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The Access Place
Nature Health Plan Evaluation

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Green Social Prescribing for People Experiencing Homelessness

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SUMMARY

This report looks at how green activities and general use of the community garden at The Access Place in Edinburgh has the potential to support the health and wellbeing of people experiencing homelessness.
The Nature Health Plan (NHP) was developed and delivered by NHS Lothian, Cyrenians, Edinburgh Lothians Greenspace Trust and other partners to offer nature-based activities such as gardening, nature therapy, and informal access to a small garden space. The NHP was developed as a green social prescribing programme, where service users of the Access Place could be referred to take part in activities of their choice.

What we did:
Researchers from the University of Edinburgh interviewed Access Place staff, staff from other organisations that delivered the NHP, and TAP service users to find out how various aspects of the NHP were working in practice, and to find out if there were any wellbeing benefits of the programme or ways it could be improved.

What we found:

- People valued the garden as a peaceful and safe space. Many participants said the TAP community garden was the only place they did not feel judged or asked to leave. It offered a place to engage in positive social interaction, enjoy nature and access vital health and social services.
- Being outdoors helped people feel better. Even small moments in the garden – planting something, watching wildlife, or just sitting – had positive impacts on participant's wellbeing.
- Relationships were key. Trusting, informal support from staff such as link workers made it easier for people to engage.
- Staff also benefited. TAP staff used the garden as a place to take a break, or build better connections with service users.
- Partnerships were important, but not always clear. While the collaboration between NHS and third sector partners brought many benefits, there were some challenges around ownership, communication, and referral routes with regards to the NHP .
- There were barriers. These included a lack of staff knowledge about the wider NHP activities, inconsistent use of referral procedures and uncertainty over roles and responsibilities.

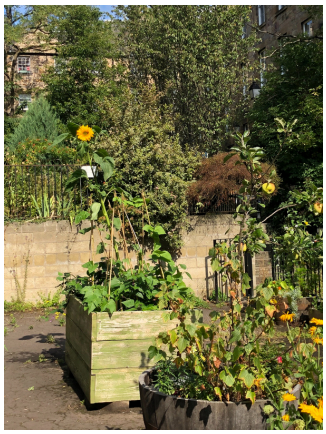
SUMMARY (cont.)

What would help:

- Keep the garden space informal, low-pressure, and open to drop-ins.
- Make sure all staff know what's on offer and how to refer or support someone to take part in the wider NHP.
- Agree shared responsibility for maintaining and developing the space.
- Use simple, light-touch ways to understand what's working, without putting pressure on participants.
- Develop sustainable ways to record important programme delivery details such as who attends, for how long, what activities they take part in, and any wellbeing indicators.

In conclusion:

Green social prescribing can offer meaningful support for people experiencing homelessness; not as a 'fix', but as part of a respectful, relationship-based approach that values dignity, trust, and connection. The TAP community garden is valued by service users and staff, and the wider aspect of the NHP can be improved with a collective approach to addressing the barriers identified in this evaluation.



INTRODUCTION

The Scottish Government has a vision for everyone to have a safe, warm and affordable home that meets their needs. However, homeless applications in Scotland have risen in the past decade. Reducing homelessness and improving the health and wellbeing of people experiencing homelessness (PEH) remains a key challenge for policy and decision-makers.
PEH have poorer physical and mental health outcomes than the general population and they often experience health conditions associated with old age much earlier in life (Zuniga et al., 2019). Numerous approaches are adopted to improve the health and wellbeing of PEH, which primarily tend to the provision of support around employability, housing, mental health, addiction and the provision of healthcare services.

Spending time in and around natural environments has been associated with improved human health and wellbeing (Hartig et al., 2014) and reduced health inequalities. Exposure to green space (e.g. parks, gardens and woodland) has been associated with reductions in premature mortality (Garber et al., 2024), increased physical activity (Vich et al., 2021), improved mental wellbeing (White et al., 2021) and has been suggested as a resource which can be leveraged to improve health and wellbeing for socially disadvantaged groups such as PEH (Haywood et al., 2024). However, PEH are often overlooked in research and policy regarding nature and health (Koprowska et al., 2020).

Green social prescribing (GSP) is becoming a popular approach to increase nature exposure and to improve mental and physical health (McHale et al., 2020). GSP falls within the broader concept of social prescribing, where healthcare professionals or community workers refer individuals to link workers who can facilitate access to non-medical interventions, such as community groups, volunteering, or creative activities of the service user's choice to improve wellbeing (NASP, 2025). GSP projects are diverse and can include community gardening and food growing, nature walks, mindfulness in nature, ecotherapy and a range of nature-based activities. The success of GSP projects requires consideration of the needs of different populations (de Bell et al., 2024), yet little is known about the suitability of GSP for improving the health and wellbeing of PEH.

THE PROGRAMME

In 2022, the Nature Health Plan (NHP) Green Social Prescribing Programme was implemented at the Access Place (TAP) in an effort to increase access to nature and high-quality greenspace for PEH, with the aim of increasing wellbeing and engagement with wider services. At its initial implementation, the service consisted of four distinct components detailed below:

1. Royal Society for the Protection of Birds (RSBP) calendar: An adapted activity calendar supplied by RSBP which outlines nature-based activities that participants can engage with in their own time.
2. TAP community garden: A garden space adjacent to TAP that can be accessed by service users to either engage in gardening activities, access free food, or engage in social interaction with other service users, TAP staff, or Cyrenians link workers, support this.
3. Nature walks: Guided walking groups around local greenspaces that start and finish at TAP led by staff from Edinburgh Lothians Greenspace (ELGT) Trust and TAP staff volunteers
4. Branching Out: An adapted version of an outdoor therapeutic programme for adults who utilise mental health services. The service started and finished at TAP, and is led by a qualified practitioner.

At the time of the evaluation, the Nature walks had been postponed, and Branching Out was running on a reduced delivery frequency due to low participant numbers. However, the evaluation aimed to ask about both of these activities retrospectively to any participants who had involvement or knowledge of them.
An evaluation of the TAP NHP Green Social Prescribing Programme was undertaken with the following aims:

1. Assess the acceptability of the programme from the perspectives of TAP staff, NHP delivery staff, and service users by identifying what aspects of the programme are working well, and what areas could be improved
2. Assess aspects of feasibility, such as programme attendance and data monitoring procedures.

The methods and findings of the evaluation are described in this report alongside recommendations to improve the feasibility and acceptability of the programme.

METHODS

This evaluation primarily used qualitative methods (i.e., interviews) to assess the feasibility and acceptability of the NHP to staff, external stakeholders and service users. Data collection was conducted from June-September 2024. Ethical approval for the study was granted by NHS Lothian R&D (REC no: 23/IEC08/0041) on 02/02/2024.

