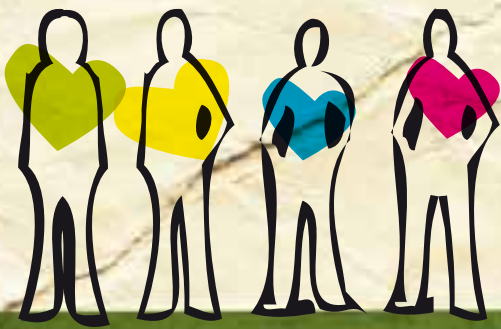Resource Guide

Branching Out

Greenspace and Conservation on Referral

"When I'm out here it's like a sense of freedom"

Forestry Commission Scotland

Glasgow

NHS Greater Glasgow and Clyde

Glasgow Centre for Population Health

gcv green network

Forestry Commission
Scotland

Glasgow
CITY COUNCIL

NHS
Greater Glasgow
and Clyde

Glasgow
Centre for
Population
Health

gcv green network

Contents

Branching Out clients and staff attending a parliamentary reception!

1 Branching Out

1. Branching Out

1.1 BACKGROUND TO THE BRANCHING OUT PROJECT

Branching Out is a project offering ecotherapy on referral for people experiencing mental health problems in the Greater Glasgow and Clyde area.

The project was piloted by Forestry Commission Scotland (FCS) as part of its efforts to use woodlands to benefit the health and wellbeing of people living in local areas.

Research has shown that natural green spaces boost peoples' wellbeing and self-esteem by offering a calming and restorative environment.

A recent Mind (National Association for Mental Health) report advocated ecotherapy as a clinically valid treatment option for people using mental health services. However, there are few such projects available for mental health services to refer patients directly on to, as well as a lack of understanding and communication between mental health and conservation organisations.

Branching Out sought to develop, pilot and evaluate an 'ecotherapy on referral' project providing conservation, bushcraft, environmental art and other greenspace activities in woodlands. It is hoped that the findings will allow the development of similar longer-term projects.

Conducting a bluebell survey

Learning to take macro nature photographs

1.2 OVERVIEW OF BRANCHING OUT

Branching Out offers a wide range of woodland activities for people with mental health problems in the Greater Glasgow and Clyde area. Groups of up to twelve clients meet once a week for 12 weeks to take part in bushcraft, conservation, environmental art and health activities. This is followed by a joint awards ceremony where certificates in attendance, tool use and the John Muir Award are presented.

Each session runs for two to three hours depending upon the requirements of the client group. All necessary transport, waterproof clothing, wellie boots, tools and equipment is provided.

An evaluation study in year one found that participating in the project tended to significantly increase the physical activity of those involved. Qualitative data also suggested improvements in areas such as self-esteem, confidence, motivation, sense of achievement and social skills.

Publications:
- Wilson, N. W., Ross, M. K., Lafferty, K, Jones, R. (2009). A review of ecotherapy as an adjunct form of treatment for those who use mental health services. Journal of Public Mental Health. Vol 7 (3), p.p. 23 -35.

Other work pending:
Qualitative and quantitative research articles pending.

1.3 BRANCHING OUT DEVELOPMENTS

Branching Out was originally conceived during a meeting to foster closer links between National Health Service Greater Glasgow and Clyde (NHSGGC) and Forestry Commission Scotland (FCS). Following this, an FCS funding proposal was developed and accepted, with match funding being provided by NHSGGC, Glasgow Clyde Valley Green Network Partnership (GCVGNP) and the Glasgow Centre for Population Health (GCPH).

Getting organised!

A ranger demonstrating square lashing.
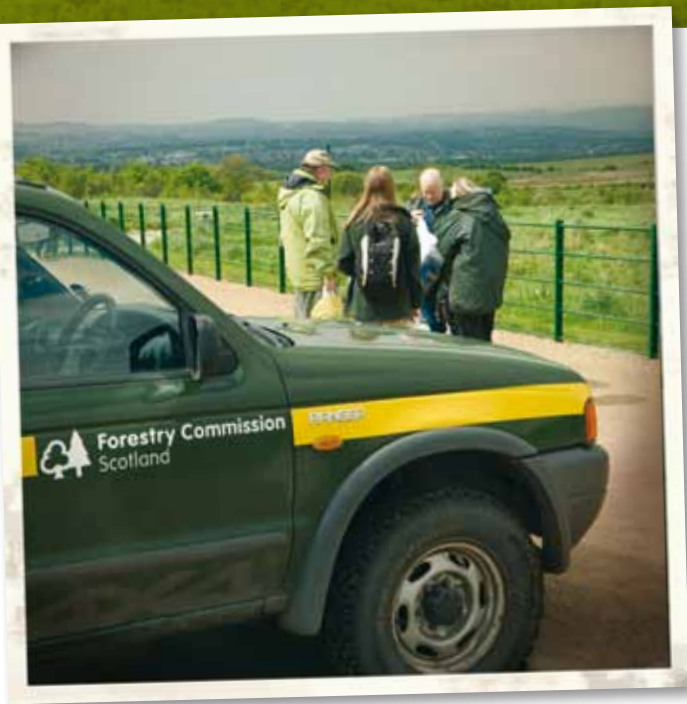
A multidisciplinary steering group was set up to develop the Branching Out concept into a pilot project. This consisted of representatives from all the funding bodies as well as facilitating clinicians. The sessions were delivered by a Community and Environment Ranger and an Assistant Psychologist seconded to FCS. Advice was also obtained from Castlemilk Environment Trust on finding suitable sites and possible activities.

Branching Out initially ran for a six month period, throughout which time the programme was amended significantly in line with client needs. The original programme focused on one main task per session, most of which were conservation activities requiring high energy levels. However, this turned out to be too energetic for most of the clients referred. The emphasis on practical conservation tasks also seemed to discourage female participation. To ensure wider participation, many new activities were added into the programme, including a greater emphasis on environmental art and bushcraft activities. Sessional workers were also brought in to increase the activities available for clients.

Following feedback from the first Branching Out groups, a semi-permanent shelter was erected to provide better weather protection at one of the sites. Sturdier waterproofs were also purchased for all clients.

The programme was also further broadened to give a wider range of activities in each session, usually two or three activities of different types. Extra activities included map reading, orienteering, photography and campfire cooking. The timetable was also slightly adapted to conform with requirements for the Discovery level John Muir Award, a nationally recognised scheme.

After the initial six months of fieldwork, it was decided to extend the project to cover a whole year and therefore associated varying weather conditions. Funding was obtained from FCS, NHSGGC, GCVGNP and GCPH to cover this extension. Programmes stayed similar, but a few extra activities such as more games using natural materials, willow sculptures and a visit to the National Museum of Rural Life (Kittochside) were added in. The inclusion criteria was also widened to allow the intake of a medium-secure forensic group (previously Branching Out had only worked with low-secure wards).

Following promising results during the first year of the project, an extension was granted from Jan 2009 until the end of July 2009. To replace the Assistant Psychologist for this short period, an Assistant Ranger was contracted to Forestry Commission Scotland. Referral and NHS feedback procedures were also changed to allow for the lack of the (NHS) seconded Assistant Psychologist.

Numerous new client groups were involved in this time period, including a learning disability group, an over-65's group and two voluntary sector groups (Scottish Association for Mental Health, and Glasgow Association for Mental Health). A new site in Drumchapel (Garscadden Woods) was obtained to run groups in to allow services from the far west of the NHSGGC area to attend Branching Out.

Ongoing funding options are currently being investigated for further work, which may also include working with Addictions Services and Woman's Aid.

1.4 AIM OF THIS RESOURCE GUIDE

This resource guide aims to help other organisations, and individuals, planning to set up an ecotherapy project similar to Branching Out. It provides detailed information on project considerations, engaging mental health services, devising programmes and health & safety considerations.

Correspondence regarding this guide can be sent to:

Kirsty Cathrine
Community & Environment Ranger
Forestry Commission Scotland
Bothwell House
Caird Park
Hamilton Business Park
Hamilton
ML3 0QA
Email: kirsty.cathrine@forestry.gsi.gov.uk
Phone: 01698 368557 / 07825 826403
www.forestry.gov.uk/branchingout

A new activity for block three – willow sculptures

Celebrating a client's 88th birthday

Cooking chocolate bananas over a campfire

2 Project Considerations

2. Project Considerations

2.1 MENTAL HEALTH SERVICES

There are numerous types of mental health services in the UK, ranging from community drop-in services to secure inpatient care. Mental health services can be NHS services, involve charities such as the Scottish Association for Mental Health, Mind and Rethink, or be provided by housing associations or other independent organisations.

Branching Out engaged with a wide range of these services, included forensic services (low secure and medium secure), recreational therapy, mental health employment services, mental health resource centres and a young person mental health service. These were all secondary and tertiary care mental health services run by either the NHS, the Scottish Association for Mental Health/European Social Fund or the Glasgow Association for Mental Health.

Individual referral from primary care mental health services was not deemed appropriate at this stage of the project. People in primary care services are often in the early stages of treatment and diagnosis, and may not be able to provide the necessary referral information.

2.2 FINANCIAL CONSIDERATIONS

The costs associated with an ecotherapy programme will vary widely depending upon the requirements. However, the following is a list of issues to consider:

Staffing costs

- Normal staff costs including salaries, on-costs and training courses will be required. The project is likely to involve more than one member of staff e.g. ranger(s), development officer etc.

- Sessional workers may be required for specialised activities e.g. tai chi or willow sculptures.

- Some organisations may be able to provide free staff to help with one-off sessions e.g. a woodworking charity or a local ranger service.

Volunteer transport

- Volunteers may be able to get to the site(s) themselves. If so, it should be agreed in advance if any expenses will be reimbursed. Bear in mind that potential participants may struggle to use public transport.

- Mental health service providers often have transport available to them. If this is available it may be free or have a nominal charge. There may also be community transport available.

- If a hire bus is required this will substantially increase costs. Enquire if the bus company is willing to be flexible regarding sites and timings.

Ranger transport

- As well as transporting staff, the Rangers' vehicle must be big enough to carry large amounts of waterproofs, tools and other equipment.

- Equipment is likely to become very wet and muddy, so a van or pick-up would be ideal. Failing this, boot liners or mats may be helpful to protect the vehicle.

- Although an off-road vehicle may not be necessary, it is useful to have a vehicle with relatively high ground clearance in case local tracks need to be used.

- Budget for likely ongoing transport costs e.g. fuel, insurance etc.

Equipment

- Many participants will be ill equipped to spend several hours outdoors in bad weather. Wellie boots, waterproof jackets, waterproof trousers and gardening gloves may need to be purchased for clients.

- In addition, tools and other equipment required to run activities will need to be purchased (see section 5.1).

- Tools can often be bought cheaper in bulk.

- Occasional replacements are likely to be needed for damaged waterproofs and broken equipment.

- Some items need regular replacement e.g. refreshments, string, fire lighting materials and craft materials.

Awards ceremony

- Hall hire will be necessary if no other suitable venue is available. Community centres often have large halls for hire at competitive rates. May need to pay extra if want to hire projectors, laptops etc. For Branching Out, it was deemed that using a non-clinical setting, rather than space in one of the referring organisations, would be most suitable. Therefore, a local community centre was chosen.

- Refreshments will be required, such as tea, coffee and perhaps a buffet/cakes etc. Add in extra budget in case friends, family or other staff wish to attend.

- Certificates will require to be printed, on thick card if possible.

- Transport may need to be provided for participants, staff and potentially friends and family.

Publicity

- Anything required to promote the project, for example leaflets or a dvd, will need budgeted for.

- Money may also be required to attend conferences or networking events.
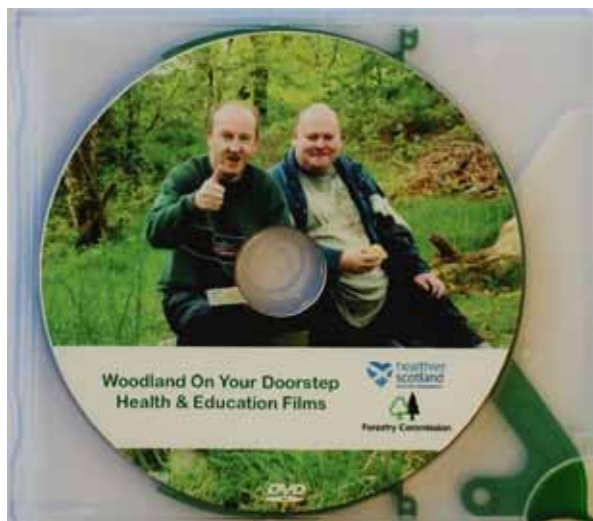
Branching Out Promotional DVD

Research

- In order to ensure activity programmes are effective, some sort of research or evaluation will be necessary.

- Buying in help with research can be expensive, but in-house monitoring may be sufficient.

2.3 SOCIAL FACTORS

Numerous studies have found that social factors such as transport difficulties, lack of finances and insufficient social networks tend to hinder people with severe mental health problems from engaging in leisure activities. Some of these issues are highlighted briefly below:

Social networks

Branching Out generally took referrals from only one (or sometimes two) mental health services in each group. This ensured that most people would know other service users or staff members. It was hoped that this would encourage a higher take-up of the project. However, there was also a broad enough mixture of people to allow new social networks to form. The project was not set up in a manner to allow self-referrals.

For some potential participants, travelling to the Branching Out sites would involve taking at least three buses. While wishing to promote client independence, it was decided that the provision of transport would promote better attendance and engagement while reducing any financial strain on the clients.

