

## Green Walking Case Study

### Norfolk and Suffolk NHS Foundation Trust

#### Project Description

##### **Background**

In April 2019, staff from Glaven Ward in Norfolk began a weekly walk with patients having signed up as a Green Beacon site through the Green Walking project. The project aimed to assess the various barriers and enablers of providing supported access to a green space on an adult inpatient psychiatric ward. The walks made use of the large grounds at Hellesdon Hospital as well as green spaces in the surrounding area.



##### **Ward setting**

Glaven is an all-male adult inpatient psychiatric ward with an average of 17 patients, 5 staff per shift and 2 allied health professionals. There are large grounds at Hellesdon Hospital and outside of the hospital grounds there are a number of parks, woodlands and some National Trust sites which provide opportunities to engage in green spaces. There is also access to the Norfolk Broads.

##### **Approach**

The occupational therapists on Glaven Ward incorporated the green walks into their weekly activity planner that was displayed from the start of each week. The walks were facilitated by the therapy team to try to ensure as best as possible that they took place without having to take staff from the ward. If the walk was due to be off site, then a car would be booked in advance for the purpose. Walks were generally held in the afternoon to capture as much interest as possible. Patients were individually invited to attend and the walking group was also mentioned during other groups as another activity that people might be interested in. Staff were made aware at regular ward staff meetings.

“I noticed theme of sense of normality – we appeared a group of friends walking around a park. The service users made comments that hinted at this, e.g. ‘this is the type of thing I usually do which is nice’ and ‘I used to have a dog and enjoyed taking him for walks’.” – Occupational therapist, commenting on a particular walk

#### Benefits

**Patient outcomes:** Patients often wanted to go to new places and to be out walking for longer. Patients quickly picked up on the regularity and type of the walks and would often ask about the next one. Occupational therapists



reported being able to engage patients who were usually very limited in their conversation or were agitated.

“One of the service users is quite chaotic on the ward and more challenging. They seemed to calm down quite a lot being off the ward and spoke of their garden at home. It also helped in building a therapeutic relationship with this individual.” – Occupational therapist



*Environmental/Financial:* The program drew on the time of regular salaried staff and made use of existing cameras and spare clothing. They also had access to the ward car, with no additional transport costs.

*Social:* The walking group brought together people/personalities that would normally not socialise together and this resulted in positive experiences despite initial wariness. Conversations in the group would often centre around the environments they were walking through. An example was when the group

walked under an old bridge, it created discussion and observation of detail from the group. Staff would ask patients which locations they would be interested in going to which meant that patients were involved in the decision-making process.

The group also provided an opportunity for positive engagement with the local community when the Trust Communications Department put out a press release which was picked up by the local radio station.

### Dis-benefits

Some patients expressed that whilst the walk was enjoyable, it wouldn't change anything. Others stated that it was a bit boring as there weren't many things to see.

### Barriers

Of the 13 walks, 2 of them were cancelled because of the weather (high winds and rain) and staff shortages due to sickness.

At times, it was difficult to get patients out due to out-of-date or limited leave.

The amount of time it would take to get people off the wards would usually result in some not coming along. Forms needed to be signed by a superior.

Lack of time to fit things in.

Limited interaction with medical professionals; the group was mostly organised by the occupational therapists with little input from nurses/doctors.

What the team had to say:

“Patients seem to like them” – Clinical support worker

“Everyone seemed to be looking forward to it”

“It gives people something to do... gets people engaged in things off the ward”

“they [patients] come back feeling like they’ve achieved something” – Assistant Practitioner

Key Aspects of the Project

The walking group was quite successful with patients but was unable to engage with staff on the same level due to staff shortages preventing them from joining the walks and a lack of interest in what was going on. Delays in organising leave for patients seemed to be a common obstacle.

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