Terminology

It is important to note that during the NHP initial development, it was decided by programme developers that the word "prescribing" would not be used in any descriptions of the programme or in any service-user-facing materials. This was due to 1. Prescribing having potentially negative connotations related to medical interventions and an implied power hierarchy between medical professionals and patients (Calderón-Larrañaga et al., 2022) and 2. a number of staff members having the viewpoint that nature cannot be prescribed, while still maintaining the viewpoint that nature is important for health. Debating the correct terminology for such programmes is beyond the scope of this evaluation, but given the programmes core components relate closely to green social prescribing models, the programme will be referred to as a GSP programme for the interests of this report.

Setting

The NHP was delivered at TAP, a primary care practice for PEH which hosts health, housing and social services within one building. A number of the NHP activities are delivered in the TAP community garden, with Cyrenians providing both link workers and a greenspace activity coordinator who facilitated access and delivery of the programme, respectively. Branching Out was delivered both within the TAP community garden and at multiple greenspaces within walking distance from TAP. Edinburgh; Lothians Greenspace Trust (ELGT) provided support for this aspect of the programme.

Staff and stakeholder interview participant recruitment

All Access Place staff were eligible for participation if they had any form of patient/service user-facing role. However, staff who worked directly with service users as part of their duties were prioritised (e.g., GPs, nurses, psychologists, housing officers, social workers, occupational therapists etc). Staff were sent an information email by a key TAP staff contact regarding the evaluation which contained the study information sheets and the researcher's contact details. If they were interested in participating, they could then contact the researcher to arrange a suitable time for interview.

Patient/service user interview recruitment

TAP service users were primarily recruited through a Cyrenians service delivery staff member and a TAP GP who identified participants who had been referred to any aspect of NHP and arranged for them to be given participant information sheets, and ensured they were able to understand these. NHP service delivery staff also facilitated the recruitment of service users for interviews through regular attendees of the TAP community garden, and other NHP activities. The researcher also spent a number of days on site in the TAP community garden informally talking to service users, to build rapport and familiarity with potential interview participants. Once participants had been given the opportunity to consider the information sheets, they informed either the key staff contact or service delivery staff that they were willing to participate, who then informed the researcher and a suitable time was agreed to meet for interview.

Consent procedures

Informed consent was obtained from all participants prior to taking part in the interview. After having sufficient time to read the information sheet and ask questions, TAP staff and stakeholders were asked to complete a consent form and either return this to the lead researcher by email (for online interviews), or complete it alongside the interviewer for in-person interviews. All service user interview participants completed the consent form in-person with the researcher present. If they required additional support, this was provided by link workers or service delivery staff.

QUALITATIVE DATA COLLECTION AND ANALYSIS

TAP staff and stakeholder interviews were conducted either on Microsoft Teams, or in person at TAP. The lead researcher (SM) conducted the interviews which were informed by interview topic guides. Interviews focused on perceptions of specific aspects of the NHP programme that have been working well, and areas for improvement to the programme.

Service user interviews were conducted on-site at TAP. Participants were permitted to be accompanied to the interview by a friend or link worker if preferred. The lead researcher (SM) conducted all interviews, which were informed by a topic guide. Participants were reassured that they could end the interview at any point if they no longer wanted to continue, with no repercussions. Interviews primarily focused on participants' knowledge and perceptions of each component of NHP, in addition to questions about their health and wellbeing in relation to their use of GSP. Interviews were audio recorded, with participants' permission, using an encrypted Dictaphone.

All interview recordings were securely transferred to a specialist transcription company (1st Class Secretarial Services) who transcribed the interviews. A thematic analysis was then conducted on the interview transcripts (Braun and Clarke, 2019) whereby the research team independently coded two transcripts, before meeting to discuss assignment of codes. Codes were then refined, before being grouped into broader themes which could be presented in the results of the evaluation.

REFERRAL DATA COLLECTION AND ANALYSIS

In order to assess programme attendance and completeness of data monitoring procedures, data on the age, sex (male or female), referral date and NHP activities accessed were collected by both referring TAP staff, and service delivery staff throughout the duration of the programme. Formal referral data that was coded in VISION by referring TAP staff was collated and anonymised by a suitably qualified member of NHS staff, before being securely transferred to the research team. Additionally, informal referrals and self-referrals to the TAP community garden and associated NHP activities were recorded by service delivery staff, before the same anonymisation procedure was undertaken prior to secure transfer to the research team.

In order to assess the suitability of the current level of routine monitoring and data collection undertaken within the NHP, the type of routine data collection undertaken by the NHP programme implementer and service delivery teams was mapped against the draft Social Prescribing Maturity Framework (NHS England, 2023) to identify current gaps in monitoring procedures, and highlight areas where improvements could be made in order to adequately measure important impact and process outcomes. The Social Prescribing Maturity Framework is a recently developed set of guidelines for social prescribing programmes which outlines the type of data that such programmes should routinely collect in order to optimally monitor and evaluate attendance, demographics and health-related outcomes. The purpose of this exercise is not to externally audit programmes (NHS England, 2022), but to allow social prescribing programmes to periodically self-assess their procedures to assist in the progressive refinement of policies/practices relating to best practice in data monitoring in social prescribing.

FINDINGS

A total of 28 interviews were conducted with service delivery staff, TAP staff and service users (n=6, 11, and 11, respectively). Detailed descriptions of the themes identified in the findings along with relevant supporting quotes are presented below:

Impact of the programme for service users

A place to positively engage with others

When asked about reasons for attending the TAP garden, a number of participants highlighted that this was a place they felt comfortable and accepted. Three participants specifically referenced the stigmatisation that PEH can be subject to in public spaces, and the TAP garden offered a place where they were accepted:

"*when you become homeless, you don't have a personality change, you just don't have a house. So, you're the same person as you were before... And you'll be in between places. But because you're doing that, where you're going to all these other places that people aren't in that situation, you're being viewed as someone who wants something or has a nefarious reason for being there. And you just might be a bit tired and need a sit down 'cause you've been walking for ages" – (service user 9)*
"it's like, we're in the city centre of Edinburgh, but because we're in this garden, we're not in the city centre. It doesn't feel like it at all. And that you don't feel moved on or shifted on. It literally says in the garden, on the wall, 'Stranger, you will do well to linger here'. Right, it literally says you will do well to linger here, where everywhere else is going, move on, move on, have you paid for that, no, get out." – (service user 8)

A number of participants did not associate strongly with the greenspace/nature element of the garden, instead being drawn more by the opportunity for social interaction and support from people on a similar journey. The garden was generally perceived as a safe place to socialise and reduce the effects of social isolation that can accompany homelessness:

"*I don't shut up, so I talk. There are other people that when they first meet, they are not good at talking, so one hits off the other to look after one another. Its just a really nice place to sit and talk to folk.*" – (service user 01)

"*Some people just want to sit and chat and be in the sun and just being surrounded by the colour green has it's benefits as well.*" – (service delivery staff 06)

Service users and service delivery staff spoke of homelessness and feeling dislocated from society, experiencing loneliness, discrimination, being medicalised, problematised and dehumanised. Some service users spoke of living in fear of others, and feeling fatigued by impersonal, time-stretched systems. One service user stated: *"The way I see it, we are just a number" (service user 11).*

The garden ethos is centred around valuing people, and the service delivery staff provide the service users with a space where they feel welcome, safe, comfortable and seen for their wholistic human qualities as opposed to through an instrumental lens focusing on a need or a problem. The informal garden atmosphere was discussed as creating another space between TAP and the outside world due to the ethos of respect, kindness and community that is fostered in the garden space.