A minibus was hired to transport clients from the clinical space of the referring service to the site each day. As some services took patients from a broad geographical area, extra pick-ups were sometimes arranged to cut down on client travel time to reach this bus. The minibus often stayed on-site for the duration of the session, so was also available to provide transport in an emergency.

Finance

Branching Out was a free service, with all transport, tools, equipment, waterproof clothing and hot drinks provided. Although Branching Out itself did not offer any financial incentives, some clients were able to use their Branching Out sessions as hours towards a training allowance payment. Conversely, some clients chose to attend Branching Out over other projects that offered specific financial incentives.

Although cooking was sometimes part of the activity programme, clients were expected to provide their own lunch or snacks. This was deemed unlikely to be a financial burden to clients. However, some referring services provided a picnic lunch themselves as an encouragement to attend. In addition, a few groups with kitchen facilities incorporated sandwich making as part of their weekly Branching Out routine to promote further life skills.

Branching Out in the rain!

2.4 PROJECT DURATION

12-week blocks were chosen to try and balance the benefits of the project with any potential dependency issues.

Block 1 – 25th September 2007 to 13th December 2008

Block 2 – 29th January 2008 to 10th April 2008

Block 3 – 29th April 2008 to 18th July 2008

Block 4 – 5th August 2008 to 24th October 2008

Block 5 – 3rd February 2009 to 23rd April 2009

Block 6 – 13th May 2009 to 31st July 2009

Branching Out sessions varied from two to three hours per week, depending upon a variety of factors discussed with facilitating staff:

De-stressing

Research has shown that even a short exposure to green spaces can invoke a stress reducing effect.

Concentration levels

People with severe and enduring mental health problems often have lower levels of concentration than the general population. Furthermore, people living alone may not be used to having to communicate with people for such long periods, which can be tiring.

Physical fitness

There are a disproportionately high number of people with mental health issues who also have physical health problems. In-patients in particular may have physical health problems such as obesity, joint and mobility problems and are often heavy smokers. Research has also shown that lengthy interventions, which are too physically demanding, can have a detrimental effect on self-esteem.

Interest in outdoors

People with no previous interest in the outdoors may have a lower tolerance for such activities. This may require a lot of reassurance, particularly helping with common fears such as mud, insects and open spaces. The constantly changing nature of the outdoors also means that clients have to cope with a more multi-sensory experience, which can be overwhelming at first.

Physical comfort

Females in particular are often uncomfortable going to the toilet outdoors and so are likely to prefer shorter sessions. In addition, tolerance of extreme weather conditions may also be reduced when clients are used to being indoors. Clients often expressed a wish for longer sessions on warm sunny days, but for shorter sessions in bad weather.

Staffing issues

Facilitating service staff will have other commitments, and may only be available for a short period of time. Staff may also struggle personally with any of the factors listed above.
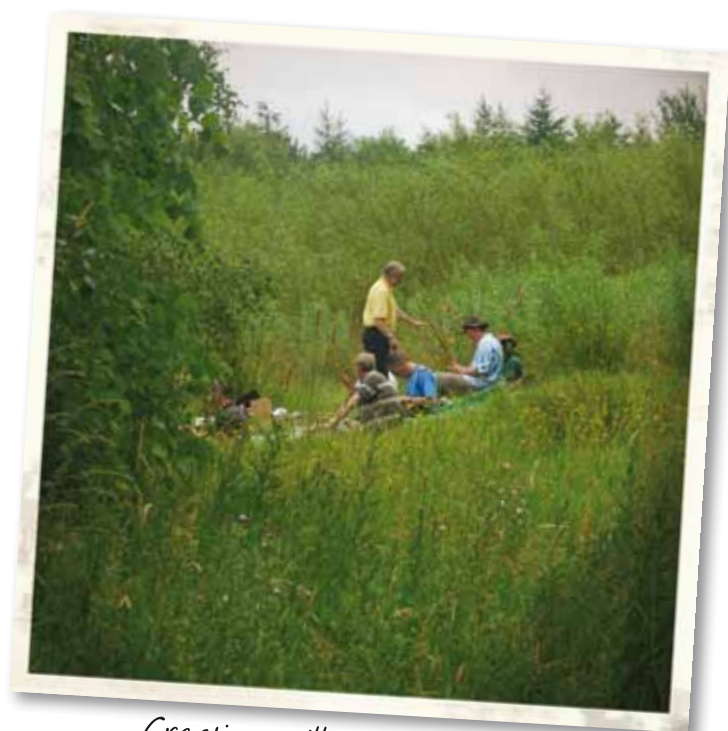
Creating willow cornucopias at a willow coppice site

2.5 LOCATION

"The woods that we're going to. Not everybody knows about, eh. There's a lot more activity can be done outside than what I thought about."

Branching Out participant

It was thought that patients would benefit from experiencing a new greenspace outwith their usual clinical setting or home area. As sessions were to vary from 2-3 hours, it was considered that the maximum travel time acceptable was an hour each way. For Branching Out this limited the possible sites to the Greater Glasgow area. With the involvement of Glasgow City Council Woodland Unit, five prospective sites on the south side of Glasgow were considered: Pollock Park, Castlemilk woodlands, Lynn Park, Cathkin Braes Country Park and Carmunnock willow coppice site. A group of clinicians, service users and other members of staff viewed the sites and chose the two most popular ones: Carmunnock willow coppice site and Cathkin Braes Country Park.

An ideal site would have some, or all, of the following features:

• Wide range of plant and animal species, and different habitat types.

• Possible conservation tasks e.g. invasive species removal, litter clearance or coppicing.

• Relatively private area for campsite, with shelter available e.g. mature tree to hang shelter from, dense bushes acting as windbreak or a hut

• Good network of pathways within the site.

• Easy access by bus (either public or private transport) and foot.

• Semi-wild area (as distinct from formal gardens) with pleasant views.

Sites need to be fully risk assessed before initial use, and before each session (see Appendix A for an example site risk assessment).

The grasslands of Cathkin Braes

3 Activity Programmes

3. Activity Programmes

3.1 ACTIVITY CRITERIA

*"Most of the stuff that we did I would have
never had the opportunity to do before"*

Branching Out participant

Activities considered for inclusion in the Branching
Out programmes had to conform to a range of
conservation, tool use, safety and health criteria.

*Using loppers to remove non-native
rhododendron*

Conservation

The following criteria, which were agreed with Glasgow
City Council Woodland Unit, ensured that activities
would not have an adverse impact on the sites used:

• Conservation activities must be beneficial to the
  area and in line with the plans for the site.

• No creation of permanent structures
  using non-natural materials.

• No introduction of invasive or non-natural plants.

• All plants checked with the local
  biodiversity officer before planting.

• Removal of plants only from a designated list.

• Fires to be lit only in designated areas.

Similar criteria are likely to be put in place by
any landowners, but details should be checked
carefully before programmes are created.

Tool use

Activities had to be completed using a limited array of
hand tools as agreed by facilitating staff. Tools used by
all Branching Out groups included: loppers, secateurs,
bowsaws, hammers, spades, scissors and trowels. Some
groups had the chance to use other tools such as craft
knives or an aerosol spray. Staff at each service provider
approved tool lists, and activities, in advance.

Safety

Activities had to be suitable for staffing levels and experience.
Sessional workers were brought in to help with activities
that the Ranger was less experienced in e.g. willow
weaving and tai chi. There were also specific restrictions
on some of the forensic inpatient groups due to staffing
requirements. To ensure adequate staff supervision, the
forensic groups could not be split up, and so activities
such as individual orienteering were unsuitable.

Health issues

People with mental health problems are more likely to have
physical health problems than the general population. Physical
health problems that may affect activities include obesity, joint
and back problems, high blood pressure, arthritis and chronic
fatigue. Clients should be encouraged to take their time with
activities, and have a break when required. Activities should not
be too strenuous for participants meeting the inclusion criteria.

Medication (especially anti-psychotics) may also affect a client's
ability to take part in certain activities. Side affects can include
dizziness, shaking hands and fatigue. This can affect tool use,
and may also influence what time of day a group should ideally
be run (many medications cause drowsiness in the morning).

Activities should provide a mixture of mentally and physically
stimulating tasks. Therefore, each Branching Out session tended
to have a range of activities picked from conservation activities
and health walks (generally very physical), and bushcraft and art
activities (often more mentally stimulating). This also ensured
that each day included a range of activities to interest everyone.

3.2 WEATHER

Weather greatly affects the activities available. Clearly
this is not predictable, but it is useful to have a range
of activities available as contingency plans. If necessary,
activities can be swapped between weeks.

Snow sculpture next to the Branching Out shelter

Wind

Wind can be dangerous in a forest due to falling branches. Care should be taken to watch out for dangerous trees on windy days e.g. cracked branches, swaying trees and mature beech trees. Sessions should be moved elsewhere, or cancelled if necessary, if wind reaches Beaufort Scale 7 (50-61km/h, whole trees moving).

Active activities, such as invasive species removal, coppicing or litter collection, can help keep people warm.

Rain

Groups should be removed from woodland areas in thundery weather due to the threat of lightening. Rain may also make art and bushcraft activities impossible unless shelter can be arranged. Try to use activities that involve both keeping active and thinking e.g. tree identification, wooden games or a guided walk.

Heat

Exercise is harder in warm weather, so activities may need to be altered or shortened. Watch out for the risk of heat-stroke and sunburn, and make sure drinking water is available. Advise clients and staff to bring their own suncream and sunhats, and to rest when needed. Extra time for walking back to transport will probably be required. Activities such as environmental art, tool maintenance or map reading are not too strenuous and can also be done in the shade.

Cold

Plenty of activity is required to keep people motivated on cold days. Campfires are always welcome, and activities such as roasting marshmallows, making bread and learning to use kelly kettles are often popular. People not used to activity, especially in-patients, are likely to get particularly cold. Ensure plenty of hot drinks are available and that everyone has enough clothes on. Keep an eye on anyone who is not keeping active, and be prepared to cut short a session if necessary. If there is actually a covering of snow, snow sculptures and snowball games can be organised.

3.3 JOHN MUIR AWARD

The John Muir Award is the main educational scheme run by the John Muir Trust, aiming to "encourage awareness and responsibility for the natural environment, in a spirit of fun, adventure and exploration".

The award scheme not only gives extra structure for activity programmes, but also provides a nationaly-recognised qualification. The criteria for the award are very flexible and are suitable for people with literacy problems.

Participants must take part in four challenges: discovering a wild place, exploring this place, doing something to conserve the area and sharing these experiences with others. In addition, people receiving a John Muir Award should have shown commitment and enthusiasm for the award, and an awareness of John Muir's life and feats.

There are three levels of the John Muir Award, which contain the same challenges, but with different levels of involvement.

Discovery Award: Minimum 4 days / 15 hours
Explorer Award: Minimum 8 days / 30 hours
Conserver Award: Minimum 20 days (over minimum 6 months)

Time requirements can be met by any combination of hours, sessions and residentials. To take part, a simple proposal must be submitted to the local John Muir Award co-ordinator before starting the award. More information is available at www.johnmuiraward.org.

3.4 DEVISING TIMETABLES

Activity choices should be slotted into a provisional timetable according to the aforementioned considerations, and the following factors:

Season
Some activities are season specific e.g. willow is generally cut from November to March. Other activities may fit in well with a specific time of year, such as making Christmas wreathes in winter.

Variation
Ideally each session should contain a mixture of activity types to suit all needs. Strenuous and relaxing activities should also be varied.

Developing tool use skills
Not all clients will have used tools before, so this needs to be introduced slowly and safely. It is worth starting off with very simple tools, such as using a potato peeler to take the bark off marshmallow sticks. Litter pickers are also simple tools to use. Secateurs are a useful tool to introduce next, as they work like scissors. Loppers are then an obvious choice for cutting thicker sticks, and bow saws are a good tool to introduce a bit later on. Although clients may be familiar with some of the tools, this is generally in a home or workshop context. Working with tools outdoors often requires different techniques or safety procedures.

Increasing confidence and team working
Building up confidence and self-esteem are key aims of the Branching Out project. Activities very early in the programme tend to involve the whole group taking part in a prescribed task e.g. collecting firewood, making wood cookies and litter clearance. Clear instructions, a demonstration and support during the activity ensures everyone knows what to do.

Later weeks often involve a bit more flexibility. For example, clients may be given a choice of activities, be encouraged to work in small groups, or choose which part of a site they work on. Once clients are familiar with particular tools or activities they can also get involved in safety talks or help show others what to do.

The John Muir Award and a handmade Christmas wreath

Over time, more complex group activities can be introduced. This may involve small groups working on their own project, and coming up with ideas e.g. making willow sculptures or rustic wooden benches. Problem solving and team working is further encouraged. However, it may sometimes be helpful to pick groups to work together to ensure that less confident individuals feel able to be fully involved, and that new friendships form. The ideal end point is that clients and staff feel confident working together, and are able to come up with their own ideas and express their opinions.

"I'm lacking in confidence that's something that I'm very, very short on at the moment. Coming here is like slowly, but surely I'm starting to think about things differently than what I did…"

Branching Out Participant

Litter pickers – simple tools to use

Digging over a native flower bed made from woven willow

Programmes are likely to change due to weather, group preferences and changes to available activities. It should be emphasised to staff and clients that planned activities are only provisional. All activities must be fully risk assessed (example in Appendix B), and staff should also be aware of any particular biological hazards on site (Appendix C). An example of a Branching Out programme can be found in Appendix D.

3.5 EVALUATING PROGRAMMES

Evaluation may be formal or informal. Informal opportunities for feedback from both clients and staff are essential to the continued success of a group. Participants should be given the opportunity to discuss the day's activities, and say what they liked and didn't like. This is likely to vary greatly between groups and individuals.

