**An Executive Summary of Social Prescription at the Eden Project**

A Social Prescription Programme Collaboration between the Eden Project and St Austell Health Care

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**Social Prescription at the Eden Project**

# 1.0: Executive Summary

# 1.1: Aims and Approach

This executive summary outlines an evaluation of a social prescription scheme facilitated by St Austell Health Care and the Eden Project. The scheme consisted of a weekly walking group for patients with diabetes and a horticultural therapy group for patients with mental health issues. The evaluation was conducted by the Social Innovation Group, which is part of the Centre for Geography, Environment and Society, University of Exeter (Penryn, Cornwall Campus) and used an in-depth qualitative approach. A researcher took part in the social prescription sessions and collated insights into the research questions listed below:

|  |  |
| --- | --- |
| **Horticultural Therapy Group** | **Diabetes Walking Group** |
| * *How ‘disruptive’ was undertaking the social prescription to their lifestyle before the horticulture group?*
* *Has the group resulted in any other changes to their daily life?*
* *How does the location of the horticulture group and the garden as a space impact their experiences?*
* *What are the main challenges based on maintaining their commitment to the horticulture group?*
* *Why do they maintain their commitment?*
* *Were they aware of a horticulture group being a treatment option for their conditions / issues?*
* *How has their perspective of the group’s benefits and drawbacks changed during their time with the group?*
* *How have the social relationships they’ve built shaped their experience?*
 | * *How ‘disruptive’ was undertaking the social prescription to their lifestyle before the horticulture group?*
* *Has the group resulted in any other changes to their daily life – including how they manage their diabetes?*
* *How has taking part in the group impacted the status of their diabetes?*
* *What are the main challenges based on maintaining their commitment to the group*
* *Why do they maintain their commitment?*
* *Were they aware of social prescription being a treatment option for diabetes before they started participating in the walking group?*
* *How has their perspective of the group’s benefits and drawbacks changed during their time with the group?*
* *How have the social relationships they have built shaped their experience?*
* *How does the location of the walks impact their experiences?*
 |

The methods used in the evaluation were designed to have minimal impact on the experiences of the participants during the social prescription sessions. These methods included ethnographic notes from observations and conversations, and semi-structured interviews. Additionally, a random sample of 27 walking group participants had their blood-sugar level, Body Mass Index (BMI) and medication records (since joining) passed on to the researcher by St Austell Health Care (all anonymised). Changes in their records through their time with the group were considered by this evaluation. Importantly, the researcher gained consent to take part in the sessions from the participants and group facilitators. Further, individualised consent was given by the participants that took part in one-to-one interviews. The following sections of this executive summary consist of the key messages outlined by two in-depth evaluation reports on each of the groups.1 2

# 1.2: Key Findings

The social relationships participants built during the social prescription sessions acted as a core influence to their overall experiences, including the benefits they reported and their commitment to the group. Individuals built bonds in both groups which influenced a sharing culture and network of encouragement, both to deal with challenges within the group and outside the group. These outside of the group challenges were particularly pertinent for the horticultural therapy group. A comfortable environment to discuss employment, volunteering and educational options provided individuals with clarity regarding the steps they could take to improve their current situation relating to employment. Furthermore, the contacts participants had access to through the social prescription facilitators (for example, the horticultural therapist and Social Prescription Facilitator at St Austell Health Care) meant they could pursue useful links and build their confidence relating to employment, volunteering and educational opportunities. This dynamic played out strongly and is evidenced by 5 of the 7 horticultural therapy group members going on to pursue employment, volunteering and educational opportunities. These opportunities not only have economic implications for the individuals but contribute to the national economy too. It is estimated that individuals in voluntary roles contribute approximately £1600.00 each to the economy3. Additionally, vocational courses return between £16.00 and £21.00 to the economy for each £1.00 invested, with individuals completing such courses demanding salaries 20% higher than those without an equivalent qualification4.

Confidence building through sociality was an important part of the walking group as well. In this instance individuals gained confidence through sharing lifestyle changes which enabled them to lose weight, become more active and enjoy a healthier diet. Walking group members that were able to incorporate walking into a wider system of positive lifestyle changes demonstrated the most significant changes to their health and wellbeing. This includes the status of their diabetes. Hence, varying levels of positive change relating to individuals’ diabetic status were apparent. The following changes were revealed by the data provided by St Austell Health Care;

* 69% of the sample had a reduction in their HBA1c measures.
* A further 3.8% maintained their HBA1c levels. Hence, 72.8% of the sample maintained a stable level or had a reduction in their HBA1c measures.
* 84.6% of the sample reduced their BMI.
* A further 3.8% maintained their BMI. Hence, 88.4% of the sample maintained a stable level or had a reduction in their BMI.