"They are always there to talk to you. You are never lonely while you are in here." (service user 1)

"I think it's really lovely. Like, I see the people that come in every week, and it does really seem like they have a good space. Like, not necessarily volunteering, I think most of them aren't volunteering, they're just coming through the place to be safe, and talk to people." (service user 2)

"I am always on my own walking around solo; it was nice to have that support. Even though it is their job, they are still very kind people... If I ever get into trouble or I panic I can come down and I know there is going to be a friendly face around." (service user 5)

"Everybody treats everybody with respect... And that's, like...you can't ask for anymore."(service user 11)

An opportunity to engage with nature and associated activities

Despite the garden's primary draw being as a place for social interaction, some participants were attracted to the garden due to an affinity with gardening and/or nature. A number of participants highlighted that prior to experiencing homelessness, they had engaged in gardening or had enjoyed spending time in greenspaces, and they saw the TAP garden as an opportunity to explore these interests again, which otherwise would not have been possible given their current circumstances.

"I just thought it was such a nice space and it was, kind of, important for me because I had, in my previous, I call it my previous life before stuff happened, I had a beautiful garden and I had an edible garden with brambles and raspberries and strawberries and Bramley apple plants and herbs. And it was always, like, it was my little sanctuary. So it was really nice to come along and, do you know what I mean, be able to experience that again. It was really nice it, kind of, lifted, yeah, lifts my spirits. And I think once, like, I don't know, I've got a lot going on in my life just now, but maybe once I find somewhere to live and have a wee bit more stability, even if it's a hostel, then, you know, I don't want to be spending my time doing negative activities. So it would maybe be a good place for me to come and remind myself about the good parts of life, do you know what I mean, and different things and positive things that I could be taking part in" – (service user 3)

"I just, to be honest, I just love nature, and I love doing, yeah, activities, and stuff like that. So, yeah, just the opportunity to do something like that [gardening]." – (service user 2)

For these participants, gardening activities were viewed as having a positive effect on their wellbeing by offering an outlet to focus on and positively interact with. This was facilitated by the service delivery staff whom all the participants had positive perceptions of and placed high value in their importance for the service running effectively:

"They have got the right personality [service delivery staff]. A lot to make these two lose their temper with somebody because they are that laid back." – (service user 1)

Service delivery staff had consistently worked alongside volunteers and willing participants to design the garden, and this allowed service users the opportunity to positively engage with nature and gardening activities. A variety of areas have been developed so people can take part in optional activities such as watering, bedding, sewing, harvesting herbs, fruits, flowers and vegetables, and other seasonal activities such as filling lavender bags. There are also seating areas for spending time surrounded by nature. There was a strong focus on the design of the garden being people-led, encouraging positive experiences that connect people with happy and comforting nature-based memories from their childhood or less challenging life phases.

"[...] the garden is led by people going oh, I remember when we used to, and going can we grow that here, and so we have got lots of mint plants and we have got lots of lavender plants and we've got lots of herbs. So things that smell of...because smell is such an evocative sensation in a funny way. And things that resonate. An apple tree resonates in a curious way that a cumquat tree wouldn't resonate. It might be nice, and an olive tree is beautiful but it doesn't actually resonate with anyone, whereas an apple tree, an awful lot of people grew up with an apple tree somewhere in their childhood, even if it wasn't in their home or their grandparents' home it would have been in a family friend's home or something. So it's trying to find things that tie into that. So this year we're growing sweet peas and roses just because if you're going to grow things that smell of scent that you remember, it's those kinds of things." (service delivery staff 2)

Service users discussed their enjoyment of learning new gardening skills, assisting with the daily gardening activities, and sitting enjoying the sensory atmosphere of the garden. One service user spoke of their experience of spending time in the garden:

"But, yeah, in terms of mental health, I think there's just a real peace that you feel when you're just really in nature." (service user 2)

Service Delivery staff spoke about stories of transformation and hope, letting people step away from their daily lived struggle, for example of alcohol dependence, and to focus for a while on a garden activity. One service delivery staff member recalled a service user saying: 'this is helping me not think about drinking, so I am thinking about something else rather than drink.' (service delivery staff 6).

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Similarly, some TAP staff highlighted that the garden and associated activities offered an opportunity to build trust and rapport out with clinical settings, that can often be hostile places for service users, the garden offers a unique opportunity to overcome this:

"*I think, I suppose, you know, just getting people to build up trust with people and to give people safe spaces that aren't in clinical settings. That, for me, is important. The system has let down a lot of the patients, let down by society, and although they have that complex relationship with nature as well, if you're sleeping outside in elements and stuff, it's a way of changing that relationship". (TAP staff 4).*

Service users who had attended the Branching Out programme enjoyed having a purpose and being guided to engage in the natural environment through learning nature-based knowledge, visiting new greenspaces within the city and carrying out nature-based activities, designed to promote creativity and play.

"We went along close to Arthur's Seat down to the green part down there. Just as we were walking looking at different plants it just takes your mind off...to focus on...to take you out your head." (service user 5).

The one participant who discussed the RSBP calendar was captivated by a suggested activity of looking for bats within the city and concentrated thier effort on this element:

"Yeah. I got stuff on the bat one, because I realised that I'd never seen a bat, here... And then I just started looking for bats everywhere, and then I forgot about the rest." (service user 2).

Perceived benefits to TAP staff

Service delivery staff also spoke of the garden being beneficial for TAP staff to be able to experience some respite during their breaks.

"I think the wellbeing benefits for the staff have been really important in the garden and I think they've really got something out of that, and I think obviously the more that they get out of it and the more that they realise that actually just sitting out here and being aware that there's lavender there and that they feel a little bit better and a little bit more able to go back in and do another three hours of clinics, they realise that the garden can have that benefit and it can have that benefit to patients." (service delivery staff 2)

In addition to service delivery staff, some service users highlighted that the garden offered an opportunity to positively interact with TAP staff in a different environment to a typical clinical, housing or social work appointment. The majority had experienced positive interactions with TAP staff in the space:

"With the [TAP] staff as well, because if you see staff outside of the building or after your appointment, they don't talk to you any different, they don't dismiss you and tell you they're busy.It's a semi-personal approach they've got, where they...they are concerned about you. It's their job to be, but they are concerned about you. Because afterwards, round the corner, when you're having a cigarette or something, they come round...if they are out in the back then they'll say, oh hello, how's it been going, how are you. And it's genuine..." – (service user 9)

The social element between service users, service delivery providers and some of the TAP staff who frequented the garden was a big draw for many. In addition, the less time-constrained, formal environment allowed different kinds of conversations between service users and staff and the potential to access additional support.

