

## DARTMOOR NATIONAL PARK AUTHORITY

15 June 2018

**APPOINTMENTS TO THE DARTMOOR COMMONERS' COUNCIL**Report of the Chief Executive (National Park Officer)

**Recommendation: That Members confirm the appointment of two land owner representatives as required by the Dartmoor Commons Act 1985 section 3(2d), namely Mr R Ashford and Mr J Aylett (as supported by the Dartmoor Common Owners' Association)**

**1 Introduction**

- 1.1 The Dartmoor Commons Act 1985 established the Dartmoor Commoners' Council and laid down the arrangements for its future working, including the appointment of members. The primary purposes of the Council are to maintain the commons of Dartmoor, to promote standards of livestock husbandry on the commons and to regulate public access.
- 1.2 The Commoners' Council comprises a minimum of 26 members and a maximum of 28 members at any one time. The appointment of members – in terms of who may appoint, how many and to represent which interests – is prescribed by the Dartmoor Commons Act 1985.
- 1.3 The Act provides for the Authority to appoint 4 persons to the Commoners' Council:
  - 2 to represent the National Park Authority, one of whom shall be a person appointed by the Secretary of State
  - 2 people “appearing to represent the interests of owners (other than the Duchy of Cornwall and the Park Authority) of lands forming part of the commons.”
- 1.4 The two land owner representatives appointed by the Authority are appointed for four year periods from the appointed day and thereafter for four year periods from 1 July. In practice this means the Authority has to appoint two persons to represent land owners on the Commoners' Council with effect from 1 July 2018 (a four year anniversary of the appointment day).
- 1.5 We have consulted with the Dartmoor Common Owners' Association who, following consultation with their members, have recommended the reappointment of Mr Russell Ashford and Mr Jonathan Aylett for a further four year period. Mr Ashford is a landowner and commoner in the south quarter. Mr Aylett is a part-time land agent.

**2 Sustainability and Impact Assessment**

- 2.1 The Authority will treat all nominations equally

### **3 Financial**

- 3.1 There are no direct financial implications for the Authority. The landowner representatives are not paid any allowance or mileage for attending meetings by the Authority.

KEVIN BISHOP

## DARTMOOR NATIONAL PARK AUTHORITY

15 June 2018

**DARTMOOR'S NATURALLY HEALTHY PROJECT  
NOVEMBER 2014 – JANUARY 2018 : PROJECT CLOSURE REPORT**Report of the Senior Learning and Outreach OfficerRecommendation : **That Members note the content of the report****1 Introduction**

- 1.1 The Dartmoor Naturally Healthy Project ran from November 2014 to January 2018. The Project was a partnership between Devon County Council (DCC) Public Health and Dartmoor National Park Authority (DNPA).
- 1.2 The Project specifically sought to:
  - develop greater understanding of health benefits, particularly mental wellbeing benefits of accessing outdoor space;
  - link GPs in a small pilot area with the National Park Authority through exploring a 'green prescription' programme; and
  - understand the barriers all stakeholders face – community and individual barriers to accessing the natural environment; health professional barriers to prescribing; National Park (environment provider) barriers to making the connections to communities and GPs.
- 1.3 As a short term (three year) project a specific succession strategy was developed so that long term benefit is secured.
- 1.4 Total project cost was £85,000; DCC Public Health provided £60k over three years which was matched by £25k over three years by DNPA. This was used to employ a part-time Naturally Healthy Project Officer and provide some working budget to facilitate visits to Dartmoor.

**2 Project Conclusion and Next Steps**

- 2.1 Overall the three year project achieved against the original objectives.
- 2.2 There was a greater understanding of barriers and opportunities faced by the three major stakeholder groups (green infrastructure providers, medical professionals and communities of potential beneficiaries).
- 2.3 A variety of routes to access 'natural wellbeing' and ways of delivering activities were piloted with clear measurements of efficacy.

