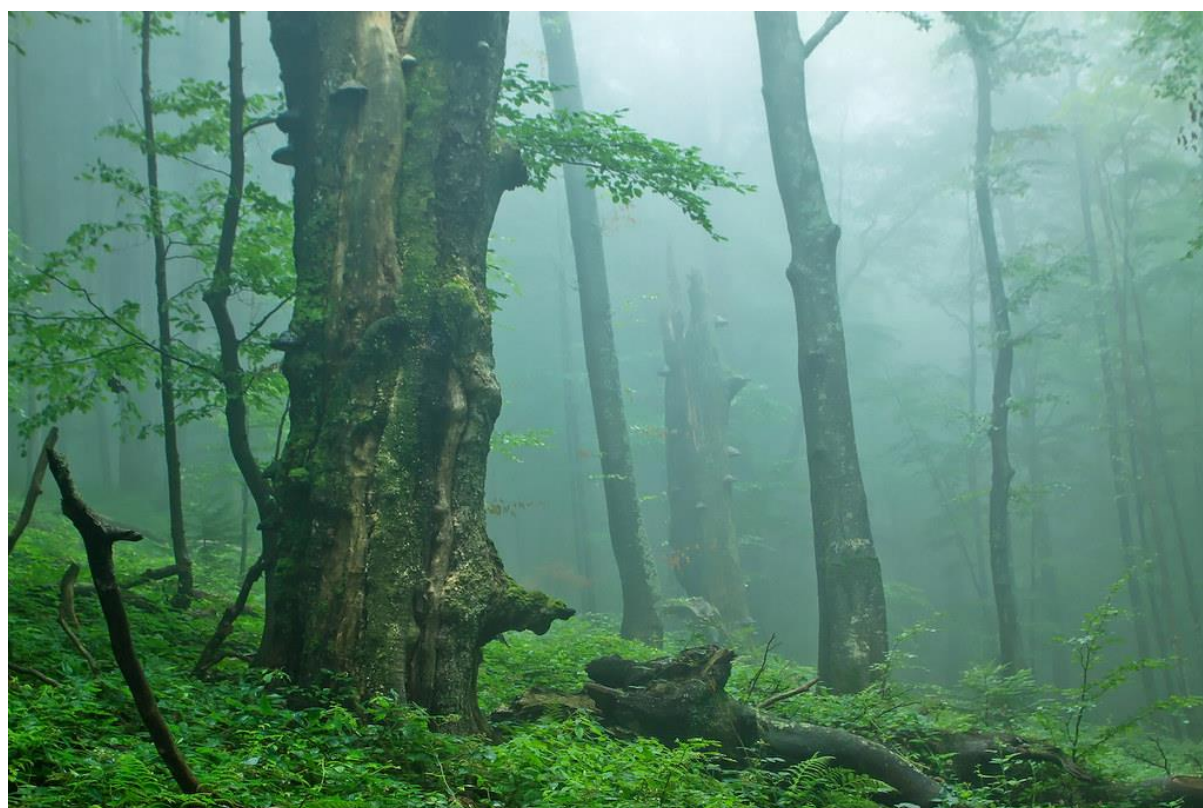


D2.1. Green care actor map for each study country

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1. Executive Summary

The present document represents Deliverable 2.1. – Green care actor map for each study country of the GreenME project. It has been developed as a part of Work Package 2 – Assessment of the current status of green care and is related to Task 2.1. Identify main stakeholder groups related to green care. The stakeholder mapping was carried out during the first four months of the GreenME project and focused on active stakeholders (i.e. actors) involved in adults' mental health. This report is a stand-alone document identifying and characterizing the identified green care actors. It also forms the basis for further research under WP2, WP4 and WP5.

The fundamental part of this deliverable is the Actors Mapping Sheet which provides the list and characteristics of identified actors for each study country (Annex1). A total of 629 actors dealing with green care are recorded.

This deliverable is structured into three main parts. The first one (Chapter 2) describes the objectives and scope of the report, its relation to other tasks and deliverables, explains the adopted methodology and the way how the findings are presented.

The second part of the report is the main body of this deliverable (Chapter 3). It provides the results of green care actor mapping for each study country. It gives the general overview of green care actors, according to their types, sectors they belong to, level at which they operate and main fields of activity. This part of the report shows also shared roles played by green care actors and their shared focus on particular green care cales. It also provides an insight into population groups targeted by particular actors (e.g. immigrated population, elderly, ethnic minorities). Furthermore this section prioritizes the identified green care actors based on their expertise and influence. A total of 27 influence-expertise matrices were developed (3 green care cales x 9 case studies). These matrices allow to identify 4 categories of stakeholders: key, influential, experienced and marginal.

The third part of this deliverable (Chapter 4) presents the main actors groups related to green care. The selection of these groups was based on comparative analysis of all the matrices developed for all the case studies. This analysis enabled the identification of two main groups of actors i.e. core and essential. Core actors are those actors types that are in the high impact and high expertise quadrant in at least one influence-experience matrix prepared for the three scales of green care. This group equates to key stakeholders category. Essential stakeholders are those who have high influence or expertise in at least one scale of green care. This group is made up of all types of stakeholders who fall into the influential or experienced category.

The results presented in this report may not reflect the full picture of green care actors in the individual research areas. This may be due to the fact that some of the activities are not carried out on a large scale and are not always well promoted, or are carried out incidentally or at short timescales so they may be missed. Furthermore, some of the green care actors in the analysed study areas focus on physical health. Also, for many green care actors operating

in the study areas, the primary focus groups are children – a population group not included in the GreenMe project-.

2. Introduction

2.1 Project information

GreenME aims to identify ways in which effective nature-based therapy and a broader green care framework can be scaled-up to improve adult mental health and wellbeing equity while contributing to multiple socio-ecological co-benefits. To that end, GreenME's approach is to diagnose, to **increase scientific evidence on the mental health and wellbeing benefits of green care** and to empower green care actors to, finally, **increase the use of nature-based therapy and its integration within a multi-scalar green care framework** to ultimately promote just climate resilient and sustainable healthy communities.

GreenME understands green care as a three-scale continuum from **nature-in-everyday-life** (e.g. the existence of green and blue infrastructure for viewing and walks) to **nature-based health promotion** (the promotion of active interaction with nature such as gardening and conservation) to **nature-based therapy** (the provision of treatment for individual patients). GreenME uses a transdisciplinary and mixed-methods approach to identify opportunities, barriers, causal pathways and patterns of (in)equitable distribution of mental health and wellbeing benefits from green care in study countries.

GreenME focuses on seven study countries (Germany, Italy, Poland, Spain, Sweden, the UK, and the USA). Four of these countries are **frontrunners** in nature-based therapy (**Italy, Spain, Sweden, the UK**; where nature-based therapy is at least partially integrated in the healthcare system meaning that patients can be referred to some type of green care by their health care provider) and three are **followers** (**Germany, Poland, the USA**; which have yet to implement robust nature-based therapy programs that are connected with the healthcare systems, but which may learn from GreenME frontrunner countries). Each of these countries have one or more study areas.

GreenME will co-create solutions and guidelines including an EU framework and country-specific schemes **for bolstering green care** along with an identified community of green care actors. GreenME will also **design a training program** for nature-based therapy providers informed by empirical evidence. The evidence generated will **offer replicable partnership models** and guidelines to **design impactful cross-sectorial green care systems**, with national healthcare systems and local governments amongst the beneficiaries, **leading to a higher uptake of nature-based therapy and** a general **reframing** of the **green infrastructure functionality**.

2.2 Objectives and scope of the report

This report is elaborated under WP2 *Assessment of the current status of green care*, Task 2.1. *Identify main stakeholder groups related to green care*. This deliverable explains GreenME

approach to mapping green care actors and provide the list of identified green care actors in each study area.

The **main objective** of this report is to **provide a green care actor map** for each study area. These maps are intended to provide **deeper understanding** of who the green care actors are by **recognizing their background, position and green care involvement**. To achieve this objective identified actors were characterized, analysed and prioritized.

The GreenME project understands a **stakeholder** as an individual or organization that **can contribute to the implementation and development of green care** or be a **recipient of a green care** system. Some of these stakeholders are active in green care, these are the stakeholders that are actors. Green care **actors** are understood as stakeholders **directly involved in the process of delivery, development and sustainability of green care**, i.e. that play an active role in providing, implementing or supporting one of the three scalescales of green care.

Mapping green care actors within the GreenME project is regarded as the process of **identifying** actors, **assigning attributes** to them, and **determining their influence in shaping a green cares system**. According to this approach, GreenME actors **map** reflects **on the particular characteristics** of the identified actors **expressed through** a series of **charts**.

For the purposes of **actors' characteristics**, the following **variables** were applied:

- level at which green care actor is active,
- sector the green care actor belongs to,
- role of the green care actor,
- field of the green care actor activity,
- green care actor focus,
- green care actor interest in green care,
- green care actor interest in mental health,
- expertise of the green care actor,
- information and resources held by the green care actor,
- green care actor target groups,
- future impact of the green care actor,
- influence of the green care actor.

Analysis of identified green care actors was centered on the **role that each actor performs**, their **focus on** one of the three scalescales of **green care**, as well as **groups targeted** by green care actors activities.

