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# Embedding Nature-based Practice and Nature Recovery Strategies into Public Healthcare

This report focuses on how Sussex NHS Trusts staff trained in Nature-based practices access their professional sites to provide healthcare interventions that include nature and working outside with the public they serve.

**FINAL RESEARCH REPORT**

**AUTHOR: DANIEL FORD PhD**



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# TABLE OF CONTENTS

---

<b>Introduction</b>	Page 2
<b>Background</b>	Page 3
<b>Context Review</b>	Page 7
<b>Research Questions/Aims</b>	Page 11
<b>Methods and Research Design</b>	Page 12-18
<b>Findings</b>	Page 18 - 39
Presentation of primary evidence	
Site 1 – Lighthouse, Brighton and Hove	
Site 2 – Aldrington Centre, Brighton and Hove	
Site 3 – The East Brighton Community Mental Health Centre	
Site 4 – Victoria Hospital, Lewes	
Site 5 – NHS Well-being Away Day for Occupational Therapists	
Site 6 – Sussex Nature Based Care Working Group	
Site 7 – Roots to the Moon, The High Weald	
<b>Interpretation of Findings</b>	Page 40 - 44
<b>Actions</b>	Page 45 - 54
<b>Conclusion and Summary</b>	Page 55
<b>Afterword</b>	Page 56
<b>References</b>	Page 58
<b>Appendices</b>	Page 61 - 63



# INTRODUCTION

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## **Introduction by Marina Robb, Director of Circle of Life Rediscovery CIC**

At the heart of health is wholeness. Not simply the absence of illness, but a deep, living connection to ourselves, to each other, and to the natural world that sustains us.

This is the principle that guides Circle of Life Rediscovery CIC. Our work supports people—whether in education, health, or community settings—to come back into a relationship with nature. We recognise that individual and collective well-being is inseparable from the health of the land. The models of practice we share are rooted in this truth: that we are nature, and nature heals.

This report shares the outcomes of our recent Certificate in Nature-Based Practice (Level 3) training delivered to NHS staff in Sussex. In clinical settings, both staff and service users are often disconnected from outdoor environments—yet growing evidence shows that meaningful contact with nature improves health outcomes, reduces stress, builds resilience, and supports recovery. When healthcare professionals are given the tools, experience, and confidence to embed nature-based practices into their daily work, the ripple effects can be transformative—not just for individuals, but for communities and the systems they serve.

This is more than a training programme. It is part of a cultural shift—one that places relationship, presence, and place at the centre of care. This report offers insight into how that shift is already happening, and why it matters now more than ever.



**MARINA ROBB, CERTIFICATE  
IN NATURE-BASED PRACTICE  
COURSE DIRECTOR & LEAD  
FACILITATOR**

# BACKGROUND

## Providing a context for the research, outlining the key issues being explored

In February 2025 a group of 20 National Health Service (NHS) professional staff members successfully completed an accredited Level 3 Certificate in 'Nature-based practice', a five-month course provided by the third sector community organisation Circle of Life Rediscovery (CLR) CIC, funded by Natural England (NE). This followed funding from NE for 16 NHS staff to complete the same qualification in 2023-24.

Natural England (NE) and the National Health Service (NHS) Estates are two of the fifteen government organisations participating in the management group responsible for the strategic leadership of the 'Nature Recovery Network Delivery Partnership' (GOV.UK 2024).

The Nature Recovery Network (NRN) was set out in a government policy paper (updated February 2024) as *"a growing national network of wildlife-rich places, stretching from our cities to countryside, mountains to coast. It is supported by green and blue spaces that buffer and connect these wildlife-rich sites"* (ibid).

The NRN is seen as being *"central to the government's 'apex goal' of improving nature taking us from protection to active restoration of the natural world. By creating more wildlife-rich places that are bigger, better and joined-up, Defra, Natural England and our partners seek to help address the three challenges of biodiversity loss, climate change, and public health and well-being"* (ibid).

The collaboration between NE and CLR is part of a strategic effort to grow the NRN locally, through an existing partnership, that addresses the need for action to *"provide more, better green spaces for us to enjoy and connect with nature where we live, work and play, improving our health and well-being"* (GOV UK 2024).

Natural England is committed to building partnerships to achieve their priorities. They state that:

*We can no longer simply protect Nature from harm through special sites and reserves though they remain important. We must also create new spaces for Nature, where people can experience the benefits of a healthy environment... We cannot and should not do this alone: Nature belongs to everyone, and everyone should contribute to its recovery. That's why our Mission is to Build Partnerships for Nature's Recovery - to work with a wide range of people and organisations to take the action required to rebuild a sustainable environment (GOV.UK 2020).*

An example of this mission in action is the partnership between NE, the government’s adviser for the natural environment in England, and CLR, a local provider of nature-centred learning and therapeutic experiences for young people, adults and families in Sussex. CLR has taught teachers, health professionals and outdoor practitioners’ skills to take educational and therapeutic programmes outdoors since 2007. This work is shaped through collaborative learning and co-production, with practitioners and communities sharing expertise in nature-based practice—including essential topics like site appraisals, insurance and liability, and health and safety. Delivered through training and CPD programmes, this process is central to progressing Natural England’s priorities (GOV.UK, 2025).



THE CIRCLE OF LIFE  
REDISCOVERY CIC  
WOODLAND SITE

ITC  
LEVEL 3

## Programme Structure

The ITC Level 3 Certificate in Nature-Based Practice includes a robust and experiential training package designed to equip professionals with the confidence, knowledge, and practical skills to deliver safe and person-led ecotherapeutic sessions in outdoor environments. The course comprises:

- **Four days of in-person training**, delivered in two parts: an initial three-day intensive followed by a one-day consolidation session after delivery of practice sessions.
- **Design and delivery of three nature-based sessions** in a green space of the participant’s choosing, enabling applied, context-sensitive learning.
- A **comprehensive practitioner manual**, supporting best practice in nature-based approaches.
- **Four live webinars**, offering opportunities for reflection, integration, and dialogue with course facilitators and peers.
- **Access to The Outdoor Teacher’s Forest School Activities Online Training Course**, created and led by Circle of Life Rediscovery CIC Founder, author, and trainer Marina Robb. This includes:
  - ◊ Over 100 instructional videos and resources with step-by-step guidance;
  - ◊ A curated library of inspiring activities and ideas for use in forest school sessions;
  - ◊ Core nature and woodland skills, grounded in Circle of Life Rediscovery CIC’s established



woodland site and values-based practice.

- **An online learning portal**, providing additional downloadable resources and ongoing access to course content.
- **Facilitated group supervision**, offering tailored support to participants in relation to their practice areas and delivery contexts.
- **A reflective learning diary**, used to document insights, challenges, and personal learning throughout the course and associated home study.



This course is designed to foster co-produced, community-embedded practice and aligns with national priorities for nature-based health, education, and social care interventions (Circle of Life Rediscovery CIC, 2025).

This partnership aims to support communities to improve their health and well-being by using green spaces whilst empowering NHS staff to embed environmental therapies into their mental health and general healthcare services.

In 2024 CLR published an evaluation of the 2023-24 Certificate that focused on the experience of the participants completing the course in February 2024 (Hope 2024). Whilst this account of the training presented clear obstacles and opportunities experienced by the 2024 cohort as they prepared to integrate 'Nature-based practices' into NHS healthcare provision, it could not provide evidence of how the cohort was accessing and utilising the sites available to them across the Sussex NHS Trusts estate after successfully completing the L3 Certificate.

The current report adds detail beyond the scope of the previous evaluation (ibid) informing the partnership and the public, about the provisional process for ensuring accessible and suitable green spaces on the Sussex NHS Trusts estate for the delivery of nature-based care as observed by the participants of the Level 3 Certificate.

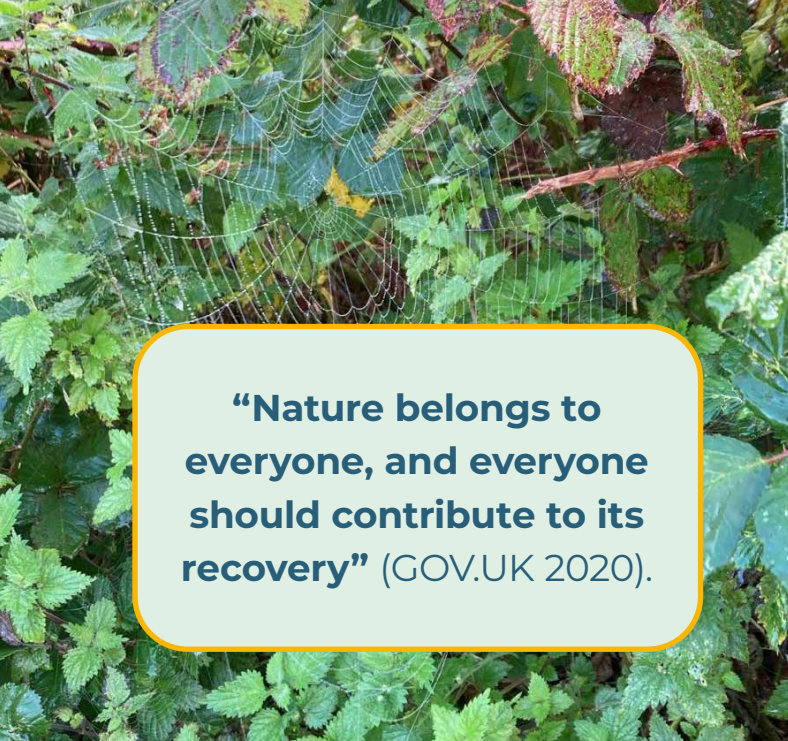
It presents evidence:

- Describing the qualities that sites may require for the effective delivery of nature-based care
- Assessing the availability and suitability of existing NHS and healthcare green spaces identified by staff for nature-based care delivery
- Outlining the process of engagement through which NHS practitioners can influence those responsible for managing NHS estates and associated healthcare sites
- Identifying actions needed to ensure the long-term accessibility and suitability of these sites for nature-based care

Additionally, it presents evidence regarding:

- How these processes relate to wider strategic priorities.

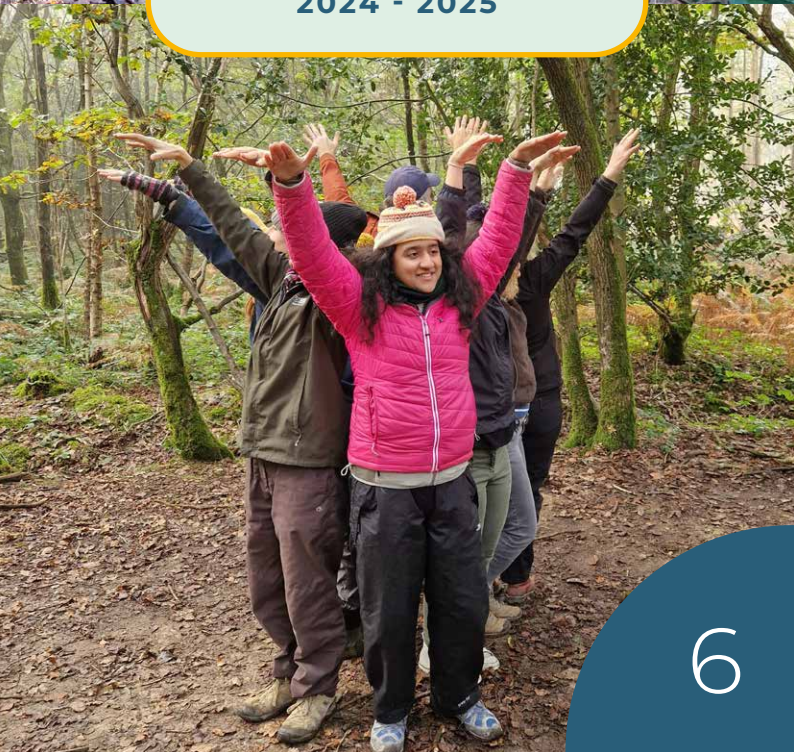




**“Nature belongs to everyone, and everyone should contribute to its recovery” (GOV.UK 2020).**



**COURSE ATTENDEES  
ON THE CIRCLE OF  
LIFE REDISCOVERY  
CIC CERTIFICATE  
IN NATURE-BASED  
PRACTICE TRAINING  
2024 - 2025**





# CONTEXT REVIEW

## Summary of relevant contextual information

The following provides an overview of the priorities of Natural England and the National Health Service, and how these relate to the training offered by Circle of Life Rediscovery CIC.

This overview provides a rationale for exploring in depth what the NHS staff represented here are seeking to achieve and how closely their work and vision aligns with priorities for both Natural England and the NHS.