- 2.4 A clear exit strategy with legacy was developed in the final 12 months of the project – with the establishment of the self-perpetuating Buckfastleigh Naturally Healthy Group.
- 2.5 The attached ‘end of project’ report (Appendix 1) provides details of the project achievements, legacy and learning. It has been designed in an attractive and readable format so that it can join the suite of resources available on the DNP Naturally Healthy webpage on our website. The report provides an opportunity to share the learning from the project, in this case as a narrative and reflection on the project’s development and timeline with summaries of learning points. This pdf report is intended to become a resource for partners, practitioners (both environmental providers and health care) and our National Parks’ ‘lead health contacts’. It has joined the full project evaluation report and toolkit produced by Plymouth University. The evaluation report and ‘toolkit’ were formally launched on 16 February 2018 and the evaluation report was circulated to all Members. In addition, this new ‘end of project’ pdf report will also add further to our evidence base about the benefit of National Parks as a resource for wellbeing and demonstrate our ability to deliver these benefits. The summary of outcomes and the two case studies, Adult Carers and Jellyfish CIC Arts org (pages 6-8 of the report), show just how valuable the interventions have been.

**3 Value for Money – Return on Investment**

- 3.1 Part way through the project and the evaluation process being conducted by Plymouth University both Dartmoor and Exmoor project managers were asked to consider return on investment (ROI). The researchers contracted to undertake the health benefit evaluation at Plymouth University were unable to include ROI in the evaluation partly because they are social scientists rather than economists and partly because they felt this was not specified in the original contract specification.
- 3.2 Undeterred we sought other solutions and found trying to estimate financial benefits for what are qualitative improvements to health proved challenging. Discussion with colleagues in Public Health teams – both locally at Devon County Council and Public Health-England SW provided some guidance.
- 3.3 Using the National Institute for Care Excellence (NICE) Return On Investment online tool suggests that using our Dartmoor specific data: number of participants over our three year project, the cost of the project, mapped against the Teignbridge population, including health needs and inequalities, there is a “Net present value (all cost savings and value of health gains added)” of:

Over 1 year of intervention	£1,104,198
Over 2 years	£1,514,076
and over 5 years (three years not reported)	£2,663,659

- 3.4 This model uses four measures to derive the ‘net present value’ these are: productivity gains (employment), social care costs, transport costs and healthcare sector savings. The health care sector and social care costs make a very modest contribution to the totals above with the greatest contribution coming from ‘productivity gains’ – which raises questions when many of those accessing the Buckfastleigh project were retired; hence the need for caution when reporting these ‘net present value’ figures.

- 3.5 These results seem remarkable. This is a 'beta' test site and therefore overall reliability of these results should not be relied on.
- 3.6 To try and make a more reliable and robust assessment academics at Plymouth University Business School have been approached and they have offered to undertake some economic and financial analyses using our data to try to estimate return on investment figures. We have had two meetings to agree a methodology that will yield data which have some rigour. This work is being undertaken for free – the Business School values working with us as public sector organisations and will use the project to demonstrate their 'social impact'.

#### **4 The Future**

- 4.1 The benefits of National Parks for health and wellbeing outcomes is now well recognised, specifically in the 8 Point Plan for National Parks and in the 25 Year Environment Plan.
- 4.2 Our 2018/19 Business Plan identifies the partnership through *Active Devon* targeting inactive 55+ year olds as a significant project seeking funding from *Sport England* for 2018 onwards. In addition lower intensity but equally valid interventions and opportunities are being offered by the Authority's Learning & Outreach Service. These include:
- A four week (Saturdays) intensive 'Dartmoor immersion' mindfulness course in partnership with and co-led by tutors from Devon Recovery Learning Community. Devon Recovery Learning Community offers opportunities to learn about mental health and recovery by providing a unique curriculum designed to increase knowledge, understanding and skills to equip participants with the tools to live a meaningful and productive life.
  - Working with two local adult support groups to support health initiatives on Dartmoor as a direct result of Dartmoor hosting the Devon *Walking for Health* network in December 2017.
  - Further support for the *Buckfastleigh Naturally Healthy Group* with walks and events on an occasional basis throughout the summer. In addition our support helped secure further funding from Buckfastleigh Town Council who will provide funding for some of the 'health provider' activities – for example: Tai Chi and Creative Journeys.
- 4.3 At a more strategic level the links with Public Health England continue to provide us with the opportunity to demonstrate the role that National Parks can play in supporting the nation's physical health and mental wellbeing both at the local (south-west) level and also as a pan-National Park – Public Health 'South Consortium' [Dartmoor, Exmoor, New Forest, South Downs plus Public Health England teams from South West and South areas.]
- 4.4 Recent events hosted by Public Health England have included training to help implement the Mental Health Concordat and an opportunity to present the findings

from the *Naturally Healthy Dartmoor* project at the Public Health-England, South West Physical Activity network.