"I'm sure if I could, you know, had an enquiry, just a little thing that I'm sure she'd be able to, kind of, relay where I need to go or, she did, actually, or what steps I need to be taking. Which is, yeah, instead of having to make an appointment and sit in the waiting room and, you know, this is actually a really good area to do that informally, yeah." (service user 6).

These perceptions were reinforced by a number of the interviews with TAP staff, who viewed the TAP garden as a valuable asset for the practice. Some TAP staff stated that they used the garden for therapeutic purposes on breaks or during lunch, and that it prompted positive wellbeing:

"if I had a minute just to breathe or something, I go [to the garden], definitely, and I do it sometimes, during the breaks, sometimes, I can check what flowers are blooming." (TAP staff 5)

Offering a sense of meaning and purpose to PEH

Volunteering in the garden provided some service users a sense of meaning, being able to usefully contribute something that is stable and predictable within their world:

"It means a lot to me. Yes, it means a lot because I know what I am coming to. I know the staff are good and there is never any hassle in here, never... I just help out, or whatever I see that I think needs done.So that's either planting, or weeding.With the food, I help with setting up, serving, cleaning up." (service user 2)

Some felt a sense of purpose and pride being able to utilise their existing skills and experience productively in a community setting:

"Well, believe it or not, yeah, [service delivery staff member] will tell you, I actually filled these with dirt [planters]... Yeah, when they were first putting it in." (service user 09)

“Recognising where GSP fits within care provision for PEH

TAP staff and external stakeholders alike had a comprehensive understanding of the health and care needs of PEH, both in terms of their long term and acute care needs and also regarding the contextual factors that impact health and wellbeing among PEH compared to housed individuals. Specifically, there was a general acceptance and understanding that shelter, financial aid and adequate food were all critical care needs of PEH, that should be a priority for care services to address:

“patients, basically they need money, food and a house and sleep and addressing other things before this [GSP]”- (TAP staff 11)

Additionally, TAP staff also highlighted the contextual needs of PEH from a treatment perspective, in that the need to manage addiction/substance use, mental health conditions, and a number of chronic conditions were also generally higher among PEH than in the wider community, and this may be in direct conflict with the need or opportunity to engage in nature-based programmes, which may be of more benefit to service users who do not have such acute needs:

“I guess it’s like everything else we do, isn’t it, like there’s patients have got so many other priorities and so many other issues going on with their health that they’ll need a bit more support to do whatever it is we’re suggesting and the impact may be less because of other things. So, I guess, for example, if you’re misusing a lot of crack cocaine and rough sleeping, you’re probably not going to get that much benefit from a nice walk on Arthur’s Seat and a nice chat, whereas if you’re a bit low and have a home and aren’t addicted to drugs, you’re going to see a lot more benefit from something simple.” (TAP staff 2)

This introduced discussions around the specific role that GSP should potentially play in the primary care setting for PEH, particularly when faced with conflicting priorities:

"It's not a clinical priority...[GSP]. Now, the figures had just came out the week before about another increase in Scotland about drug deaths. We're like a third world country when it comes to drug deaths, and it blows my mind that we're not tackling these areas". (TAP staff 1)
"We're on a very small budget as a whole building [TAP]...and the clinical psychologist was taken away. Consultant psychiatrist was taken away. So, immediately... And another couple of things were just gone. (TAP staff 3)

Despite this, a number of TAP staff highlighted that the potential for GSP activities to lead to improved health and wellbeing merited its inclusion as a primary care provision at TAP, under the right circumstances. While staff were aware that acute and ongoing health and social care issues were a priority, a number of staff felt that a GSP programme had potential to be an asset for care provision, and could help legitimise non-medical alternatives for both staff and service users:

"I love it because often it feels like we haven't got much to plug patients into, we're struggling with, sort of, our mental health provision or wellbeing provision. A lot of the factors are health problems are a symptom of the, sort of, social problems that...you know, poor housing, poverty, complex trauma and stuff that we have little control with out-with the building, the things that are going to really make a difference. So it is kind of, filling a gap." - (TAP staff 9)

"I've worked with loads of people over the years where they've had, like, mental health issues and not knowing what it is, and then they've got a diagnosis. It's a big discussion point anyway, you know, what does a diagnosis do for people? Does it make them feel worse? In my experience, it's actually people have been more appreciative of it 'cause it gives them something to look up, to understand, to work with. I feel similarly with prescribing. I think if you can prescribe an antidepressant medication or you can prescribe methadone, why can't you prescribe a walk by the beach? I think it needs to be seen as valuable as anything else. I think if it was just a suggestion it's like, well, nah, my mum suggested that to me, or my brother suggested that to me. But if you can actually go back to your mum and your brother and say, no, the GP prescribed it, now I think that's a good thing." (TAP staff 6)

Facilitators, Barriers and challenges

Organisational and Governance Factors

A major discussion point in TAP staff interviews was the need for more clarification around the explicit roles and responsibilities regarding the governance of the NHP- especially in relation to the TAP garden. While the multiagency nature of TAP was viewed as an asset for PEH from a health and care delivery perspective, it appeared to create ambiguity with regards to ownership and responsibility of activities delivered, particularly with regards to activities delivered in the community garden:

"And who owns the programme? Is it Edinburgh, the [Edinburgh& Lothians] Green Space Trust, is it the Cyrenians? Is it the Access Place? And it's been developed by so many different people that nobody necessarily takes ownership. (TAP Staff 11)

This view was shared by service delivery staff from external organisations, who identified a need for further clarification regarding who is in fact responsible for the garden space, both in the event of an incident occurring, and for its general day-to-day running.

"*We're having further discussions about where the responsibilities should lie in terms of...I'm almost an advocate for us trying to adopt some sort of...where Cyrenians almost take responsibility for the garden and go 'when you refer someone to here, it's not NHS that are responsible for it anymore, it is Cyrenians', and if [there is an incident] then it's [Cyrenian's] risk, not your risk [NHS], as it were, because I'm here and you shouldn't be worrying about that. And I think there's an ongoing discussion about do people have to get referred through a clinical process and paperwork or can that process be opened up to a much wider range of third sectors" (Service delivery staff 1)*

However, TAP staff generally felt a strong sense of responsibility towards both the people they referred to the programme, and the service delivery staff, indicating that there may need to be a continued shared responsibility of the space in some format:

"All of these things, I would hope there is something we can actually get in place.But a bit of, who is the referrer?What is their reading of it, right.What do they think the person needs?What might be barriers? What might actually enable them to be well?If you notice this happening, maybe they need a wee bit of quiet space. Like, just this simple, you know, kind of, non-judgmental, but helpful, sort of, yes, shared responsibility, if you like. This is on all of us to make this work. Not a, kind of, here is a name, on you if they dysregulate. I don't really think that is helpful." – (TAP staff 7)

At present, it is unclear to all staff whether the NHS, Cyrenians, or the Council is ultimately responsible for the TAP garden and its operation; this appears to be creating uncertainty amongst staff, and in turn a reluctance to refer people to the programme due to reduced confidence that the necessary procedures are in place to ensure safety:

"I think some other points naturally with our group, what maybe has come up has been, right, we need a wee bit of, kind of, safety governance. Like, what is the referral process in here? Could referrers totally own and be responsible, I feel, that is your job for screening, assessing. I have got someone I think would benefit, but they really need additional support, because socially they will dysregulate quickly. What are you, as the referrer, going to put in place to support? So, I think, for me, what has been missing, is a responsibility and an onus on referrers or someone to work with that level of, kind of, then, you know, dysregulation here." (TAP staff 7)

Communication and Staff Engagement

The approach to conceptualising and developing the NHP was described as informal, making it challenging for some staff to fully understand the programme's framework, objectives, and theoretical underpinnings.