Natural England (NE) are the UK Government's adviser for the natural environment in England. As an executive non-departmental public body, sponsored by the Department for Environment, Food and Rural Affairs (Defra) NE's aim is to help to protect and restore the natural world. NE's *"purpose is to help conserve, enhance and manage the natural environment for the benefit of present and future generations, thereby contributing to sustainable development"* (GOV.UK, 2025). The organisation's vision is *"thriving Nature for people and planet"* (ibid) achieved through their mission of *"building partnerships for Nature's recovery"* (ibid).

Natural England's priorities for 2020 to 2025 support their vision above and include:

- A well-managed **Nature Recovery Network** across land, water and sea, which creates and protects resilient ecosystems rich in wildlife and natural beauty, enjoyed by people and widely benefiting society
- People connected to the natural environment for their own and society's well-being, enjoyment and prosperity
- Nature-based solutions contributing fully to tackling the climate change challenge and wider environmental hazards and threats (GOV.UK 2025).

The Nature Recovery Network (NRN) was set out in a government policy paper in 2020 defined the NRN as *"a national network of wildlife-rich places to increase and restore nature"*. The NRN *"is a growing national network of wildlife-rich places, stretching from our cities to countryside, mountains to coast. It is supported by green and blue spaces that buffer and connect these wildlife-rich sites"* (ibid).

Natural England supports The Nature Recovery Network (NRN), seen as being *"central to the government's 'apex goal' of improving nature taking us from protection to active restoration of the natural world. By creating more wildlife-rich places that are bigger, better and joined-up, Defra, Natural England and our partners seek to help address the three challenges of biodiversity loss, climate change, and public health and well-being"* (ibid).



The Nature Recovery Network is intended to help Defra and Natural England meet the *“Environment Act 2021 and Environmental Improvement Plan 2023 targets and commitments”*. The NRN’s commitments include to *“restore or create more than 500,000 hectares of wildlife-rich habitat outside protected sites by 2042”*, and to *“restore or create 140,000 hectares of wildlife-rich habitats outside protected sites by 2028, compared to 2022 levels”* (ibid).

For the NRN to succeed nationally local nature recovery strategies (LNRS) are seen as *“central to targeting action for nature recovery. They are legislated for in the Environment Act 2021, and locally led by responsible authorities in collaboration with public, private and voluntary sectors. These sectoral groups work together to agree what should be done to recover nature and map proposed actions”* (GOV UK 2023).

Two responsible authorities have been appointed to develop and publish a Local Nature Recovery Strategy for West Sussex, and East Sussex (including Brighton & Hove) (East Sussex County Council 2025). Currently these Local Nature Recovery Strategies (LNRS) are in draft stage and will be published in the summer of 2025 for further public consultation (Sussex Nature Recovery 2025).

As part of the LNRS drafting process an outline of ‘Shortlisted Habitat Priorities and their Outcomes for the Sussex LNRS’ was published in October 2024 and includes the following priorities of specific relevance to this report with key indicators expected by 2035.

- Priority U2 - Urban Nature: Enhance the value for nature of existing parks, buildings and other blue/green spaces in urban areas.
- Priority NH1 - Nature, health and well-being: Create new opportunities for access to nature in urban, per-urban and rural areas to support health and well-being (Sussex Nature Recovery, 2024)

Natural England’s priorities and Local Nature Recovery Strategies (LNRS) can be seen to intersect with the priorities of the NHS.

The Natural England blog, Biodiversity Net Gain: delivering benefits for health, authored by Energy & Sustainability Manager for the Yorkshire Ambulance Service NHS Trust, highlights *“the importance of preserving and enhancing biodiversity within the NHS estate, while developing awareness among staff and communities on its significance for well-being and climate adaptation”* (GOV.UK. 2020. Blog). Writing about ‘safeguarding land to enhance health, communities and environmental value’ the blog states,

*We in the health system know that biodiversity can help everyone. It benefits our staff, patients and surrounding communities. Biodiversity is vital for mental and physical health. It cleans the air, prevents floods, and cools the environment. We need to avoid building on these green spaces where possible and work to preserve them. In recent years, we found rare orchids and endangered invertebrates on our UK healthcare sites* (ibid).

The current NHS Director, and Head of Profession, Estates and Facilities, acknowledges that



*“the NHS is one of the largest landowners in England. As well as providing essential sites for the NHS to deliver services to patients, the NHS has an opportunity to intentionally manage its land and buildings in a way that has a positive social, economic and environmental impact” (Corben, 2023).*

In Public Health England’s ‘Improving access to greenspace - A new review for 2020’ the Executive Summary states that,

*Evidence shows that living in a greener environment can promote and protect good health, aid in recovery from illness and help with managing poor health. People who have greater exposure to greenspace have a range of more favourable physiological outcomes. Greener environments are also associated with better mental health and well-being outcomes including reduced levels of depression, anxiety, and fatigue, and enhanced quality of life for both children and adults. Greenspace can help to bind communities together, reduce loneliness, and mitigate the negative effects of air pollution, excessive noise, heat and flooding. Disadvantaged groups appear to gain a larger health benefit and have reduced socioeconomic-related inequalities in health when living in greener communities, so greenspace and a greener urban environment can also be used as an important tool in the drive to build a fairer society (Public Health England, 2020).*

These benefits are also directly connected to staff employed by the NHS. Strategic goals outlined in the Sussex Community NHS Foundation Trust’s (SCFT) recent Estates Strategy 2022–2026 included the ‘Strategic Goal – a great place to work’ and the ‘Strategic Goal – sustainability’ (SCFT, 2022).

In October 2020 the Centre for Sustainable Healthcare (CSH), an independent UK charity, published ‘SPACE TO BREATHE: Valuing green space at NHS sites for staff well-being’ investigating the benefits of green space for staff well-being at three NHS sites that have encouraged staff to spend time in their gardens and grounds. Conducted before the Covid-19 pandemic, the report found that “gardens and other green spaces at hospital sites have an important role to play in supporting staff well-being” (Centre for Sustainable Healthcare, 2020).

***“The NHS is one of the largest landowners in England. As well as providing essential sites for the NHS to deliver services to patients, the NHS has an opportunity to intentionally manage its land and buildings in a way that has a positive social, economic and environmental impact” (Corben, 2023).***

The findings of the above are being addressed in some part through an initiative led by The Centre for Sustainable Healthcare (CSH) called NHS Forest. NHS Forest is affiliated with the NHS rather than being part of a systemic approach provided internally by the NHS. It is “an alliance of health sites working to transform their green space to realise its full potential for health, well-being and biodiversity, and to encourage engagement with nature” (NHS Forest, 2025).



The CSH states that *“the NHS has around 6,500 hectares of land in England alone, and healthcare sites can act as ‘anchor institutions’ in their communities, providing spaces for socialising and learning, recreation and exercise. Ensuring there is accessible green space can have wide reaching impacts”* (ibid). NHS Forest states, *“Any NHS site, from hospitals to GP surgeries and ambulance stations, can join the NHS Forest network. It takes five minutes to register a site”* (ibid).

In May 2023 the NHS published ‘Greening the business case’ a *“guide for estates leads on building net zero and sustainability into business cases”* evidencing that *“protecting and creating green space leads to health benefits”* (NHS England, 2023). The NHS make a connection between the health of nature and the health of the population stating that *“the climate crisis is without question a health crisis, and the impacts of climate-driven health inequalities will fall on the NHS”* (ibid). In the section titled ‘Protecting and creating green space leads to health benefits’ the report states,

*Measures on and around NHS sites to protect green space and enhance biodiversity and the local natural environment can have long-term health benefits for communities. This can include improved mental health and increased biodiversity. Well cared-for green spaces can help to support patient recovery and the health and well-being of staff* (ibid).

The report provides a case study illustrating how the NHS are experimenting with methods to meet these aims as illustrated in the following quote.

*The Centre for Sustainable Healthcare introduced three nature recovery rangers at NHS sites in Bristol, Liverpool, and West London. Working with NHS partners at Liverpool University Hospitals, Southmead Hospital in Bristol, and Mount Vernon Cancer Centre in London, the rangers have remit to improve the ecological and social value of NHS land, for the benefit of patients, staff, and the wider community. They run a wide variety of events and eco-projects at their sites, including allotment gardening and food growing, meadow creation, tree planting, woodland conservation, and many other activities that increase biodiversity, encourage nature engagement and support well-being. The initial one-year programme included an evaluation of outcomes, which will provide data on the positive impacts of green space interventions in healthcare settings* (ibid).

These priorities will be considered later in the report against what is taking place at NHS sites where staff have received the CLR training.

# RESEARCH QUESTIONS/AIMS

## **Stating the concerns and questions that this research aims to explore and answer**

The scope and focus of this research project followed proposals and agreement by employees of Natural England in consultation with collaborating organisation Circle of Life Rediscovery CIC. All stakeholders were engaged to fully establish user need and it was agreed that the research had the potential to benefit the public. The overall aim and research question wording was developed by the Principal Adviser: Health and the Environment at Natural England. The aim was agreed as focusing on *“the process journey for ensuring accessible and suitable green spaces on the NHS estate for the delivery of nature-based care”* acknowledged as a gap in Natural England’s current knowledge regarding the NHS Sussex Trust.

The research questions were agreed as follows:

- What qualities does a site need to have for the delivery of nature-based care?
- What is the availability and suitability of current NHS & healthcare green spaces identified by staff for the delivery of nature-based care?
- What actions are required to ensure long-term accessibility and suitability of these sites for nature-based care delivery?
- What is the process of engagement for NHS practitioners to influence those responsible for the management of the NHS estates and associated healthcare sites?
- How does this relate to priorities identified in the local nature recovery strategy?

The decision to include Local Nature Recovery Strategies within the scope of this report was made following a suggestion from the Senior Officer for Connecting People with Nature at Natural England.

## **Rationale: Explains the significance of the study and why it is important**

The evidence gathered in this report is of relevance due to the strategic managerial collaboration between Natural England and National Health Service Estates regarding the Nature Recovery Delivery Partnership, and the priorities both organisations have in relation to nature and public health.



# METHODS AND RESEARCH DESIGN

## **Specifies the approaches used**

Evidence was generated through a qualitative study approach. The qualitative approach is a theoretical and practical one, a system of ideas that assist researchers in exploring and commenting on real-world situations. It can also describe the outlook of the researcher, the position a researcher may take regarding their chosen subject (Stake 2010). During this project this approach can be explained as a way of looking at the quality of experience and personal observations that those working within the NHS and trying to provide nature-based interventions share. Witnessing and hearing about and the quality of these experiences and observations helps to better understand how things are working for these people in these complicated contexts.

## **Participants/Sample: Describes the characteristics of the participants and how they were selected**

The participants are two groups of staff from NHS Trusts in Sussex participating in a training course provided by Circle of Life Rediscovery CIC (CLR). These placements are being funded by Natural England (via CLR) with initial data collection forming a condition of accepting the funded placement with CLR (e.g. conforming to a typical strategy for finding out about participants ahead of on-boarding for an accredited course by the course convenor).

As part of the initial data collection by CLR all funded participants were invited to respond to a short online questionnaire with a section requesting permission for a follow-up site visit and interview with the researcher. This level of participation is voluntary. Only those participants that provided their contact details and indicated in their responses to the online questionnaire that they would be willing to participate further were approached via the email contact provided to follow up their offer of providing time for a site visit and a recorded conversation.

Up to 40 participants could have been recruited for this level of engagement with the research but only a small number volunteered due to competing pressures (e.g. workplace workload etc.). Personal data (name and contact email) were shared voluntarily. This information was not connected to any of the material included in draft versions of the report. As detailed above, sites were photographed, but without human subjects being featured. There are no photographs of the staff members, and no staff member is named in the final reporting. Participants did not use personal names during their interviews.

All participants of the Level 3 Certificate in Nature-based practice courses that ran in 2023-24 and 2024-25 were canvassed for their perspectives and experience relating to accessing and utilising their sites.

The combined group represents a wide spectrum of healthcare provision across the Sussex NHS Trusts including both primary and secondary care roles (Questionnaire A - Item 5 and Questionnaire B - Item 5):

- Doctors (2)
- Senior Assistant Psychologists (2)
- Consultant Psychologist/Clinical Lead
- Clinical Psychologists (2)
- Senior Forensic Psychologist
- Registered Mental Health Nurse
- Senior Mental Health Practitioners (2)
- Community Mental Health Nurse
- Mental Health Support Worker
- Mental Health Nurses (2)
- Mental Health Practitioner
- Community Psychiatric Nurse
- Lead Practitioner at Early Intervention in Psychosis Service
- Social Worker and Lead Practitioner
- Occupational Therapists (4)
- Clinical Specialist Occupational Therapist (CAMHS Learning Disability Service)
- Care Planning and Intervention
- Probation Service Officer
- Social Prescriber
- Art Therapist
- Emergency Care Sister/Education Fellow
- Peer Support Specialist

A significant proportion of the professional roles above relate directly to mental health service provision. The NHS suggest that *“mental ill health is the largest single cause of disability in the UK, contributing almost 23% of the overall burden of disease compared to about 16% each for cancer and cardiovascular disease”* (GOV.UK Policy paper, 2011) and The Royal College of Psychiatrists claim that there *“is increasing evidence that engaging with nature can not only help people relax from the stresses and strains of everyday life, it can also help reduce mental health symptoms across a range of disorders. Based on this evidence, we encourage those with mental health issues, where appropriate, to engage more directly with nature-based groups”* (Royal College of Psychiatrists, 2025).