This analysis allows to **recognize the actual and potential interactions** between green care actors. **Actual interactions** between actors are reflected by **linkages of green care actors and groups targeted by such actors**. **Potential interactions** derive from **roles played** by green care actors and their **focus on green care**. Since actors may play different roles and may focus on different scalescales of green care, it can be assumed that all those working at the same scale of green care have the potential for strong interaction with each other. Moreover, the above analysis can be helpful, to seek common ground for the development of green care.

Actors prioritization was performed according to their **expertise and influence**. These variables were selected because they are key for the identification of actors that can best support the development, implementation and sustainability of green care.

The analysis of the relationship between expertise and influence made it possible to rank actors and, on this basis, to **identify main stakeholder groups related to green care**, which was the **main objective of Task 2.1**.

The stakeholder mapping process focuses on **nine study areas** (Fig.1.), which represent regions with diverse natural characteristics including **urban, peri-urban, rural, semi-rural and coastal areas**: Province of **Barcelona** (Spain), **Bologna** Metropolitan Area (Italy), Stockholm Metropolitan Area, focus area **Stockholm** (Sweden), Greater **Manchester** (UK), **Pembrokeshire**, Wales (UK), **Kent**, England (UK), Ruhr Area focus area **Herne** (Germany), Warsaw Functional Area focus area **Warsaw** Capital City (Poland), Portland Metro Area focus area **Multnomah County**, Oregon (US).

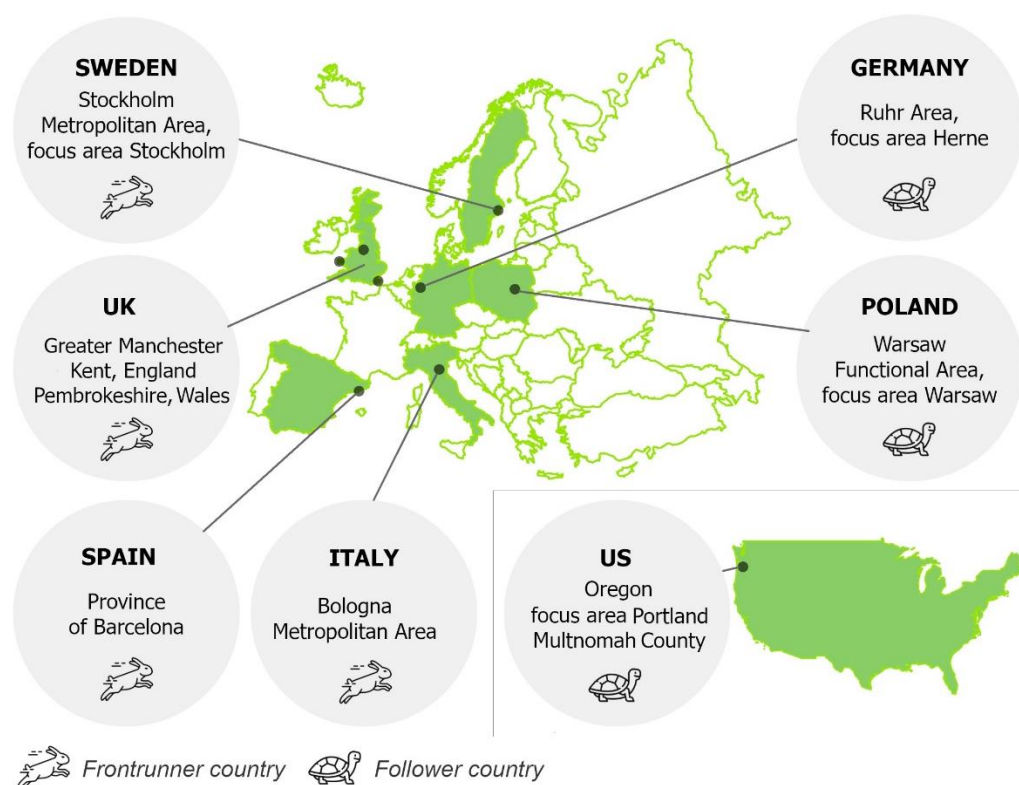


Figure 1 GreenME study areas

2.3 Relation to other deliverables and tasks

This report is stand-alone document identifying and characterizing the identified green care actors. It also forms the basis for further research in WP2 on **Task 2.2**, aiming at the identification of the status of green care implementation. In Task 2.2, we will identify and

recruit interviewees based on the work summarized in this deliverable (D2.1). More specifically, Task 2.2. interviewees will be done in the different main groups identified in D2.1. Part of Task 2.2 semi-structured interviews and focus groups with green care stakeholders are foreseen to **understand the core opportunities and barriers related to the integration of the three green care scales** for equitable mental health. Detailed recruitment criteria will be developed as part of Task2.2. The results of the actor analysis will be part of **D2.2 Green care baseline reports for each study country**.

Furthermore, based on the results of Task 2.1, a **green care community** will be established **under Task 5.1** for the co-creation of green care programmes and continuous knowledge exchange. The green care community will be built from a set of seven green care working groups (one in each country studied, with 10-15 people in each group) called national chapters. The green care community will be formed by the green care actors with higher influence, identified in T2.1. Each national chapter should ensure a diverse range of actors (including health system administrators and providers; providers of nature-based therapies and end-users; landowners and trusts; as well as higher education institutions and research centres and institutes; local, regional and national administrations, with a particular focus on green space managers and those responsible for social equity and health, civic associations, charities and NGOs). This will further enable green care actors to form network and intensify partnerships among them, which will ensure the integration of green care during the project life and afterwards. All identified stakeholders – regardless of membership in the national chapters- will be invited to be part of the **European Green Care Network**. This network will include green care actors from study countries and other European countries with an interest in green care.

The integral part of D.2.1. is the **Stakeholder Mapping Sheet** (Annex 1) which provides the list and characteristics of identified stakeholders for each study country. This sheet can serve many of the tasks and deliverables of GreenME. It has been developed in such a way that project partners can easily filter relevant stakeholders according to different variables, depending on their current needs. These variables can serve e.g. as additional criteria for selecting stakeholders for semi-structured interviews, focus groups (**T2.2**) and for national chapters (**T5.1**).

2.4 Methodological framework

The **research** in Task 2.1 was **based on secondary sources**: researchers primary knowledge, literature, research reports, policy briefs, strategies, sectoral policies, blogs, websites, etc. Stakeholder analysis based on interviews and focus groups is foreseen in Task 2.2.

The identification of green care stakeholders was preceded by the development of Stakeholder Mapping Sheet, a **data collection tool**. This sheet will remain open throughout the duration of GreenME project and new actors will be added as they will be reached during the activities of the project. The Stakeholder Mapping Sheet is a **live document**, that can be amended to as the project develops.

As mentioned in Chapter 2.2 Stakeholder Mapping Sheet contains a number of variables that serve as a basis for the analytical work. In order to standardize the methods of assigning values to individual variables, a Codebook was developed. Interpretation of adopted variables shows Table 1.

Table 1 Characteristics of the variables adopted to describe the green care actors

Variables	Description
Level at which stakeholder is active	geographical area of operation: if an organization/institution operates in at least 2 countries select supranational. If the organization/institution has a hierarchical structure of organization and management, enter each level in a separate row
Sector the stakeholder belongs to	Government-public sector – national, regional and local government, public institutions For-profit sector – private for-profit entities Non-profit sector – non-profit, non-governmental entities focused on a social mission
Role	policy and decision makers - stakeholders in a position to decide about one of green care three scales development and implementation (e.g. local and regional governments, health care administration, state forest administration, protected areas administration) implementers - stakeholders directly involved in providing one of the green care three scales (e.g. green care providers, therapeutic farms, urban greenery boards, allotment gardens associations) supporters - stakeholders who actively support and/or address one of green care three scales related topics (e.g. media, donors, universities and research institutes, local governments, education and training, dissemination)
Field of activity	health, social care, environmental protection, nature conservation, spatial planning, research, education and training, insurance, finance, media, consulting, tourism, other
Green care focus	nature in everyday life for health and wellbeing - focus on ensuring the existence of green and blue infrastructure for experience of nature as part of a normal lifestyle, including daily leisure (this applies e.g. to forest administration, green space management, protected areas administration, local governments) nature-based mental health and wellbeing promotion - focus on the promotion of active interaction with nature (nature-based activities), such as green exercise initiatives, community gardening, animal assisted activities nature based mental health therapies - focus on the provision of various nature-based interventions which have been specifically commissioned for patients
Interest in green care	high – stakeholder is already actively engaged in carrying out one of the three scales of green care, and mental health and wellbeing is the main goal of its operation (e.g. green care providers, therapeutic gardens operators, NGO promoting contact with nature to mental health and wellbeing benefits) medium – stakeholder is already actively engaged in carrying out one of the three scales of green care, and health and wellbeing is one of the goals of its