Branching Out also gave clients the opportunity to provide anonymous feedback on the project using questionnaires or a 'suggestions box' at the end of the course. Feedback from facilitating staff was also encouraged on an ongoing basis. This included inviting facilitating staff to steering group meetings, and encouraging input into the activity programmes.

More formal research is often required to provide evidence for funding bodies, referring services or project partners. Formal evaluation of Branching Out in the first year consisted of the following:

Quantitative
- Short Form 12 Version 2 Health Survey (SF-12v2™)
  Generic measure of psychological, social and physical health.

- Warwick Edinburgh Mental Well-Being Scale (WEMWBS)
  Measure of positive mental health.

- Scottish Physical Activity Questionnaire (SPAQ)
  Measure of overall physical activity.

Qualitative
- Semi-structured interviews with clients.

- Observational journals by Branching Out staff.

- Focus groups with facilitating staff.

It was felt that research should be kept to a minimum if possible. Having to fill in forms or give opinions can be off-putting, particularly for patients with literacy issues. To further prevent clients feeling uncomfortable, we decided not to take any physical measurements (e.g. other health projects have measured aspects such as weight or hip-to-waist ratio).

After the first 12-months it was decided to reduce the research part of the project to informal feedback and attendance monitoring while writing up the original research. In the future we hope to look more closely at elements such as self-esteem and quality of life.

4 Branching Out Activities

4. Branching Out Activities

4.1 PHYSICAL ACTIVITY

All of the activities included physical activity, but some activities were specifically devised to increase exercise levels.

Health walk

A health walk to and from the woodland site was completed each session. This included carrying equipment required for the day's activities. Fitter participants tended to carry more equipment, balancing fitness levels.

Tai chi

Tai chi is a relaxing form of gentle exercise that has proven health benefits, and is particularly suitable for people who are unfit.

Orienteering

Orienteering is another useful 'hidden' exercise, as it can be done in small groups, who are likely to encourage each other.

Other possible health activities could include yoga or stretching exercises.

4.2 CONSERVATION

Conservation activities should link in with site management plans. These activities are often quite strenuous, helping increase participants' physical fitness. They are good ways to involve patients in work that will help the whole community, and the results can potentially be shown to family and friends.

Removing invasive species

Invasive species can be native or non-native. Branching Out helped to clear areas of native species deemed to be growing in the wrong areas (e.g. broom taking over an important wildflower site), and also non-native species (e.g. rhododendron).

Coppicing

As one of our sites was a willow coppice, we were able to get involved in coppicing the willow from November to March.

Orchard maintenance

A recently planted orchard was tended for its conservation and educational benefits.

Planting

Oak seedlings were transplanted from unsuitable areas (e.g. too close to paths or established trees) to areas that had recently been felled or cleared of invasive species.

Litter clearance

Litter was collected from areas around the campsite, on footpaths and from underneath newly cleared areas of rhododendron.

Wildlife surveys

A bluebell survey was carried out as part of the Natural History Museum Bluebell Survey. This allowed Branching Out to be involved in a national conservation project.

Other possible conservation activities could be clearing or creating paths, planting wildflowers, pond maintenance and carrying out other wildlife surveys.

4.3 BUSHCRAFT

The teamwork and learning elements of bushcraft activities were often referred to as the most fun parts of Branching Out. Patients from secure wards seemed to especially thrive on being trusted with fire lighting equipment.

Shelter building

Temporary shelters, built using a tarpaulin or parachute, allowed groups to create their own camp.

Fire lighting

A variety of methods of fire lighting were used depending upon the weather, site and materials available. Having a fire was particularly sensible in bad weather, but made a useful focal point at other times.

Campfire cooking

Roasted marshmallows, bread making, baked potatoes and chocolate bananas were all popular. Several clients repeated these activities later with friends or family.

Plant ID

Teaching people about the various plants found at the sites included looking at leaf shape and colour, tree form, myths and legends and traditional uses.

Photography: an activity enjoyed by all

Knot work
Learning different ways of tying knots and lashing wood allowed these skills to be used in other tasks.

Tool maintenance
Participants were shown how to maintain all of the tools used in Branching Out activities e.g. sharpening loppers and secatuers, and changing a bow saw blade.

Map reading
Most participants couldn't read maps and thought it would be very hard. With patience, though, most really enjoyed discovering about the local areas, and trying simple orienteering.

Kelly kettles
Kelly kettles can be used to boil water for the tea break, but are also useful as a learning activity in themselves.

4.4 USING NATURAL MATERIALS
Activities using natural materials are generally free, and can often be repeated by participants at home. People also like being able to either take things away or make use of them in future session.

Willow weaving
A wide range of objects were produced using willow and rushes, including animal sculptures, baskets, platters, hurdles and wreathes.

Willow woven sculpture
A series of curved willow walls, designed to act as both a windbreak and sculpture, were created at Cathkin Braes. As the walls were made using living willow, this has needed regular maintenance.

Bird boxes
Bird boxes were made in collaboration with a local woodworking charity and participants were able to either take their box home for their garden or a present, or give it to a local conservation project.

Natural cordage
A variety of rushes and grasses were made into rope of different types. This was used to make baskets and other decorative objects.

Bench making
Using brash left at the Carmunnock willow coppice site we designed and made a wide range of temporary benches. This was a brilliant teambuilding task and also good for use in muddy areas.

Semi-permanent shelter
A wooden shelter was created at Cathkin Braes with permission from Glasgow City Council. This used thick wooden posts with thinner cladding for the outside, allowing greater shelter from wind and rain.

Other possible bushcraft activities could include sessions on particular species of interest e.g. fungi identification, medicinal plants or bird watching.

4.5 ENVIRONMENTAL ART
A wide range of environmental art activities were provided, which were guided by group interests and abilities. Drawing was avoided as numerous participants had shaky hands due to medication, and others took part in formal art classes elsewhere.

Photography
Participants were encouraged to bring their own camera if they wished, but were also given the opportunity to take pictures using a camera with macro and zoom functions. Prints were shown to the groups, with digital copies also provided.

Sunprint / nature print art
This was one of the most popular art activities, and involved using photosensitive paper to produce natural images. It was a good precursor to either photography or other environmental art activities.

Preparing for a session

Parachute shelter

A well-earned rest after building a
bench out of natural materials!

Using natural materials
Most of the art activities involved using things like leaves,
sticks, wood and sawdust to create images of animals, people
and footprints. There are lots of good books available with
environmental art ideas.

4.6 SOCIAL ACTIVITIES
Social activities gave the opportunity for participants to get
to know each other, have fun and relax.

Lunch break
The lunch break/tea break was an opportunity to have
refreshments, rest from physical activity, to socialise and
to discuss the day's activities.

Wood cookies
Instead of nametags, participants made wood cookies with
their name and a simple drawing of something important
to them (e.g. pets, hobbies, children). This helped with
introductions and learning names.

Games using natural materials
These games, including quoits and kubb, were made by
the groups using locally available wood where possible.
The games were an opportunity for everyone to get involved
in team sport without the pressure of a competitive club.
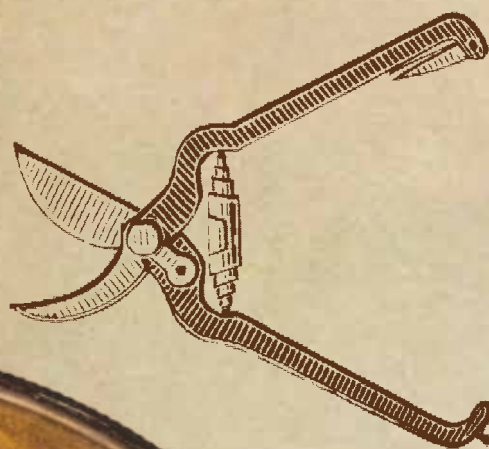
General outdoor games
Several fun games were included in the sessions, including
treasure hunts, communication games and quizzes.

Fire-lighting

5 Equipment

5. Equipment

5.1 EQUIPMENT REQUIRED

Some equipment will be required on-site regardless of the activity:

Waterproofs

Waterproof trousers and jackets must be available for all volunteers and staff. Although some participants may prefer to use their own, these are often forgotten on the day. Waterproofs must be sturdy enough to cope with outdoor work, whilst also being flexible enough for exercise. Waterproof trousers should ideally have zips or poppers at the bottom to allow them to be put on and taken off again without removing boots.

Wellies

Although walking boots are better for long distances, wellie boots are much cheaper, and sufficient for short sessions. Please note that some conservation activities, such as dry-stone walling, would require steel toecaps.

Gloves

Work gloves have to be provided for activities that may involve hand damage e.g. working in areas with nettles or thorns, or collecting litter. Gloves should NOT be used on wooden handled swinging tools, e.g. mallets, as gloves may slip off suddenly.

Tea kit

Everything required for refreshments should be kept in a designated box with a lid. Contents are likely to include tea, coffee, hot chocolate, sugar, teaspoons, cups and flasks of hot water. Dried goods should be in their own sealed plastic tubs, as otherwise they are likely to become damp.

First aid kit

See 'First aid requirements' section (5.2).

Safety items

Hand wipes or alcohol hand gel should be available at all times, as should a fire blanket, emergency bivvy bag and a laminated map of the site showing vehicle access routes. A whistle is also a useful addition to the kit.

Fire lighting kit

This should include everything needed to light fires including a few 'cheats' in case of wet weather. Possible items include a flint, lighter, cotton wool, vaseline, firelighters, newspaper and a few dry sticks. It is also useful to have a small store of dry wood hidden in a hollow tree for use in bad weather. Kelly kettles are a useful ways of initially learning about fire lighting.

Water container

Drinking water should be available at all times. Water may also be required for putting out fires, for art activities and for filling kelly kettles. If water is needed for extinguishing fires, ensure sufficient is also available for other needs.

Other likely equipment includes:

Tools

Bow saws, loppers, secateurs, spades, hammers, trowels, litter pickers.

Art materials

Clay, sawdust, paper, scissors, pens, pencils, wood cookies, sunprint paper, camera.

Other

Tool bags, clipboards, string, shelters, tent pegs, sharps box (in case needles are found during litter picking).

5.2 FIRST AID REQUIREMENTS

An appointed first aider, ideally with an outdoor first aid qualification, must be present on site at all times. A mobile first aid box should be provided which is easily accessible and identifiable, and it is also useful to produce a generic first aid risk assessment. See Appendix E for an example.

There is no statutory list of required first aid materials, although the list below corresponds to those recommended by the Health and Safety Executive.

Recommended minimum first aid materials	Mobile First aid box
A leaflet giving general guidance on first aid	1
Individually wrapped sterile adhesive dressings of assorted sizes	6
Sterile eye pads	2
Triangular sterile bandages	2
Safety pins	2
Sterile individually wrapped wound dressings (medium/large)	1
Disposable gloves (pair)	1
Individually wrapped moist cleansing wipes	2
Yellow bag for clinical waste	1
Resusciade	1

The following items are also recommended:
- Scissors.
- Adhesive tape.
- Disposable aprons.
- Moist wipes (individually wrapped) if there is no ready access to tap water.
- Sterile normal saline (0.9%) if there is a risk of eye contamination and there is no readily available tap water.

5.3 TOOL SAFETY

"They showed us how to light a fire, small sticks and building it up to big sticks and how to saw and how to use a bow saw and things like that… practical things like that, that I've never done before."

Branching Out participant

Before any tool is used, a demonstration and safety talk should be provided. This is recapped before each subsequent use of the tool. Once participants are familiar with the safety features of the tools they may wish to take turns giving the safety talks themselves (with supervision).

Particular points to note:

• Only tools required for the day's activities should be taken to site.

• Tools should be counted in and out for each task.

• Tools should be recounted at the end of each session.

• Equipment such as tent pegs, teaspoons and potato peelers should be treated in a similar manner. Some groups may require general items such as colouring pens to be counted too.

A full protocol for any missing equipment should be drawn up and agreed with facilitating services in advance. If any equipment goes missing the immediate area should always be searched thoroughly. Small equipment such as knives and lighters should ideally be brightly coloured to aid recovery. Any vehicles used for transporting equipment should also be checked.