**The Royal College of Psychiatrists claim that there “is increasing evidence that engaging with nature can not only help people relax from the stresses and strains of everyday life, it can also help reduce mental health symptoms across a range of disorders”**  
(Royal College of Psychiatrists, 2025).



Most of these participants work 1:1, or in small groups (of 2-8), with the people they support (from QA-6 and QB-6). A small number of the participants are also responsible for assessments, dyadic therapy (between child and parent), and occasional larger groups (of 8+) (from QB-6).

Those they support are identified as including (from QA-11 and QB-11):

- Individuals and families affected by dementia
- The elderly and isolated
- People on probation who pose a high-risk to the public
- People aged between 14-65 who have had a first episode of psychosis
- NHS staff and trainees
- Young people with learning difficulties experiencing mental health difficulties
- Young people that are on Section 25
- Those who use crisis and Accident and Emergency services
- Children in care
- In-patient residents
- Families

Much of the service above includes provision for those who may identify as belonging to a group or community who are proportionally under-represented (e.g. gender, ethnicity, disability, sexual orientation, and socio-economic background...) (from QA-12 and QB-12).

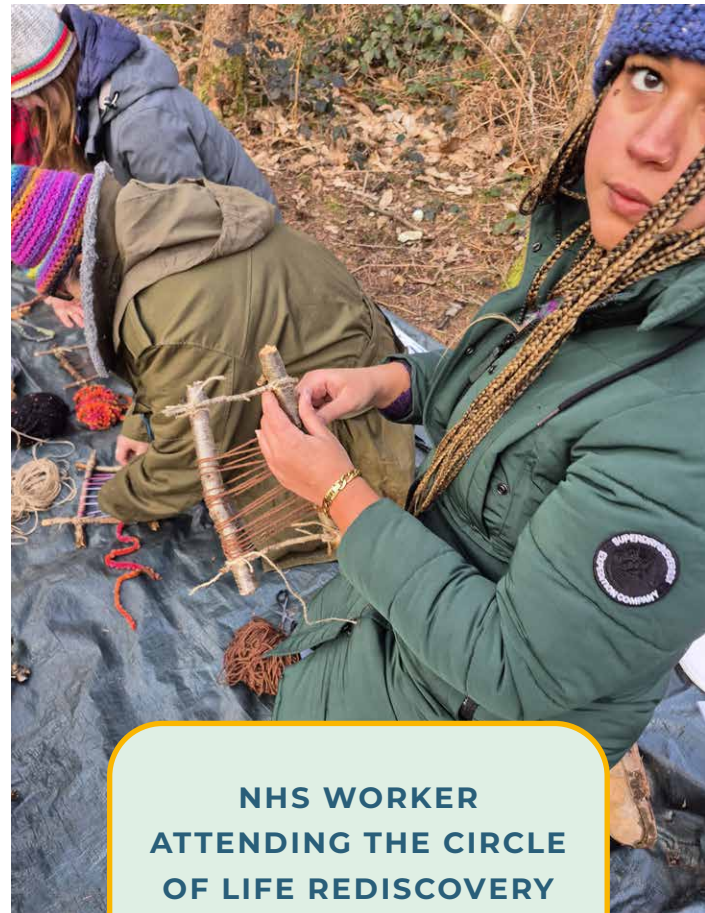
### **Data Collection: Explains the methods used to gather data (e.g., interviews, focus groups, observations)**

The evidence gathering process involved four steps:

- An online questionnaire (completed by both groups)

The online questionnaire was designed to determine the breadth of roles and responsibilities represented by this sample group alongside a snapshot of current professional practice and context (required information by the organisation providing the training in advance of the course starting). The questionnaire was primarily used to determine willingness to be involved in follow up visits and conversations and to provide informed consent.

The online questionnaire was designed and managed in the online Google Forms application.



**NHS WORKER  
ATTENDING THE CIRCLE  
OF LIFE REDISCOVERY  
CIC CERTIFICATE  
IN NATURE-BASED  
PRACTICE TRAINING**

Google Forms provides a platform to generate and share surveys with respondents via an online link that is shareable via email and text message. Participants received the link via an email from the course convenor ahead of the course start date (see above). The responses to the questionnaire were deleted following publication of the report.

- In-person attendance of initial training day as undertaken by cohorts
- In-person site visits (where possible)

Attendance at initial training day was undertaken to explain the research aim and to gain confidence of the NHS staff in person. Where prior voluntary consent was provided by an individual staff member, a follow up in-person site visit was conducted to gain a better understanding of the context that the NHS staff member is situated within. Photographs were made during the site visits (without human subjects) and first impression field notes made immediately following the visits. Sites were photographed as an essential component of the evidence presentation for this project. The staff member is an employee at the site not the main person responsible for the site itself with the staff members professional role is used to provide context. As there are multiple members of staff at these sites with the same professional role it is understood that this mitigates against identification. The staff members have reviewed the material presented as the 'case study' relating to their site and have provided agreement via email for the cases studies to be published as presented.

- Recorded 1:1 conversation (where possible)

Interviews took place in-person and online in a private room with no one except the interviewer and the interviewee present. The conversations were recorded on a digital Dictaphone and transcribed using in-built transcription software in Word software. These conversations took place where possible to provide NHS workers an opportunity to expand on their experience, describe the process they have embarked on to embed nature-based practices at their site/setting, and to explore what may be possible and required going forward to ensure that any integration at this site has longevity. Due to the demands of time faced by NHS workers these conversations will be limited to 1 hour and structured using the Seven Questions template suggested by UK Government (and included the research questions within this template). Conversations are reported as Case Studies and used to build the overall picture of the report. These case studies were member checked with each participant to ensure satisfaction of anonymity and accuracy.

**Local Nature Recovery Strategies (LNRS) set out a vision for what can be achieved for nature and public healthcare over the next decade, from 2025 to 2035. The NHS staff groups included in this report are also invested in the long-term potential of integrating nature within healthcare systems.**



Local Nature Recovery Strategies look ahead to what can be done for nature and public healthcare across ten years from 2025 to 2035. The groups of NHS staff reported here are also invested in the long-term implications of incorporating nature within healthcare.

Being aware of how time constrained the participants are, and wanting the interview process to be facilitative and appropriate without being extractive, the UK Governments 'Seven Questions' interview technique will be adopted during the short, recorded conversations conducted at site visits and online. The Future's Toolkit describes this approach as "*a structured interview technique for gathering the strategic insights of a range of internal and external stakeholders*". It is suggested for use when researchers are seeking to:

- Identify strategic issues that need to be addressed
- Identify conflicting views of the future
- Gather views about the future from external experts and others with a different or novel perspective
- Give internal stakeholders and other decision-makers an opportunity to engage
- And to raise issues and concerns which will need to be addressed if the project is to succeed (GOV.UK Guidance. 2024)

## **Interpretive approach: Outlines the techniques used to understand the data**

The qualitative study approach "*relies primarily on human perception and understanding*" (Stake 2010) and is considered to have "*special characteristics*" (ibid).

These characteristics include:

- Interpretive e.g. focused on the meanings of human affairs
- Experiential e.g. empirical and field orientated, emphasising the observations of the participants
- Situational e.g. contexts are described in detail
- Personalistic e.g. empathic, working to understand individual perceptions
- Provision of ample information in order that readers can reach their own interpretations
- Well informed about the professional understandings related to the inquiry
- Aiming at assisting practice or policy development
- Advocating a point of view (ibid)

As an independent researcher engaged to secure case and place-based evidence (case studies) the focus was on individuals and their relationships (rather than on technical and statistical information). This is a critical distinction as statistics are often not followed up in subsequent reporting and often not presented clearly as situated in place.

## **Ethical Considerations: Addresses any ethical issues related to the research, such as informed consent and confidentiality**

As an independent researcher the ethical guidance and good practice guidelines of the Social Research Association (SRA), a membership organisation founded in 1978 for researchers in the UK, have been abided by. These guidelines include - protecting research participants; ensuring research is of high quality; and that researchers comply with legislation. The SRA claims these guidelines are in place to reassure funders and maintain the good reputation of the sector.

In 2021 the SRA published a document titled: **SRA Research Ethics guidance** (Social Research Association, 2021). The contents of the document can be summarised as follows:

- This is a guidance document on research ethics, intended for social researchers. It covers informed consent, confidentiality and anonymity, avoiding harm, questionable research practices, and ethical foundations.
- Informed consent is the cornerstone of ethical research. It means that participants understand what the research is about and what their participation entails, and that they agree to participate freely.
- Researchers need to take steps to ensure that confidentiality and anonymity are protected. Confidentiality means that participants' personal data will be kept confidential. Anonymity means that participants' identities will not be revealed.
- Researchers need to avoid causing harm to participants. This includes physical, emotional, and psychological harm.
- Questionable research practices include fabrication, falsification, plagiarism, and unacknowledged methodological limitations. These practices can undermine the credibility of research and harm participants.
- Ethical research is based on sound ethical principles. These principles include beneficence (doing good), non-maleficence (avoiding harm), justice (fairness), and respect for autonomy (respecting participants' right to make their own decisions).

When conducting work as a researcher these guidelines provide ethical parameters, they are shared and made plain to all those involved as participants during the project. This ensures confidentiality, anonymity, and the opportunity to review the final report to seek confirmation of understanding from those involved.

A Natural England ethical review application provided a checklist seeking to minimise any potential personal or social harm arising from the conduct of the research. This included:

- Questionnaire responses with contact details removed have been downloaded and stored in a dedicated folder relating to the research on the researcher's home computer and not replicated online.
- Questionnaire responses have only been presented as statistical data within the final report and therefore not personally attributable. Interviews have been downloaded and stored



in a dedicated folder relating to the research on the researcher's home computer and not replicated online.

- No personal information (e.g. participants names) were given or used during the interview. Interview transcripts have been downloaded, provided with a pseudonym and stored in a dedicated folder relating to the research on the researcher's home computer and not replicated online.
- Photographs are stored in a dedicated folder relating to the research on the researcher's home computer and not replicated online. All the above have been deleted from the researcher's home computer once the final draft has been approved by the relevant reviewers.
- Case study accounts were amended where necessary and approved by those directly represented.

# FINDINGS

## **Presents the main themes that emerged from the data analysis**

Whilst the overall focus and questions guiding the report were determined by Natural England, the summaries below are considered emic, that is "emerging from the people, more than etic, brought by researchers" (Stake 2010 pg.15) and state the observations, concerns and priorities of the Sussex NHS Trusts staff.

Summary of participants' general observations:

- Safety and risk mitigation an issue that needs to be addressed systemically
- Funding required for all activities
- Resources required for nature-based practices
- Requires a mix of practitioners for this to work on site
- Centrally organised resources for sessions, planning, and site appraisal etc.
- First Aid training required for all facilitators
- Clear line of communication between invested staff and NHS estates team
- Strategic buy in from the wider NHS trust
- The need for a dedicated woodland for use by services across the entire trust

**CERTIFICATE ATTENDEES  
PARTICIPATING IN FOREST  
SCHOOL FIRST AID TRAINING  
PROVIDED BY CIRCLE OF LIFE  
REDISCOVERY CIC AND FUNDED  
BY NATURAL ENGLAND**



The evidence provided in this report adds detail beyond the scope of the previous Certificate evaluation (Hope 2024) informing Natural England, and partners, about the provisional process for ensuring accessible and suitable green spaces across Sussex for the delivery of nature-based care, how NHS staff from across Sussex are contributing to NE, LNRS and NHS priorities and how those working within other NHS Trusts and contexts, who may be seeking to emulate their example, could follow in their footsteps, as well as indicating how NE and the NHS can directly support them.

How these NHS staff are working to access and utilise their available sites to provide healthcare that includes nature and being outside, is here considered primary evidence of what may be possible at current NHS sites and indicates where NHS staff are already contributing to the priorities indicated above, potentially without realising it.

**Primary Evidence: Supports the findings with direct quotes, examples, or vignettes from the data**

Case studies are a consistent feature of qualitative research (Stake 2010). During this project this can be straightforwardly explained as a way of looking at the quality of experience that those working within the NHS, and trying to provide nature-based interventions, shared with the researcher. Witnessing and hearing about the quality of these experiences helps to better understand how things are working for these staff situated in complicated contexts (ibid). What follows are short case studies based on site visits and recorded conversations with a small selection of those NHS staff that were available and able to participate. They are intended to illustrate in more detail the experiences of those involved in embedding nature-based practices within the NHS.