	<p>operation (e.g. promoting active contact with nature for mental health and wellbeing benefits)</p> <p>low – stakeholder is aligned with the green care concept but it is rarely actively involved in activities related to mental health and wellbeing (e.g. by making resources available - providing a park for exercise in nature)</p> <p>not applicable - if "no" is selected in the question on "Green care focus" for a given scale of green care</p>
Interest in mental health	<p>stakeholder is carrying out activities directly related to mental health, our target audience includes stakeholders dealing with mental health and wellbeing, however, in many cases, e.g. when a stakeholders deal with nature in everyday life or nature-based health promotion, they address their activities to health in general. It is therefore important to identify first and foremost those who are directly related to mental health.</p>
Expertise	<p>high – stakeholder is active (operates) in at least one of the three scales of green care activities over 10 years</p> <p>medium – stakeholder is active (operates) in at least one of the three scales of green care activities over 5 years</p> <p>low – stakeholder is active (operates) in at least one of the three scales of green care less than 5 years</p> <p>not applicable - if "no" is selected in the question on "Green care focus" for a given scale of green care</p>
Information and resources	<p>information - data on at least one scale of green care, e.g. spatial data on green areas, registers of green care providers, scientific evidence, know how</p> <p>human resources - qualified staff, e.g. well-oriented in green care, trained and committed health, social care professionals and workers, green space administrators</p> <p>financial resources - sources from which green care activities are financed, eg. subsidies, grants, profits</p> <p>material resources - properties where one of the three scales of green care can be practiced, e.g. forests, social farms, therapeutic gardens</p>
Stakeholder target groups	<p>general population, patients, therapists, therapeutic gardens operators, elderly people, women of working-class, immigrants, ethnic minorities, other</p>
Future impact	<p>recognition, decrease costs of treatment, increase of employment, the need for additional resources, the need of reorganization, other</p>
Influence	<p>high – the ability to: influence of at least one of the three scales of green care through legislation; formulation of sectoral policies; introduction of appropriate financing mechanisms</p> <p>medium – the ability to: shape public opinion (media dealing with health equity, environmental justice, green infrastructure); disseminate information of at least one of the three scales of green care concerning mental health and wellbeing; generating evidence on green care and building the capacity of practitioners (research, education, training), substantive consultations</p> <p>low – passive players</p>

Stakeholder identification began with establishment of an initial list of stakeholders based on national project teams knowledge and past cooperation with stakeholders related to green

care. The list was expanded through desk research. Elaborated stakeholder list were discussed with external experts outside the research group (between 3 to 5 people outside the research group that have different profiles and expertise, e.g. public, and private sector, NGO) knowing the green care sector and actors in the country study area well to identify any missed green care stakeholder.

The identified stakeholders were assigned characteristics according to the Codebook. The analysis was based on researchers knowledge, literature, research reports, policy briefs, strategies, sectoral policies, blogs, websites, etc. The initial analysis performed by the research group was revised by the same external experts as described above.

Due to the large number of stakeholders identified for each case study (ranging from several dozen to over a hundred), it was decided to **present the results** by stakeholder types, as opposed to individual stakeholders as initially planned. This made it possible to present the results in a synthetic way and enabled easier comparisons of findings between countries. Based on the analysis of the Stakeholder Mapping Sheets for the individual case studies in partner countries, we developed a list of **stakeholder types**. The actors types include:

- Animal assisted intervention providers,
- Care farms operators,
- Green care promoters,
- Green care providers associations,
- Green exercise providers,
- Green-blue areas owners and managers,
- Green-blue infrastructure based therapy providers,
- Healing landscape designers,
- Hospitals and health centers,
- Local self-government,
- Ministries and central offices,
- Nature conservation areas managers,
- Regional self-governments,
- Social and therapeutic gardens operators,
- Social care centers,
- Training and advisory centers,
- Universities and research institutes.

The actors types were then ranked against their influence and expertise and plotted on a matrix. This visualization technique enabled to cluster stakeholders in terms of the level of influence they can have on the development and implementation of green care in relation to their expertise. Since actors can be involved in different scales of green care, separate matrices have been developed for each scale of green care. Thus, for each scale of green care four categories of actors were identified (Fig.2):

- key actors - those actor types that are in the high impact and high expertise quadrant,
- influential actors - those actor types that are in the high/low influence quadrant,
- experienced actors - those actor types that are in the high/low experience quadrant,

- marginal actors – those with low influence and expertise.

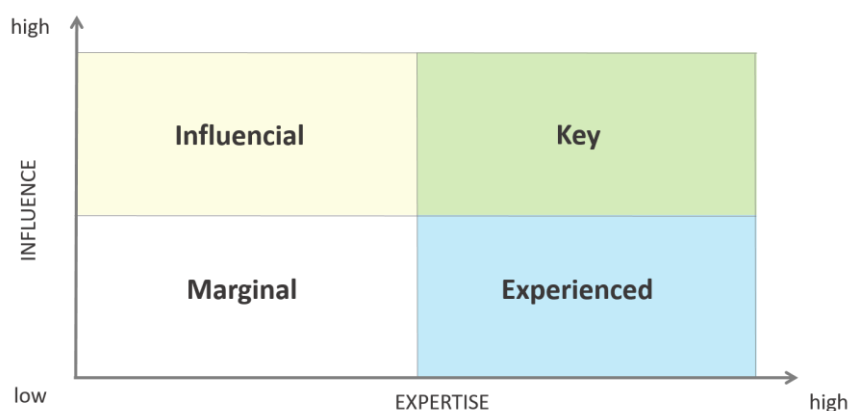


Figure 2 Actor categories

A comparative analysis of all the matrices developed for all the case studies made it possible to identify two main groups of actors. These are **core actors** and **essential actors**.

Core stakeholders are those stakeholder types that are in the high impact and high expertise quadrant in at least one influence-experience matrix prepared for each of the three scales of green care (**core actors = key actors**). Essential actors are those who have high influence or expertise in at least one scale of green care (**essential actors = influential actors + experienced actors**).

Actor analysis provided an overview of potential actors that should be involved in the core activities of GreenME, particularly in co-creating green care solutions and empowering green care actors.

2.5 Presentation of results

The results of the process of **actor mapping and identifying the main actor groups** are included in **Chapters 3** and **4**. They were based on the actor profiles contained in the Actor Mapping Sheet (Annex 1).

The main body of this report constitutes **Chapter 3**, which provides the results of **green care actor mapping for each study country**. The chapter is divided into four sections. (Fig. 3).

The first section of **Chapter 3** provides the general overview of green care actors, according to their **types**, sectors they belong to, level and **main fields of activity**. The second section shows shared **roles played by green care actors**, their shared **focus on particular green care scale**, as well as **groups they are targeting**. The third section describes the **expertise and influence** of green care actors. This analysis has been developed separately for each of the three scales of green care, as not all actors are equally involved in nature in everyday life,

nature based-therapies, and nature-based promotion. Section four shows the green **care actor categories depending on their level of expertise and influence.**

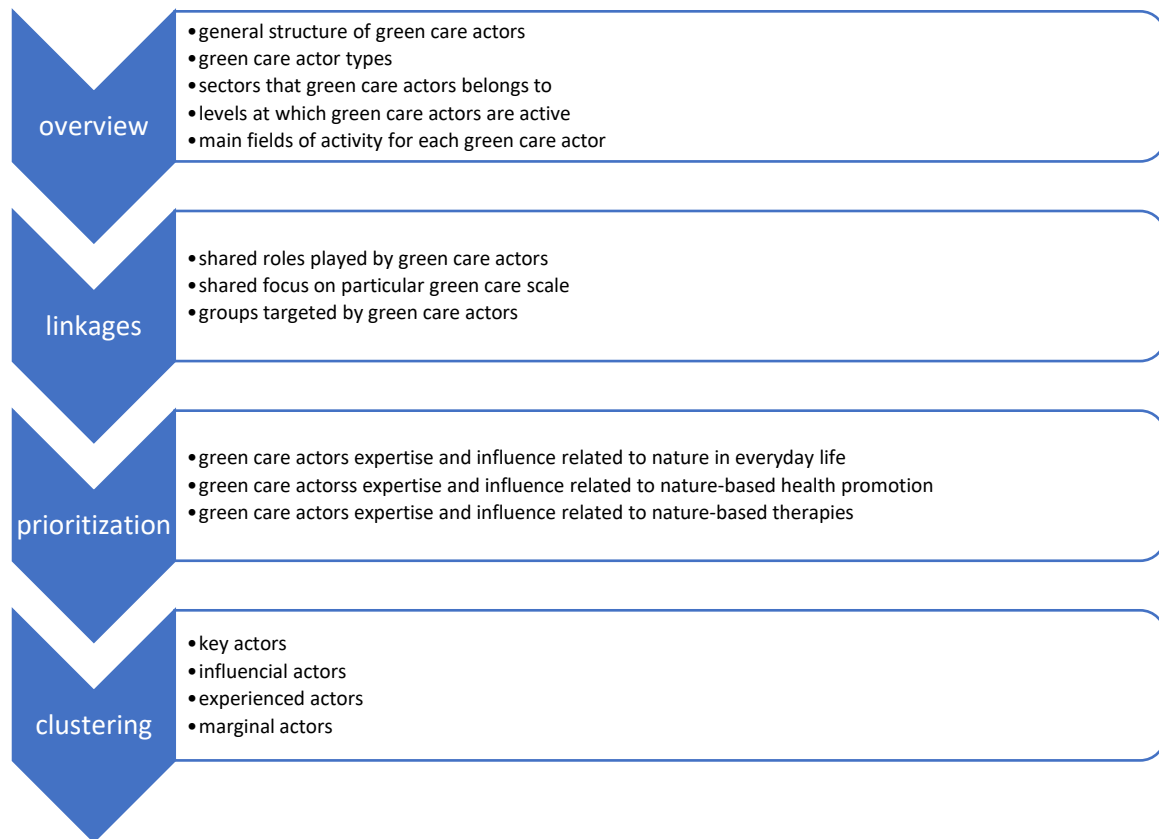


Figure 3 Structure and content of actor mapping

Identification of **main actor groups** related to green care is presented in **Chapter 4**. The selection of main actor groups was based on comparative analysis of all the matrices developed for all the case studies. This analysis enabled to identify two main groups of actors i.e. **core** and **essential**. This groups are of high importance for the core activities of GreenME, particularly in co-creating green care solutions and empowering green care actors.