If a tool is not recovered, an accident report should be filled in detailing the missing tool, the circumstances surrounding the incident and the measures that have been taken to search for the tool. In some circumstances, for example with a secure forensic group, it may be appropriate for facilitating staff to ensure patients have not secreted the tool on their person. Example protocols for a community-based group (Appendix F), and a secure forensic group (Appendix G) are attached.
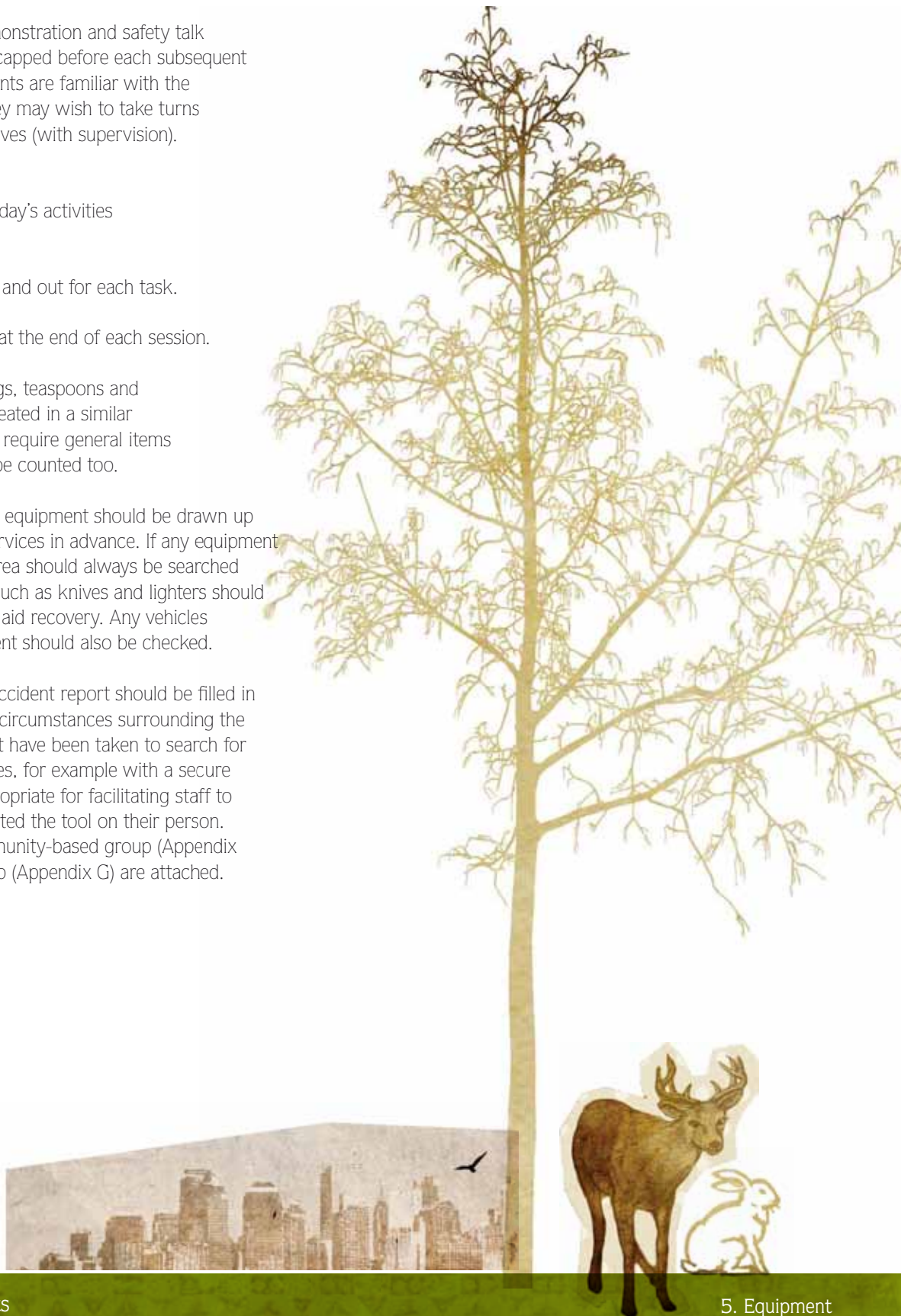
6 Staff Requirements

6. Staff Requirements

6.1 STAFFING RATIOS

In consultation with clinicians, a standard staff ratio of 1:6 was decided upon for Branching Out. This was achieved by providing an FCS Ranger, the Assistant Psychologist (or later the Assistant Ranger) and a member of staff from the referring service. The forensic groups had higher staff:patient ratios, varying from 1:1 up to 2:1 care.

Facilitating health care staff were, in most cases, familiar with the patients and their conditions. Staff from referring services included community psychiatric nurses, occupational therapists, support workers and employment trainers. The involvement of facilitating staff as an equal in activities allowed the usual power divides to be broken down, and aided in therapeutic alliance.

> *"The team building focus meant that relationships developed really quickly and as a therapist I felt part of the group rather than a group leader and I think that was a positive experience for all of us"*
> Facilitating staff

Several of the services also sent along placement students, as the project was deemed to be unusual, and a good learning opportunity. A wide range of other environmental and mental health practitioners also visited Branching Out, including rangers, mental health nurses and health walk leaders.

6.2 STAFF TRAINING

As the project involved both environmental and mental health components, staff training was required in both elements. Suggested training courses are as follows:

• First Aid training, ideally an outdoor first aid course, is an essential requirement for group leaders.

• Mental Health First Aid training is beneficial for those without a healthcare background.

• An Elementary Food Hygiene qualification is required to provide cooking activities such as bread making, marshmallow roasting and baked potatoes.

As well as the above, a general grounding in outdoor activities is necessary. Useful skills include plant and animal identification, practical conservation skills and bushcraft.

Local site knowledge is also useful, as questions will often be asked about history, local landmarks and land use. Information can usually be obtained from landowners, local councils or ranger services.

Specialist instructors can be brought in to help with specific areas of the programme. Branching Out made use of a tai chi instructor, willow weaver, woodworking project and environmental artist.

6.3 INFORMATION FOR FACILITATING STAFF

Each service should be provided with a method statement detailing locations, transport times, provisional programmes, tools used, and any contingency plans. Any changes to these plans should be given in writing as soon as possible.

Changes due to weather, staffing problems etc may not be apparent until just before a session. Replacement activities should be those already risk assessed and cleared by facilitating services. In particular, new tools or equipment should always be cleared by facilitating staff before use.

In addition, a project folder should be provided for facilitating staff containing activity and site risk assessments, emergency contact details, emergency and incident reporting procedures, information on biological risks and any other relevant protocols.

7 Referrals

7. Referrals

7.1 DEVELOPING REFERRAL NETWORKS

The development of a referral network was necessary in order to facilitate adequate appropriate referrals. Referrals were sought from a wide range of secondary and tertiary care services (see Appendix H). These services were able to provide Branching Out with the appropriate levels of information about clients, and also provided staff to supervise patients. Mental health hospitals, mental health resource centres and mental health employment services were all useful referral routes. As the project progressed we also received referrals from mental health charities. Referral rates tended to be higher from groups with their own clinical space, or from partially pre-formed groups.

Branching Out originally took referrals from low risk groups only. This included allowing low secure forensic patients onto the project with adequate supervision. Following success with these patients, we trialled a medium secure group consisting of males and females from different wards. More recently, we have worked with a mixed forensic mental health and learning disability group put together from three different wards.

Branching Out groups generally consisted of clients from only one service. This meant that supervision levels were adequate, but did not exceed that needed, for the different groups. It also ensured that vulnerable patients were protected.

However, a few of the groups were formed by referrals from two or three similar services. Clients from Glasgow North Training and Glasgow South Integrated Training (both SAMH/ ESF projects) were merged on two occasions. Groups were also merged from different forensic service wards. Another group was formed from clients involved with the Auchinlea Centre and the Discharge and Resettlement Team (DART). These were all comparable service types involving clients with similar presentations. In these cases, the services involved worked out their own staffing and responsibility issues.

To formalise such relationships, a joint working agreement was drawn up between the project and each referring service. This outlined roles and responsibilities, services provided and relevant policies and protocols. These were in line with current health and safety procedures for both the referring service and FCS.

An example of a joint working procedure can be found in Appendix I. Along with the joint working procedure, Branching Out also provided a document outlining the 'Services to be Provided' to ensure all relevant information was provided to facilitating staff (Appendix J).

7.2 POLICIES AND PROCEDURES

Policies and procedures should be drawn up in consultation with each service. Policies for secure wards are likely to be much more strict than those for community patients.

Policy areas required may include:

Smoking
Can participants smoke during the project, and are there any restrictions e.g. can clients have their own lighters? Is the project involved in any smoking cessation schemes? Can clients only smoke during designated breaks?

Toilet use
Are there toilets on site, and if not, what alternative arrangements are in place? Will participants be able to go to the toilet themselves, or must they be accompanied by facilitating staff?

Verbal aggression
If there is an incident of verbal aggression, who will be responsible for dealing with this? How will any incidents be managed and reviewed?

Physical aggression
If there is an incident of physical aggression, who will be responsible for dealing with this? How will any incidents be managed and reviewed?

Injury
Who is the designated first aider, and who will be responsible for keeping patient medical information?

Absconding
Can clients leave the group at any time, or are they in a secure unit and therefore classed as absconding if they leave? Who needs informed if a client goes missing or absconds e.g. RMO, police, carer, family etc?

Illicit substances
What will happen if an illicit substance is found? If this happens, do patients need searched when returning to the ward?

Illness
What will happen if a patient becomes physically ill or has a deterioration of their mental health? Who needs informed and how will the situation be managed and reviewed?

An example of these policies for a community group is attached in Appendix F, and another for a secure forensic ward in Appendix G. There is also an example incident reporting procedure (Appendix K). An emergency procedure and contact details sheet should also be provided to services (Appendix L).

7.3 INCLUSION AND EXCLUSION CRITERIA

An inclusion / exclusion criteria should be drawn up to aid in the referral process. This prevents the project being offered to patients for whom it is inappropriate.

The Branching Out inclusion / exclusion criteria were drawn up with input from clinicians, FCS, and the NHSGGC health and safety team. It also followed guidance from NHSGGC clinical risk department, and the GP Exercise Referral Scheme. Adaptations have since been made to these criteria to widen participation.

The main aspects of the updated criteria are as follows:

1. No self referral. Referrals were only taken from established mental health services as this ensured the necessary medical information was available.

2. No untreated blood pressure problems. BP < 160/90mmHg or <180/110mmHg if monitored/treated OR letter from GP/RMO stating individual is fit for exercise.

3. No untreated heart disease. People with heart disease should provide a letter from their GP/RMO stating they are fit to exercise.

4. If on medication should be stable. Any likely side affects of the medication (e.g. hand to eye co-ordination, shakiness or blood pressure problems) should be highlighted.

5. No current untreated problems with drug or alcohol abuse.

6. Deemed safe to take part in Branching Out activities at staffing levels provided (low risk), using Glasgow Risk Screen if deemed appropriate.

In addition to the requirements above, participants need to have the mental and physical ability to take part in a group based activity programme. People with additional support needs are welcome, but any such needs have to be met by the referring service (e.g. translation services or one-to-one care).

Originally the Assistant Psychologist seconded to Branching Out was responsible for taking blood pressures and checking the Glasgow Risk Screen. In later groups, when this option was no longer available, these details were the responsibility of the referring service, GP or RMO. The referral form was updated in light of these changes, and is attached in Appendix N.

The criteria of 'low risk' is only appropriate for community groups, as patients from secure forensic wards are unlikely to be in this category. The requirements for patients from these wards were based upon being safe to take part in the Branching Out project under the supervision levels proposed, which could potentially include having two members of staff looking after one patient.

7.4 INFORMATION FOR PARTICIPANTS

Although leaflets can give an indication of what will happen on the project, the best way of preparing future participants is to provide a presentation, and/or film, and encourage questions.

The following information should be provided:

- Activities involved.

- Evaluation procedures.

- Expected benefits.

- Advised footwear and clothing.

- Project dates and times.

- Lack of availability of toilet facilities, and rules regarding toilets.

- Freedom to discontinue attendance of the service at any point without giving explanation.

- Expectations of the participant.

- Ground rules for the project.

- No arranging to meet anyone whilst on the programme.

- No violence.

- No drugs or alcohol.

Be prepared to also answer the following common questions:

Will this affect my benefits?
Participants in receipt of benefits are often worried about whether joining the project will affect their money. Generally speaking, a project involving referral from an NHS source should not affect benefits. However, full details are available at www.dwp.gov.uk. It is also worth emphasizing again that any information given to the project is confidential, and will not be passed on to other agencies.

What happens if there is bad weather?
Are there contingency plans for bad weather e.g. a shelter, access to indoor facilities. Under what circumstances will the group be cancelled or the site changed?

Can my friend come?
Often clients wish to bring friends or family along to the project. This is not appropriate due to issues with vulnerable clients and also general health and safety concerns. One of the rules of Branching Out was that clients could not arrange to meet someone on-site.

7.5 BENEFITS FOR PARTICIPANTS

Branching Out evaluation has found that the following may be benefits for participants:

- Provision of structure and routine, with activities encouraging clients to focus on the present (mindfulness).

- Referrals are obtained from mental health services in clinical settings (red light social inclusion services) and clients are moved onto the next step in social inclusion: a mental health service in a community setting (Branching Out is an amber light social inclusion service).

- Stepping stone onto further community engagement (green light social inclusion activities).

- Clients and health care professionals on an even footing.

- Increase in physical activity, including outdoor walking.

- Improved communication skills and team working.

- Increase in self-esteem and self-confidence.

- Ties in well with the 'recovery model'.

- High completion rates.

- Intergenerational appeal.

- Cost effective adjunct form of treatment.

  "*I've noticed improvements in motivation, a broadening of interests, confidence, social skills and improved symptom management*"

  Facilitating staff

7.6 LIMITATIONS OF BRANCHING OUT

Branching Out was found to have many positive benefits to participants, but the following factors should also be noted as possible project limitations.

Weather

Some clients complained about windy, rainy and cold weather, but weather/time of year did not seem to affect attrition rates. Providing good waterproofs made a huge difference.

Transport

Relying on a hired bus meant that pick-ups were sometimes early or late. The timing of Branching Out groups also had to sometimes tie in with the school run.

Staff time

Branching Out was a partnership project requiring staff input from referring services. Some potential services saw this as a drawback, as they felt unable to guarantee the provision of staff. However, only one session was ever cancelled due to a lack of facilitating staff. Allowing services a choice of days for the project allowed them to fit this around other staffing commitments.

Self-referral

Branching Out had numerous requests for individual referrals and self referrals, but the service was not set up to allow these.