- 4.5 These networks have provided opportunities for us to access help and support, for example in our ambition to quantify return on investment but in addition have helped us make clear ‘the National Park offer’ to professionals who may not otherwise have considered protected landscapes as a health benefit resource.

## **5 Conclusion**

- 5.1 The Naturally Healthy Project has delivered a range of tangible outcomes for people in the project areas. These include a greater sense of belonging and well-being. A succession plan was in place early in the project to ensure sustainability and learning from the project and provides a good platform for any future projects should funding become available.

ORLANDO RUTTER



# Naturally Healthy Project

Summary Report  
April 2018



## Introduction

This report provides a description of the three year Dartmoor Naturally Healthy project which aimed to explore opportunities and challenges in developing a 'green care' model to support improvement in health and well-being. It has also been specifically written to draw out learning from the project for this to be widely available for other organisations developing their own nature based health schemes. It is also a 'project closure' report for the two major funders.

## Background

There is a growing body of research evidence that exposure to natural environments has demonstrable physical and mental health benefits. (See for example: Natural England, 2017; Lee & Maheswaran, 2011; Bowler et al, 2010; Bell et al, 2008; Mitchell & Popham, 2008; Bird, 2007).

National Parks, landscapes of significant natural beauty, are well placed to contribute to physical health and mental wellbeing through engagement with natural environments – our challenge, through this project was to understand why more people currently do not avail themselves of this 'free at point of delivery' service and to develop some practical interventions that might overcome those barriers.

Devon County Council (DCC) became responsible for the public health and wellbeing aspects of health, rather than clinical and treatment, in April 2013. Health and Wellbeing Boards and associated funding have been established.

Dartmoor National Park Authority (DNPA) was approached by DCC Public Health to develop a joint project that would help deliver some tangible health and wellbeing outcomes for local communities and add to the wider evidence base. The project ran from November 2014 to January 2018.

This project specifically sought to:-

- develop greater understanding of health benefits, particularly mental wellbeing benefits of accessing outdoor space;
- link GPs in a small pilot area with the National Park Authority through exploring a 'green prescription' programme;
- understand the barriers all stakeholders face – community and individual barriers to accessing the natural environment; health professional barriers to prescribing; National Park (environment provider) barriers to making the connections to communities and GPs.

The pilot area was a small town within the National Park. It was chosen specifically to build on work that DCC Public Health had previously undertaken



to understand the demographics and many of the associated health risks within this community. Further work outside this geographical area was also undertaken to demonstrate efficacy of the approaches, activities and interventions being used by National Park staff to generate a larger evidence base for evaluation. Details about organisations we worked with are to be found in Appendix A and the project development narrative below provides detail about the different types of intervention and activity.

The pilot and Action Research elements were equally important – to share learning more widely and find a sustainable model to replicate in other Dartmoor communities. Outputs from this research include an independent evaluation carried out by Plymouth University and accompanying toolkit for those seeking to embed some of the practice.

As a short term (three year) project a specific succession strategy was developed so that long term benefit is secured.

Total project cost was £85,000; DCC Public Health provided £60k over three years which was matched by £25k over three years by Dartmoor National Park Authority. This was used to employ a part-time Naturally Healthy Project Officer and provide some working budget to facilitate visits to Dartmoor.

## Project development

The project developed over three distinct phases.

The first phase was an opportunity for the newly appointed Naturally Healthy Officer to make contact – with health professionals and those individuals and groups who may benefit from ‘green prescriptions’. It was also a period of testing different interventions and activities and to start gathering evidence of efficacy. During this period work concentrated on existing groups – for example: Bovey Tracey carers, Hikmat (Exeter) and Buckfastleigh Children’s Centre. 14 different types of activity were offered to trial different approaches with different audiences to test both for efficacy (self-reported) and for uptake. Results from this pilot year helped inform activity provision in years two and three.

