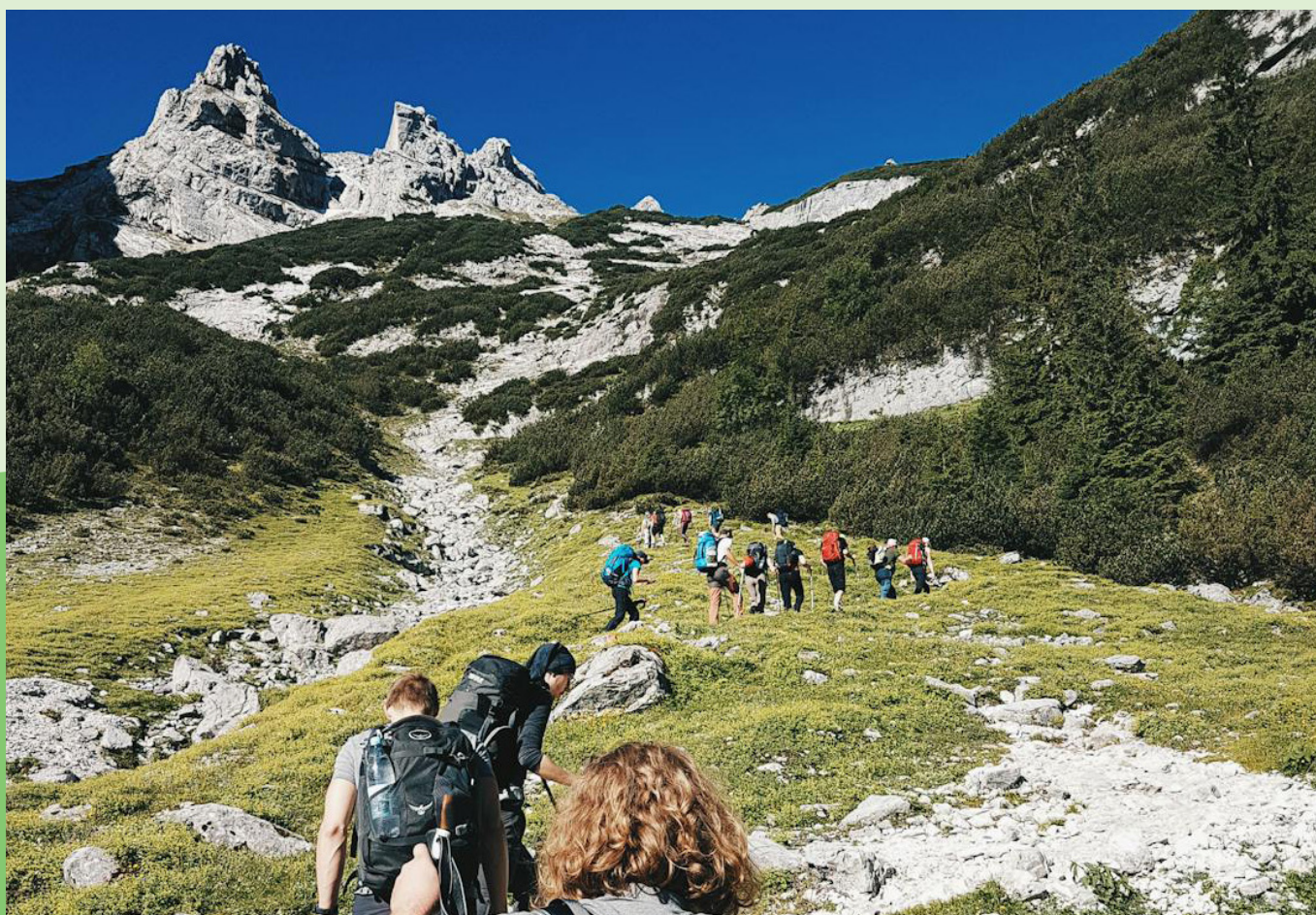
- Space is provided for communication that does not need face-to-face engagement (e.g., walk-and-talk or working alongside each other).
- Participants understand that staff/volunteers recognise their backgrounds/life experiences and will not judge.
- Staff/volunteers are comfortable initiating small talk, particularly with new participants at the start of sessions.
- Participants have the opportunity to have 1-to-1 conversations with staff/volunteers if they want/need to.

OUTCOMES

Initial buy-in: Participants are willing to take part and make the first step in engaging with the programme.

Increased meaningful engagement with programme: Participants are not just showing up, but they are actively taking part in the programme, showing commitment to the activities and their goals.

Continued engagement with ongoing support post-programme: Participants continue to engage with support outside the programme, or at the end of a structured set-length programme (see section 4. ongoing/continued support for more details around this).



7. Programme theory: Increased Connection from Shared Experiences

IF there is a non-authoritarian environment, and there are staff/volunteers and peers to help foster a respectful and supportive group culture, and all participants are engaging with the programme (the right contexts), THEN this can allow a sense of rapport and caring for others, feelings of connection and self-reflection (causal mechanisms), and THIS LEADS TO improved peer relationships and self-acceptance and reduced isolation (outcomes).