Dependency issues

Clients were keen to stay on the project, and often sad that it was only a 12-week block. However, participants were encouraged to move on to further training or volunteer opportunities so they did not become dependent on the intervention.
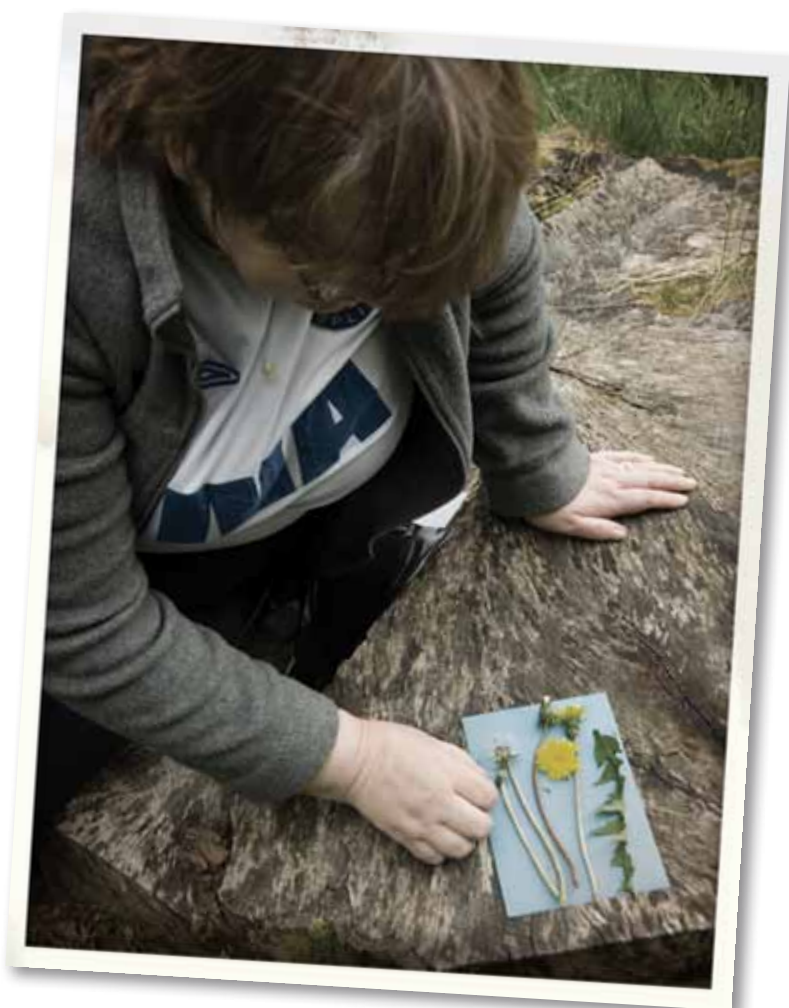
Trying new things

8 Celebrating Achievements

8. Celebrating Achievements

8.1 AWARDS CEREMONY

A joint awards ceremony was provided at the end of each block. This allowed an opportunity to provide recognition of accomplishments throughout the Branching Out programme. The ceremony also provided a chance for clients from each group to meet each other, share experiences and see photographs and artwork produced. This also allowed participants to see photographs from sessions they may have missed.

Friends and family were invited if wished, allowing further opportunities to share experiences with others. Other interested people from mental health services and environmental organisations often attended too.

All clients completing Branching Out received a certificate of attendance, and another to demonstrate their proficiency in using a range of hand tools. Many of the clients had previously missed out on opportunities to complete academic courses and gain qualifications, so this helped promote increased confidence and self-esteem. In addition, from the second block onwards, clients were able to work towards the Discovery level of the John Muir Award. This was only available to regular attendees, so was an extra incentive to attend.

8.2 SIGNPOSTING FURTHER OPPORTUNITIES

"I've learned more about things I didn't know about, and done things I've never done before, and got back into Tai Chi."

Branching Out participant

Throughout the programme participants experience a wide range of outdoor and conservation activities. Links were made with a variety of environmental organisations to encourage clients to move on to relevant community (green light) social inclusion activities. Local opportunities were highlighted during a presentation at the awards ceremony. This included a wide range of volunteer and training opportunities, roughly broken down into the following five categories:

1. Conservation groups
- Take part in practical conservation activities e.g. access, tree work, vegetation clearance, pond creation.

- Opportunities to join pre-existing groups and make new friends.

- Provide tools, personal equipment and often transport and refreshments.

- Often provide training schemes such as Project Scotland or New Deal.

- Examples include BTCV, RSPB and the National Trust for Scotland.

2. Woodworking groups
- Learn new skills and techniques using wood.

- Meet new people and often work in groups.

- May be able to take part in training courses.

- Mainly provided by small local groups, or courses (often subsidised) through local colleges.

3. Environmental award schemes
- Allow people to take part in a nationally recognised award and gain certificates.

- Main scheme running is the John Muir Award (John Muir Trust).

4. Walking groups
- There are many established walking groups.

- Central bodies such as the Ramblers and Paths for All have lists of local groups.

- Some schemes, such as Paths for Health, can also provide training and guidance for setting up new walking groups.

5. Wildlife Surveying
- Numerous organisations run national or local wildlife surveys.

- These may focus on particular species or habitats, or be more generalised.

- Most surveys involve little previous knowledge, and provide training information.

There may also be local opportunities to become involved in activities such as tai chi, photography, organic gardening, bird-watching and helping with environmental education or events. Some clients found their increased confidence and ability to work in a group meant they were ready to progress onto further education or employment.

Where possible, members of staff from local organisations were invited along to the awards ceremony to speak to participants. This allowed clients to make a personal contact within the organisation, and ask questions. Public transport links were also promoted where relevant.

Not all opportunities would be suitable for all participants and, where possible, information on projects was provided to caseworkers in advance.

Information to provide:

- Are there any inclusion or exclusion criteria for the project?

- What activities are included and which tools may be required?

- What is the level of supervision for volunteers?

- Is there formal training and are there any training allowances?

- Is the project at a fixed site and can transport or expenses be provided?

- Are there any costs or fees associated with joining the project?

- Do potential participants require any special equipment?

Volunteering and benefits

Contrary to popular belief, volunteering should not affect any benefits as long as the following conditions are followed:

- You continue to meet the conditions of the benefit or tax credit you receive e.g. fulfilling any requirements to apply for jobs or attend interviews.

- You tell your benefits agency that you are undertaking voluntary work.

- You do not receive any money for the work you do, other than expenses, which should be declared.

- You volunteer for a not-for-profit organisation.

This is only general guidance though, and potential volunteers should always check their own benefit situation (see www.jobcentreplus.gov.uk for guidance).

8.3 SCOTTISH MENTAL HEALTH ARTS AND FILM FESTIVAL

As part of the Scottish Mental Health Arts and Film Festival, Branching Out produced an exhibition of photography and environmental artwork at the National Museum of Rural Life. This display brought together the work of all thirteen Branching Out groups from the last year, and included:

- Wildlife and landscape photographs taken by Branching Out participants.

- Photographs of Branching Out activities (art, bushcraft, walking etc).

- Bird boxes and wooden animals made, and decorated, by participants.

- A physical piece of environmental art (sawdust footprints on logs).

An introductory panel highlighted the local nature of the sites used for Branching Out, and a map encouraged people to visit these areas. There was also an overview of the Branching Out project, information about the arts festival and mental health and the Branching Out DVD.

The exhibition was launched on 2nd October 2008, and visited by a wide range of Branching Out groups, schools, families and individual visitors. Feedback was very positive, and the groups were proud to see their work on display in such a popular museum. Plastic (rather than glass) fronted frames were used to enable artwork to be given to referring services after the display

Display at the National Museum of Rural Life

Appendices

Appendix A Example site risk assessment for Cathkin Braes site

Time Period Covered: 2008 Review Dec 2008 or as required

Location: Branching Out site at Cathkin Braes Country Park Map grid reference: NS 609582

Job: Branching Out – GENERIC SITE RISK ASSESSMENT

Employees covered by risk assessment: Ranger and Assistant Ranger

Emergency contact details: [i.e. referral services, local hospital, project manager etc]

The Hazard	Location of the hazard	Who could be harmed?	Level of risk	Controls	Implementation/ Monitoring	Checked by
Trips, slips, falls	Everywhere	All	Low	Keep to paths and trails where possible in woodland areas. First aid kit carried in case of accidents Mobile phone for emergency Verbal warning to all participants	Route planned and checked for hazards in advance by Ranger First Aid kit carried by Ranger	
Getting lost	Everywhere	Participants	Low	Numbers checked before starting Regular head counts throughout walk Speed of walk that of slowest participant	Ranger to lead, and control speed Map of area carried in kit	
Weather conditions	Everywhere	All	Low	Participants to wear appropriate clothing – waterproofs, warm layers and suitable footwear	Ranger to check wind speeds at forest site prior to group visit. Ranger to monitor participants comfort – include warm up activities if participants are getting cold, and shorten visit if required Ranger to cancel session if high winds / storm	
Poisonous plant materials	Within wood	Participants	Low	Hazardous plants identified in pre event check Participants warned before handling any plant material	Ranger to check routes and inform participants of any danger	
Irresponsible behaviour	Everywhere	Participants	Low	Ground rules are set at the start of each day and reinforced throughout the day. If participants choose not to stick to the rules they will not be allowed to do the activity. If behaviour is persistently bad we will review with referring service	Ranger and facilitating staff to review and enforce rules Positive behaviour praised	
General accidents	Everywhere	All	Low	Regular tool and safety talks given to groups	Vehicle will be parked near the site at all times Both the Ranger and Research Assistant are qualified first aiders A first aid kit is at hand at all times. The site is inspected before the day for unsafe trees/branches, uneven ground and any other hazards that leaders and clients need to be made aware of Mobile phones carried	

Assessment by: [Ranger] _____ Signed: _____ Date _____

Approved by: [Project Manager] _____ Signed: _____ Date _____

Appendix B Example activity risk assessment

Time Period Covered: 2008 Review Dec 2008 or as required   **Location:** Cathkin Braes Country Park Curmunnock Willow Coppice

Job: Branching Out – Campfire Cooking   **Employees covered by risk assessment:** Ranger, Assistant Psychologist, facilitating staff and clients

The Hazard	Location of the Hazard	Who could be harmed?	Level of risk	Controls	Implementation/ Monitoring	Check by
Falls / tripping into fire	Fire pit – base camp	Leaders and participants	Med	Ensure safe practice around the fire at all times No running round the fire Emergency and first aid procedures followed if required	High staff : participant ratio First aid kit available	
Fire getting out of control	Fire pit – base camp	Leaders and participants	Low	Only experienced leaders / adult to light the fire No diesel or petrol to be used No fire lighting in high winds	High staff : participant ratio	
Ignition of surrounding vegetation	Forest site	Leaders and participants	Low	Fire positioned well away from vegetation Fire position on cleared soil base Cut logs in place to surround fire Water available to put out any smouldering vegetation	Designated water container, and fire blanket on site	
Hair or clothing catching fire	Base camp	Leaders and participants	Low	Remove loose clothing Tie long hair back when appropriate Do not lean over fire or throw things into it	High staff : participant ratio First aid kit available	
Eye / lung irritation from smoke	Base camp	Leaders and participants	Low	Remove people from smoke path. Only burn untreated wood or paper – no toxic materials	High staff : participant ratio First aid kit available	
Small burns from ash / embers	Base camp	Leaders and participants	Low	Disturb fire as little as possible Cover up skin	High staff : participant ratio First aid kit available	
Safety after fire	Fire pit – base camp	Leaders and participants	Low	Water used to cool down fire Ensure fire is fully extinguished before leaving Return to check and remove any traces	Designated water container, and fire blanket on site	
Burned mouth from eating cooked food.	Base camp	Leaders and participants	Med	Advise participants to count to ten and blow on food before eating.	Water available in case of burns First aid kit available	
Poisoning / upset stomach from undercooked food.	Base camp	Leaders and participants	Low	No meat / fish products to be cooked. Member of staff must hold health and food hygiene certificate Project to supply all cooking ingredients Hands to be washed thoroughly before cooking Participants to be supervised while cooking	Leader certificate updated when required Hand wash, wipes and hand gel available High staff : participant ratio Cooking equipment cleaned and stored away	

Assessment by: [Ranger] _____ Signed: _____ Date_____

Approved by: [Project Manager] _____ Signed: _____ Date_____

The generic risk assessments have been discussed with all the above employees and they have been advised if they come across a hazard not covered by the risk assessment on a particular site they should contact: [ranger or project manager]

Appendix C Potential biological hazards

There are numerous potential biological hazards to be aware of which should be mentioned to groups or staff if deemed appropriate.

1. ANIMALS
Adders
• The adder is the only poisonous snake in Britain.

• It prefers dry heath, dune systems and the margins of forestry plantations and moorland.

• Adders are well-camouflaged, and will not always move out of the way of people.

• Wear stout footwear with ankle protection when walking through heather.

• Snake bites should be treated by lying the casualty down, washing the wound, keeping the bitten area immobilised and calling the emergency services.

• Adder bites are rarely fatal, the last recorded fatality was 30 years ago.

Bees and Wasps
• Although painful, stings from bees and wasps are not usually dangerous.

• Some people are unusually sensitive and may develop anaphylactic shock, which is life threatening and requires urgent medical attention.

• People who know they are allergic to stings may carry an epipen for use in an emergency.

• Stings in the mouth or throat can cause swelling that will obstruct the airway.

Midges and biting insects
• Midges and blackflies can be a problem in woodland, coastal and moorland areas.

• People vary in their sensitivity, and participants should be advised to bring insect spray.

Ticks
• Ticks are a temporary parasite of warm-blooded creatures including sheep, deer, mice, dogs and humans.

• Ticks can be carriers of Lyme disease, which is a rare but serious disease.