The second phase sought to develop some of the learning from phase one into a targeted programme of activities with a specific focus on Buckfastleigh – at the express direction from DCC-Public Health with a focus on:-

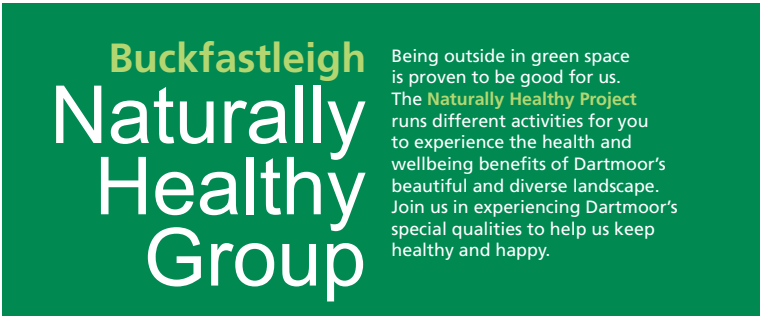
- Those at risk of, or suffering from, poor health, in order to reduce dependence on treatments and health services
- Those who do not currently engage in the natural environment
- Children and young people, along with their families.

During this second phase work with Buckfastleigh surgery, in particular the practice manager, we explored different routes for GPs and patients to access 'naturally healthy' interventions. This started with 'soft referrals' from GPs, through developing leaflets and information to hand to patients to the Dartmoor Naturally Healthy Project Officer being provided a space within the surgery for patients to make direct contact with. This 'medical referral' route aspect was more difficult and the evaluation by Plymouth University explores some of the barriers in greater depth however in general terms the feedback from Naturally Healthy stakeholders indicated that multiple models of engagement might best serve the widest range of potential beneficiaries. Community engagement and partnership with existing groups seemed to be more effective than direct GP referral where there was no existing green prescriptions champion, as was the case in Buckfastleigh. This finding is further supported by the literature, for example: Bragg and Atkins, (2016) who identify that green care is 'patchy' and that there is sometimes a lack of clarity between commissioned intervention and public health initiatives aimed at wider society.

Initial concerns raised by the medical practice included long term sustainability of the project and anxiety that resource costs would eventually fall to the medical centre.

After the poor uptake from 'green prescriptions' the project officer changed the approach to community engagement and started a community wide campaign to raise the profile of the project. This involved running open access Community Engagement days, often on a Saturday to increase accessibility, with a wide variety of methods used to engage people with the project. Examples include: fliers and posters in local shops, Buckfastleigh Newsletter and social media – the last perhaps demonstrating the greatest impact and reach. Word of mouth in small communities should not be underestimated as a means of 'reaching out'.

From this campaign the Buckfastleigh Naturally Healthy Group was created. Current membership 62; most are aged over 50; some with higher physical and emotional needs. This maps well on to population demographics and needs analysis by Public Health-DCC.




This phase saw the development of the very successful 'fortnight format'. Every other Wednesday a volunteer lead a Walking for Health walk – at first in Buckfastleigh but later further afield on Dartmoor, on Wednesdays between walks a variety of activities to increase physical activity and mental wellbeing were offered – examples include: Tai Chi, mindful art, cycling and willow weaving. An important part of the learning was that not everyone wants to walk and not everyone wants to do 'activities'. 42 activity and walking sessions were provided from March to October – participants expressing reluctance to be outside November – February. The success of this part of the project was in large part due to happy accident: the Walking for Health volunteer was also the local pharmacist who had worked in Buckfastleigh for 20 years which meant she had recognition and acceptance by community and medical practice alike.

In the final phase the original project officer left and a new appointee took up the challenge of bringing the project to a self-sustaining closure. This involved setting up working arrangements that would support volunteers and the, by now well established, Buckfastleigh Naturally Healthy Group, for example - establishing protocols for lift-sharing to ensure that lack of personal or public transport did not limit any individual's ability to participate. In addition supportive training for those who would lead activities into the future was provided.

Buckfastleigh Naturally Healthy Group continued with the 'fortnight format' undertaking walks and activities from January 2017 to January 2018; a total of 41 sessions in 2017 of which 27 were Walking for Health sessions and 14 were Naturally Healthy activities, (Tai Chi, mindfulness, art therapy etc.).

## Outputs

In 2015 – 258 people were engaged in naturally healthy activities.

In 2016 – 320 people were involved in naturally healthy activities.

In 2017 – 403 people benefitted from naturally healthy activities.

Currently there are 62 people who are registered with the Buckfastleigh Naturally Healthy Group – in any one week numbers meeting on a Wednesday vary between 8 – 22.

Current social media reach:

143 followers on Facebook with 139 'page likes'.

However numbers do not provide an adequate reflection of the way in which the naturally healthy interventions affected individuals, two case studies on pages 6 - 8 illustrate these outcomes. Further detail about outcomes is provided on page 11.