The data revealed that 5 participants reduced their medication levels. These reductions amounted to savings for the National Health Service that ranged between £11.73 and £515.56 per individual depending on the medication they were on5. See the full report for further details2. Moreover, all other patients in the random sample had constant levels of medication. This in itself is a latent economic saving, especially in relation to Type 2 diabetes as cases of the condition can deteriorate rapidly without any positive lifestyle changes. Hence, patients in such circumstances usually experience an increase in their medication as the status of their Type 2 diabetes worsens6.

Positive changes (i.e. status of diabetes in the walking group and connecting to employment, volunteering and or educational opportunities for the horticultural group) and confidence building were major influences on individuals; consolidating weekly commitment in both groups. Moreover, such individuals became active advocates of the groups, during the sessions and outside of the group, when positive changes occurred. These individuals often reported referring to the groups during their social lives and focussed their conversations during the sessions around helping others. The volunteers, who are key in facilitating the sessions, mentioned that the most important aspect to their commitment was also their desire to help others and the satisfaction they felt when they were able to see positive changes in individuals. This is not to say that all of the conversations during the groups were related to diabetes, lifestyle changes, mental health and employment opportunities. The social bonds developed remained strong as participants were able to tell stories from their past and share moments of humour, again this was a dynamic that came through strongly in both groups.

Ultimately the social prescription groups’ benefits closely align with the commitment shown by the participants. The schemes operate successfully when a participant is able to incorporate the sessions into their current daily lives. The negative influences on their participation should be prioritised before channelling individuals into such programmes. Such negative influences included access to the group (transport), complications with other health conditions and or medications, and time strains caused by other roles and responsibilities. These negative influences need to be considered holistically and in relation to the specific individual experiencing them. In some circumstances these negative constrains can be turned into a positive. Take the example of a walking group member with epilepsy. Such individuals may find it difficult to commit to such a group, yet, the group actually ended up providing them a safe environment to walk in. Consequently, reducing the anxiety (both in the individual and their family) related to experiencing an epileptic episode if they were walking alone.

Eden as a location manifested as an influence in many ways for both of the group, asides from providing a safe environment for walking or gardening. The diabetes walking group members reported that the paths and walking routes were accessible and welcomed the opportunity to walk at a location away from road traffic. Additionally, both of the groups interacted with the plant life and wildlife around Eden positively. Many conversations and interactions were based on new additions to the Eden Project displays and or the horticulture group’s garden. These interactions elicited different levels of engagement from different individuals. Though, giving individuals the opportunity to have such interactions and pursue their interest or develop a latent interest acted as another encouraging influence on their commitment. These interactions and the spaces that the social prescription activities took place in were particularly important for the horticulture therapy group. The individuals had a particular space that was ‘their’ garden. Their direct input into the space’s design helped participants to build a sense of belonging and pride in what they, and the group as a whole, achieved in that space. Overall, for both of the groups the social prescription programme provided individuals with a venue, a support network and a constant time and day (structured routine) to pursue activities that had positive influences on their health and wellbeing. This structure’s binding assistance was best summed up by a walking group participant during their interview, see below for the relevant extract:

**Researcher: “**Sure. And how was it that you got involved with the group and made aware of it?”

**Vernon: “**When I was first diagnosed I joined a diabetic group in mid Cornwall and it was a group of people much older than me and they sat down and discussed their latest ailments and whether they’d had a leg amputated or something and it was awful, so I did nothing. I was prescribed medication, so I took the medication. They also [asked me to] take more exercise, eat five portions of fruit and veg a day and that was [something] they didn’t follow up, that was my problem, and eventually a new diabetic nurse came in and said, “Look, we’ve got this group and we know…you are told to do more exercise, we are calling [the group] Social Prescribing, would you like to do it?” and it fulfilled a prescription that I was given … I didn’t have to go and make my own tablets but I had to go and make my own food decisions and walk. This brought it [exercise] on me and I think that is brilliant.”