Here are some examples of how this might look in practice to help guide service delivery:

CONTEXTS

If the environment is non-authoritarian, this could look like:

- The programme space is separate from traditional treatment/health services, where possible.
- Include a range of non-clinical staff, as this can create a sense that the programme is distinct from traditional/health treatment.
- Staff/volunteers are clear that the sessions are a neutral and confidential space

If there are staff/volunteers and peers to help foster a respectful and supportive group culture, this could look like:

- Staff/volunteers or participants who have been attending the programme for a prolonged period act as a mediator during challenging conversations to ensure the programme remains a safe and respectful place for all.
- Challenging conversations occur separately from the group activity, if necessary, to allow activities to continue.
- Where possible, staff/volunteers receive training/guidance in managing group dynamics.

If all participants are engaging with the programme, this could look like:

- Staff/volunteers lead by example and take part in activities, while encouraging others to do so.
- When someone is not taking part, staff/volunteers work with the participant to discuss barriers to participation.
- Staff/volunteers recognise that participation varies for everyone. Being quiet or sitting out doesn't mean someone isn't engaged, and they may be participating in their own way. Staff/volunteers should encourage involvement while respecting individual differences.
- Staff/volunteers should emphasise the importance of regular attendance and encourage participants to notify staff/volunteers in advance if unable to attend, especially in structured programmes. For drop-in programmes, staff/volunteers should still follow up with people not attending if they usually do.

MECHANISMS

Sense of rapport and caring for others.

This mechanism can happen because of the following contexts outlined above:

- Opportunities are provided for shared experiences, such as group activities/team building, which encourage engagement and working together.
- Experienced staff/volunteers or peers guide relationships and emergent challenges around communication.
- Staff/volunteers encourage a respectful environment by demonstrating non-judgement and compassion.

Feelings of connection.

This mechanism can happen because of the following contexts outlined above:

- Opportunities are provided where participants can spend time together, chatting with each other and opening up as they wish. Time spent together can also involve sitting or working quietly in other's company.

Self-reflection.

This mechanism can happen because of the following contexts outlined above:

- Opportunities are provided for participants to get to know each other and reflect on their similarities.
- Participants are reminded that everything shared is confidential within the group, but staff/volunteers should still make it clear that people should only share what they are comfortable with and that there is no expectation to share.
- Opportunities are provided for sitting/working quietly in other's company, if people wish to do this.

OUTCOMES

Improved peer relationships: Participants build stronger connections and improve communication with peers, including general discussions and sharing life experiences. This fosters openness and reduces stigma and judgment.

Improved self-acceptance: Through connection and self-reflection, participants experience reduced feelings of self-blame and guilt which is often seen in people with poor mental health and substance use challenges.

Reduced isolation: Through connection and self-reflection above, participants feel less alone.

Section 4. Ongoing/continued support

Many programmes run for a specific length of time (e.g., 12 weeks). Ongoing support is crucial when designing greenspace programmes, as healing and recovery is often non-linear and requires long-term maintenance. While greenspace programmes offer benefits for mood, wellbeing, and health; sustained benefits depend on planning for continued/ongoing support. Support could be provided directly, through signposting to community services, or by connecting people to accessible resources like nature spaces and activities. Building this ‘supportive scaffolding’ better enables individuals to maintain progress and achieve longer-term benefits.

Ensure ongoing support is tailored to individual need

It is important for ongoing support to be tailored. To ensure support is effective, key consideration points are:

- Participants will be at different stages in relation to their recovery journey and support needs.
- Staff should pay close attention to an individual’s interests, passions and motivations, and suggest forms of ongoing support which are linked to these.
- Plans for continued support should be designed collaboratively and led by participants.
- Planning ongoing support should occur throughout the greenspace programme.

Routes of support

The following section discusses different potential routes of continued support in more detail. Many people we interviewed identified increased connection to nature and spending more time outdoors as key goals, along with opportunities for continued social connection.

Connecting people with community spaces and resources

Connecting individuals with supportive community groups, spaces, and resources is key when facilitating ongoing support and can ease pressure on the programme itself. Organisations should focus not only on signposting to formal health services but also to community groups, which can help individuals nurture new interests and reduce isolation. Where possible, staff/volunteers should build awareness of local resources and maintain relationships developed throughout the programme for smoother transitions across groups. Awareness of programme suitability for varied needs is also essential. Collaborating with Green Health Partnerships, Community Link Workers, or similar networks can help identify and navigate local opportunities. Here are some examples that were suggested by participants from our work:

- Recovery communities often provide outdoor, health promoting activities such as hillwalking groups.
- Local mental health support groups, some of which may include nature-based activities.
- Local nature/conservation groups, many of which may be focused on nature but still offering mental health benefit.
- Free/discounted activities (e.g., gym access, local attractions) and transport support like bus passes which can increase integration into the community.