## CASE STUDY 1

# Adult Carers



Carers are identified as having specific health needs and challenges, shown by the number of organisations which work with them.

Alzheimer's Society, Devon Carers and Westbank Carers organisations were the first organisations to respond to Naturally Healthy Project communications. From this developed an on-going focus of work delivering a number of activities over 6 months, which resulted in staff developing a more-depth relationship with carers which provided more in-depth qualitative feedback, examples:

- The activities were seen as valuable:

*"Gives us something to look forward to, and Mum looked forward to it too.  
"Nice to do something very special and a treat...Felt like it was a tea party and a celebration."*

- Having events organised by the project officer was important:

*"Good that it's organised as I get tied up with mindless stuff, shopping, cooking at all that stuff. I wouldn't have the time or energy to do it for myself."*

- Being part of a group ensured participation:

*"I wouldn't do it if I had to do it on my own."*

- Positive mental health outcomes:

*"It's taken the pressure off."  
"It's good to be doing something different and be out in the fresh air... Making you feel better away from the stresses at home with other people who share your experiences... it becomes less stressful...you don't feel the only one."*

- Although a concern in terms of project resource investment and sustainability, the small group size was an important aspect for participants and supported relationship development:

*"Small group, not intimidating and very friendly. If it was bigger wouldn't be able to get to know each other as well. Caring is isolating - so nice to feel part of something."*

- The social relationship building is the predominant positive outcome for participants:

*"I am at home for most of my time as care full-time really. People you think you know well can "drop-off" rather than confront Dementia in the household. Real friends are now few or far away."*

- Another important aspect was the activities took people out of their "everyday" which gave them "time out":

*"I felt more relaxed, probably even forgot things for a while, but going home can sometimes fill me with dread on a bad day."*

- Due to caring responsibilities there is little opportunity for this group to be self-sustaining:

*"If there isn't someone there to coordinate it, it won't happen - we're just too busy. Getting to the shops sometimes is a big achievement."*

In addition feedback from Organisation staff (Karen Safe, Carers' Support Officer) provided valuable insight:

*"All too often at our groups we find ourselves slipping into focusing on the person who is 'cared-for' instead of looking at the needs of the carer themselves and I feel your input has helped redress the balance into getting carers thinking about themselves and what they are interested in and would like to do. The walk ... gave carers a chance to meet people from other areas and offered the opportunity for some peer support, but also probably more importantly time 'not to be a carer' for a while, but in fact an individual in their own right enjoying the gentle exercise and relaxing atmosphere of the park. I am sure those who attended left feeling better emotionally and more informed about what the National Park has to offer."*

## CASE STUDY 2

# Jellyfish CIC Arts org



Jellyteenz was a 6 week film project funded by the Naturally Healthy project. It involved 6 visits to National Park, 3 supported by Naturally Healthy staff, 3 unsupported. 9 young people took part from a variety of backgrounds including some with particular challenges - Young Carers, those with mild learning disability and those who expressed Family "difficulties".

Participants had varied experiences of being "outdoors" and varied enthusiasm. The greatest motivation to join was to be to be part of a film project - a pre-project quote from one young person about going on to Dartmoor illustrates this:

*"It's too much effort"*

Post project evaluation showed that young people acknowledged that many of them did not access Dartmoor because of a lack of motivation and time constraints - there was a lot of pressure on school work and academic achievement that took up a lot of time outside of school.

- 100% felt being outdoors was a positive experience
- Qualitative feedback showed that young people had identified that their physical health had improved and that they actually enjoyed it despite spending one day filming in the cold and wet
- They also acknowledged the greatest benefit they felt was that being on Dartmoor allowed them to slow down and that this for some had a huge impact on emotional - wellbeing

*"When you're indoors all your problems just bounce off the walls whereas when you are outside they just fly away"*

## Learning from the project

The Action Research element was a major output (and outcome) for the project and 'learning' was captured during the project lifespan using a number of key processes.

To help validate our findings we commissioned Plymouth University to undertake an evaluation (Howes, Edwards-Jones, Waite 2018a) – this was conducted in parallel to the 'sister' health project being undertaken by Exmoor National Park during the same time period. Their approach differed from ours giving yet further scope for comparison of different methods to engage people in 'green health'. The learning from this was condensed into a green infrastructure providers' toolkit (Howes, Edwards-Jones, Waite 2018b).