## SITE 1



# Lighthouse, Brighton and Hove

**Location:** Lighthouse, Sackville Gardens, Brighton and Hove, East Sussex

**Professional Role:** Mental Health Nurse

**Certificate in Nature-based practice completed in:** February 2024

### Site qualities

The site is a single large building situated within a residential area of the city of Brighton and Hove and accessible via pavement. There is a low wall surrounding the front of the building with



IMAGE 1

## SITE 1

a small car park on the right-hand side and a small lawn with a mature tree, bench and low-level planting on the left-hand side (Image 1). Both areas are open to passers-by and the ground floor consultation rooms are also visible from the small lawn. The main building has a large open plan atrium within the entrance on the ground floor that opens onto a small garden enclosed by a high wall. There is ramp access leading down into the garden which features a small mature tree, a pond, a composting area, sheds, several benches and small areas of lawn (Image 2). Squirrels, seagulls and several varieties of garden birds have been seen within the grounds. The compact garden area can be seen from the ground floor consultation rooms and is overlooked by residential properties (Image 3). The garden is already offering opportunities for visitors to engage with nature, but these are currently limited and could be expanded upon.

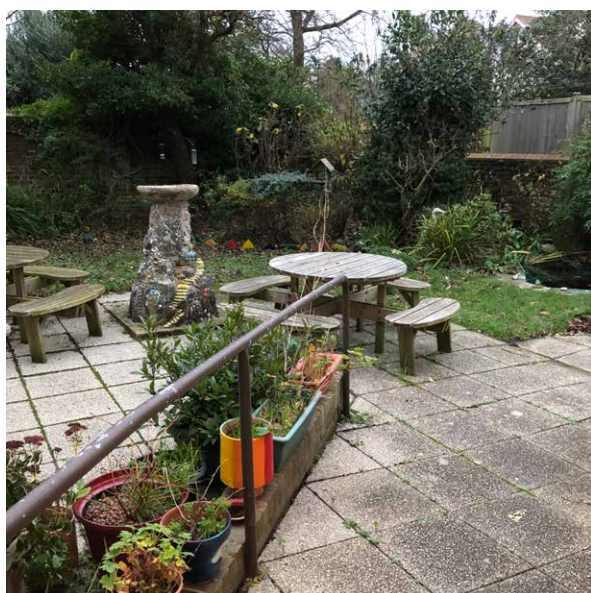


IMAGE 2



IMAGE 3

### Type of nature-based practice examples taking place at this site

Some planting and small-scale gardening projects, with occasional sessions outside of the centre with walks and activities held at the local beach (which is close and accessible). Some time spent in the garden area with visitors and participants. Potential for some integration into the current intensive 18-month programme.

### Observations from on-site staff members

The staff members at this site are clear about the need for nature to be consistently incorporated into their therapeutic programmes. They want to take the work they typically do outside. They cite their own experience, alongside the CLR training, as making clear that nature 'works' in

healthcare. Their aim is for a weekly group that would be able to take their therapeutic work outside and include regular days where this was also happening.

They feel that including and integrating outside experts, and agencies, in this work, for example from the National Trust, and Bushcraft teachers, would also add value to patient's experience of nature-based programmes as it encourages alternative perspectives, other knowledge and approaches. This can reach participants in a way that regular therapists and facilitators may not be able to, providing alternative role-models, especially where men can be included in a currently female led service.

Colleagues have taken to raising money through personal initiatives, such as bake sales.

One of the recent visitors to the centre on an 18-month group programme had been homeless and was being triggered by the sea and memories of sleeping rough on the beach. The staff members encouraged the group to visit the sea, and the patient became immersed in it, made art and threw things into the water, helping to 'let go' of trauma and association. The participant said that they were forging a new connection with the sea, and this was felt to be a moving experience for all involved. How a group is held and the experience, and boundaries required, along with risk management, needs to be respected in this regard.

The garden is a good space, as it has access to the sea, which is within walking distance, but the stand-alone woodland experience is considered more immersive and appropriate for those they work with. They want a dedicated site, with a toilet, with a shelter, and more containment for those they work with and enough money to know that they can incorporate nature in their work for at least a year. Currently there is no clear route for securing funding and no clear route for engaging estates. When they take the work outside, they feel they must go to someone else's site. Nature should be included in the variety of therapies on offer, and it should be higher up as a priority and given more time.





## Aldrington Centre, Brighton and Hove

**Location:** Aldrington House (Aldrington Centre), New Church Rd, Brighton and Hove

**Professional role:** Doctor (Psychiatric Trainee 5 years into training)

**Certificate in Nature-based practice completed in:** February 2025

### Site qualities

The site comprises a large older style building and several smaller adjacent buildings (of which the Aldrington Centre is one). The main building is approachable via a pedestrian path along two sides and is set back from a main road with considerable traffic and access for vehicles and parking. At the front of the main building is an area of mown grass with several benches, mature trees and some border planting (Image 1). Visitors can be seen making use of this area, eating at the benches, smoking and exercising pets. Along one side of the main building is an outdoor area that is entirely fenced off and only accessible through a locked gate with a security code (Image 2). This area does not appear to be overly managed, with unmown grass, a pond (stagnant), and herbaceous border planting. This area appears to have been used for some outdoor work with visitors and has scope for supporting nature-based interventions (Image 3). The site is also



IMAGE 1



IMAGE 2

## SITE 2



IMAGE 3

located within walking distance of the sea and considered an accessible area for featuring nature in some patient visits.

### **Type of nature-based practice examples taking place at this site**

They have some recent experience of incorporating nature-based practices with a patient. Working 1:1 they accompanied a patient on a walk around a local park, paying attention to sound, things that could be seen, and smelt, and helping the patient tune into the moment. It was particularly helpful as part of their therapy, with the patient appearing more relaxed, and supporting their grounding strategies.

### **Observations from on-site staff member**

The trainee doctor at this site believes that “we all need to appreciate nature more”. They want to develop their nature-based practice with inpatients and outpatients that need support for early

## SITE 2

intervention mental health and psychosis but are uncertain how to begin or who to approach within their professional setting.

They are not sure whose land the fenced area belongs to and have not yet made an approach to use this area as a site for incorporating their interest in bringing nature into healthcare. They do not know who to approach at their place of work regarding taking this work forward. There is someone who does more organisational work, but they don't know their job title and perhaps don't feel confident about contacting them. However, they do see the potential of the site and think that patients could be incorporated to do some planting, that a little circle could be created with activities, like whittling, being experienced.

They know that staff do use the benches outside for meeting and talking with patients, depending on how many other people are around as meetings need to be as confidential as possible. It is possible to take patients out to the beach or a park but there are no dedicated areas for this kind of work. They consider these spaces to be fine to meet and talk with patients but to this staff member they don't seem to stimulate much excitement and are "a bit plain".

They move sites every 6 months and find this unsettling. Doctors are used to this as it is part of the training, but it does often feel that they are starting again at the bottom of a learning curve. This may be influencing their 'mindset' and limiting their outlook, especially where "no one is doing it" already at this site.

They do have experience of a day at a community site, working with three other staff members and seven patients for a few hours working outdoors with a fire, playing games, and drinking hot chocolate. The social element of this was well received by the patient group.

As a doctor they feel they must justify how they are spending their time and sell it as a 'psycho-educational' intervention. Despite recognising that nature is good for their own well-being, they ask themselves why 'nature' should be 'delivered by a doctor'. They hope that things will get better with increasing areas set aside for nature and more support for nature and therapeutic work and well equipped to do this work.





## The East Brighton Community Mental Health Centre

**Location:** The East Brighton Community Mental Health Centre (Seaside View, Child Development Centre), Elm Grove, Brighton, East Sussex

**Professional Role:** Senior Occupational Therapist

**Certificate in Nature-based practice completed in:** February 2025

### Site qualities

The site consists of a large building with a single entrance for patients and staff. Entrance to the building is through a walled garden and a sloped pathway separating two reasonably sized, connected plots (Image 1). The first plot is easily accessible to the public and is primarily used as a waiting and picnicking area. It features a manicured lawn with benches, several birch trees, a stone bird bath and some herbaceous planting at the borders (Image 2). The second plot is not currently used by the public in the same way. It features a less manicured lawn and includes well-established trees, a tree swing, several benches (in disrepair) and an area with raised beds that have been used for growing herbs or similar (Image 3). Both plots appear to have potential for nature enhancement and recovery, whilst the 'wilder' second plot appears to have the most

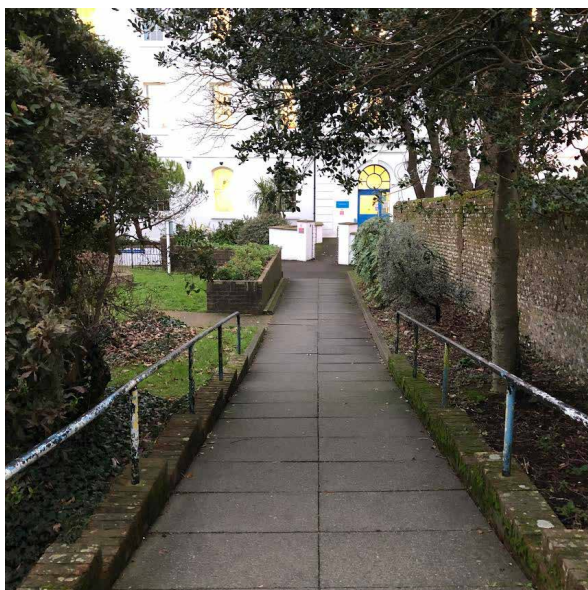


IMAGE 1



IMAGE 2

## SITE 3



IMAGE 3

scope for accommodating nature-connection healthcare practices whilst on site. There may be an issue with accessibility as access and ingress is via brick steps and there is currently no outdoor shelter available.

### **Examples of nature-based practices taking place at this site**

Walking with patients around the site and further afield (the local racecourse) during allotted patient/clinician meetings. Meditative activities such as listening to nature together in silence and reflecting on what was heard and felt.

### **Observations from on-site staff member**

The Senior Occupational Therapist at this site is committed to finding ways to integrate nature that patients will find helpful. They feel strongly that “nature is not an addition that we need to

## SITE 3

bring into healthcare, but a necessity. As a necessity we need to find the ways and the means to make it part of healthcare". Raising concerns about the predominance of the Western "medical model" of health as the only solution taken seriously, they see nature-based practice as an appropriate approach towards health and illness.

They see the potential and benefit of nature, but they still feel that they must 'prove' those benefits to managers and patients. For example, "prescribing sports to a patient with mental health issues is not considered 'wishy washy', so why should prescribing nature be?". The cold and the rain are considerable factors for this site's patient profile (e.g. pregnant women and newborns) and accessing toilets is another key feature that will be required for this site to be better equipped for this work. These elements of safety and comfort are supported by the recent Certificate training but safety regarding this work will require integration and consolidation.

Whilst home visits are common for this member of staff, patients do visit the site for support. It is clear from this member of staff's experience that meeting patients outside the house can have a dramatic effect on those that are depressed. It is felt that being outside also appears to reduce the intensity of a face-to-face meeting and creates more space for reflection. One recent patient who reported having invasive thoughts was very interested in nature. The member of staff saw this as an opportunity to trial some nature-based practices with them. They walked outside together, caught up on how things were going, listened to the sounds of nature together in silence, and reflected on how it made them feel. At a subsequent appointment the patient reported that this nature-intervention had been particularly helpful and that it had acted as a grounding experience that they had returned to when they needed a sense of stability. The member of staff theorises that this was because their encounter had an emotional element that made it stick, and that it was equalising, whereas being in a consultation room may not have had the same impact or rapport.

Increasingly nurses on site are also going for walks when they have breaks, treating each other more as equals and promoting different kinds of conversation across the hierarchical system, for example talking with consultants more frequently. This alternative space for quality communication is felt to be acutely important to ensure clinical safety.