"there certainly has been a, sort of, trickle down, drip, drip, effect of, 'look, this is what we are trying to do, this is really important'. Linked with trying to get a status as a, sort of, green prescribing practice.....I think there has been a number of ways, it has been done verbally on Teams meetings, and on face-to-face meetings as well." (TAP staff 07)

Some staff commented that widening involvement and responsibility in the programme development could help to increase awareness and buy-in.

"It shouldn't be left to just certain members of the team. It should be a full team input rather than it just being, well, one of the GPs is interested, two of the practice nurses and then we've got... You know, it's very bitty. So, I suppose, ideally, it would be a proper integrated into the service, which I don't feel it is at the moment" (TAP staff 11)

Despite a lack of coherency during the initial planning and development stages, there was also a lot of positive feedback regarding the process:

"So the thing that caught my attention first of all was the fact that the NHS had moved to...literally had been able to nature prescribe. I was quite taken aback 'cause I just thought that that was an amazing thing to do."- (TAP staff 06)

Implementation and delivery

Although barriers existed in relation to the uptake and delivery of the service, some facilitating factors were evident. Staff regularly cited the provision of food within the garden as a key motivator for service user attendance. Service delivery staff previously cooked and provided lunch for service users and opportunities often arose for service users to participate in the cooking process. The garden also provided a different environment to the TAP indoor waiting room, which was often perceived as a frightening or unpleasant space. On occasion, staff would suggest service users spent some time in the garden rather the waiting room, the garden was deemed a place where service users could relax. The garden acted as a place where staff and service users could socialise and provided a different social environment from indoor settings. One staff member highlighted how the garden enabled socialisation and informal conversations:

"The garden can serve as a space where you can both [staff and service users] actually meet. You can go out and you can sit there, you know, I'm really, really sorry, I wish we had accommodation, come and sit down and just have a cup of tea or something. You can't do that in the institution" (TAP Staff 003)

Another key challenge to the delivery of the programme was the reliance on individual staff members. On one hand, the reliance on individuals provided benefits, as individual actors often dedicated their time and efforts to promoting the usage of the garden and organising informal activities within the garden. These efforts undoubtedly motivated staff and service users to utilise the space and enjoy time spent there. However, the reliance on individual actors is also a potential limitation of the programme. This was recognised when individual staff members were not present and the overarching role these individuals played within the programme was identified. In some cases, staff highlighted the specific knowledge and skill-set of individuals as key facilitators of the programme. For example:

"*When [staff member] was off, it was just like, where is [staff member]? It was quite noticeable. It was like the garden suddenly became quiet. Even [staff member] is there doing stuff on their own, I see people coming over, you know, like staff, clients coming over. It might even be members of the public, I don't know. So I feel it was really noticeable when they were off. I'm not saying that not any other person could do the same, there's a lot of people with very good inter-personal skills because it's part of the job, but not everybody has the same kind of skills like [staff member] would have." (TAP Staff 006)*

The use of link workers provided a valuable tool for encouraging garden usage and supporting service users, particularly those who were uncomfortable visiting the garden by themselves. For example, one staff member highlighted the role of trust between link workers and service users:

"[Link workers] are involved with that patient anyway so they've got that trust and then they can take them along... [Link workers] have had training and motivational interviewing. I think that's important." – (TAP Staff 011)

Crucially, staff members recognised that link workers' training and wider experience and skill set played an important role in their ability to engage service users in the programme.

Referral and prescription pathways

Formal referrals to the NHP were perceived to be low by the staff interviewed in this study. This was attributed to a number of potential reasons including a general lack of knowledge of the referral process or the NHP programme itself, inadequate time to complete necessary paperwork involved during a typical patient consultation, or a lack of trust in the protocols/governance as previously highlighted. A number of staff interviewed demonstrated a lack of knowledge regarding the processes for referral, and several highlighted that referrals were often impractical and difficult to administer:

"I don't really like referrals, I don't think they're a good use of my time or experience. And it's costly, you know, if we're going to refer to everything, we do need longer appointments. And that takes away from the time maybe where then clients actually get the face-to-face stuff that's going to make an actual difference." – (TAP staff 9)

Service delivery staff (who ultimately receive and manage the referrals) confirmed that formal referrals were low, and mainly administered by clinical staff who may be more familiar with referral processes. There was a perception that other agencies that operate within TAP (such as housing and social care) were not as likely to refer as clinical staff:

"I think the Access Place is a curious building because it's health, social work and housing and they all have very different relationships with the people that come to see them, and they all have very different ways of interacting with them, and there are also various third sectors involved, so Cyrenians, Turning Point and so forth. And I would say the referral model that was worked out by the NHS staff has only ever been used by some NHS staff and realistically quite a small proportion of the NHS staff. Because I think the housing and social work for whatever reasons, and hopefully you'll discover this, haven't bought into that process, possibly because they don't prescribe, so they possibly find that referral just a bit odd." – (service delivery 1)

A number of interviewees viewed prescribing as related to, but distinct from referral. While the referral process was generally viewed as an important administrative step that ensured safety and accountability, formally administering a "nature prescription" (i.e. prescribing to activities on the NHP) was viewed more critically by some staff. While the majority of staff appreciated the potential health and wellbeing benefits of nature/greenspace and associated activities, a number were sceptical from a philosophical standpoint about the medicalisation of the natural environment and whether this is within the role of a healthcare provider:

"I'm not sure about calling it prescribing, I'm not sure that it needs to be a true medical model, I'm not sure it's your job of your GP surgery to prescribe nature walks. I think there's big issue with lots of our patients lacking meaning and community, but I'm not sure this is how it's fixed and I'm not sure it's our job to fix it. But having said that, I have been very supportive of the nature programme, I try and get people into it" – (TAP staff 2)

"I'm not going to refer anybody into fresh air." - (TAP staff 3)

Service delivery staff generally supported this view, highlighting that the whole premise of engaging with nature and greenspace for service users was to disconnect from issues relating to their health, which the process of being formally prescribed to attend nature-based activities conflicted with, and may put unwanted pressure on individuals to attend and "complete the course" similar to a traditional prescription:

"*They should be able to come into a space like this and have the option or the possibility of doing an activity like watering, like sowing seeds, like, I don't know, filling lavender bags. It's great, but it's optional. I think that puts a lot of pressure off of people, some people just want to sit and chat and be in the sun and just being surrounded by the colour green also has its benefits as well." – (service delivery staff 2)*

Conversely, a minority of interviewees perceived a formal prescribing process to be critical for assessing whether such initiatives can benefit people, and saw value in using such approaches. Despite this, some highlighted more practical barriers to the use of the nature prescriptions, specifically relating to the current processes for coding the administration of a nature prescription within electronic health records, despite acknowledging its importance for monitoring:

"kind of, don't like paperwork and things but I do think...I probably am...I know I'm not coding them there [prescribing system]. But I do think it's important to code. I think any change you make, it's really important to understand what you're measuring, what is the outcome, what's success. Because I think it's easy to start projects, they're short term funded and then what have you got to show at the end of it to say we want to continue this project?" – (TAP staff 9)

There was a general consensus that the organised aspects of the NHP such as Branching Out and the nature walks (prior to being paused) suffered as a result of low referral practices, as a formal referral was essential for attendance. Conversely, it was apparent that the community garden is essentially functioning as a drop-in style service, where a number of people are formally referred to attend, however a large portion of attendees may not have been formally referred but have either attended on their own initiative, or have been informally introduced to the space by a staff member. Again, views on this were mixed, but generally positive. TAP staff were cautious of the safety implications of running a drop-in style service in the garden, without any formal precautions in place. Conversely, some TAP staff and service delivery staff felt the drop-in style facilitated engagement, and removed barriers associated with formalisation of social prescribing programmes:

"But there is an enormous...whatever the opposite of a tip of an iceberg is, the un-tip of the iceberg, of people who are possibly pointed at the garden and quite often have staff bring them out into the garden or tell them about the garden or encourage them to take part for whom there's no paperwork whatsoever, and quite a lot of people who simply as it were find the garden because they are sitting around waiting for the building to open again after lunch or because they happen to be living in the car park or whatever who just find the garden and appreciate the garden for it being a garden, and develop a really positive relationship with the garden and the staff and everything else but possibly almost without a member of staff ever being part of a process of them getting involved in the garden. I suppose one of the strengths of the garden is that in the garden you are not a patient. Certainly, for the gardening activities one of the strengths is that you don't have to present with a problem." – (service delivery staff 1)

Referral and nature prescription dataset of TAP service users

The majority of formal referrals came through NHS staff within TAP. While housing and social care are also able to refer to the programme, engagement in formal referrals amongst these groups is significantly lower than those coming from GPs, and practice nurses. Third sector organisations who support service users have also engaged in referrals (e.g. Cyrenians and Turning Point Scotland). Despite this, the vast majority of programme attendance has been through informal or self-referral, as detailed below.

A total of 209 people accessed the programme/garden from May 2023 to November 2024 (the period for which data were collected on referrals). Of these, 10% (n=21) were official referrals that were formally coded within the primary care electronic prescribing system (VISION) by a TAP staff member, while the remaining 90% (n=188) were uncoded referrals or self-referrals to the TAP garden that were collected by service delivery staff. Of the 21 formally referred, eight individuals attended at least one session, while the remaining thirteen were not recorded ever taking part in the programme. Conversely, for those individuals who were not formally referred, eighty-four (45%) attended at least one session, with an average of five sessions attended by repeat attendees. Throughout the data collection period, a total of 520 visits were made to the TAP community garden by service users (including repeat visits by individuals). The mean age of the entire sample was 41.5 years, which did not differ between the coded and uncoded subsamples (41.4 years and 41.5 years, respectively).

		Maturity Score			
	Impact of Evidence Criteria	**1**	**2**	**3**	**4**
A	**Routinely capture data around ONS4 (or suitable equivalent) impact data, social prescribing referrals and activity**		**x**		
B	**ONS4 (or suitable equivalent) and local social prescribing data is routinely analysed to shape future development work and share learning about social prescribing**	**x**			
C	**All partners, including VCSE community groups and services are routinely invited to feedback how social prescribing impacts their work and to share informal evidence and intelligence, particularly on unmet needs**		**x**		
D	**Locality partners routinely draw on population health data and data on health and care service utilisation, to understand the impact of social prescribing, including on communities impacted by inequalities**	**x**			

Table 1: Social Prescribing Maturity Framework ratings for the 'Evidence and Impact' domain (NHS England, 2022). Maturity scoring criteria: 1= This element of social prescribing is underdeveloped and not currently a priority (Emerging); 2 = This element of social prescribing is under discussion but not yet in active development (Developing); 3 = This element of social prescribing is in active development and in the process of being implemented (Maturing); 4 = This element of social prescribing is fully embedded and will be sustained even in the event of a change of operational or strategic leadership.

Table 1 outlines how elements of routine data collection and monitoring score against NHS England's Social Prescribing Maturity Framework's domains for Evidence and Impact. Currently, no outcome data is collected relating to personal/mental wellbeing (such as ONS4) by either the staff referring into the programme, or service delivery staff (domain A). There is an effort to capture data relating to referrals and the specific activities engaged in consisting of basic demographics, date of referral/attendance, and the type of NHP activity the service user engaged in. This data is further limited by low referral uptake by TAP staff, as identified in qualitative interviews. Additionally, this data is not routinely analysed to assess any trends in attendance by different demographics, or to monitor attendance/attrition of specific aspects of the NHP programme (domain B). The stakeholders involved in either developing, implementing or delivering different aspects of the NHP programme (such as Cyrenians, ELGT, RSPB, and NHS) have had opportunities to feedback on the elements of the programme that they contribute to throughout its lifecycle (including representation in this current evaluation). However, this has been sporadic, and is often informal leading to this domain (C) receiving a maturity score of 2. Finally, while TAP would have the means to draw on wider administrative health data to determine wider healthcare usage of NHP participants (such as A&E attendance, prescription use etc), this is not currently undertaken (domain D).

Discussion

This small-scale evaluation of the Nature Health Plan Green Social Prescribing programme has provided useful insights into the processes involved in the implementation and delivery of the NHP programme from both staff and service users' perspectives. The evaluation highlights key areas of focus for both the NHS and third sector organisations that are responsible for delivery. Specifically, components of the programme were found to be of great benefit to service users' self-reported wellbeing. The TAP community garden and associated activities/support staff presence in particular was highlighted as a valuable outlet for service users' to socially interact, engage in gardening activities or access other services. However, challenges relating to referral processes and staff buy-in were identified. While service users had generally positive views of the TAP community garden, contextual factors related to experiences of homelessness were highlighted by both staff and service users alike that should be considered when implementing the wider GSP programme for PEH.