3. Green care actors in country study areas

3.1 Province of Barcelona, Spain

3.1.1 General characteristics of identified actors

This section focuses on the Province of Barcelona with an area of 7,726 km² and a population of 5,743,402 (743 inhabitants/km²). Within a study area 62 green care actors have been identified and grouped into 13 types.

The percentage of the different types of actors involved in green care within the boundaries of the Province of Barcelona is shown in Figure 4. Overall, a high diversity of actors in green care can be found in this geographical area, with no clear type of actor dominating the green care landscape (i.e. all actor types represent between 1 and 18% of the total actors identified).

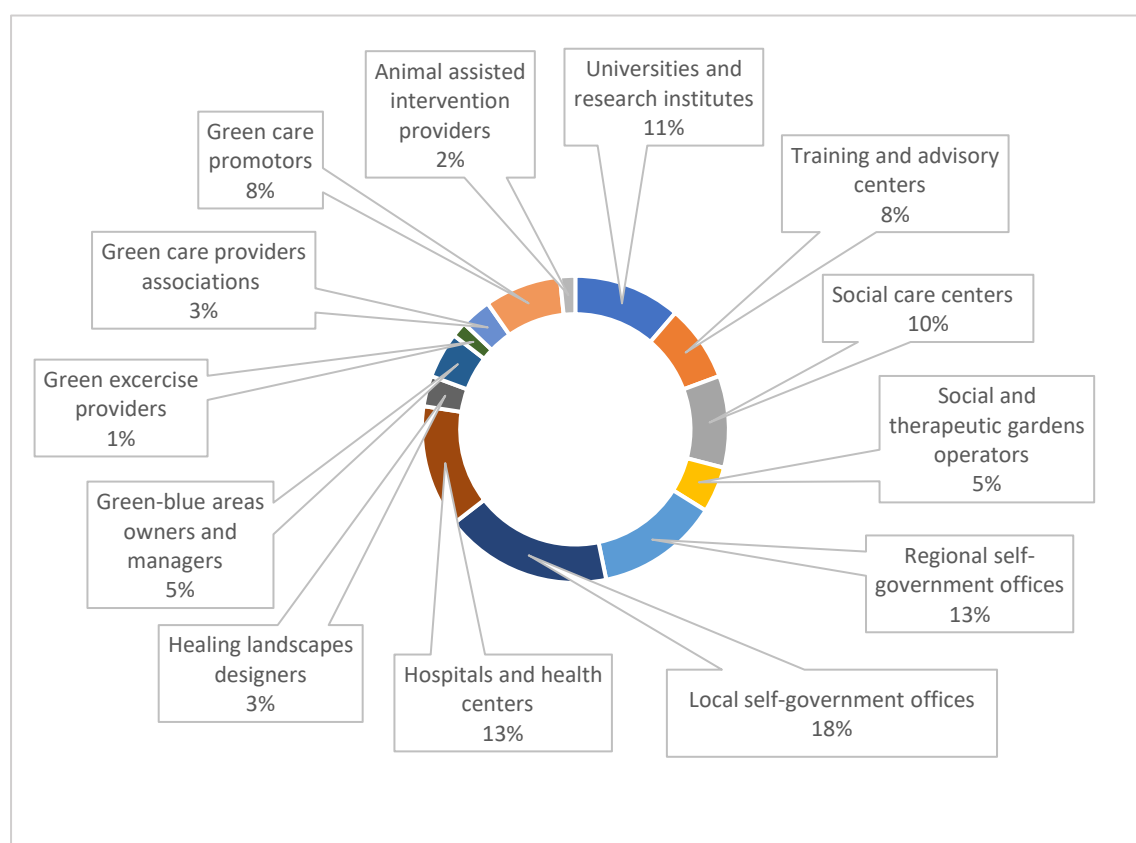


Figure 4 Green care actors' structure (Province of Barcelona, Spain)

There is a high representation of local and regional government offices that together stand for a 31%. Hospitals, health, and social care centres represent the 23% of the actors identified. Moreover, the distribution of actors across education (including universities and research institutes) and training (including training and advisory centres) are also highly representative with a percentage of 19%. The diagram reveals a limited presence of green care promoters in the region (8%). This is in coherence with few providers of social and therapeutic gardens operators (5%), green care providers associations (3%), animal assisted intervention (2%) and green exercise providers (1%). Green-blue areas owners and managers, together with healing

landscapes designers also represent a low percentage, 5% and 3%, respectively. The structure of actors' affiliation to a particular economic sector and at which level are they active can be found in Figure 5a and Figure 5b.

In the province of Barcelona, the breakdown of actors' affiliation in the green care sector is noteworthy, with a predominant 48 % aligned in the first sector, indicating a substantial emphasis on local and regional self-government offices and institutions. The third sector's representation at 42 % suggests a significant presence of nonprofit associations and foundations. while the second sector (i.e. private for-profit entities), at 10%, appears to be comparatively smaller (Fig. 5a).

In relation to the level in which the actors are developing their activities, most of the actors identified are active on a local level representing a total of 53%. Those results seem to be in line with the percentage observed of actors affiliated to the first sector (Fig. 2a) and the high representation of local and regional government offices observed in figure 1. Although the region evaluated is the province of Barcelona, some actors are active on the regional (31%), national (10%) or supranational (6%) levels (Fig. 5b).

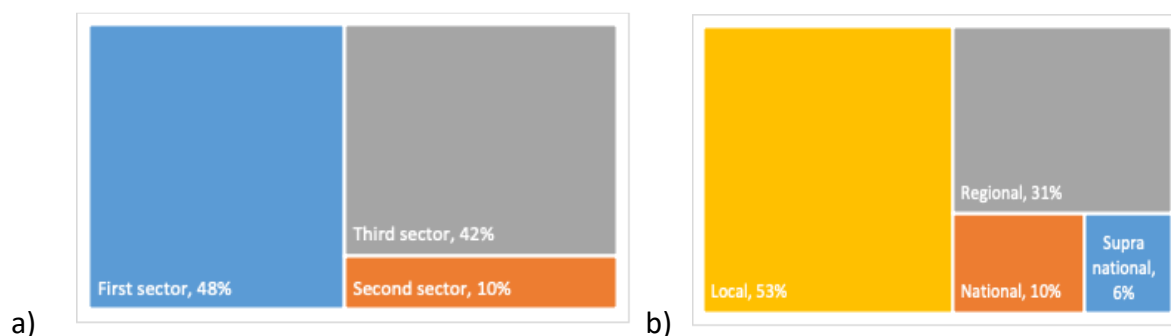


Figure 5 Green care actors by (a) sector and (b) level of activity (Province of Barcelona, Spain)

The following donut chart (Fig. 6) shows the structure of the main fields of activity in which the green care actors are involved within the geographical area of Barcelona province.

Health stands out as the predominant activity, constituting nearly a third of actors. Social care and nature conservation follow as the second and third dominant activity with 15% and 12%, respectively. Environmental protection, spatial planning and research represent a bit less than 10% each. Finally, the fields of activity with a lower representation are education and training (5%), finance (4%), consulting (3%) and other (5%), which includes fields such as citizens' participation and awareness or social services.