## SITE 4



### Victoria Hospital, Lewes

**Location:** Victoria Hospital, Lewes, East Sussex

**Professional role:** Mental Health Primary Care worker

**Certificate in Nature-based practice completed in:** February 2024

#### Site qualities

The site comprises several large buildings accessed via a slip road off a main road and has two dedicated car parking areas. The site has limited green space but there is potential for considerate planting as a green space. There is a thin corridor with a mix of deciduous trees that



IMAGE 1



## SITE 4

runs above the main road. This area is used as a discrete space for staff that smoke (Image 1). Surrounding the secondary building are wilder areas with some mature trees and undergrowth (Image 2). Benches are positioned around most buildings with views to grass and some border planting (Image 3). Behind the secondary building is a raised large L-shaped area of tightly mown grass with two closely situated mature trees bordering residential houses (Image 4). Above the main building are high grass borders and a large car parking area. This car park is bordered with a hedgerow mix of bramble, ivy and some overgrown shrubs and provides a habitat for birds such as sparrows (Image 5). It is evident that there are areas that could be made more accessible



IMAGE 2



IMAGE 3

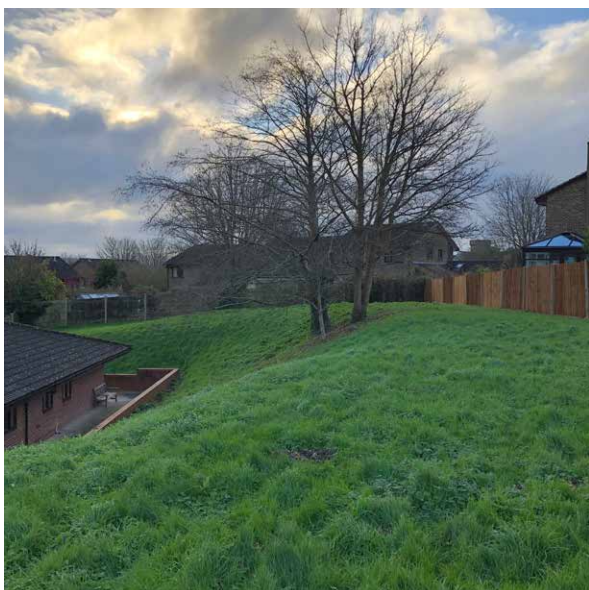


IMAGE 4

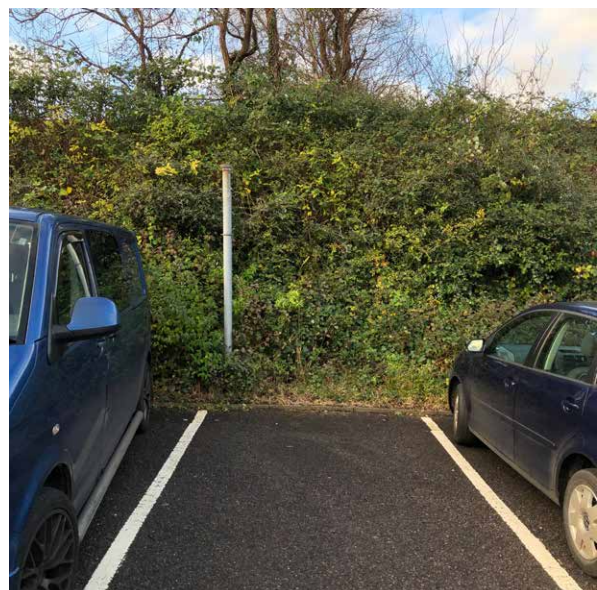


IMAGE 5

and valid regarding small-scale nature-based activity outdoors (e.g. planting, sitting, talking and listening, and nature regeneration).

### **Type of nature-based practice examples taking place at this site**

None yet but there is potential and a vision for a living willow structure and shelter, for tree planting, for talking circles, and flora and fauna identification.

### **General observations from on-site staff member**

The Mental Health Primary Care worker at this site can see the potential for nature recovery and for integrating nature-based practices within the services they provide. The Intermediate Care Unit provides a period of rehabilitation for patients, enabling them to recover and regain their independence before returning to their preferred place of residence.

Working predominantly as an art therapist with young people experiencing mental health issues (rather than physical issues) the staff member articulated how powerful nature could be in their work reflecting that they did not anticipate any access issues on the site regarding possible nature interventions. As a psychologist they would resist from being directive in this work. An example of this is a current female patient who likes to circle the big tree above the road at the hospital instead of working in a closed space. Working across two sites in the county the staff member expressed that children who are referred to them as patients from within Lewes town are better equipped to engage with nature. Children living in a more socially deprived area are more likely to live “in mental poverty” and have a limited relationship with nature.

Reflecting that they had at least a further 10+ years ahead of working for the NHS they were able to imagine what nature-based practice could look like at the site going forward in time. Incorporating temporary structures, like willow, may be more acceptable to the NHS management as this might be “something they could cope with”. It could have a dedicated space, a storage space for equipment, and may then start to be used by all staff for lunch break etc. as this tends to happen when things are improved upon, this would then lead to considerations and issues about usage timetabling the spaces etc. as people see the spaces and like it and want to use it. Could also be used for staff well-being e.g. tree planting and outdoor activity.

Visiting the car park and pointing out starlings overhead and the bordering hedgerow, with its promise of blackberries, they recognised the need to look beyond the current functions of the site, what it appears to solely be, and look beyond current use to see nature and what nature is available. At the close of the visit, they shared that they always come back to wanting to plant trees, to planting trees, and that here was an opportunity to do so.





# NHS Well-Being Away Day for Occupational Therapists

**Location:** Circle of Life Rediscovery, Mill Woods, Ringmer, East Sussex

**Professional role:** Registered Nurse

**Certificate in Nature-based practice completed in:** February 2023



IMAGE 1



IMAGE 2

## Site qualities

This 3rd Sector Community site has a central area dedicated to nature-based practice with a canvas shelter and fire pit, compost toilet facilities, woodshed, and equipment storage area.

The central area is situated within 10 acres of mixed broad-leaved woodland known as Mill Woods (Image 1). "This land is part of the newly formed 171 acres of Laughton Community Greenwood (formerly Vert Woods). The committee of this Community Woodland and is committed to supporting the mission *"To restore, create and maintain an inspirational working Community Woodland that puts nature at the heart of decisions. We seek to establish a self-sustaining and thriving woodland culture that connects people with their natural environment."* (Image 2)

### Type of nature-based practice examples taking place at this site

The activities included in this stand-alone session included, listening to a seasonal story for Spring, guided meditation, movement and orientation, 'Viking' knitting (a simple solo braiding exercise), the sharing of poems, and intention sharing for the season ahead.

### General observations of staff on away day

Having completed the CLR training and seeking ways to integrate nature-based practice into their professional work, two NHS staff are collaborating on offering associated members of staff professional development days that take place outside in nature. Taking place quarterly, the focus of these 'seasonal' sessions is on supporting health and well-being.

A small group of Occupational Health workers gathered in the woodland, managed by CLR, over three hours, and shared in activities, reflection, stories and conversation. The session was entirely led by the two Certificate trained NHS staff members, who had co-authored the structure and took turns to lead the group through a series of staged activities. Whilst many of these activities could also have been undertaken in any setting, it was clear that nature was seen as integral to the intention of the session, and that being outside, seated around a fire, in company, with the opportunity to freely explore the woodland, was beneficial to the individuals.

One of the attendees, a CAMHS Occupational Therapy Professional Lead, offered the facilitators an informal appraisal after the session stating that it had been "a lovely afternoon that was hosted and facilitated so well, seamless and also with such a comfortable supportive rhythm". They went on to say that the staff "felt held, supported and were able to be challenged to do things out of their comfort zones".

One of the members of the team responsible for leading this **NHS Well-Being Away Day for Occupational Therapists** met outside of the group to search for a site that would be appropriate for those they work with requiring healthcare.

This member of staff shared a statement describing how a dedicated site would secure essential qualities required for their patient profile. They said that the "dream of having a dedicated woodland site would represent a transformative shift from the current reality of including nature-based elements in our professional practice".



# Sussex Nature Based Care Working Group

**Location:** Circle of Life Rediscovery, Mill Woods, Ringmer, East Sussex (see above)

**Professional role:** Led by a Consultant Psychiatrist with 12 attendees from Sussex NHS Trusts in total (with 7 apologies)

**Certificate in Nature-based practice completed in:** Included several staff members who completed course in February 2024 and several who completed in February 2025

## General insights

In February 2025 a group of NHS staff members met under the banner of 'Sussex Nature Based Care Working Group'. The meeting focused on the topic of supporting and sustaining nature-based care. Specifically, the group discussed how to better integrate nature-based activities (like spending time outdoors with patients) into healthcare services provided by the trust and the staff present.

## Key issues raised

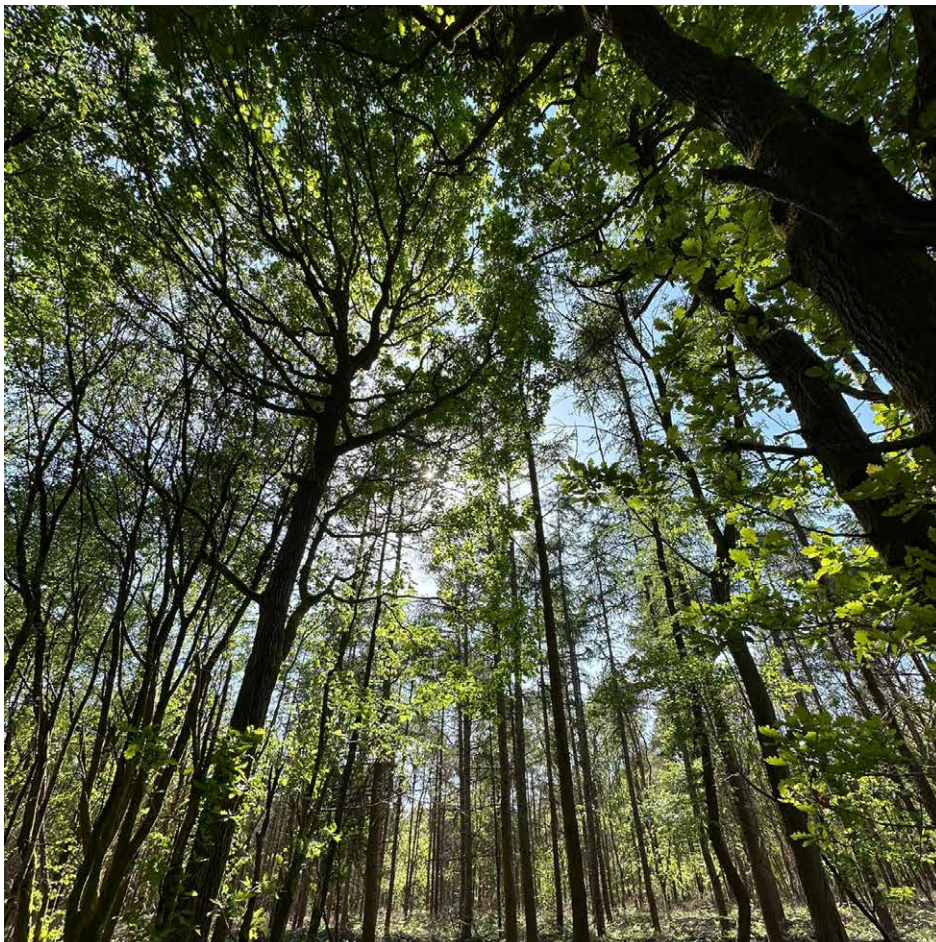
- **Clinical Governance** - the staff discussed the need to have their participation in these nature-based groups formally recognised by their managers. This ensures they have time for it and that the program is properly authorized. The group talked about looking at a successful program at another site, Alder Hey hospital, and their initiative called FRESH, which approaches nature in a well-organized way. They want to see if they can learn from their approach. They also talked about the need to make sure all activities are safe by doing risk assessments and figuring out how to get people to the outdoor locations, especially since not everyone can use their own cars.
- **Funding and Locations** - right now, nature-based care isn't seen as a main part of treatment, so it doesn't get much funding. They discussed potential locations for these activities, including Stanmer Park and Plot 25, an allotment project in Brighton, and a site in Worthing. They also talked about working with an organization called Heads On, but there are costs involved in using their site. To get more funding, they need to show that these nature-based



## SITE 6

activities really help people. They discussed ways to measure this, like tracking progress on goals or using feedback from people who have experienced the programs. They discussed the use of an app called Go Jointly which maps all the green spaces in the UK, and that a Padlet of sites had been created.

- Making it Last / Sustainability - The group talked about how to include nature-based care in everyday clinical practice, not just in special group activities. They discussed small ways to include nature, like one-on-one walks outside.