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# 2.0: Conclusions

Overall, Eden provided participants with an opportunity to form social links and manage their health and wellbeing through a support network. Other participants, volunteers (walk leaders) and the proactive social prescription team are all key actors within the support network. For many this support network was their only opportunity to have enriching social interactions during a week. Importantly the activities at Eden have formed a platform for participants to exchange ideas and access other opportunities to make positive lifestyle choices and changes. These choices and changes focus on their conditions, in this case diabetes and mental health, but are not limited to them. Changes were able to have a holistic positive influence on the participants’ health and wellbeing and in the majority of cases (particularly relating to diabetes) their objective measures (such as blood-sugar levels and Body Mass Index) were also improved. In this sense the social prescription scheme at Eden provides a venue for positive lifestyle change and social enrichment. Such venues are a valuable resource for communities to have access to. The findings from this evaluation were used to put together a set of learning principles for social prescription. The framework elicited revealed that some of these principles remained unique to the context they emerged from. Additionally, a set of core principles had an overarching influence on how these unique dynamics developed. These principles are listed below:

|  |  |  |
| --- | --- | --- |
| **Principles** | **Horticultural Therapy Group** | **Diabetes Walking Group** |
| Core | * The social prescription activity must be a viable option for an individual and where possible influence a positive disruption to their lifestyle.
* Access to the activities, i.e. public transport, is an important consideration.
* Ownership and belonging in a space are key influences to an individual’s positive experiences.
* The building of social relationships between participants compliment confidence building and a sense of belonging.
* A sharing ethos can help to consolidate social relationships.
* Opportunities to interact with wildlife / wild fauna can provide some individuals with positive experiences and other with the opportunity to discover a new interest.
* The therapist’s role is positively influential when they maintain professional boundaries and form a good rapport during the sessions.
* Dominant influences, such as the monotony of carrying out a specific task week after week, constant bad weather and being allocated a specific responsibility, can detract from a participant’s confidence and belonging in the group.
 | * The social prescription activity must fit into a suite of lifestyle changes (as a positive system) to produce beneficial results relating to an individual’s status of diabetes.
* Access to the group, i.e. public transport, is an important consideration.
* Access to services can be facilitated more effectively through a dynamic Social Prescription Facilitator and the Social Prescription Co-ordinator (and other facilitative roles) that can actively enthuse participants.
* Measurable and experienced benefits (i.e. participants are able to document how their diabetic status has improved) consolidate an individual’s commitment and can improve an individual’s rapport with the healthcare services.
* The building of social relationships between participants compliment the commitment shown by an individual and the positive lifestyle changes they make.
* A group where the volunteers are part of these social relationships further consolidates commitment and sustainable lifestyle changes.
* The group can act as a resource of knowledge for individuals relating to their diabetes management but some individuals may choose to interact solely on a social level during the groups. Providing an environment that accommodates for these differences is extremely important.
* Governance around logistical and or policy changes need to be communicated specifically in relation to the group.
* Social relationships are fundamental to all of the principles and benefits of the group. An environment where social relationships can thrive will impact all of the above positively.
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| Context specific | * Participant confidentiality and privacy needs to be dealt with more sensitively in such a small-town location and close-knit local community.
* Links with the Eden Project provide participants with the opportunity to volunteer / train in horticulture related practices on a longer term basis.
* The close proximity of the participants to the horticultural therapy group provides an opportunity to socialise outside of the group.
* Although the sharing ethos is a core principle unique cultures can develop around sharing. In this case the specific examples included bringing in a certain variety of biscuit, sharing recipe ideas that complimented the produce of the garden and car sharing.
 | * Although providing opportunities for social interaction is a core principle unique cultures can develop around these opportunities. In this case the interactions formed around local stories and connections to the British Army, Navy and Royal Airforce.
* The close proximity of the participants to the Eden Project provides an opportunity to socialise outside of the group.
* The location of the Eden Project, away from road traffic, enables road hazard-free walking as well as reduced exposures to air pollution.
* The individuals at the walking group possess a set of medical conditions, asides from diabetes, unique to the group. The benefits of the group to these other conditions manifest in a bespoke manner but provide unique challenges to participation and commitment.
* The Eden Project’s changing displays, especially the plants, provide an additional topic of conversation and instigates intrigue. In turn this acts as a positive mechanism to commitment.
* Social relationships play out uniquely depending on the individuals involved, how the Eden Project’s displays have changed (i.e. place-based changes) and external influences (past and present) individuals construct their ideas, stories and general conversations with.
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