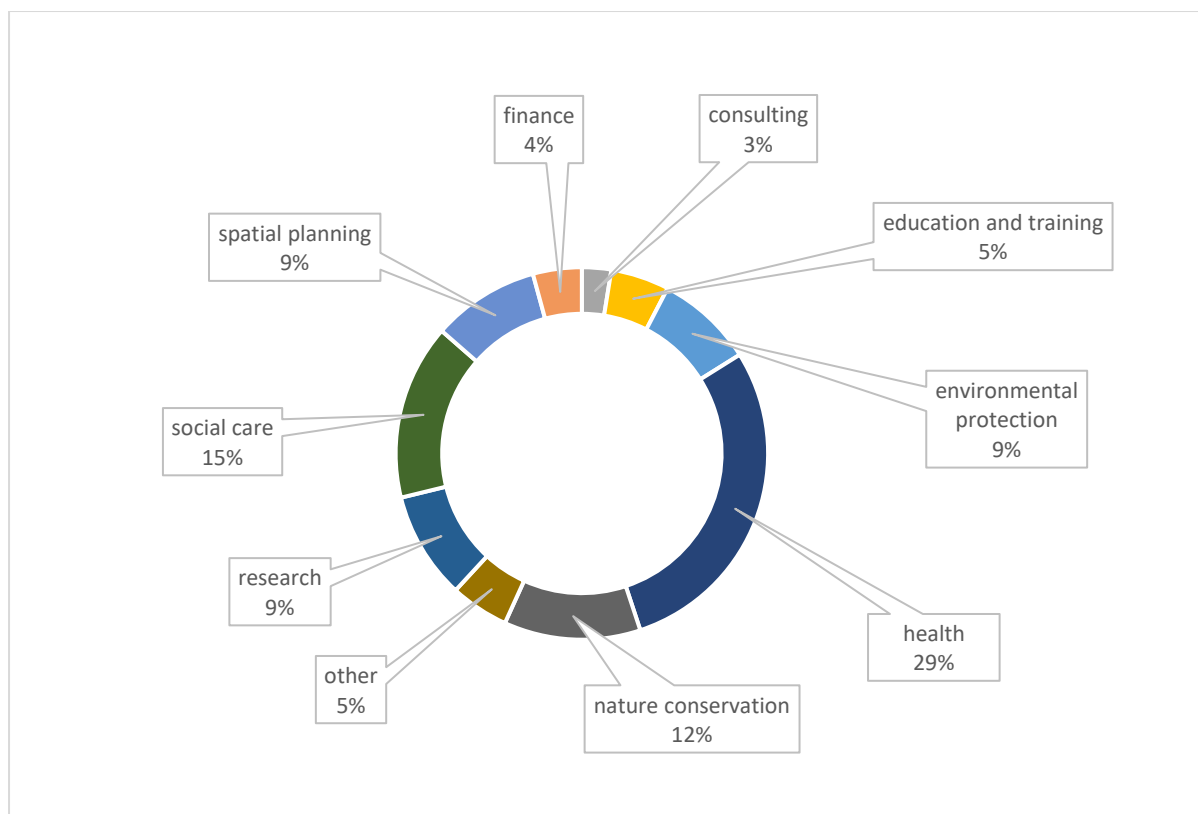


Figure 6 Main fields of activity of green care actors (Province of Barcelona, Spain)

3.1.2 Actor role, green care focus and target groups

In the following section several charts are displayed to show the role of the different identified types of actors (Fig. 7), their green care focus (Fig. 8) and their target groups (Fig. 9).

Figure 7 shows that local and regional government officers, and training and advisory centers are among the actors that play multiple roles as supporters, policy and decision makers, and implementers in the province of Barcelona. On the one hand, local governments have a similar number of actors in each of the roles assessed. On the other hand, regional governments seem to be more involved in the role of policy and decision maker and supporter, and training advisory centers are mostly supporters.

Role diversity is also observed for universities and research institutes that contribute at least as supporters and policy and decision makers. Healing landscapes designers and green-blue areas owners and managers have both an implementation and support role which is similar to the contribution of hospitals and health centers.

The green care actors that mainly work as implementers are constituted by non-profit associations (green care providers associations, green exercise providers, social and therapeutic gardens operators and social care centers). Finally, those actors that have the only role of supporters are green care promoters and animal assisted intervention providers.

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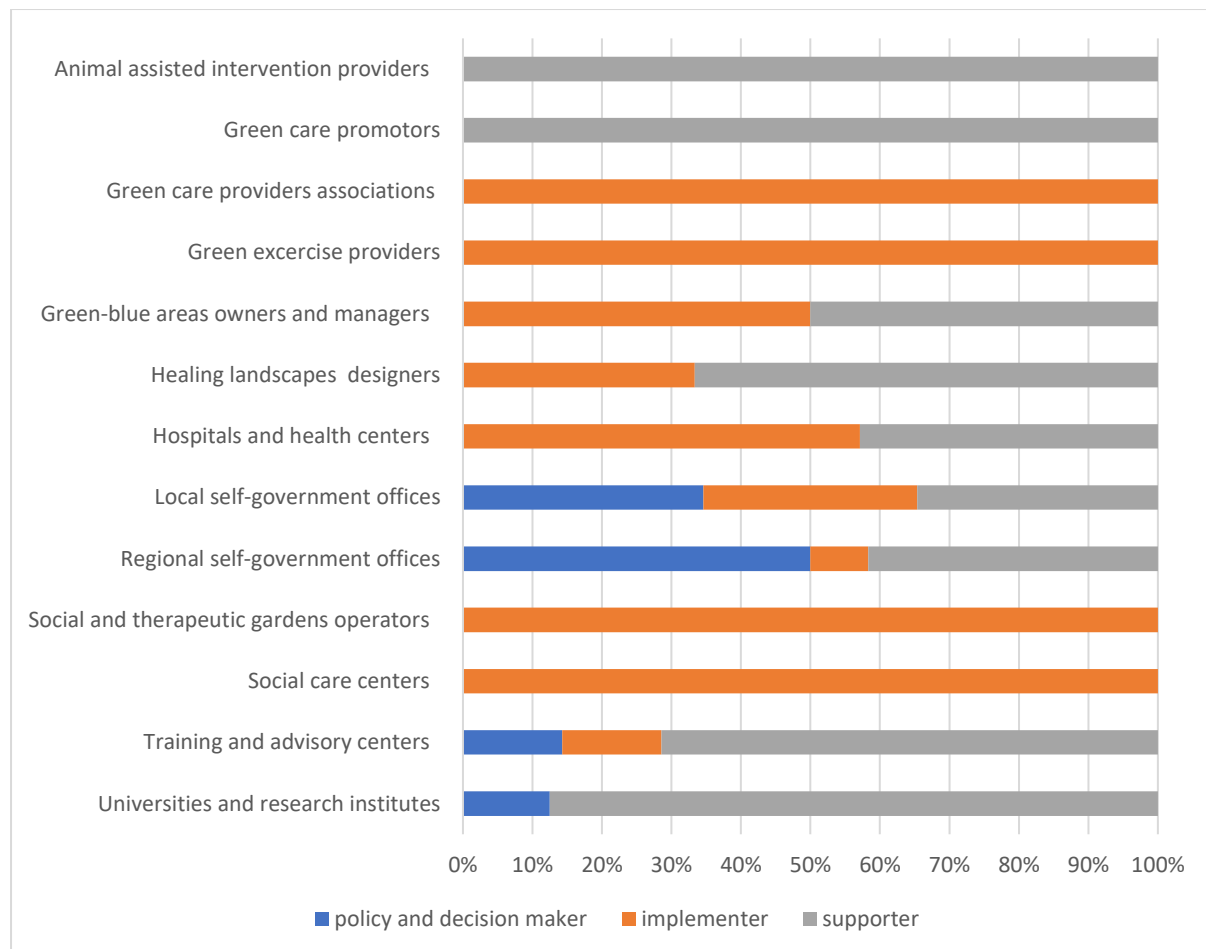


Figure 7 Roles played by green care actors types (Province of Barcelona, Spain)

A Sankey diagram have been used to illustrate how many types of actors there are in each scalescale of green care, and to determine in how many scales each type of actor is found (Fig. 8).

Nature-based health promotion is the scale in which a higher number of types of actors are found (N=13). It is followed by the green care focus linked to nature-based therapies (N=9) and closely followed by nature in everyday life (N=8).

A total of 6 types of actors (healing gardens designers, hospitals and health centers, local and regional self-government offices, training and advisory centers, and universities and research centers) are active in all the three scales of green care in the province of Barcelona. Additionally, green care providers associations, social care centers and social and therapeutic gardens operators are active on both nature-based therapies and nature-based health promotion. Furthermore, green care promoters and green-blue areas owners and managers are involved in nature-based health promotion and nature in everyday life. Finally, green exercise providers and animal assisted interventions providers are only involved in one green care scale, which is nature-based health promotion.