**CIRCLE OF LIFE REDISCOVERY, MILL WOODS**

## SITE 7



### Roots to the Moon, The High Weald

**Location:** Roots to the Moon, The High Weald, East Sussex

**Professional role:** Care planning and intervention in a secure children's home

**Certificate in Nature-based practice completed in:** February 2025

**This site has been included to demonstrate how and why community sites are accessed.**

#### Site qualities

The site is a combination of farmland and woodland set across several acres in a valley of private land. The site is accessed along a private drive off a through road that runs between nearby villages (Image 1). On route an area of woodland is a pond surrounded by mature trees (Image 2) below a large area of fenced in woodland containing coppiced hazel trees which is accessible near the main buildings and access road (Image 3). On route to this area is a large pond surrounded by mature trees (Image 3). The main buildings comprise a farmhouse, work sheds and outbuildings. The main outbuilding contains a toilet and a space for indoor group work and has cushions and a working stove. Above the main building is a large open pen holding domesticated sheep (Image 4). Alongside the main outbuildings is a cowshed housing two cows and one bull (Image 5). Below



IMAGE 1

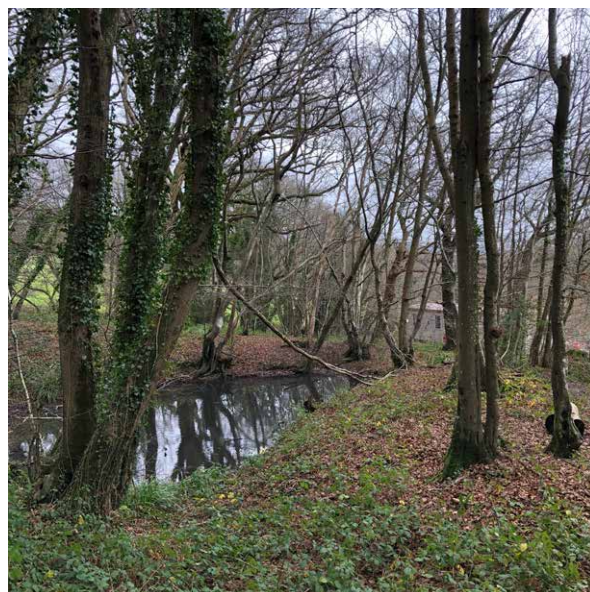


IMAGE 2



## SITE 7

the farmhouse is a large area of arable farmland used for crop planting and as an orchard (Image 6). Chickens, and cockerels, are housed in their own pen within this area. The site is also home to a large variety of garden birds, owls, and buzzards, along with wild animals such as badgers, mink and foxes. These can predate on the livestock. Some of the site's borders have been cleared of bramble and low growing shrubs. The site is owned and managed by a couple who run the site as, an "organic, biodynamic and shamanic small holding". Their aim is "for a holistic, balanced, and thriving mini ecosystem from which all can flourish".



IMAGE 3

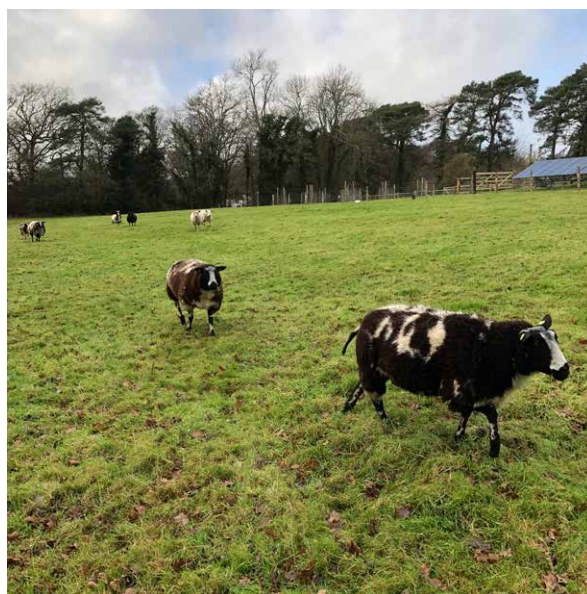


IMAGE 4



IMAGE 5



IMAGE 6



### **Type of nature-based practice examples taking place at this site**

Plans for working with a single group over two days a week are currently underway at this site with roles and responsibilities, vision and values being set out together. It is felt that an experienced team with a distinct set of skills (who no longer feel able to work within the existing system of healthcare and education) has been assembled here with a common purpose, and with the support of an experienced small holder who works with “ancient way of working”, who can extend their vision and support “internal and self-work” is also included for this group of people and their own “need to heal, and develop spiritual change”. If you become disconnected from nature you get further and further away from taking care of nature and understanding the complexity of the ecosystem and the life force of nature (e.g. weed killer does not just stop weeds, but it kills life).

### **General insights from on-site staff member**

Having up until recently worked within the NHS in a secure children’s home this staff member has decided to set-up their own nature-based intervention programme and is now collaborating with two experienced youth workers, and a small holder, to offer nature-based interventions for young people.

They consider confined environments, such as secure institutions for adolescents, to be very emotionally intense, whereas nature has the capacity to provide “comfort and joy”. They want to help to reduce the numbers of children being diagnosed with mental illness through better understanding. They anticipate that they can work with more children in this setting than they were able to in their previous professional role.

They want local authorities to understand that resources need to go into nature-based intervention projects and how working with a younger group of children within nature as an early intervention strategy can prevent the need for children to be looked after by a high ratio of adults. Their focus is to gain one revenue stream, for a single project for young people, that offers 1:1 support and works from evidence-based outcomes and understanding (for example the PACE model). They will work with the young people to co-create the programme around specific needs and drives. This will help ensure that the children will get success from it and that they are able to emotionally regulate, feel more connected, and stop relying on the coping mechanisms that they created to survive. Then they can start connecting with other people and not be so frightened to trust.

The importance of the connection to nature and having a sense of something greater will help them throughout their entire life and ultimately that’s something that they will then instil in their own children so that it will become intergenerational and passed along.

## SITE 7

Providing adult modelling of a deeper relationship with nature, rather than an instrumental understanding of nature, is an aim of this programme. This may offer healing for the whole family alongside supporting the recovery of children who need urgent mental health support and provision, and secure attachment to place and people.

There is a sense that we are becoming more detached from nature through using technology and that the benefits of being in nature providing a sanctuary and an opportunity for children to be children is being overlooked and undervalued. The more disconnected from nature you become the less care for wildlife and nature you take. The woods are healing for all sorts of children and adults. Where children have been hurt by people, nature is an opportunity to reconnect. Being in nature is a setting that is gentling, with animals being a good gateway to this reconnection, as they do not purposefully hurt each other, offering safety and something bigger.



**ROOTS TO THE MOON, THE HIGH WEALD**

# INTERPRETATION OF FINDINGS

## **Discusses the meaning and significance of the results in relation to the research questions and existing literature**

### **Qualities of sites**

Quality is defined by the Oxford Dictionary as *"the standard of something as measured against other things of a similar kind; the degree of excellence of something"* and as *"a distinctive attribute or characteristic possessed by someone or something"* (OED 2025).

The Mental Health Nurses at Site 1 recognised the positive attributes of having access to an on-site garden but when measured against the dedicated woodland space (such as those at CLR or Roots to the Moon) they had experienced in their training, the characteristics of the garden (small, enclosed, and overlooked) were not considered appropriate for those they work with in healthcare (e.g. with complex grounding, stabilising, therapeutic work that has the need for safety, no intrusions, where you can take risks).

The Doctor at Site 2 also saw the potential of their site as possessing characteristics that could support patients and incorporate nature-based activities such as planting, and whittling. However, whilst they considered it possible to meet with patients outside at the site, it was not considered a space that would support confidentiality. The garden area (currently inaccessible) is not considered to be a place where *"nature thrives"* and did not stimulate much excitement regarding this type of work.

The Senior Occupational Therapist at Site 3 considered the elements (cold and rain), and the inaccessibility of near-by toilets, as considerable factors inhibiting their use of the site, especially regarding their patient profile (e.g. pregnant women and newborns). However, the dual garden was considered a space where they could establish a dedicated growing area for working directly with patients in the soil.

The Mental Health Primary Care Worker at Site 4 saw beyond the immediate limitations of the site (extensive car parking, tightly managed lawn mowing) and recognised the potential, and scale, overlooked characteristics of the site to incorporate temporary structures (like willow shelters), storage space for equipment, and outdoor nature-based activity such as tree and herb planting.

The Registered Nurse hosting the NHS staff Well-being Day, and many of those attending



the Sussex Nature Based Care Working Group meeting at Site 5, confirmed in detail how the standard of current NHS sites as measured against the Community Woodland (e.g. CLR and Moon) sites were seen as not yet possessing the qualities required for the 'Nature-based practice' they hoped to provide. Current NHS sites were identified as being too small to enable free movement (especially children), as restrictive in terms of being able to accommodate multiple families or groups, as being situated within noisy and over-stimulating urban areas undermining a sense of safety, and with the lack of on-site storage space adding to time pressure and the physical demands of offering nature-based practice. Additionally, it is financially burdensome to hire appropriate sites (such as CLR) with transport for staff and patients adding to the logistical complexity.

## Availability and suitability of current NHS green spaces for nature-based care

Availability is defined by the Oxford Dictionary as *"the quality of being able to be used or obtained"* and *"the state of being otherwise unoccupied; freedom to do something"* (OED, 2025). Suitability is defined by the Oxford Dictionary as *"the quality of being right or appropriate for a particular person, purpose, or situation"* (ibid).

Only one third group completing the Certificate in February 2025 are currently free to feature nature as a setting for their health service work. Less than half of the overall group reported having direct access to nature at their healthcare site, with less than a third of the overall group able to access nature and obtain nature sites weekly (Question A - Group X).

**Less than half of the overall group reported having direct access to nature at their healthcare site.**

Despite completing their course over a year ago most of the group who completed the Certificate in February 2024 do not yet have the freedom to feature nature in their health service work and have not yet been able to secure direct access to nature at their healthcare sites. Almost half the group are only able to occasionally obtain time to access nature whilst working in their healthcare settings (Question B - Group X).

The Mental Health Nurses at Site 1 are clear about the need for nature to be consistently incorporated into their therapeutic programmes. They want to take the work they typically do outside but are struggling to obtain the resources (especially time, money, support) to do so.

The Doctor at Site 2 sees the scope and feasibility of including nature-based practice in Early Intervention but is unsure about the availability of a fenced-in garden area on the estate and has not yet made an approach to use it as they do not know who it belongs to. The free availability of this area could reduce their reservations around risk and appropriateness for the patient profile. Whilst they see the potential of the site and think that patients could be incorporated to do nature-based practices (e.g. planting and whittling), they do not consider the quality of the site

as being appropriate for their patient group due to the lack of a dedicated space, weatherproof buildings, or adequate staffing ratio. Time was also considered a critical issue.

The Senior Occupational Therapist at Site 3 is currently unable to run nature-based interventions in the way that they want to due to limitations placed on their own availability. Whilst they think that they could obtain use of the gardens they don't have the time or the staffing for this to be appropriate currently. There are only seven members of the team at this site responsible for seeing 10% of the working population (approx. 20,000 patients) for the county which they consider to be a disproportionate balance.

The Mental Health Primary Care Worker at Site 4 recognised the need for staff and managers to look beyond the current use of site (e.g. car park) to see nature and what nature is already available at the site and where suitable areas could be obtained to develop for nature-based practice and nature recovery incentives.

## **Process of engagement to influence NHS Estates managers**

An NHS document published in 2005 by NHS Institute for Innovation and Improvement titled 'Process mapping, analysis and redesign' includes the term 'process mapping' (NHS Institute for Innovation and Improvement, 2005) stating that, "*Process mapping is a simple exercise in your toolkit of improvement methods*". Process mapping is framed within the document as a 'model for improvement' (ibid, pg. 6) and that it "*helps a team to know where to start making improvements that will have the biggest impact for patients and staff*" (ibid). The document states that, "*we are involved in processes all the time both at work and home*" and that "*a good definition of a process describes it as a series of connected steps or actions to achieve an outcome*" (ibid, pg. 8). The characteristics of a process are stated as having:

- A starting point and an end point. This is the scope.
- A defined group of users who will probably be a group of patients with similar characteristics or needs. This is sometimes called the slice.
- A purpose or aim for the outcome.
- Rules governing the standard or quality of inputs throughout the process.
- It is usually linked to other processes.
- It can be simple and short, or complex and long (ibid).

These characteristics are useful in determining whether the NHS staff currently attempting to include nature-based practice interventions in their care work are following a discernible process, one that could be adopted or adapted by other workers within the NHS. The inclusion of 'process mapping' as a term and approach within NHS related documents mean that it may be of relevance to those working as managers or departmental leaders within the NHS care system.

The Doctor at Site 2 does not know who to approach at their place of work regarding taking this work forward. They do not know the job title of the person who does more organisational work, and don't feel confident about contacting them. Not having anyone at this site as a role-model

also undermines confidence to enact nature-based practice. Unknown to the Doctor there are two NHS staff members working at an adjacent site but currently there is no overlap, resulting in a fragmented, and siloed approach to these intentions.

The Senior Occupational Therapist at Site 3 sees the potential and benefit of nature, but still feels that they must 'prove' those benefits to managers and patients. The estate is not part of the clinical staff's day to day thinking and working out who to contact about the site is difficult. Individual managers can be supportive but not every manager takes the same approach to this concept or intervention. It is complicated to find the right person to talk to regarding the grounds. The site is managed in lots of different ways, and it is seen as too time consuming to uncover. NHS stakeholders need evidence directly from practice as there is not yet enough in-house research to justify this work to wider teams.

The Mental Health Primary Care Worker at Site 4 has approached a manager about incorporating nature-based practices on site, but they responded that it was *"complicated"* and no further support was offered. They consider incorporating temporary structures, such as willow, to be more acceptable to the NHS management as this impermanence might be *"something they could cope with"*.