Both projects used a modified Warwick-Edinburgh Wellbeing Scale to track changes in participants' perceived well-being before and after events, activities and walks. In addition qualitative information was collected before and after sessions – some of the qualitative is well reflected in the two case studies above.

The two project officers and two project managers from the two National Parks also met regularly for reflective practitioner conversations – these helped develop both projects and refine Action Research findings. This approach was helpful in sharing practice, joint working to seek solutions to problems and barriers as well as providing a supportive discursive environment, particularly for the project workers who could otherwise have felt somewhat isolated.

Based on this reflective practice some of the **headline ingredients for a successful project include:-**

- Social relationship building is the predominant positive outcome for participants; being part of a group was important in overcoming some of the initial fears, these included factors such as the nature of the activity, the required level of fitness, terrain, weather.
- Trying out new activities increased participants' self-confidence whilst the variety of activities and ways of engaging were important.
- Importance of a dedicated Coordinator / Project Officer – as a catalyst and initiator for both participants and partner organisations. Factors that stakeholders value include; having someone lead, knowledge about venue - making decisions about where to go and having the time to invest to arrange activities.

In any project there are challenges and these can be potential barriers to participation – those identified by project workers and participants in informal discussion included:-

**Partner organisation challenges** included the time consuming nature of getting a project going from a standing start and the difficulty in sustaining commitment from partner organisations for unsupported visits. In addition larger organisations tended to focus on Government defined targets and external drivers leaving little capacity for additional engagement activities.

**Community organisations' engagement challenges** included the time needed to develop trust and relationships with stakeholders who needed to focus on their own sustainability – many were both unfunded and reliant on volunteers. In addition there was some resentment – why was there funding for this project when communities' own priorities could not get funding?

**Medical practitioner challenges:** Medical practices have their own priorities which are usually short term – 'urgent' – which limits capacity to engage in longer term or experimental activity. In addition the Buckfastleigh practice suffered staff turnover and associated disruption during the initial phase of the Naturally Healthy project.

The Plymouth University full evaluation report (Howes et al 2018a) provides far richer and deeper understanding. Some headlines include:-

1. Participants were positive about the projects' effects on their wellbeing. Intended outcomes were achieved, including enjoying, socialising, relaxing and feeling uplifted, but physical activity increases were less evident. This suggests that if evidence is required for certain outcomes, a closer targeting of groups and matching of activities would be needed. A mixture of generic and specific targeted activities might be appropriate to demonstrate the most appropriate pathway to particular desired outcomes.
2. The importance that programmes offered a range of activities suitable for different needs (SWPLF, 2007) that were clearly described and well-advertised, utilising existing networks and building strong sustainable relationships and partnerships was recognised. The key elements to include in activities were novelty, social opportunities and natural environment aspects. Although it seems that the schemes appealed especially to those with an already established feeling of nature relatedness, a progression from familiar to more novel experiences might scaffold access for a broader range of potential beneficiaries.



### 3. Summary of recommendations – from the Plymouth University evaluation:-

- Organisations with an interest in nature and/or wellbeing should work together to establish partnerships to develop programmes built upon good mutual understanding. Green prescription champions could provide the catalyst to support this and increase trust and uptake.
- Programmes designed using the developed toolkit will need to be championed and disseminated through Public Health and other policy channels to influence practice. Funding is also needed so that the services are sustainable and therefore more attractive as a credible alternative amongst other prescribed health services.
- More research is needed to determine if there is added value through the quality of National Park contexts for nature-based social prescribing and to assess the effectiveness of different referral methods for different groups.

## Monitoring

Throughout the project lifespan DCC Public Health asked for 6 monthly meetings to report against an agreed suite of Key Performance Indicators. These meetings were additionally helpful in shaping the future direction of project work - they were thus formative as well as summative. These performance monitoring meetings also included a shared element with colleagues from Exmoor National Park and this approach was helpful in sharing practice, joint working to seek solutions to problems and barriers as well as being a supportive discursive environment, particularly for the project workers who could otherwise have felt somewhat isolated.

## Outcomes

### *Outcomes for project participants...*

The top outcomes reported by participants were:-

- Sense of belonging
- Enjoyment
- Feeling physically or mentally energised
- Sense of achievement
- Opportunities for creativity
- Relaxation



The Plymouth University evaluation (Howes et al 2018a) compared these self-reported outcomes identified by participants with the literature which illustrated the importance of these to well-being.