As such, it is sensible to advise groups of the following precautions:

• Wear suitable clothing (long sleeves/trousers if possible).

• Use insect repellent.

• Check regularly for ticks.

• Carefully remove ticks as soon as possible with fine forceps, ensuring all parts of the tick have been removed.

• See your GP or GMO if a rash occurs around the bite area or other symptoms occur (e.g. fever, joint pains and tiredness, flu-like symptoms).

2. PLANTS
Many plants found in Britain are poisonous. These include:

• Yew: all parts are highly poisonous, including the red berries.

• Monkshood: all parts highly poisonous.

• Laburnum: all parts highly poisonous.

• Cowbane: all parts highly poisonous.

• Hemlock water dropwort: all parts highly poisonous.

• Hemlock: all parts highly poisonous, especially the leaves and seeds.

• Deadly nightshade: all parts highly poisonous, especially the berries.

• Foxglove: all parts highly poisonous.

Care should be taken when selecting sticks to use in campfire cooking (e.g. roasting marshmallows).

Other plants to be aware of include:
Giant hogweed
The sap of this plant causes severe dermatitis, which is initially activated by bright sunlight. Dangers are greatest during the summer months. All contact with this plant should be avoided if possible.

Stinging nettles
Nettles can cause painful stings, and dermatitis following nettle stings has been known. Applying crushed dock leaves may help relieve pain. When working near nettles gloves should be worn, and limbs should be covered with long-sleeved tops and trousers.

Toxic fungi
No fungi should be consumed on site or taken away for consumption. If fungus poisoning is suspected, the victim should be taken to a hospital immediately, along with any remains of the fungus consumed.

3. INFECTIONS

Leptospirosis (Weil's Disease)

Humans can become infected with Weil's Disease when their mucous membranes, or open cuts, are exposed to contaminated water. The disease is associated mainly with urban water bodies and slow-moving lowland rivers, but could be present on any inland water. The following precautions are required:

- Cover all cuts and abrasions with water proof plaster.

- Wear waterproof footwear.

- Prevent water coming into contact with mucous membranes (eyes, mouth, nose, etc.).

- Wash hands before eating or handling food.

- Wash all body areas that come into contact with the water.

- See a doctor immediately if any of the following symptoms occur after possible exposure: fever, joint pain (especially calves), flu symptoms.

Sporotrichosis

The yeast-like fungus Sporothrix schenckii, causes sporotrichosis. The fungus is sometimes associated with Sphagnum spp. moss, particularly where the moss is stored, e.g. for horticulture. More rarely, infections may result from pricking by rose thorns or conifer needles. Any open wounds should be cleaned and covered with plasters. If an infection does arise (generally starting with a bump or bumps on the skin), medical attention should be sought as soon as possible.

Tetanus (lockjaw)

Spores of the bacterium Clostridium can be present in dung or in soil contaminated by droppings. Infection can occur through even small cuts, and can cause facial muscle spasms, arching of the back and neck and sweating. All cuts should be cleaned and protected, and clients should be sent to hospital for a tetanus booster if any cuts are deep, or possible tetanus symptoms develop.

Giardiasis

Giardiasis is an infection caused by protozoan parasites, which reproduce in the small intestines of many mammals. Infection is either water-borne or caused by person-to-person transmission. Symptoms including abdominal cramps, diarrhoea, vomiting, fatigue and anorexia can start 1-2 weeks after infection, and last 2-6 weeks. Giardiasis may also be present without symptoms. Prevention involves good hygiene, and not drinking untreated water. If symptoms occur, testing and antibiotic treatment is recommended.

Appendix D Example Branching Out programme

BLOCK 5 – SAMH/ESF GROUP

Week	Date	Site	Provisional activities
1	4th Feb	Cathkin Braes	Intro, wood cookies, fire-lighting, marshmallows, shelter building, site walk
2	11th Feb	Cathkin Braes	Tree ID, treasure hunt, nature photography (winter), JMA intro
3	18th Feb	Carmunnock	Site walk, intro to tool use, chocolate bananas, coppicing
4	25th Feb	Cathkin Braes	Rhododendron clearance, willow platters
5	4th March	National Museum of Rural Life	Visit to an organic farm and rural life museum
6	11th March	Carmunnock	Tai chi, bench making, map work, orienteering
7	18th March	Bullwood Project	Bird boxes, update on John Muir Award
8	25th March	Cathkin Braes	Tai chi, dream catchers / wind chimes
9	1st April	Cathkin Braes	Tai chi, nature photography (spring), animal portraits, sunprint art, tool maintenance
10	8th April	Cathkin Braes	Sawdust art, baked potatoes
11	15th April	Carmunnock	Willow sculptures
12	22nd April	Cathkin Braes	Wooden games, quizzes, kelly kettle challenge, bread

Appendix E First Aid risk assessment

WORKSITE HAZARDS OF INJURY OR ILL-HEALTH	RISK OF INJURY OR ILL-HEALTH OCCURRING
Does accident form information indicate a tendency to injury or ill health from work activities?	Low
ARE THERE SPECIFIC WORKSITE HAZARDS IN MY AREA OF RESPONSIBILITY?	
Sharps injury	Low
Exposure to infection	Low
Use of chemicals/drugs which could cause ill health	Low
Exposure to dusts which could cause ill health	Low
Violence	Low
Electric shock	None
Lifting and handling injury	Med
Equipment or tools which could be dangerous	Med
Burns	Med
Slips, trips and falls	Med
Is the workplace spread over a large geographic area or many floors?	Yes
Is the workplace remote from the emergency services?	Yes
Do the public have access to the premises?	Yes

Appendix F Contingency planning

NHS Greater Glasgow and Clyde Branching Out Project Contingency Planning
Policies and protocols for participants on the Branching Out project (excluding secure patients).

- Tools unaccounted for
- Smoking
- Verbal aggression
- Physical aggression
- Injury
- Absconding
- Illicit substances
- Physical illness
- Mental state deterioration

Tools unaccounted for
- If a tool is unaccounted for during the session, the immediate area will be searched and all facilitating staff informed. The Ranger will decide which areas will be searched.

- Participants should be given every opportunity to hand over any tools secreted upon their person prior to leaving the site.

- If the unaccounted for tool is not found after the preliminary area search the remaining tools will be checked, countersigned and stored.

- In the event that it is discovered that a participant has attempted to secrete on their person or hide a tool, their participation will be suspended throughout the remainder of the project.

- Once all participants are returned to the drop off points the facilitating OT / nursing staff will carry out a systematic search of the Branching Out transport. This will start at the back of the transport and work towards the front.

- The Ranger will return to the site and systematically check the area for a second time.

- If the tool remains unaccounted for the facilitating OT / nurse will complete an IR1. The box denoting site type should be completed as 'Branching Out'.

Smoking
- There will be informal smoking breaks, although participants are free to smoke as and when they wish.

Verbal aggression
- In the event of a participant being verbally aggressive they will be removed from the main working group. A member of the facilitating staff will speak to the participant with the aim of de-escalating the situation.

- If the participant is viewed as being able to carry on the session they will return to the group.

- If the participant is viewed as being unable to return to the session the facilitating staff will review the situation and the referring service will be informed.

- If the participant is unable to continue the session the referring service will be contacted.

- If transport can be provided, someone from the referring service will travel to the site of the day's intervention and escort the participant back.

- If separate transport cannot be provided, the session will be terminated and the group returned to the referring service in the project transport.

- On return to the referring service the facilitating OT/ nurse will complete an IR1 form. The box denoting site type should be completed as 'Branching Out'.

- After an incident of verbal aggression the Branching Out Staff and facilitating staff will review the incident and decide if it is appropriate for the individual to continue, or whether they should be suspended from the project.

Physical aggression:

- In the event of a participant being physically aggressive they will be removed from the main working group. Facilitating staff will speak to the participant with the aim of de-escalating the situation.

- If it is not appropriate for the participant to travel with the group, the facilitating staff will contact the referring service to ascertain whether a further member of staff and transport could be provided. Directions for staff should be made available at reception (available in this folder) to locate the group.

- If the incident is more severe, the police will be contacted directly to collect the participant.

- In the event that a further member of staff is unavailable and the situation is not judged to be at the level of severity as to require police involvement, the facilitating member of staff will return with the participant on the mini-bus.

- Injuries sustained during the incident will be dealt with according to the injury protocol.

- The session will be terminated following the incident, and the tools returned following the tool check policy.

- The group will be returned to the pick up points in the project transport and appropriate support and reassurance provided to the participants.

- On return, facilitating staff will complete an IR1. The box denoting site type should be completed as 'Branching Out'.

- After an incident of physical aggression Branching Out and facilitating staff will review the incident and may suspend the individual from the project.

- The Critical Incident Review Policy will be adhered to.

Injury

- In the event of an injury the designated first aiders will manage the incident. The appropriate protective materials will be available to treating staff.

- If required, an ambulance will be called and provided with the grid reference for ease of locating the project.

- The referring service will be contacted, and the nurse in charge informed and regularly updated of the situation.

- If appropriate the session will be terminated, tools checked and participants returned to the pick up points.

- On return, facilitating staff will complete an IR1. The box denoting site type should be completed as 'Branching Out'.

- After an incident of physical injury Branching Out and facilitating staff from will review the incident. The specific activity that caused the incident will be reviewed to determine if it should remain part of the programme.

Absconding

- If a patient absconds (absence without leave) from the project the facilitating staff will assess the situation and under what circumstances the patient absconded.

- The referring service will be contacted to notify them of the situation.

- A tool count will be taken, if a tool is missing the referring service will again be contacted.

- If the situation warrants it (e.g. the participant was aggressive prior to absconding and a tool was missing) the police will be contacted.

- The session will continue for the remaining participants.

- On return, facilitating staff will complete an IR1 form. The box denoting site type should be completed as 'Branching Out'.

- After an incident of a participant absconding, Branching Out and facilitating staff will review the incident and may suspend the individual from the project.

Illicit substances

- If illicit substances are found the substance will be placed in a secure container.

- The police will be contacted.

- If it becomes apparent that a person has consumed illicit drugs the facilitating member of staff will phone the referring service to ask for a further member of staff and transport to be provided in order for the participant to be returned without disrupting the rest of the group.

- If a further member of staff, or transport, is unavailable then the participant will return on the minibus accompanied by the facilitating member of staff.

- If it is found that a participant has attempted to secrete on their person or hide illicit substances contravening the Greater Glasgow and Clyde "Illicit Substance Policy", their participation will be suspended for the remainder of the project.

- Once all participants are returned, the facilitating staff will carry out a systematic search of the Branching Out transport. This will start at the back of the transport and work towards the front.

- The Ranger will return to the site and systematically check the area.

- On return, facilitating staff will complete an IR1 form. The box denoting site type should be completed as 'Branching Out'.

Physical illness

- In the event of a participant becoming physically unwell the designated first aiders and facilitating staff will manage the incident. The appropriate protective materials will be available for treating staff.

- If required, an ambulance will be called and provided with the site grid reference for ease of locating the project.

- The referring service will be contacted and regularly updated of the situation.

- If appropriate the session will be terminated tools checked and participants returned to their designated pick up points.

Mental state deterioration:

- In the event of a participant's mental health deteriorating, the facilitating staff will assess and manage the incident.

- If appropriate the session will be terminated, tools checked and participants returned to their pick up points.

- If it is not appropriate for the participant to travel with the group, the referring service will be contacted to arrange a further member of staff and transport. If this is unavailable, the mini bus will return with the facilitating member of staff and the participant.

Appendix G Contingency planning for a secure group

NHS Greater Glasgow and Clyde Branching Out Project Contingency Planning

Policies and protocols for participants from the Directorate of Forensic Mental Health & Learning Disabilities.

- Tools unaccounted for
- Smoking
- Toilet use
- Verbal aggression
- Physical aggression
- Injury
- Absconding
- Illicit substances
- Physical illness / mental state deterioration

Tools unaccounted for

- If a tool is unaccounted for during the session, the immediate area will be searched and all facilitating staff informed. The Ranger and other facilitating staff will decide which areas will be searched.

- Participants should be given every opportunity to hand over any tools secreted upon their person prior to leaving the site.

- If the unaccounted-for tool is not found after the preliminary area search, the remaining tools will be checked, countersigned and stored.

- Facilitating staff will phone the ward(s) and inform them of the situation. The ward(s) will plan for the participants' return using the project transport.

- On arrival at the reception of the wards, reception staff will telephone nursing staff. Patients will return to each ward one at a time with remaining patients waiting with facilitating staff in the airlock.

- Prior to entering the main communal area of the ward a rub down search will be carried out as they will be suspected of secreting the unaccounted for tool.

- The rub down search will adhere to the directorates search policy section 10 rub down search items a-u.

- If it is found that a participant has attempted to secrete on their person, or hide, a tool that prevents adherence to the tool use policy, their participation will be suspended throughout the remainder of the project. The participant's RMO and ward manager will be notified on return to the ward.

- Once all participants are returned to the wards, facilitating staff will carry out a systematic search of the Branching Out transport. This will start at the back of the transport and work towards the front.

- Branching Out staff will return to the site and systematically check the area for a second time.

- If the tool remains unaccounted for facilitating staff will complete an IR1 (the box denoting site type should be completed as 'Branching Out').

Smoking

- At the start of each Branching Out session, participants will be notified of smoking breaks.

- Facilitating OT and nursing staff will carry a lighter.

- Participants will not sign out lighters from the ward.

- Participants will be made aware of the procedure for disposing of their cigarettes in accordance with the conservation ethos of the project.

Use of toilets

- Prior to leaving the ward participants will be reminded of the basic nature of the toilet facilities.