The Registered Nurse at Site 5 put forward the case for *"having a dedicated woodland site"* and that this *"would represent a transformative shift from the current reality of including nature-based elements in our professional practice"*. A dedicated space could then be made available to Sussex Partnership NHS Foundation Trust (SPFT) staff (above Certificate groups and beyond), enabling them to book sessions with the people they work with. This would expand the impact of the site, making it a valuable resource for other professionals and families. The facility of on-site storage would also permit storing equipment safely at the location, reducing the logistical burden of transportation and making daily operations much easier.

The Consultant Psychiatrist and the Sussex Nature Based Care Working Group at Site 5 presented the need to have their participation in these nature-based groups formally recognised by their managers, ensuring that any programme is properly authorized. Buy in from senior leadership would address funding streams and address practical issues such as risk assessments (seen as a critical part of the process along). Presenting what is happening to leadership may support more projects being implemented locally.

Whilst the above case studies make clear that there is positive action taking place across

***"Having a dedicated woodland site... would represent a transformative shift from the current reality of including nature-based elements in our professional practice".***

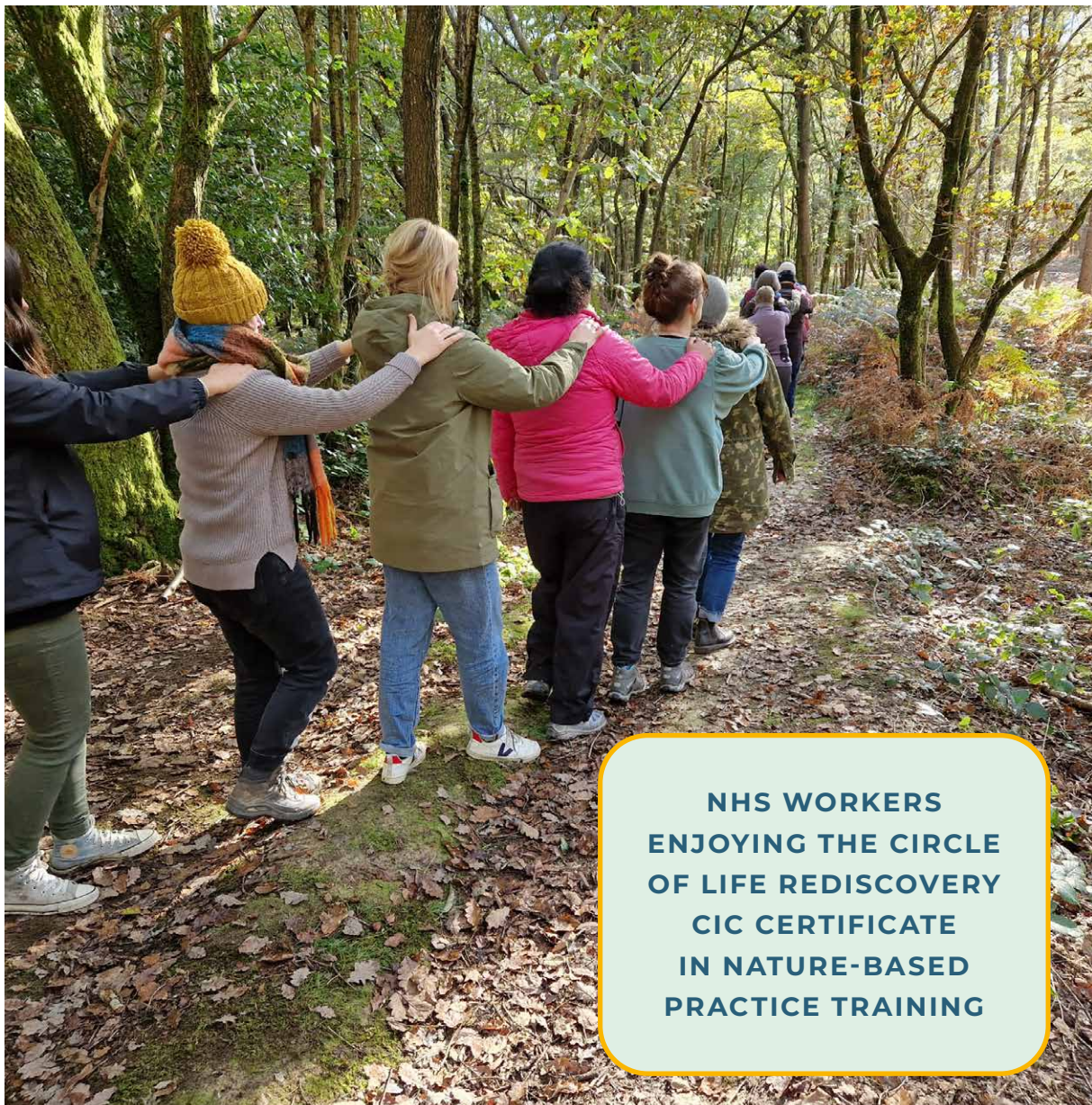
Registered Nurse at  
Site 5



healthcare and community sites in Sussex the responses suggest challenges and obstacles relating to their efforts to include nature in their professional work.

- Both groups are not yet able to regularly access nature as part of their healthcare services.
- The group who completed the course in February 2024 group appear to have had limited success in integrating their certificate training into their regular healthcare work.
- Both groups do not have an awareness of the NHS Forest initiative.
- Both groups do not have an awareness of the Nature Recovery Strategy.
- There is no discernible 'process journey' or map for how the above could be addressed.

The limited recognition of the 'NHS Forest' initiative and limited awareness of the Nature Recovery Network indicates that there is not yet a joined up, systemic, approach to including nature within healthcare. What follows is the actions required to do so seen from their perspective.



# **ACTIONS**

## **to ensure long-term accessibility and suitability of sites for nature-based care delivery**

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**The Mental Health Nurses at Site 1 wants actions that:**

- **Integrate with outside agencies such as the National Trust**
- **Allow staff to work with external (male) role-models (e.g. Bushcraft teachers)**
- **Provide a dedicated site, with toilet, shelter, and more containment for those they work with**
- **Enough money to know that they can incorporate nature in their work for at least a year**
- **Develops a centralised way of accessing equipment and resources and to make sure people are not doubling up**
- **Even out discrepancies in levels of training and experience (e.g. include student nurses in groups for them to be trained)**
- **Ensures nature is consistently embedded in programmes, therefore ensuring sustainability of approach**
- **Generate specific 'research' evidence that focuses on specific sites programmes increasing confidence in interventions**

### **The Doctor at Site 2 wants actions that:**

- Ensures that we all appreciate nature more
- Allocates more funding to this work
- Creates buildings for seeing patients in collaboration and consultation with staff and with staff insights and concerns regarding nature etc.
- Increase staffing ratios for this work to mitigate perceived risks

### **The Senior Occupational Therapist at Site 3 wants action that:**

- Creates a central resource for this work enabling staff to take tested material, adapt it and go forward with it
- Uses in-house research and evidence to justify this work to NHS stakeholders
- Trial the 'Expert by Experience' model to capture the potential impact of these interventions and to gain the patient perspective (which is lacking within in-house research and reporting)
- Advances the Certificate training seen as essential for building a group with common skills and goals. The focus on safety, risk assessment, and insurance are key areas for reassuring the NHS in general that this work is being approached with seriousness
- Sees accredited training courses adopt NHS appropriate language



### **The Mental Health Primary Care Worker at Site 4 wants actions that:**

- **Directly engage managers and other staff at site to see the potential of this work**
- **Secures First Aid Training and removes barriers to taking this work further**

### **The Registered Nurse at Site 5 involved in providing Well-being sessions for NHS staff want action that:**

- **Secures a dedicated woodland site in a remote location providing a space that fully supports the needs of young people and their families**
- **Provides a larger, private space allowing several families to visit at the same time, ensuring there is ample room for movement and play while still providing a peaceful environment where families feel comfortable and supported**
- **Relieves the ongoing financial burden of daily fees, enabling a focus on providing the best possible experience for our young people and families without the constant pressure of fundraising**
- **Supports a dedicated site becoming a hub for parent support, offering opportunities for parent groups to meet, providing a much-needed chance to step away from daily stresses, and fostering connections with others who share similar experiences**
- **Involve parents in maintaining the site, which would provide a meaningful way to contribute and create a sense of shared responsibility. Considered particularly valuable for fathers, who may find traditional group settings challenging but could benefit from practical, hands-on activities in a welcoming environment**

## **The Consultant Psychiatrist and the Sussex Nature Based Care Working Group at Site 5 want action that:**

- **Ensures NHS staff attendance at Special Interest Group is job planned/agreed with managers. This is important for people having the time they need for the work, and to ensure the group is working legitimately within the Trust**
- **Addresses the practicalities of governance e.g. ensuring groups are risk assessed, accessing transport for participants to get to nature-based practice groups (as not all staff are insured to take service users in their car).**
- **Using Experts by Experience can be helpful, though it does require some funding. This can allow for assessment of pilots can be helpful. Some staff state that their managers are helpful however they don't have access to any money either**

## **How the above processes relate to priorities identified in local nature recovery strategies (LNRS)**

The estate belonging to the National Health Service (NHS) can contribute to Local Nature Recovery Strategies (LNRS) with positive outcomes for nature and the public.

The insights gained through the above sites visits, conversations and online survey results, relate to priorities identified in local nature recovery strategies. How these sites are meeting these priorities are presented below against the priorities listed in the previous section presenting NE, LNRS, and NHS priorities.

It is important to state that the below interpretation is subjective and based on the limited conversation and insights offered by the NHS staff at these sites and is further limited by my own understanding and ability to appraise green spaces (e.g. I am not an ecologist).

All Sussex NHS Trusts sites visited are considered to possess positive potential against every item above with most offering a positive result against providing nesting habitat for birds and

bats. However, these nesting habitats were often in the form of historical additions to the sites, were not put into action by the on the site NHS staff member, and their suitability, use, and appropriateness could not be ascertained.

All sites visited would substantively benefit from:

- Engagement from decision makers (e.g. NHS managers and estates teams) to acknowledge nature as part of the solution to supporting health, and optimising the potential wildlife benefits at each available site
- NHS estate teams managing available sites with nature in mind, adopting a no pesticide/herbicide use, and with a sustainable approach to fine turf management
- NHS managers and estate teams supporting NHS staff Certificate groups to enrich existing sites through their best-practice examples (including providing nesting habitat, planting and engaging the public directly with nature)
- NHS managers and estate teams encouraging community organisations involvement on available sites and valuing the available green spaces as important community assets
- Demonstrating the benefits for nature, health and well-being for arising from these initiatives through increased public engagement

## **How the above processes also relate to priorities identified in NHS Estates and related initiatives**

All NHS sites visited are considered to possess positive potential against every item presented in the contextual excerpt from the NHS Estates Strategy for 2022-2026. If the Sussex NHS Trusts staff featured throughout this report are supported to move forward with their plans for embedding nature-based practice in their healthcare work, then their sites will also benefit associated staff members. This will result in fostering a sense of belonging through their working environment, such as creating nature-rich spaces where staff can have meals and rest breaks. If estates and facilities teams can involve staff in the planning of estates projects, embracing their plans for nature restoration and patient involvement, then this will contribute to the 'Care Without Carbon' framework and support the current target of Net Zero emissions.

Supporting these staff to embed nature-based practices in their healthcare provision as outlined above will also ensure that priorities in the 'SPACE TO BREATHE: Valuing green space at NHS sites for staff well-being' report are being addressed. Sites where nature is being restored because of nature-based practices, blending nature with healthcare, could significantly affect the wider staff cohort's mental and physical well-being, recruitment and retention. With nature flourishing at Sussex NHS Trusts sites staff may be more inclined to spend time in the green spaces available at work and look to include supporting patients to spend time accessing nature, supporting staff's well-being through face-to-face work with patients in green space.



## **Implications: Explores the implications of the findings for practice, policy, or further research**

There is not yet a clear process for those seeking to embed nature-based practices within healthcare services provided by the Sussex NHS Trusts. The NHS staff interviewed want there to be one. What follows is suggested by what they shared in this regard.

### **Addressing the actions required by NHS staff**

The NHS staff represented in this report do not yet have a sanctioned or systemic mandate, such as that of the 'nature recovery rangers' cited in an earlier section (NHS England, 2023). There would be important differences between the recent piloting of 'nature recovery rangers' at NHS sites and the professional healthcare workers who have undertaken the Certificate in nature-based practice training represented here. Where a 'nature recovery ranger' may have site specific skills such as training in ecology and land management, the NHS staff would be well placed to see how green space on healthcare sites could integrate healthcare caseload work whilst benefiting nature and green space (and vice versa). They could be supported to offer a similar level of positive impact regarding 'green space' interventions in healthcare settings and contribute to *"well cared-for green spaces can help to support patient recovery and the health and well-being of staff"* (NHS England, 2023).