Three specific examples in a little more detail:-

- **Sense of belonging** – Other studies concur that shared therapeutic experiences in nature with opportunities for meaning making may help to create feelings of connection to each other and to place itself (Bell et al, 2015; Bloomfield, 2017; Grant et al, 2017; The Conservation Volunteers, 2016).
- **Enjoyment** – Enjoyment arising from participation is present in comparable studies (Bloomfield, 2017; Grant et al, 2017; The Conservation Volunteers, 2016). The Office for National Statistics (2015) highlight the improvement of wellbeing scores by one fifth following engagement with nature-based activity.
- **Relaxation** – Relaxation arising from time in nature is widely reported in the literature, specifically assisting a decrease in negative emotions and an increase in positive affect, including UK based projects (Bloomfield, 2017; The Conservation Volunteers, 2016).

## **Outcomes for the project...**

- Plymouth University's **evaluation report** and findings which provide a qualitative evaluation of the Dartmoor Naturally Healthy Project; contrasts the approach taken on Dartmoor with Exmoor National Park's Moor to Enjoy; and identifies barriers and solutions for stakeholders to ensure benefits are recognised and promoted widely.
- In conjunction with the evaluation report Plymouth University produced a practitioner **Toolkit** which helped identify learning from the project and turned this into a set of practical steps that stakeholders can take to maximise health gains from 'green interventions'.
- **Infographic** to summarise the toolkit – a resource for practitioners.
- **Sharing practice** at:-
  - Devon Local Nature Partnership (D LNP) Conferences- 29th of April 2016 & 16th of March 2018
  - Tamar Valley AONB AGM 23rd of February 2017
  - Informally through D LNP Naturally Healthy Working Group meetings
  - With potential project partners whilst developing future funding bids and activities, for example: Active Devon and the 'Connecting Actively to Nature' bid to Sport England.

## Legacy and succession

From the outset this was always a pilot project with time limited funding. It was imperative to communicate this at the beginning of any community engagement to ensure that participants understood that future succession would rely on local resources. This approach, whilst challenging in the short term to engage, has proved successful – with the Buckfastleigh Naturally Healthy Group having established a clear, independent identity with the intention of continuing walks and activities beyond the funded project lifespan. Part of the legacy was to use the capacity that a paid project officer brings to establish the group and develop mechanisms to promote longevity – for example a car sharing protocol to overcome transport barriers.

In addition to beneficiaries we also worked with providers of activities (Tai Chi, Willow weaving etc.) to upskill these people into the future. At the end of the project funding was used to provide Outdoor First Aid (2 day) course for two providers and 12 people took the Mental Health First Aid Ambassador qualification.

As part of the succession strategy Dartmoor National Park hosted two county Walking for Health co-ordinators' meetings and provided training space for walk leaders to use new Walking for Health software and databases to record walks. This wider network will further support the Buckfastleigh Naturally Healthy Group and help replicate the success in neighbouring communities.

Discussions with Buckfastleigh Town Council Finance Committee have considered future opportunities to fund further led activities (Tai Chi, art therapy etc) in 2018 and the wider opportunity to develop a Wellbeing Strategy for Buckfastleigh which would seek a more integrated approach to services in the town.

## Conclusions

Overall the three year project achieved against the original objectives:

There was a greater understanding of barriers and opportunities faced by the three major stakeholder groups (green infrastructure providers, medical professionals and communities of potential beneficiaries).

A variety of routes to access 'natural wellbeing' and ways of delivering activities were piloted with clear measurements of efficacy.

A clear exit strategy with legacy was developed in the final 12 months of the project – with the establishment of the self-perpetuating Buckfastleigh Naturally Healthy Group.

The 'Action Research' element generated a variety of rich resources – which includes this report – and from a project perspective (project manager and project officer) there are some emergent themes that may help inform practice elsewhere. The Plymouth University evaluation in addition provides a 'toolkit' (Howes et al 2018b) with further recommendations for practitioners seeking to learn from or develop 'naturally healthy' programmes.