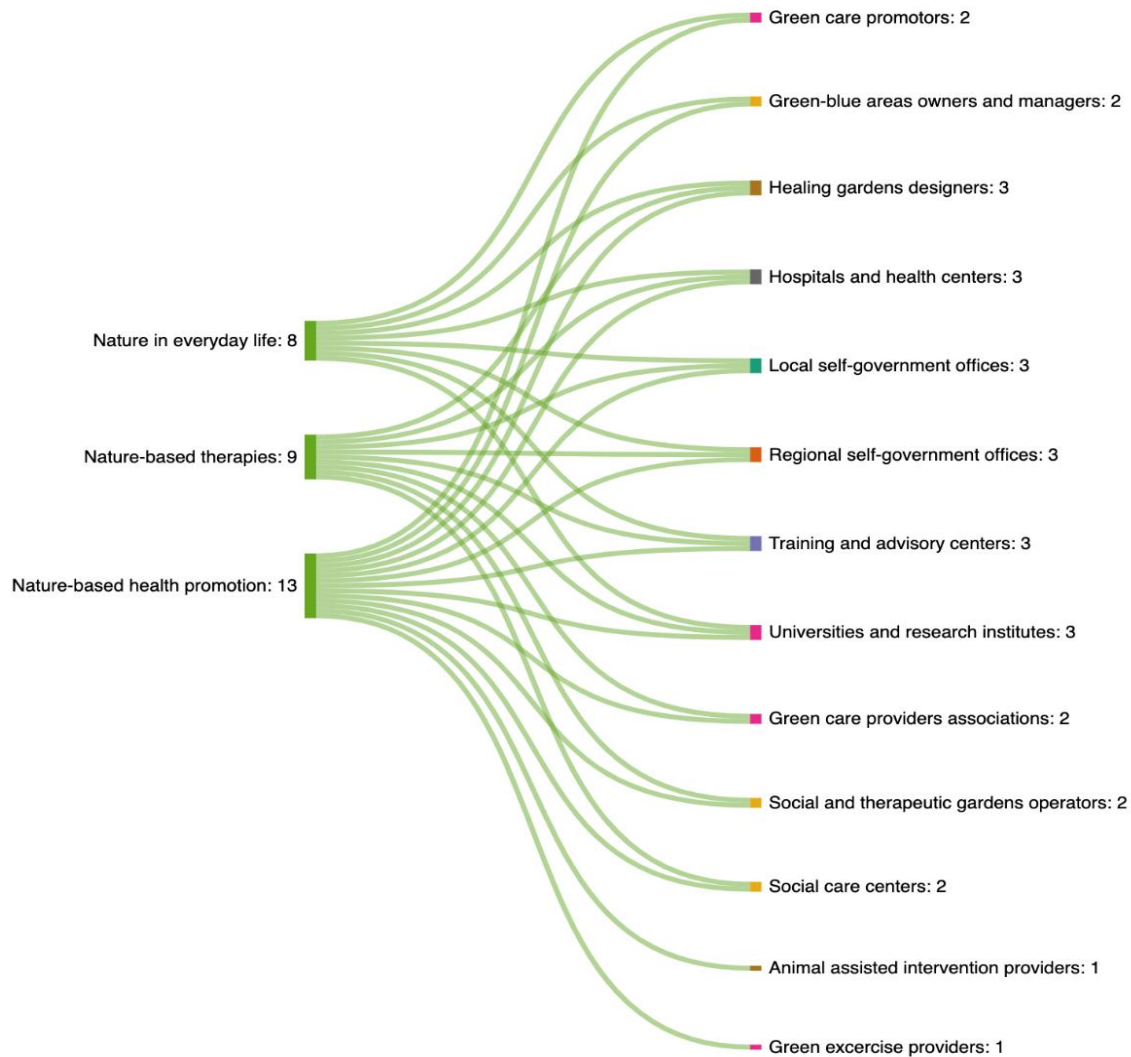


Figure 8 Green care focus by actor types (Province of Barcelona, Spain)

The Sankey diagram that corresponds to the Figure 9 captures the links between actors and their target groups. The types of actors that address a higher number of target groups (N=10) are hospital and health centers, followed by regional self-governments offices and social care centers (N=7 each).

Healing landscapes designers, local self-government offices, social and therapeutic gardens operators, training and advisory centers and universities and research institutes addressed between 6 to 4 different target groups. Finally, the actors focused on less target populations are green care promoters, green care providers associations, green-blue areas owners and managers, green exercise providers and animal assisted intervention providers.

The Sankey diagram displays that the local or regional self-government offices and hospital, and health centers are the only actors focusing on specific groups of population such as victim of gender violence, paediatric population, or ethnic minorities. General population is the target group for all the types of actors. Most of the actors that focus on patients also focus on therapists and therapeutic gardens operators. None of the government actors focuses on

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women of working class and a variety of actors related to health, healing landscapes designers, regional self-government and training and advisory centers are linked to immigrants.

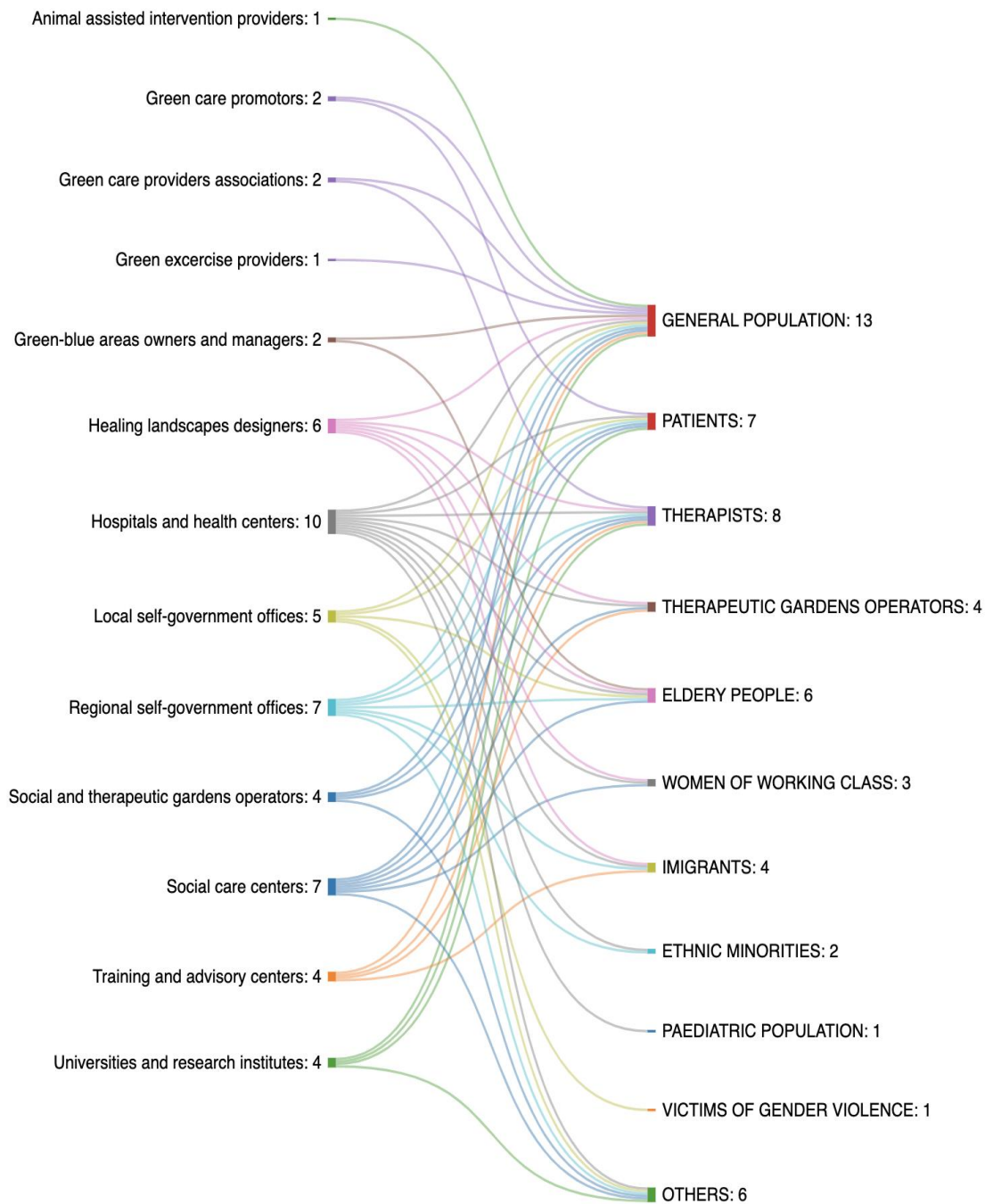


Figure 9 Groups targeted by green care actors types (Province of Barcelona, Spain)

3.1.3 Expertise and influence of green care actors

In the following section three influence-expertise matrixes can be found. Each matrix corresponds to a green care scale and in each chart only those types of actors that are active on that scale are plotted (Fig. 10-12). Overall, seems that if a actor has a high influence in green care usually also holds an important experience within each green care scale. Therefore, most of the types of actors are in the high/high quadrant in all the green care scales in the province of Barcelona.

Specifically, in the nature in everyday life scale (Fig. 10), government offices (local and regional) are in the highest point when considering expertise and influence together. However, when considering only expertise, it is observed that green-blue areas owners and managers have the higher value, and universities, research institutes, and healing landscapes designers only have a slightly lower expertise compared to local and regional self-government offices. Based on our research green care promoters and training and advisory centers have the lowest value of expertise in nature in everyday life, despite they have a high influence in this green care scale compared to other actors such as green-blue areas owners and managers, healing landscape designers or hospitals and health centers.