Connecting people with community spaces and resources (Cont...)

- Hobby-based groups (art, writing, sports, walking, crafts) and community walking groups such as Paths4All.
- Community-events (with the potential of being involved in the planning of these).
- Volunteering, training, and/or education opportunities, including links with employability organisations like Skills Development Scotland.

To support transitions, staff/volunteers could help individuals attend new groups by joining them for the first session where possible; encouraging group members with shared interests to attend together; assisting with travel planning and accessibility; and gradually building confidence for new experiences.

Encouraging independent enjoyment of the outdoors

Participants reported that greenspace programmes increased their knowledge, appreciation, and confidence to enjoy the outdoors independently, alone or with others. Examples included gardening, hillwalking, visiting community gardens, and planning wild camping with friends. Empowering individuals to engage in nature and physical activity can support long-term wellbeing and be integrated into daily routines. Staff should build upon this confidence and guide individuals to opportunities/show them where accessible local greenspace is.

Providing continued opportunities within the existing programme/service

Many participants valued and enjoyed their greenspace programme, appreciating opportunities for continued engagement. Attending and becoming comfortable with a programme is often a significant step for individuals, particularly those who do not typically engage with services. Services should consider programme length and options for ongoing engagement to continue fostering connections with group members, trust with staff, and benefits from participation. There are a few examples that participants spoke about which could provide opportunities for ongoing support and engagement:

- Services could offer monthly day-activities for past participants, helping maintain routines and social connections.
- Additional, less structured/drop-in programmes could run less frequently and indefinitely and offer regular outdoor and social activities. This could foster lasting relationships and ongoing support.
- Services could empower participants to self-organise meetups, promoting communication and connection in a low-cost way.

Linking people with appropriate specialist services and supports

Signposting to specialist services, such as mental health, substance use, housing, or financial support, is important to consider. Greenspace programmes can build confidence and motivation for change, increasing readiness to engage with these services. Programmes could also consider opportunities for in-reach (where individuals from relevant services attend sessions). However, there is a need to ensure that this does not overwhelm or dilute the focus of the greenspace programme itself. Staff noted that excessive signposting risks overwhelming participants, so referrals should align with their self-identified needs. Some may already have sufficient support or may not be ready to engage, especially if past experiences with services were negative. Continued greenspace support can be essential for those relying on it as their sole source of help. Staff need strong knowledge of local resources to ensure effective and appropriate referrals.

Challenges to providing ongoing support

Whatever type of ongoing support is appropriate and feasible for an organisation, it is likely that there will be some challenges and barriers to providing this. Three key challenges were identified in our study:

Drop-off in engagement after programmes

Participant engagement may decline after completing a programme, particularly for shorter, intensive ones. Busy lives, other commitments, or involvement with other services may mean that individuals choose not to engage with formal aftercare. Low-commitment, drop-in support options are often more suitable to avoid overwhelming participants. Staff follow-ups with those who disengage are important to help re-establish connections.

Ongoing challenges in daily life

Daily life challenges can limit ongoing engagement and progress, especially after intensive excursions like wilderness trips. These experiences often provide progress or 'breakthroughs', but returning to issues such as poverty, relationships, social networks, or criminal justice involvement can cause deflation and reduce motivation. This highlights the need for early preparation and planning for long-term support, as well as transparency about potential post-programme challenges.

'Managing' endings

Managing programme endings requires careful consideration, especially for participants with past trauma or trust issues. Abruptly ending support can jeopardise trust and lead to disengagement. Staff noted that feelings of abandonment may resurface near programme completion, emphasising the need for preparation. Set end dates should be communicated early, with discussions of ongoing support options. Empathetic reassurance, while being transparent about boundaries, will be essential to help participants plan for long-term support.

Summary of key considerations

There are many potential routes for ongoing/continued support, the box below provides a summary of key considerations presented in this document:

- Recovery is a long-term process that requires ongoing support for sustained well-being. Programmes should offer continued support or connect individuals with community resources and services.
- Support should be tailored to each person's needs and interests and identified collaboratively with staff. Different types of support suit different individuals.
- Ongoing support options include linking participants with community groups, fostering independent outdoor activities, enabling continued engagement with greenspace activity, or connecting with formal support services. Services should know local resources and build partnerships to ease transitions.
- Resource limitations, like funding or staffing, influence the support provided. Low-cost options include monthly meetups or partnerships with community groups, which can also be included in funding bids.
- Programmes should offer opportunities for ongoing engagement, recognising the connections and trust that participants build. This may include online methods to maintain relationships.
- Clear communication about programme endings is vital, as some participants may feel abandoned. Staff/volunteers should handle endings empathetically and discuss plans for ongoing support.
- Without long-term support, participants risk losing progress and positive relationships, potentially leaving them worse off than when they began.

For more information, please read the greenspace programme outcomes and evaluation guidance document, and the buy-in/referral guidance document.



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