- During the session, participants will use the toilet one at a time. Participants will be escorted to the toilet area by same sex facilitating staff from [the hospital].

Verbal aggression:

- In the event of a participant being verbally aggressive they will be removed from the main working group. A member of the facilitating staff from [the hospital] will speak to the participant with the aim of de-escalating the situation.

- If the participant is viewed as being able to carry on the session they will return to the group.

- If the participant is viewed as being unable to return to the session the facilitating staff will review the situation and the ward will be informed.

- If appropriate, the session will be terminated and the group returned to their ward in the project transport.

- If it is not appropriate for the participant to travel with the group, the ward will send staff in the hospital transport to collect the patient using the directions left at reception to locate the group.

- On return to [the hospital] the facilitating OT and nurse will complete an IR1 form. The box denoting site type should be completed as 'Branching Out'.

- After an incident of verbal aggression Branching Out staff and facilitating staff will review the incident and decide if it is appropriate for the individual to continue or whether they should be suspended from the project.

- The participant's RMO and ward manager will be notified on return to the ward and the incident will be reviewed at the clinical team meeting.

Physical aggression

- In the event of a participant being physically aggressive they will be removed from the main working group. Facilitating staff from [the hospital] will speak to the participant with the aim of de-escalating the situation.

- The nurse in charge of the ward will be contacted immediately and informed of the situation. The nurse in charge of the ward will contact police and ambulance services notifying them of the situation, location and facilitating staff mobile number.

- Injuries sustained during the incident will be dealt with according to the injury protocol.

- The session will be terminated and the tools returned following the tool check policy.

- The group will be returned to the ward in the project transport and appropriate support and reassurance provided to the participants.

- If it is not appropriate for the participant to travel with the group the ward will send staff or police, depending on the severity of the incident, to collect the participant using the directions left at reception to locate the group.

- On return to [the hospital] the facilitating OT/ nurse will complete an IR1. The box denoting site type should be completed as 'Branching Out'.

- After an incident of physical aggression, Branching Out staff and facilitating staff will review the incident and suspend the individual from the project.

- The participant's RMO and ward manager will be notified on return to the ward, and the incident will be reviewed at the clinical team meeting.

- The Critical Incident Review Policy will be adhered to.

Injury

- In the event of an injury the designated first aiders will manage the incident. The appropriate protective materials will be available to treating staff.

- If required an ambulance will be called and provided with a grid reference for ease of locating the project.

- The ward will be contacted and the nurse in charge informed and regularly updated of the situation.

- If appropriate, the session will be terminated, tools checked and participants returned to the ward.

- On return to [the hospital] facilitating OT and nurse will complete an IR1. The box denoting site type should be completed as 'Branching Out'.

- After an incident of physical injury the Branching Out Staff and facilitating staff will review the incident and determine if any measures could be put in place to prevent this occurring in the future. The specific activity that caused the incident will be reviewed to determine if it should remain part of the programme.

- The participants RMO and ward manager will be notified on return to the ward and the incident will be discussed at the clinical team meeting.

Absconding

- If a patient absconds (absence without leave) from the project the ward will be contacted by the facilitating staff and the nurse in charge informed of the circumstances and the last known location and presentation at this time.

- The nurse in charge will notify the RMO and the police and follow existing policy.

- The session will continue for the remaining participants.

- On return to [the hospital] the facilitating OT and nurse will complete an IR1 form. The box denoting site type should be completed as 'Branching Out'.

- After an incident of a participant absconding, Branching Out staff and facilitating staff from [the hospital] will review the incident, and suspend the individual from the project. The incident will be reviewed at the clinical team meeting.

- The Critical Incident Review Policy will be implemented.

Illicit Substances

- If illicit substances are found the substance will be placed in a secure container.

- The facilitating OT and nursing staff will phone the wards and inform them of the situation. The ward will plan for the participants return.

- The session will be suspended and participants returned to the reception of the wards using the project transport.

- On arrival at the reception of wards, reception staff will telephone nursing staff. Patients will return to each ward one at a time with the remaining patients waiting with facilitating staff in the airlock.

- Prior to entering the main communal area of the ward a rub down search will be carried out, as they will be suspected of secreting the illicit substance.

- The rub down search will adhere to the Directorates Search and Policy Section 10- rub down search, items a-u.

- If it is found that a participant has attempted to secrete on their person or hide illicit substances contravening the Greater Glasgow and Clyde "Illicit Substance Policy" their participation will be suspended for the remainder of the project.

- The participant's RMO and ward manager will be notified on the return to the ward.

- The facilitating OT and nurse will complete an IR1 form. The box denoting site type should be completed as 'Branching Out'

- Once all participants are returned to the wards the facilitating OT and nursing staff will carry out a systematic search of the Branching Out transport. This will start at the back of the transport and work towards the front.

- Branching Out staff will return to the site and systematically check the area.

Physical illness / mental state deterioration

- In the event of a participant becoming physically unwell, the designated first aiders and facilitating staff will manage the incident. The appropriate protective materials will be available for treating staff.

- If required an ambulance will be called and provided with the site grid reference for ease of locating the project.

- The ward will be contacted and the nurse in charge informed and regularly updated of the situation.

- If appropriate the session will be terminated, tools checked and participants returned to the ward.

- In the event of a participant's mental health deteriorating the facilitating staff (Nurse and OT) will assess and manage the incident.

- The ward will be contacted and the nurse in charge informed and regularly updated of the situation.

- If appropriate the session will be terminated, tools checked and participants returned to the ward.

- If it is not appropriate for the participant to travel with the group the ward will send staff or police depending on the severity of the deterioration to collect the participant using the directions left at reception to locate the group.

- On return to [the hospital] the facilitating OT and nurse will complete an IR1 form. The box denoting site type should be completed as 'Branching Out'

- The participant's RMO and ward manager will be notified on return to the ward and the incident will be discussed at the clinical team meeting.

Appendix H Services engaged

Dates	Service	Description
Sept–Dec 08	Esteem South	Clients between 16-35 presenting with an untreated episode of psychosis and residing within South Glasgow
	Leverndale Hospital: low secure forensic ward (2 groups)	Patients recovering from severe and enduring mental health problems in low secure rehabilitative care
	Leverndale Hospital: Recreational Therapy	18-65 years of age with a moderate to severe mental health problem
Jan–April 08	Glasgow North Training	Clients of working age who have experienced, or are recovering from, mental health problems
	Glasgow South Integrated Training	Clients of working age who have experienced, or are recovering from, mental health problems
	Leverndale Hospital: low secure forensic ward	Patients recovering from severe and enduring mental health problems in low secure rehabilitative care
April–July 08	Glasgow North/ Glasgow South Training	Clients of working age who have experienced, or are recovering from, mental health problems
	The Arran Centre	18-65 years with a moderate to severe mental health problem (largely chronic psychotic disorders)
	The Anvil Centre	18-65 years with a moderate to severe mental health problem (largely chronic depression)
Aug–Oct 08	Stobhill Hospital: medium secure forensic unit	Patients recovering from severe and enduring mental health problems in medium secure rehabilitative care
	The Auchinlea Centre/ Discharge and Rehabilitation Team (DART)	18-65 with a severe mental health problem / Inpatients from Parkhead and Stobhill Hospital who are homeless or recently rehomed. Patients will have an RMO and a mental health diagnosis.
	Eastwood Centre	18-65 years with a moderate to severe mental health problem
Feb–April 09	Forensic services: Leverndale and Dykebar learning disabilities/ Stobhill mental health	Patients with a learning disability who present with challenging behaviours / Patients recovering from severe and enduring mental health problems in low secure rehabilitative care
	Glasgow North/ Glasgow South Training	Clients of working age who have experienced, or are recovering from, mental health problems
	The Arran Centre	18-65 years with a moderate to severe mental health problem (largely chronic psychotic disorders)
May–July 09	Woodlands Centre	Clients over 65 with dementia
	Glasgow Association for Mental Health	Supporting people experiencing or recovering from mental ill health and their carers
	Scottish Association for Mental Health	18-65 years attending a mental health men's activity group in Dumbarton

Appendix I Branching Out Partnership Agreement

1. Parties to the agreement
This agreement is made between Forestry Commission Scotland and [referring service]

2. The agreement
The following documentation – 'Branching Out Partnership Agreement' and 'Services to be provided' composes "the agreement".

3. Defined Terms
Branching Out is a joint mental health and well-being initiative between [referring service] and Forestry Commission Scotland

4. Agreement period
The agreement shall commence on (dd/mm/yy) and shall remain in force until (dd/mm/yy). The parties may extend the agreement period upon giving at least one month's notice prior to the expiry of the initial term on mutually acceptable terms and conditions, and for a period to be agreed between the two parties.

5. The service development
The Parties undertake:
To support Branching Out for a 3-month period, as specified in the 'Services to be Provided' (attached).

The parties accept shared responsibility for all aspects of service development including providing staff, record keeping, risk assessments and overarching management of the service development.

Lead responsibility will be equally shared between:

• Hugh McNish, Health Advisor, Forestry Commission Scotland (project lead)

• [NHS referring service lead]

Other roles and responsibilities:

To lead fieldwork and risk assessments:

Community & Environment Ranger: Kirsty Cathrine

To provide staff for Branching Out fieldwork sessions, make referrals and support clients whilst at the service:

[NHS appointed staff]

6. Project Steering Group
A project steering group has been established to oversee the day to day running of Branching Out, and will meet approximately bi-monthly. Hugh McNish, Health Advisor for Forestry Commission Scotland, will chair this group.

All staff and participants involved in Branching Out fieldwork will be responsible for their own actions, and will be expected to act in a professional and responsible manner at all times.

7. Variation
No term of the agreement may be varied without the express written agreement of both parties.

For and on behalf of [Forestry Commission Scotland]

Signed by: _____

Designation: _____

Signature:_____

Date _____

For and on the behalf of [referring service]

Signed by: _____

Designation: _____

Signature:_____

Date _____

Appendix J Services to be provided

Information Sessions

Short information sessions will be arranged with referring service staff where a Branching Out representative will give a short presentation about the service. This representative will then be available to answer any specific questions or concerns. At this point health care professionals from the service will be given the inclusion criteria, referral forms and information leaflets to disperse to appropriate service users who they feel would benefit from the project.

Interested clients will be invited to an information session with Branching Out staff, where they will be given a short presentation with the following information:

- Activities involved

- Evaluation procedures

- Expected benefits

- Advised footwear and clothing

- Project dates and times

- Lack of availability of toilet facilities and rules regarding toilets

- Freedom to discontinue attendance of the service at any point without giving explanation

- Expectations of the participant

- Ground rules for the project

- No arranging to meet anyone whilst on the programme

- No violence

- No drugs or alcohol

Interested clients must be referred from a health care professional by completing a Branching Out referral form.

Completion of referral form

All referrals must be made using the Branching Out referral form.

- Clients deemed able to participate in Branching Out activities, and have been assessed using a Glasgow Risk Screen if appropriate.

- Clients should meet all of the inclusion criteria. If a client does not meet one of the physical health inclusion criteria (e.g. high blood pressure or heart disease), an accompanying note from their GP is required confirming that they are safe to undertake physical exercise.

- All sections of the referral form must be completed. Incomplete forms will be returned to the referring organisation.

- The referral form includes a section detailing whether any additional arrangements have to be made for the service user such as the provision of an interpreter or one-to-one support. The referring organisation should make these provisions, as Branching Out is unable to provide one-to-one assistance.

- On receiving the referral form the date will be recorded with the intention that a baseline appointment be offered within two weeks of the recorded date. Baseline appointments will take place on the referring bodies premises by arrangement with facilitating staff.

Referrals should be sent to:

Kirsty Cathrine (private)
Forestry Commission Scotland
Bothwell House
Hamilton Business Park
Hamilton
ML3 0QA

Referrals will be kept in a secure cabinet.

Groups

Branching Out will run every [insert day] for 12 weeks from [dd/mm/yyyy] to [dd/mm/yyyy] from [hh:mm] to [hh:mm]. Activities will include conservation, environmental art, bushcraft, health walks and making things from natural materials. Transport can be provided to and from sites if required.

Awards ceremony

At the end of the twelve week block there will be a joint
awards ceremony for all groups attending Branching Out.
This is an opportunity to share experiences and celebrate
achievements. Certificates of attendance and tool use will be
provided to everyone taking part in Branching Out. Regular
attendees may also receive a Discovery level John Muir
Award. Further opportunities for environmental volunteering
or training will be highlighted, and clients will be able to
sign up to receive more information about these projects.
A record of those that went on to do further volunteering
through direct contact with other agencies will be kept in
terms of numbers but will exclude personal information

Attrition rates

Attrition rates and number of those not interested after attending
the baseline appointment will be kept. A record of the number
of referrals that were taken but not included will be kept.

Appendix K Incident reporting

Incident reporting is similar to accident reporting but includes near-misses and other dangerous occurrences. Incidents are defined as:

- An accident where people are injured and it is reported to the HSE

- An accident where people are injured, but it does not need to be reported to the HSE

- A dangerous occurrence that is reported to the HSE

- A dangerous occurrence that does not need to be reported to the HSE

- Any incident where a person is verbally and/ or physically abused, threatened or assaulted in any circumstances related to the project.

When projects involve joint responsibility with NHS services there is likely to be a dual incident reporting method as discussed below.

All incidents

All incidents will be recorded in a dedicated project accident report book and kept securely.