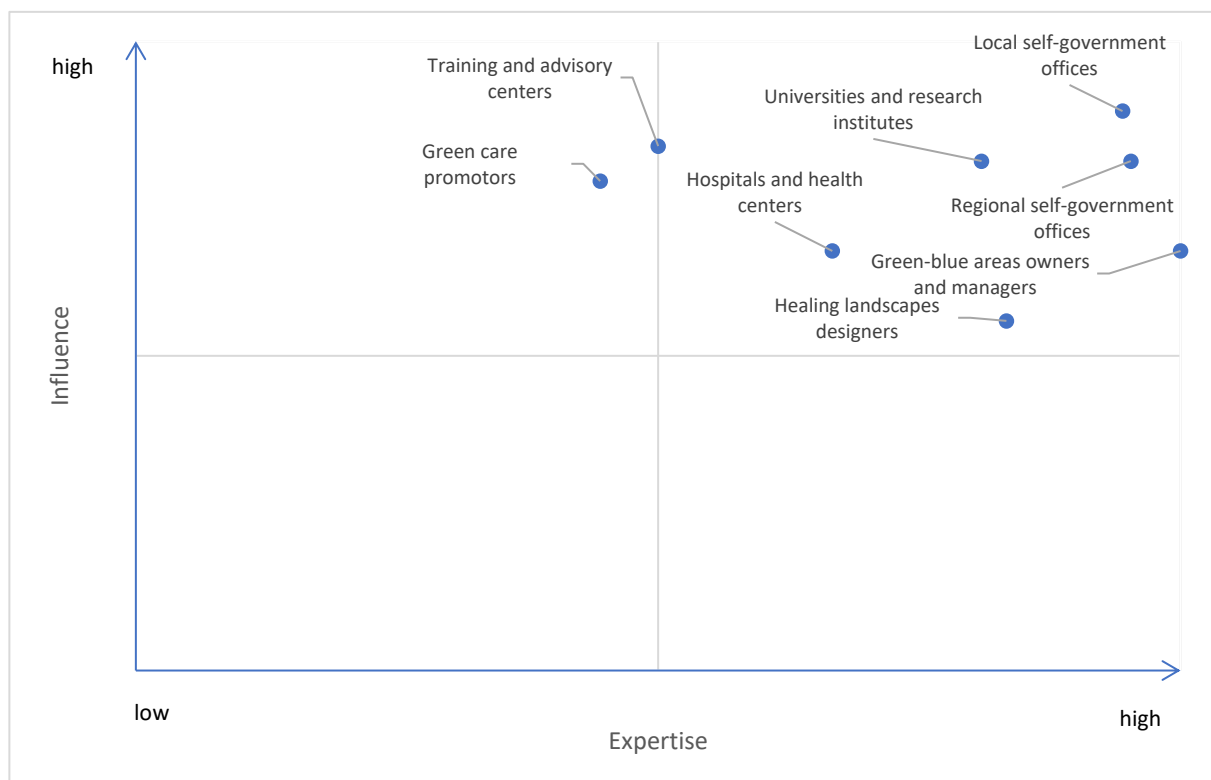
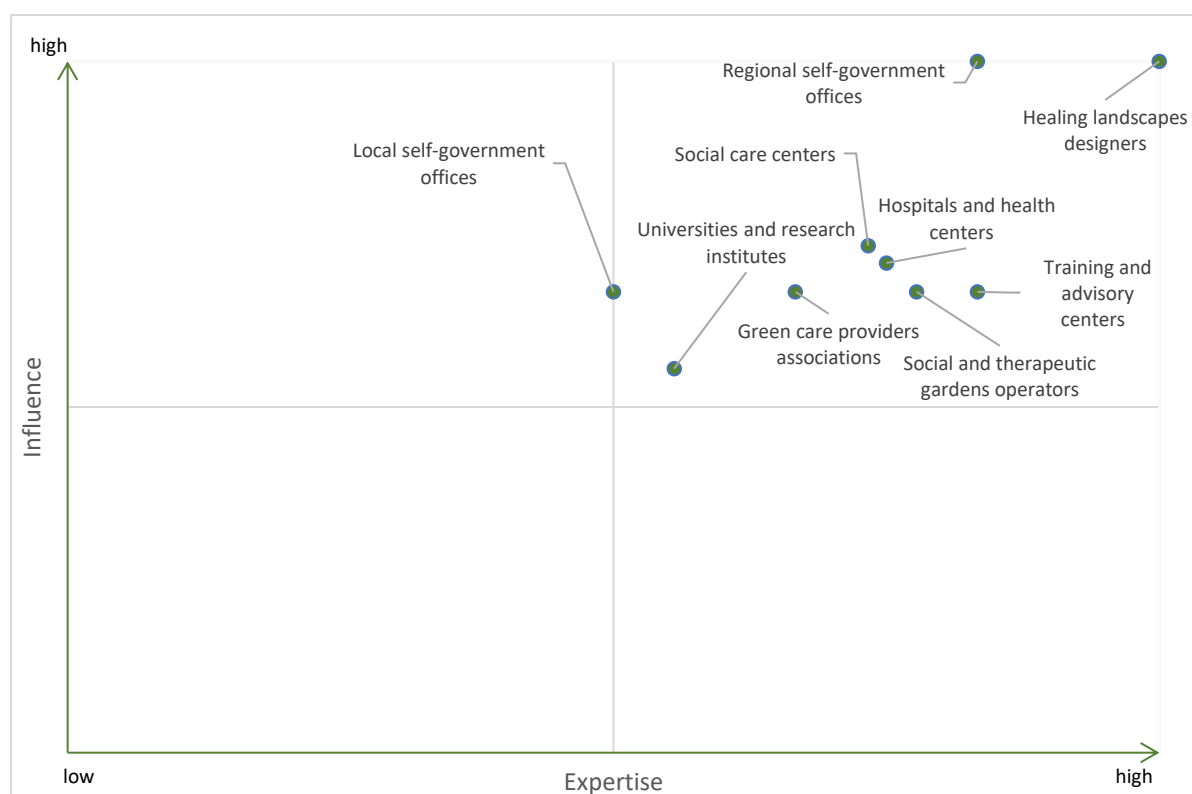


Figure 10 Expertise-influence matrix by actor types involved in nature in everyday life (Province of Barcelona, Spain)

Similar to Figure 10 when considering nature-based therapies (Fig. 11) a positive relationship is observed between the experience in this scale and the influence for several actors. High expertise in nature-based therapies is found among healing landscapes designers, training and advisory centers, regional self-government offices and operators in social and therapeutics gardens. Hospitals, health, and social care centers have a lower expertise, but a higher influence compared to training and advisory centers and social therapeutic gardens operators. Local self-government offices are the ones with the lowest expertise in nature-based therapies, but they have a similar influence as the one that the green care providers associations have and a higher influence than universities and research institutes

Figure 11 Expertise-influence matrix of actors involved in nature-based therapies (Province of Barcelona, Spain)



Finally, related to the green care scale of nature-based health promotion, the actors with a higher expertise are hospital and health centers, social and therapeutic gardens operators, healing landscapes designers, green-blue areas owners and managers, and green exercise providers. Most of them have also a high influence in this green care scale, except for green exercise providers that has a low influence similar to the one observed for the animal assisted intervention providers. Regional and local self-government offices, and universities and research institutes showed also high values of expertise, but lower values of influence compared to social care centers, which are the actors with the highest value of influence together with hospital and health centers.

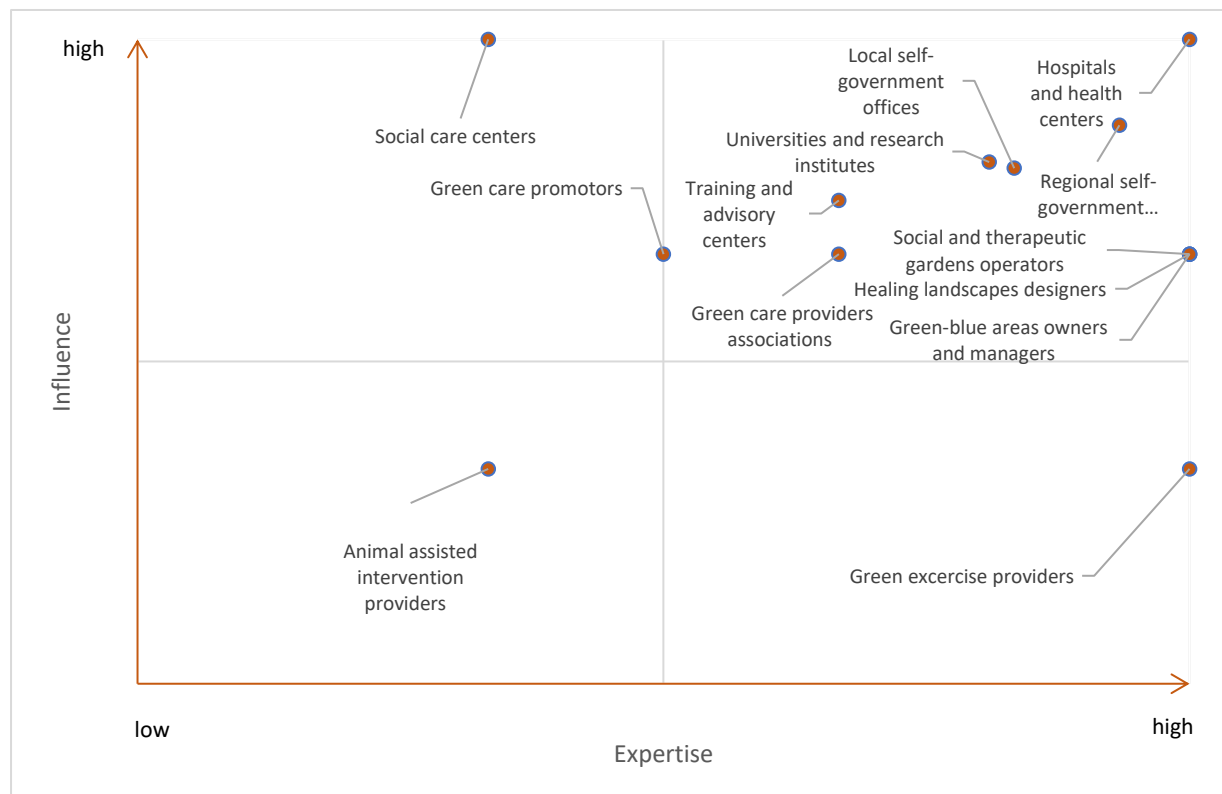


Figure 12 Expertise-influence matrix of actors involved in nature-based health promotion (Province of Barcelona, Spain)

In summary, we see that regional self-government offices are actors consistently having high influence and expertise across all green care levels.