An important wellbeing outlet for service users and staff

This evaluation has identified that the Access Place garden and its associated activities are an important health and wellbeing outlet for TAP service users. Specifically, service users reported that the garden offered a space to positively engage in social interaction, where they felt safe and supported by both other service users and service delivery staff. An important finding was the relative safety and non-judgemental atmosphere that the interview participants felt the garden offered. PEH often find that they are stigmatised and "moved on" from public spaces, either directly by force, or through overt social pressures (Rudin, 2018). The garden appeared to offer participants sanctuary from this, and a place they felt ownership.

The greenspace element of the garden also appears to be appreciated by service users, as a number of the interviewed participants shared positive experiences of engaging with the space either through involvement in gardening activities, or simply through passively appreciating features of the space such as plants and artwork. Importantly, a number of participants highlighted that involvement in volunteering such as assisting in tree planting, plant maintenance or other gardening tasks provided a sense of purpose, and was even highlighted as an outlet to distract from ongoing alcohol or substance use issues. This important finding is reinforced in the wider literature. Masterton and colleagues (2022) interviewed seventeen staff and stakeholders of greenspace programmes for people with problem substance use, and found that such programmes offered participants a sense of escape, feelings of purpose, and opportunities to build positive relationships and interact with others sharing similar experiences- all of which were identified in this evaluation. Interestingly, the study also identified funding constraints and issues in achieving stakeholder buy-in as challenges to greenspace programme delivery, highlighting how common these barriers are in such interventions (Masterton et al., 2022).

The space was not only appreciated by service users, but also by staff, who would also use the space for therapeutic reasons during breaks. Greenspaces within primary care facilities are becoming increasingly advocated for as the evidence base for their potential restorative effects for staff who are often working under stressful conditions grows (Shukor et al., 2012). A number of staff and service users alike commented on the opportunity the garden space created to positively interact with one another, on occasion facilitating opportunities to signpost to additional support. This opportunity for the garden to act as a bridge between formal primary care and wrap-around care or third sector service engagement, are major assets of the current NHP programme.

Addressing staff buy-in to maximise identified benefits

Despite the positive effects of the programme discussed above, this evaluation did identify staff buy-in as a barrier for effective, organisation-wide implementation and delivery of the programme. The reasons for this lack of buy-in were multifaceted; while most interviewees did acknowledge the potential wellbeing benefits, buy-in appears to be affected by conflicting priorities and a lack of clarity around processes for how the programme should be utilised. These issues are extremely common in similar GSP programmes and are fairly normal during initial programme implementation (Haywood et al., 2024). A study of primary care-based social prescribing stakeholders' views (Fixsen et al., 2020) reported that ensuring staff buy-in was critical in ensuring sustainability of the programme. Additionally, it is important to note that at the time of the evaluation, major organisational and governance-level restructuring was taking place within TAP that was out-with the control of both the programme implementers and the wider TAP staff team. These changes may have negatively impacted staff morale as evident from some interview responses, and in turn staff perceptions of the programme at the time of the evaluation.

A recent study showed that knowledge of GSP in a survey of over 1000 GPs in the UK is high (>80%), however some interesting findings relating to GPs' job satisfaction and their likelihood to have positive perceptions of GSP were identified in the study. Specifically, GPs who worked more sessions were less likely to have positive views of GSP, and those with higher job satisfaction were more positive regarding the accessibility of GSP to patients from deprived backgrounds (Frost et al., 2025). This highlights the potential influence that job stressors can have on GP buy-in to GSP programmes, and is not unique to the NHP/TAP. It is also important to note that TAP observes a relatively high staff turnover, particularly for professions such as health and social care. This may explain why knowledge of the programme was not higher among staff, and may be relatively straightforward to rectify with some further information sessions for staff.

A need to clarify roles and responsibilities within and between organisations

Another barrier to staff buy-in and widespread referral was a reluctance to refer to the programme due to wider perceived infrastructural and organisational issues. For example, there appears to be a lack of understanding with regards to how to refer service users to the programme, but also a lack of confidence in what happens following referral, and whether this meets required safety standards. The majority of these concerns appear to relate to the TAP community garden, with the legal responsibility for the garden being mentioned a number of times in interviews. TAP staff were generally not clear on who has overall jurisdiction of the space, and who the responsibility lies with if a safety issue was to occur. Service delivery staff generally felt that they were ultimately responsible once service users had been referred to the garden, as is the case for other community gardens and nature-based activities run by both Cyrenians and ELGT at other sites. However, a number of the TAP staff expressed concern and a sense of responsibility for the safety of both service delivery staff and other service users.

Some cited a need for more staff to be present, and others felt that the vetting process involved in identifying high risk service users at referral stage was not sufficient. In either case, if the garden is to function optimally (either as a drop-in or an organised activity site), clear decisions need to be made regarding the chain of responsibility for the space, followed by the implementation of robust referral procedures, and if need be, sufficient staffing of the space to raise TAP staff's confidence in the process, and in turn increase referral uptake. As with staff buy-in, these issues may be easily rectified with some targeted meetings to determine develop clear roles and responsibilities relating to the garden. It should also be noted that while safety should be taken seriously, in the approximately two years that the NHP has been running, there have been no major safety incidents.

Monitoring and evaluation; an opportunity to capture wider health benefits

The barriers to staff referral to the programme are apparent when the referral statistics collected are considered. Very few of the TAP staff members interviewed had been using the formal referral process, and more self-referrals (e.g. where patients/service users facilitated their own attendance of the garden informally) were recorded by service delivery staff than those which came through the nature prescription pathway. Additionally, at present data collected mainly focuses on attendance monitoring, with no health-related data routinely collected. Again, this opens up the wider discussion around whether or not the practice plans to adopt a social prescribing model long term, or whether aspects of the programme (e.g. the garden) will remain explicitly non-medicalised and function more as an informal drop-in. If the decision is made to pursue a social prescribing model, then efforts should be made to incorporate some form of routine attendance and referral monitoring and ideally a health-related outcome measurement into monitoring and evaluation. NHS England's Social Prescribing Maturity Framework recommends that the ONS4 survey items that measure personal wellbeing be incorporated as a minimum health-related measure in all social prescribing programmes. ONS4 has been widely tested and validated, and consists of four short multiple-choice questions that, when answered, give an overall score for the participant's personal wellbeing. It is often used for evaluation of community-based programmes as it is validated, short and relatively easy to administer. The ONS4 was also used within the seven study sites that were evaluated as part of the NHS national green social prescribing programme. However, barriers to comprehensive usage of the tool were identified (Haywood et al., 2024), mainly due to a lack of staff time to administer the survey, a lack of administrative procedures, or a lack of understanding with regards to who is ultimately responsible for the data collection.