Some project based findings:-

### 1. It takes time

- Time for people to understand what you are trying to do
- Time for partners and participants to build relationship with the project worker
- Time for people to develop confidence in the project
- It takes time for people to develop trust

### 2. It takes variety

- Variety of engagement communication methods
- Variety of activities was important in offering a range of routes for people to engage
- Variety of activity needs to be linked to target groups and audiences

### 3. People need support...from other people

- People need encouragement to become motivated (word of mouth particularly successful at recruitment and retention)
- People need support – from project officers/professionals but equally importantly from peers - to overcome fear and lack of confidence
- People need practical support which gives them the opportunity to help others – car shares are an important part of the project, both for recipients and donors

### 4. Projects benefit from support networks

- Local support networks of practitioners – to share experiences and co-develop solutions
- Wider support networks of key 'allies' – in this case colleagues specifically from Public Health (Devon County Council and SW Public Health-England teams) and the Community Sports Partnership – Active Devon who co-ordinate Walking for Health schemes across Devon.

- 5. Building in a clear **succession strategy** from the outset helps provide a clear exit for all – funders, delivery organisations and participants.

## Appendix A

Throughout the project a variety of approaches were used to engage a range of individuals, groups and organisations – the lists below provide a snapshot.

Organisations engaged	Activities undertaken
<p>Adult Carers:- Bovey Carers(adults &amp; young people) Bovey Community Care Westbank Carers</p> <p>Young Carers:- Hikmat CIC Westbank Young Carers</p> <p>Buckfastleigh young people:- Jellyfish CIC Youth Film Project Bungalow Youth Project Bike Day ABC Children’s Centre Young Parents Group Buckfastleigh Primary School</p> <p>Others:- Dementia Alliance Hikmat CIC Buckfastleigh Community Garden Soundart Radio St Lukes Church, Food Bank Waycott Orchard Community Allotment</p>	<p>Walks within Buckfastleigh Walks further afield: Haytor, Parke, Hembury, Newbridge Walks with experts - DNPA ecologists and archaeologists Activity walks for young people Young people’s film projects (2) Cycling - young people and adult ‘returners’ Mindfulness in Nature Creativity outside Art Therapy outdoors Forest Tai Chi Willow weaving Picnics</p>

# Appendix B

## References

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## DARTMOOR NATIONAL PARK PLANNING AUTHORITY

15 June 2018

**TREE PRESERVATION ORDERS, SECTION 211 NOTIFICATIONS  
(WORKS TO TREES IN CONSERVATION AREAS)  
AND HEDGEROW REMOVAL NOTICES  
DETERMINED UNDER DELEGATED POWERS**

Report of the Trees and Landscape Officer

Recommendation : **That the decisions be noted.**

**TREE PRESERVATION ORDERS**

**West Devon**

**Ref: 17/0080**

**Four Oaks, Yelverton**

**SX 5180 6820**

Application to reduce the height of an oak tree by 3m. The works will prevent further branch failure. Consent was granted subject to the following conditions:

1. Five working days' notice to be given to the Authority prior to the commencement of approved works.
2. All works are carried out in accordance with British Standard 3998:2010 Tree Work Recommendations.

**Ref: 18/0001**

**Te-Whare, Dousland**

**SX 5459 6939**

Application to crown lift several broadleaved trees overhanging the road. The works are necessary to prevent the trees damaging passing vehicles. Consent was granted subject to the following conditions:

1. Five working days' notice to be given to the Authority prior to the commencement of approved works.
2. All works are carried out in accordance with British Standard 3998:2010 Tree Work Recommendations.

**Ref: 18/0002**

**5 Willowby Gardens, Yelverton**

**SX 5243 6768**

Application to crown lift an ash tree. The works are necessary to prevent the tree damaging an adjacent property. Consent was granted subject to the following conditions:

1. Five working days' notice to be given to the Authority prior to the commencement of approved works.
2. All works are carried out in accordance with British Standard 3998:2010 Tree Work Recommendations.



## **SECTION 211 NOTICES**

### **West Devon**

**Ref: 17/0079**

**Standard Court, Mary Tavy**

**SX 5021 7978**

Notification to fell a group of Leyland cypress. The trees are in poor condition.

A Tree Preservation Order has not been made.

**Ref: 17/0081**

**12 Blackbrook Close, Walkhampton**

**SX 5334 5347**

Notification to re-pollard and oak tree. The works will have minimal impact on the character of the Conservation Area.

A Tree Preservation Order has not been made.

**Ref: 17/0082**

**Pomeroys, Lydford**

**SX 5127 8504**

Notification to fell several broadleaved trees. The felling will have minimal impact on the character of the Conservation Area.

A Tree Preservation Order has not been made.

BRIAN BEASLEY