If a critical incident occurs it must be reported immediately to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrances Regulations by telephone (0845 300 9923) or online (www.hse.gov. uk/riddor). Incidents that must be reported include:
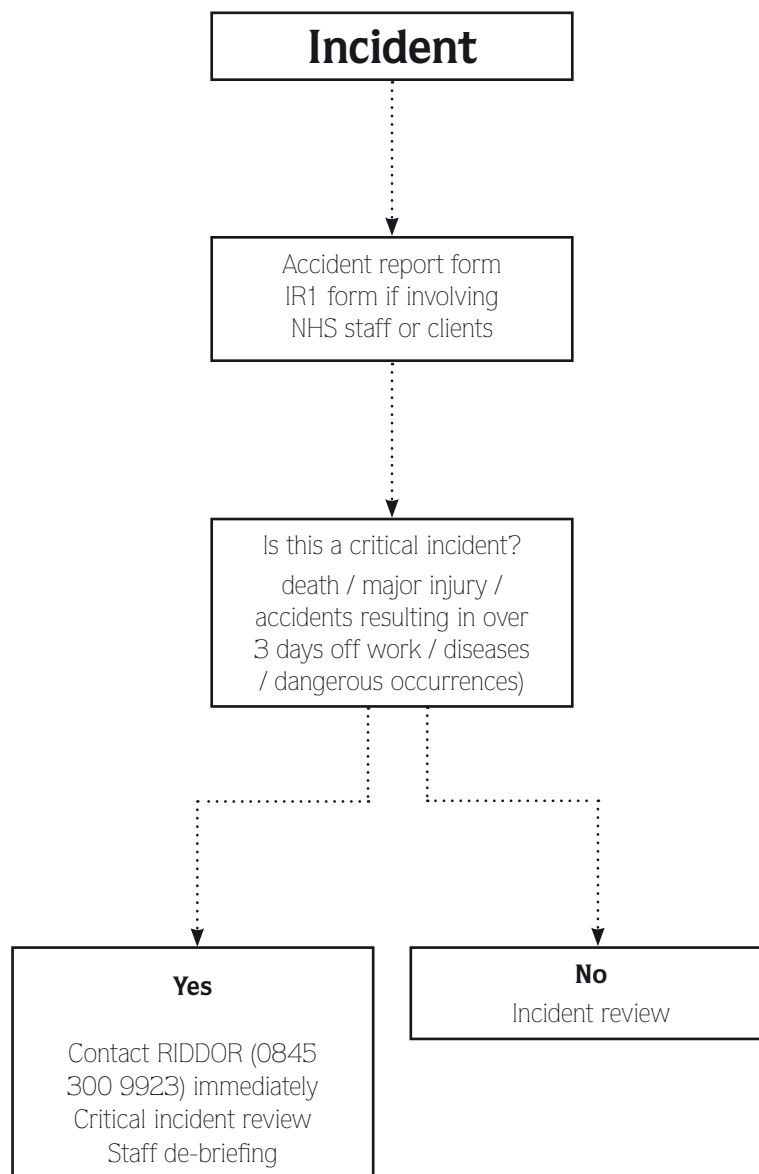
- Deaths

- Major injuries

- Over-3-day injuries (where an employee or client is away from work or unable to perform their normal work duties for more than 3 consecutive days)

- Injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital

- Some work-related diseases

- Dangerous occurrences – where something happens that does not result in an injury, but could have done

Incidents involving clients or NHS staff

Facilitating NHS staff should also complete an IR1 form and follow their own incident reporting procedures. The IR1 form is used to monitor NHS incidents. The form involves filling in a 'site reference', which should be the usual reference the facilitating service uses for IR1 forms. The 'site type' must be a project-specific code agreed in advance with the relevant NHS health and safety body. This allows all project incidents to be grouped and monitored together regardless of the NHS service involved.

Incident review

Any incidents of concern should be reviewed by facilitating staff and managers within 72 hours. Any immediate action will be taken and all details of this included in the accident report. This includes any safety procedures or risk assessment changes. Any changes implemented should be forwarded to all referring services as soon as possible in writing.

INCIDENT MANAGEMENT SUMMARY

```
                    ┌─────────────────────┐
                    │      Incident       │
                    └─────────────────────┘
                              ⋮
                              ▼
                    ┌─────────────────────┐
                    │  Accident report form │
                    │   IR1 form if involving │
                    │   NHS staff or clients │
                    └─────────────────────┘
                              ⋮
                              ▼
                    ┌─────────────────────┐
                    │ Is this a critical incident? │
                    │                     │
                    │  death / major injury / │
                    │  accidents resulting in over │
                    │  3 days off work / diseases │
                    │  / dangerous occurrences) │
                    └─────────────────────┘
                       ⋮              ⋮
                       ▼              ▼
          ┌─────────────────┐   ┌─────────────────┐
          │      Yes        │   │      No         │
          │                 │   │ Incident review │
          │ Contact RIDDOR (0845 │   └─────────────────┘
          │ 300 9923) immediately │
          │ Critical incident review │
          │ Staff de-briefing │
          └─────────────────┘
```

Appendix L Emergency procedures and contact details

COMMUNITY AND ENVIRONMENT RANGER

Kirsty Cathrine
Community and Environment Ranger
Forestry Commission Scotland
Central Scotland Conservancy
Bothwell House
Hamilton Business Park
Caird Park
Hamilton
ML3 0QA
01698 368557 / 07825826403

PROJECT MANAGER & FORESTRY COMMISSION LEAD

Hugh McNish
Central Scotland Health Advisor
Central Scotland Conservancy
Bothwell House
Hamilton Business Park
Caird Park
Hamilton
ML3 0QA
01698 368 555 / 07768 005502

EMERGENCY PROCEDURES

In case of emergency dial 999 for ambulance / police / fire brigade

- Ask for the required service

- Give your own name and the telephone number you are calling from

- Provide location details and vehicle entrance grid references

- Carmunnock NS 597 577

- Cathkin Braes car park NS 609 579

- Describe the problem and, with injuries/illness, any symptoms

- State that the crew will be met at the road barrier

- Speak clearly, slowly and be ready to repeat information if asked

Ambulance

- Give as much information about the condition of the patient as possible

- If possible, arrange for someone to wait at the road entrance to flag ambulance down

Fire brigade

- In the case of fire, withdraw to a safe assemby point (directed by ranger)

- If possible, arrange for someone to wait at the road entrance to flag ambulance down

Nearest Hospital

Hairmyres Hospital, Eaglesham Road, East Kilbride, Lanarkshire, Scotland, G75 8RG. Tel: 01355 585 000

Appendix M Glasgow Risk Screen

Patient _____ DoB _____ Ward _____

Context of Assessment:

On admission ☐   MDT review ☐   Emergency review ☐   On discharge ☐   C.P.A. review ☐   Annual update ☐   Other ☐

A. This document should form an integral part of a comprehensive mental health assessment and care planning process.

B. This is not an exhaustive list of safety issues / risk factors. It is merely intended to provide an initial indicator of the potential sources of risk, and hence inform clinical management.

C. The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.

D. If completed by one person (eg. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (inc. users and carers where appropriate).

Suicide/Self-Harm	✓	Violence	✓	Neglect / other risk	✓
HISTORICAL					
1. Previous self-harm		1. Previous violent acts		1. History of self-neglect	
2. Use of violent methods		2. Use of weapons		2. Lives alone	
3. Major psychiatric diagnosis		3. Admission to secure units or IPCU		3. Lacks basic housing amenities	
4. Past diagnosis of personality disorder		4. Convictions for violence / assault		4. Socially or culturally isolated	
5. Socially isolated		5. Past diagnosis personality disorder / psychopathic traits		5. History of being exploited	
6. Major physical illness		6. Alcohol or drug misuse		Other Risks	
7. Alcohol/drug misuse		7. Male under 35		6. Has neglected dependent others	
8. Family history of suicide		8. Prior supervision failure		7. Previous fire risk	
SHORT-TERM OR PRECIPITATING					
9. Planning suicide		9. Intoxicated		8. Current self-neglect	
10. Access to lethal method		10. Active positive psychosis		9. Difficulty communicating needs	
11. Hopeless / helpless		11. Violent fantasies		10. Confusion or disorientation	
12. Recent major loss		12. Identified target		11. Sexually inappropriate / assaultative	
13. Recent psych in-patient discharge		13. Access to weapons		12. Significant financial problems	
PROTECTIVE					
14. Willing to respond to advice/carers		14. Willing to respond to advice/carers		13. Willing to respond to advice/carers	
15. Has close relationship (or loved pet)		15. Availability of appropriate services		14. Availability of appropriate services	
16. Religious beliefs					

Summary Formulation, including safety concerns identified:

Confirm Risk Management Plan is recorded in case notes (see overleaf): ☐

Date of Assessment: _____ Date of Review:_____Keyworker: _____

Legal Status: Informal ☐ Detained ☐ Consultant Psychiatrist:_____

Involved in risk assessment: Patient / Carer / Consultant / Other Dr. / CPN / Ward Nurse / SW / OT / Psychology

Completed by (sign):_____

Print name: _____

Appendix N Branching Out referral form

To be completed by referring health care professional after reference to inclusion / exclusion criteria

Client Details

Name _____

D.O.B. _____ M / F _____

Address _____

_____

Telephone_____

Next of kin _____

Relationship _____

Telephone_____

1. Does your client require an interpreter
   / communication support?

_____

2. Does your client have any physical limitations that would make physical activity difficult? Yes / No

☐ Back pain   ☐ Obesity

☐ Amputation   ☐ OA

☐ Injury   ☐ RA

☐ PVD   ☐ Joint replacement

☐ MS   ☐ Other joint pain

☐ Osteoporosis   ☐ Chronic fatigue

☐ Functional post stroke   ☐ Other

Please give details _____

_____

3. Most recent BP reading _____/_____ mmHg Date _____

Is client being treated/monitored for high BP?

4. What mental health health issue(s) does your client have e.g. depression, anxiety, psychosis _____

_____

Referrer Details

Name _____

Job title _____

Referring service _____

Address _____

_____

Telephone_____

Email _____

5. Please give details of any learning difficulties or cognitive impairment_____

6. Please give details of any respiratory problems _____

_____

7. If the client suffers from epilepsy, how often do they have a seizure?
☐ Daily   ☐ Monthly
☐ Weekly   ☐ Rarely

8. Is the client diabetic?
IDDM   ☐ Yes   ☐ No

NIDDM _____ ☐ Yes __ ☐ No

9. Please list any medication the client is taking which will affect their exercise capability _____

Based on this health profile and my knowledge of this client, I know of no reason why this client should not join Branching Out.

Referrer's signature _____

Print name _____ Date _____

Client's signature _____

Print name _____ Date _____

Mental health glossary

Community Health and Care Partnership (CHCP)
Partnership bringing together health and social
care services in a specific geographical area.

Community Psychiatric Nurse (CPN)
A registered nurse with specialist mental health
training who works in the community.

Ecotherapy
Being outdoors and active in a green environment
as a way of boosting mental well-being

Forensic services
Mental health services aimed at people who are in,
or have been through, the criminal justice system or
who have been transferred to secure hospitals.

Glasgow Risk Screen
A standardised risk assessment tool for
people with mental health problems.

Mental health resource centre
A centre providing a wide range of mental health
and social care services, which may include
information, resources, training and therapies.

Occupational Therapist (OT)
Help people with mental health problems build the
confidence and skills they need for daily life or work.

Primary care service
A health care service provided in the community by
organisations such as GP practices and walk-in clinics.
Generally the first point of contact for mental health services.

Recreational therapy (RT)
The use of recreational or leisure time activities as
a therapeutic part of the rehabilitation process

Responsible Medical Officer (RMO)
Consultant psychiatrist with overall care of a patient
with mental health problems in hospital

Secondary care service
A health care service providing treatment by specialists to
whom a patient has been referred by primary care providers

Tertiary care service
A health care service providing treatment given in a health
care centre that provides highly trained specialists.

Useful resources

Mental health
- Towards a Mentally Flourishing Scotland: discussion
  paper on mental health improvement 2008-2011

- Scottish mental health arts and film festival
  http://mentalhealthfestival.dreamhosters.com/

- Mental health first aid course
  Scotland - www.healthscotland.org.uk/smhfa/index.cfm
  England - www.mentalhealthfirstaid.csip.org.uk/
  Wales - www.mhfa-wales.org.uk/

Relationship between mental and physical health
- Disability Rights Commission (2006).
  Equal Treatment: Closing the Gap.
  http://www.library.nhs.uk/mentalhealth/
  viewresources.aspx?resID=187303

Ecotherapy and other outdoor interventions
- The green agenda for mental health (Mind report, 2007
  http://www.mind.org.uk/mindweek2007/report/

- Bird, W. (2004) Natural Fit – Can Green Space and
  Biodiversity Increase levels of Physical Activity?
  (RSPB report, 2004)
  www.rspb.org.uk/Images/natural_fit_
  full_version_tcm9-133055.pdf

- Burls A (2007) People and green spaces: promoting public
  health and mental well-being through ecotherapy. Journal of
  Public Mental Health. 6 (3) 24-39.
  www.ukmaburbanforum.co.uk/Downloadable%20
  Pubs/jpmh-6_3-burls.pdf

- Butler C.D., & Friel S. (2006). Time to regenerate: ecosystems
  and health promotion. PLoS Medicine, 3 (10), 394
  http://medicine.plosjournals.org/perlserv/?request=get-
  document&doi=10.1371/journal.pmed.0030394&ct=1

- Pretty, J et al. (2003). Green Exercise: Complementary Role
  of Nature, Exercise and Diet in Physical and Emotional Well-
  Being and Implications for Pulbic Health Policy.
  www.outdoorfoundation.org/pdf/GreenExercise.pdf