It is important to present where the NHS and Natural England as organisations fit into this through the testimony of these NHS frontline staff. It appears from the testimonies of the NHS staff reported on here that the NHS is not resourced for these interventions or preparing for a systemic integration of this work. However, resources could come from elsewhere, from Natural England and local authorities, and local partners. It would be essential that staff would need to be taken off duty to fulfil the potential of the interventions and proposals they are making around how nature can be included in healthcare and how this may impact on the NHS estate.

A scalable approach is recommended that meets the needs and concerns of these NHS staff members, which in turn can support Local Nature Recovery Strategies, meet NHS priorities for greening the estate, whilst also enhancing staff well-being as evidenced above.

An NHS staff member seeking to embed nature-based practice in healthcare needs:

- NHS Trusts in Sussex to confirm and adopt a strategy that incorporates and actions the LNRS and NHS priorities and findings presented in this report
- To have their interest and commitment recognised in their official job plan
- Time off from their caseload to focus on the development of their associated site for embedding nature-based practice in healthcare
- Relevant professional supervision and management to achieve vision, ensure safety and maintain professional conduct

Most of the sites visited were of a reasonable size with qualities enabling them to be managed

with nature and patients in mind. They could all be nature enhanced sites that are supporting the recovery and sustainability of wildlife, whilst becoming a sanctuary for human recovery and rehabilitation. At each featured site there is an NHS staff member who is passionate about nature and human health. They are willing to serve both if they were resourced to. As a specialist they can be supported to view the site with an enlarged perspective and see nature's potential to support human health recovery.

They will need to be engaged and supported to:

- Express their ideas directly to NHS managers who have the authority to make significant internal adaptations for how nature-based practice could feature at their site
- Engage NHS managers at each site to convene a meeting with those responsible for the maintenance of the site and the estate
- Connect NHS managers, NHS estates teams with local specialists in nature restoration such as ecologists, rewilding and/or permaculture practitioners etc.
- Implement the enhancement of the site with nature in mind whilst engaging patients' involvement
- Offer nature-based practices within the healthcare services offered at their site
- Receive mentoring by an experienced nature-based practitioner that can support a deepening of what is possible at their site regarding embedding and offering nature-based interventions – for example an outreach worker from CLR
- Engage all staff and managers to experience and benefit from contact with this mentor, to bring about a site wide appreciation of the potency of nature as it relates to human health, and the health of local ecosystems

The above member of staff identified as an 'ambassador' would benefit from support from an external mentor (such as those identified in the case studies). This role could be piloted as an extension or adaptation of the 'nature recovery rangers' presented earlier, but with a wider vision for restoring nature whilst engaging patients directly in the natural world. This role could then take responsibility for the following (as suggested by the site visits, conversations and insights reported above):

- A centrally organised set of resources (to include health and safety, session plans,
- Site visits and site appraisals
- Communication with estate teams
- Connecting with the NHS Forest

**Most of the sites visited were of a reasonable size with qualities enabling them to be managed with nature and patients in mind. They could all be nature enhanced sites that are supporting the recovery and sustainability of wildlife, whilst becoming a sanctuary for human recovery and rehabilitation.**

- Connecting with the Nature Recovery Network and responsible local authority
- Seeking and securing an appropriate dedicated woodland site

This centralised person could be engaged at the Sussex NHS Trusts and funded by Natural England (for example) with NHS backing, or even a private benefactor (as NE are encouraging private investment as part of the NRN strategy).

Practitioners and staff committed to working within systemic institutions such as the NHS will benefit from collaboration with others that have a deeper experience of nature connection work. Most (if not all) of the activities presented as being incorporated within settings visited are common amongst those facilitating 'nature-based' groups e.g. poetry recitals, mediation, grounding exercises. This can mean that there is a recycling of experiences gained only through training without adding further depth and therefore only potentially showcasing a lightweight version of what is possible. There is also a danger that this incorporates and includes nature as 'natural capital' and little more than a backdrop for human well-being and satisfaction.

## **Thinking about the scalability of practice**

There are elements that these NHS staff also need to think more about for this to work and become sustained. Thinking more creatively about the spaces currently available to them is essential in the short-term. The NHS staff's vision needs to work in tandem with what is achievable within the NHS setting. The NHS must see that this is of benefit to patients and to the priorities outlined above if it is to act in support of this work e.g. for staff well-being, for nature recovery and for sustainability.

The scale of practice is important to state here. Many of the NHS staff canvassed in this report shared their hope for a dedicated woodland site. Their rationale is justified on the grounds stated regarding patient profile and the clinical requirements impacting on those individuals and groups. However, it was detected that there could be an increasing depth of practice developed over time, one that begins by aligning with the constraints of their immediate NHS site and workplace, whilst seeking to secure a dedicated site (or sites) where deeper nature-based practice can take place.

It would be productive then to also support the mentor role to follow up with site visits, helping them to see and activate possibilities at their available NHS sites. This could help to demonstrate what kind of nature-based activities would be possible at that scale and in that place, rather than only being focused on the example they have been trained in e.g. a wild woodland, working with fire, whittling etc. This is also reflected in the community site case study illustrated in the case studies. Having access to a practitioner who has genuine depth of experience with nature connection work will result in the staff member being pushed on and beyond the training (which is by necessity short and intensive, attempting to equip staff to start but not necessary to continue developing at their place of work once it is completed).



# REPLICATING THIS APPROACH

## Suggested steps for repeating and extending the current study

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It is essential that this report can be replicated and enhanced as more sites are assessed in the future regarding their potential to support nature-based practice and local nature recovery strategies.

The following is a summary of suggested steps for repeating and extending the current study based on the actual steps taken during the project:

- **Identify NHS staff workers who demonstrate an interest in nature and nature-based practice (e.g. through prior CLR training or involvement in Special Interest groups)**
- **Visit NHS staff members at their main place of work within Sussex NHS Trusts  
Explore site with NHS staff members**
- **Photograph site to present as full a picture as possible of estate**
- **Ask the NHS staff members to describe their professional role and context (this can be included in a Q&A survey)**
- **Use primary aim and subsidiary questions relating to conditions of site to understand detail of site appraisal from staff perspective including questions that surface relationship with estates team etc.**
- **Include the 'Seven Questions' method (see below) and ask the NHS staff members to reflect on their vision for the future as it relates to including nature and nature-based practice in healthcare**

- **Review responses and distil into insights that indicate rationale, steps, obstacles**
- **Review responses and distil into insights that indicate rationale, steps, obstacles and opportunities that can be taken to embed nature within the NHS estate**
- **Check back with the NHS staff members to ensure that what is being claimed and reported on is as accurate as possible**

### **Enhancing the above:**

- **Visit the NHS sites with an ecologist to gain a more nuanced understanding of biodiversity, what is currently happening on site and what could be achieved regarding nature's recovery and enhancement**
- **Arrange to meet with staff managers and those responsible for the NHS estate at each site**
- **Contact patients who are experiencing nature-based practices being offered by NHS staff – this is seen as a gap in knowledge and one that requires addressing in future research with this focus**



# CONCLUSION AND SUMMARY



## **Briefly summarizes the main findings and their implications**

The focus of this report has been an NHS staff cohort completing the CLR Certificate in Nature-based practice in February 2025 and looking back where possible at the previous cohort who completed the same course in February 2024. The material under consideration has been a series of site visits and recorded conversations with additional context provided through email testimony and responses to an online survey.

## **Advocating for this NHS staff cohort**

The staff identified in this report are critical links between the priorities of Natural England to create “resilient ecosystems rich in wildlife and natural beauty, enjoyed by people and widely benefiting society” (GOV.UK, 2020), and the ambition of the NHS to take “urgent action to address climate change” (NHS England, 2023). They are ambassadors for nature. If recognised as such they are valuable conduits between NE, local authorities who are engaged in Local Nature Recovery Strategies (LNRS), and with the NHS. They could be engaged as stewards for the recovery of nature. In turn they could provide those using the NHS for their healthcare with direct access to nature. Many of these patients and visitors may then benefit from, and come to appreciate nature, in ways they had not been able to before leading to greater care for nature everywhere.



# AFTERWORD

## AFTERWORD: A CALL TO PARTNERSHIP AND ACTION

**By Marina Robb, Director of Circle of Life Rediscovery CIC**

This report shows what happens when health professionals are supported to bring their practice outdoors. The evidence is clear: nature heals people, and people can help nature recover.

At Circle of Life Rediscovery we have spent decades working towards this vision. Our approach is simple: restore land, train and support people, and make nature-based practice part of everyday health, education and community life.

The challenges we face of climate change, loss of biodiversity, and a growing mental health crisis, are connected. The solutions must be connected too. When we work with nature, we care for people and the planet at the same time.

Our vision is to transform health, education and family life through nature. We imagine thriving, resilient, compassionate communities where people – especially those most excluded – have meaningful access to land, learning, community and healing. We see a future where nature-based practice becomes a core part of how we support mental health, recovery and resilience.

What is needed now is commitment and partnership. Together we can:

- Create natural clinics and classrooms on our doorstep.
- Train and support a workforce of educators, social workers and healthcare professionals.
- Build the evidence to influence local and national strategies.
- Ensure every child, family and patient has access to nature.

This is an invitation to funders, commissioners and collaborators. With your support, we can make nature-based practice part of the way we care for each other and the Earth.

The land is ready. We are ready. Let's do this together.







**NHS WORKERS,  
PRIVATE  
PRACTITIONERS AND  
ALLIES ENJOYING  
THE 'EMBEDDING  
NATURE-BASED  
PRACTICE AND  
NATURE RECOVERY  
STRATEGIES  
INTO PUBLIC  
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CELEBRATION  
EVENT, MAY 2025**



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## APPENDIX 1

### BIOGRAPHY - MARINA ROBB



Marina Robb (Bsc; PGCE; MA; Msc; Author) is Founder and Managing Director of Circle of Life Rediscovery Community Interest Company and The Outdoor Teacher Ltd <https://theoutdoorteacher.com/>, both leading organisations that aim to transform education and health through nature.

Marina has more than 35 years' experience in outdoor learning and nature connection and is host of The Wild Minds Podcast <https://theoutdoorteacher.com/wild-minds-podcast/>. She provides a deep understanding of effective nature education at all levels and for a range of diverse backgrounds.

Marina is a qualified teacher (PGCE) and since 1989 has studied Environmental Education (MA), Environmental Management (BSc) and Social Research (MSc).

She is a leading Forest School endorsed trainer and practitioner (UK and International). Her aim is to share her knowledge and experience with teachers and others wishing to work outside the classroom.

She has pioneered green care and intervention programmes within the UK health sector, and has received funding from Natural England, Mind, Postcode Society Trust and The National Lottery, amongst other grant makers for her outdoor work with teenagers, families and young people with mental health issues, disabilities, dementia and early psychosis.

Marina is co-author of 'Learning with Nature' (foreword by Chris Packham), a must-have book for Forest School & Outdoor practitioners, and 'The Essential Guide to Forest School and Nature Pedagogy' (foreword by David Sobel) which contains everything you need to know from theory to practice.

Marina co-founded a Community Benefit Society which manages a community woodland, used to provide access to nature for marginalised groups. She believes that everyone should have the right to access nature.



## APPENDIX 2

### BIOGRAPHY - JON CREE



Jon Cree's passion is reconnecting people of all ages to the natural world with a view to facilitating more compassionate relationships in communities. As Jon often likes to quote – the brain feels before it thinks and he feels this is key to building relationships. He likes nothing more than telling stories around the fire and helping others find their 'voices' to create stronger connections, he contributed to and co-edited the acclaimed book 'Storytelling for a Greener World'. Jon has been involved with outdoor natural world learning for over 40 years and in that time worked with many young people, especially teenagers challenged by our education system, particularly in the woods – making, running and playing. You can often see him with a hatchet and other hand-tools in hand.

Jon has been training educators from many different backgrounds in outdoor and nature based learning for at least 35 years (from whole school training programmes through to youth services, environmental NGO's). He has been an earth education trainer with the international Institute for Earth Education since 1992 – having been involved in many earth education programmes at a number of centres in the UK and Europe. This brings to bear his deeper ecological understanding of how our planet operates ecologically – based on an environmental degree and conservation masters.

In the last 20 years Jon worked at Bishops Wood Centre where he was a member of the Forest School team for Worcestershire County Council and coordinated the Forest School and environmental education training programme at this widely recognised sustainable education centre. In this time Jon has increasingly got interested in the emotional literacy aspects of working outdoors, finding Forest School an ideal programme to explore this more deeply.

Jon was the founding chair of the Forest School Association (FSA) UK.

Jon loves nothing more than paddling down the rivers on the Welsh borders with his family, whittling the odd spoon and baking his own bread over the fire!

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### THE WILD MINDS PODCAST

Tune in to the podcast by Marina Robb for interviews, insights, cutting-edge and actionable approaches to help you to improve your relationship with yourself, others, and the natural world.

[theoutdoorteacher.com/wild-minds-podcast](https://theoutdoorteacher.com/wild-minds-podcast)



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