While the collection of health-related data such as ONS4 would help identify the wellbeing benefits of the NHP, it is well documented that collecting such data can be challenging in primary care (Foster et al., 2021, Haywood et al., 2024, Holding et al., 2020). However, an additional barrier in the context of PEH, is that typical personal wellbeing survey items (such as ONS4) may not be appropriate, as the language used may reinforce trauma, particularly among participants with mental health conditions as previous evaluations have cautioned (Polley et al., 2023). For example, the ONS4 question on how worthwhile someone perceives their life to be, potentially reinforces negative feelings of self-worth for PEH. This is a legitimate concern, and could be seen as a good rationale not to collect such data. However, a number of alternative wellbeing survey tools exist, and efforts to select appropriate, trauma-informed tools could be made. Additionally, given the unpredictability in attendance, it may not be possible to collect follow-up data from participants, which may limit the usefulness of the measures (Haywood et al., 2024).

While collecting wellbeing outcome data may present challenges for NHP, a potential alternative avenue for monitoring health-related outcomes could be the use of the wider electronic health record. For example, if NHP referral and attendance is accurately coded by TAP staff in ePrescribing systems, then there is the potential to assess impacts on wider health service usage, (such as secondary care referral and A & E attendance), or prescription use, as has been achieved in similar primary care-based programmes (Carnes et al., 2017). This would require less burden on participants, but more effort and coordination on prescribers to consistently code referrals and anonymise such datasets for analysis. This, also raises data protection complexities that would need careful consideration before implementing such monitoring practices. However, the long-term results could be useful for informing practice, and our general understanding of the wider health and wellbeing benefits of GSP for PEH.

As with other aspects of the programme, the issues identified with monitoring and evaluation highlight the need to establish clear roles and responsibilities around who is responsible for all aspects of the monitoring process. A first step in achieving this would be to ensure referrals are completed appropriately, so that at minimum, accurate attendance can be monitored. However, the qualitative evaluation of the programme has clearly demonstrated that attendance of the NHP- and in particular the garden, has a number of mental and social wellbeing benefits for service users based on their own feedback during interviews. This alone should offer funders and programme implementers alike confidence that the programme is a valuable asset to the Access Place, and addressing long-term monitoring of health-related outcomes could wait until more pressing challenges are addressed.

A unique opportunity to enhance access to care for PEH

The NHP appears to function with the TAP garden as a central component of the programme, with additional components such as the RSBP calendar and Branching Out serving as supplementary services for a small number of service users who are able to engage with them. With regards to the TAP garden, this is a fairly unique asset that simply does not exist within most primary care practices, let alone practices that exclusively work with people most at risk of needing urgent care. The opportunity to utilise the TAP garden for continuation of care, increasing access to additional support services, and facilitating interagency working should not be underestimated. If the challenges identified in this evaluation can be addressed, there are real opportunities to maximise the role that the TAP garden can play not only in offering service users a safe and enjoyable space, but also to access other aspects of the NHP programme if these can be adequately developed and integrated into practice. Additionally, the TAP garden has the potential to act as a base to help service users access follow-on or wraparound services that organisations such as the Cyrenians can provide (Brito-Mutunayagam et al., 2024).

It is well documented that PEH face significant barriers in continuing to engage with care services, often "falling through the gaps" in fragmented care pathways (Gordon et al., 2025, Malden et al., 2023). The garden could be an appropriate place to implement brief interventions to ensure care pathways are maintained for service users with high-risk needs, as has been shown in other continuity of care programmes for PEH (Lamanna et al., 2018). However, before this potential can be realised, the necessary organisational and infrastructural resources will need to be provided so that this can be achieved.

Moving forward: Developing a strategic vision

Service users in the evaluation valued the TAP community garden and its associated activities, highlighting areas where accessing this space has improved their health and wellbeing. The findings of this evaluation align closely with those of the national evaluation of GSP programmes, which found staff buy-in, a lack of clarity around roles and responsibilities, and significant barriers relating to monitoring and evaluation as challenges across the seven study sites (Haywood et al., 2024). Strategic alignment is critical for GSP to function as intended. Specifically, factors related to strategic alignment of a programme such as mutual buy-in, clarity of responsibilities, interoperable administrative systems, sufficient resources(Garside et al., 2020) are all areas identified as challenges in this evaluation of NHP. However, addressing these will take significant collaborative input from all stakeholders. Despite the challenges identified in this evaluation, we also identified real benefits of the NHP for service users, in addition to a belief amongst the majority of interviewed staff and stakeholders that the programme has great potential to benefit PEH. Below, we provide recommendations suggesting how more strategic alignment can be achieved to increase staff buy-in to help the NHP function optimally, and achieve its potential as a health and wellbeing resource for PEH in Edinburgh and the Lothians.

RECOMMENDATIONS

These recommendations are put forward to offer potential solutions to some of the challenges identified in this evaluation to assist the NHP work as best it can for service users. There is no expectation that all of these will be achieved, or any inherent time limit on achieving these:

Recommendation 1: Develop a shared understanding and vision for GSP in the context of homelessness

Suggested actions:

- Deliver an updated staff information session to increase knowledge of the programme, and extend invites to all staff to get involved in programme governance
- Create a visual programme guide that clarifies each component of the NHP
- Establish regular opportunities for all staff to experience the garden and observe its benefits first-hand

Recommendation 2: Establish clear governance structures and procedures

Suggested actions:

- Develop a formal Memorandum of Understanding between TAP, Cyrenians, ELGT, and other key partners
- Clarify specific responsibilities
- Create a governance committee with representatives from all partner organisations
- Establish escalation pathways for addressing concerns or incidents in the garden

Recommendation 3: Promote referral pathways to balance structure with flexibility

Suggested actions:

- Create a simplified referral form that requires minimal time to complete
- Distinguish clearly between "referral" (administrative process) and "prescription" (clinical recommendation)
- Establish multiple entry points to the programme, including self-referral options

Recommendation 4: Implement appropriate, trauma-informed monitoring and evaluation

Suggested actions:

- Select or adapt suitable outcome measures that suit the needs of PEH, avoiding potentially triggering questions
- Train service delivery staff in trauma-informed approaches to data collection
- Utilise existing health record data to track healthcare utilisation patterns or health-related outcomes for programme participants
- Create opportunities for qualitative feedback with service users and other stakeholders

CONCLUSION

This evaluation has identified a number of health and wellbeing benefits of the NHP, in particular the TAP community garden, for PEH. The garden offers a unique opportunity in the context of health and care provision for PEH, in that it has the potential to engage service users positively and offer a safe space for wide engagement with services. Service delivery staff such as link workers and activity coordinators are integral to the success of the programme, and were viewed positively by both TAP staff and service users alike. Ensuring the garden space can be optimised to allow these benefits to reach as many PEH as possible will therefore likely improve the impact of the programme on TAP service users.

The challenges identified with the wider programme implementation and referral process are common issues that have been identified in other evaluations of similar programmes. Addressing these issues by taking necessary steps to increase staff buy-in and wider service user engagement with the programme will require careful planning, however, the above recommendations offer a starting point to achieve this, and given the potential health benefits of the programme, it is hoped that a collective effort can be made by all stakeholders to achieve this.

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