3.1.4 Priority green care actors

The analysis performed in the influence-expertise matrices allow the identification of priority actors for the studied province of Barcelona. Building on the aforementioned analysis, the identified actor types fall into the following categories:

- key actors - those actor types that are in the high impact and high expertise quadrant in at least one influence-experience matrix prepared for the three scales of green care,
- influential actors - those actor types that are in the high/medium influence quadrant in at least one influence-experience matrix prepared for the three scale of green care,
- experienced stakeholders - those actor types that are in the high/medium experience quadrant in at least one influence-experience matrix prepared for the three scales of green care.

Figure 13 illustrates which actors types are found in the “high expertise & high influence” quadrant for each green care level. As we already noted, regional self-government offices are consistently found to have high expertise and high influence among all green care levels.

In Figure 13 we easily see that this actor type shares high expertise and high influence across green care actors with hospitals and health centers, universities and research institutes and healing landscapes designers. The other actor types (i.e. local self-government offices, green-

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blue areas owners and managers, social and therapeutic gardens operators, training and advisory centers, and green care providers associations) are only high expertise and high influence in two of the three green care levels. Last, social care centers are only high influence and high expertise in one green care level (i.e. nature-based therapies).

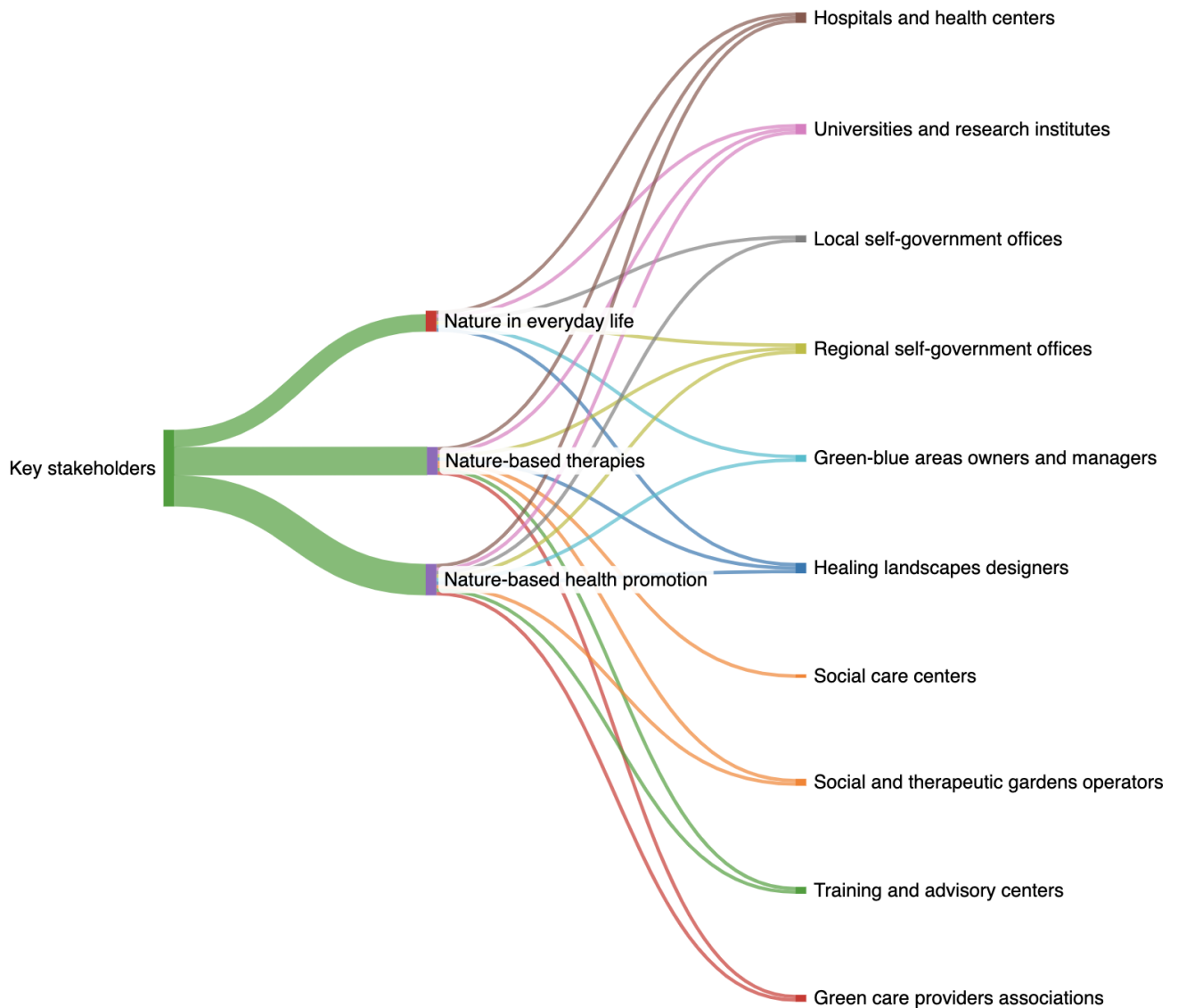


Figure 13 Types of actors assigned to the key actor category (Province of Barcelona, Spain)

Next, Figure 14 illustrates which actors' types are found in either "high expertise (& low influence)" or "high influence (& low expertise)" quadrants, and can be called "experienced", and "influential" respectively). There are 5 actors types in that categories.

Accordingly, we see that there's only one experienced actors' type, i.e. "Green care providers", which deals with "Nature-based health promotion". On the other hand, the influential actors' types represent all three green care scales, apart from the green care promoters' type, which is crucial for two green care scales (that is "Nature in everyday life"

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and “Nature-based health promotion”, the rest actors types are linked only with one specific scale.

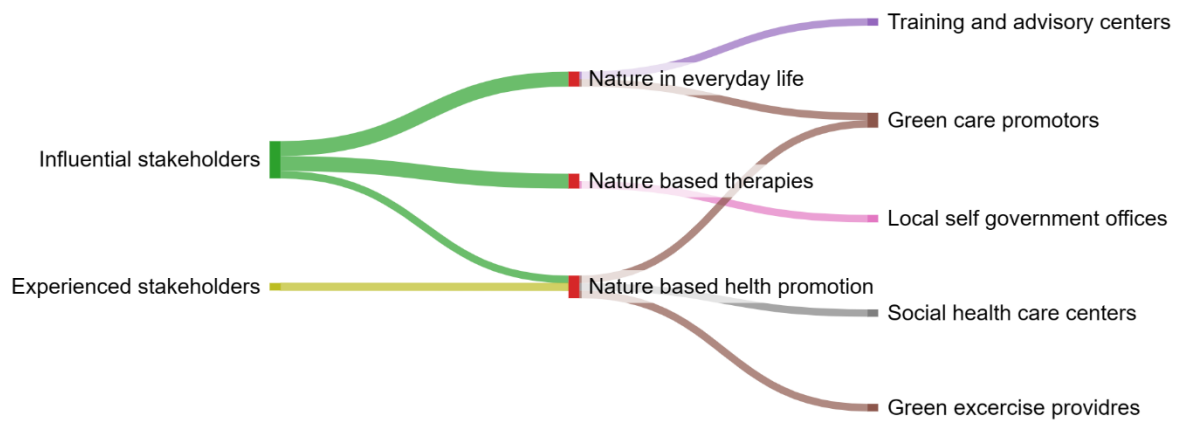


Figure 14 Types of actors assigned to the categories of influential and experienced actors (Province of Barcelona, Spain)

3.2 Bologna Metropolitan Area, Italy

3.2.1 General characteristics of identified actors

This section focuses on the Bologna Metropolitan Area with an area of 3,703 km² and a population of 1,017,806 (275 inhabitants/km²). The area of analysis is not limited to the Bologna Metropolitan area but to the whole of Italy. This is due to the small number of actors identified in the Bologna area alone. In total, 38 green care actors have been identified and grouped into 15 types.

The following graph shows how the Italian actors are organized in the identified categories. The most represented categories are “Social and therapeutic gardens operators (16%)” and “Green – blue areas owners and managers (16%)”. Contrarily, considering the identified categories, no actors were identified for the categories “Social care centers”, “Regional self-government offices” and “Ministries and central offices”. In Italy, two other important categories identified were “Training and advisory centers” (11%), “Green exercise providers” (11%) and “Green exercise providers” (11%) (Fig. 15).

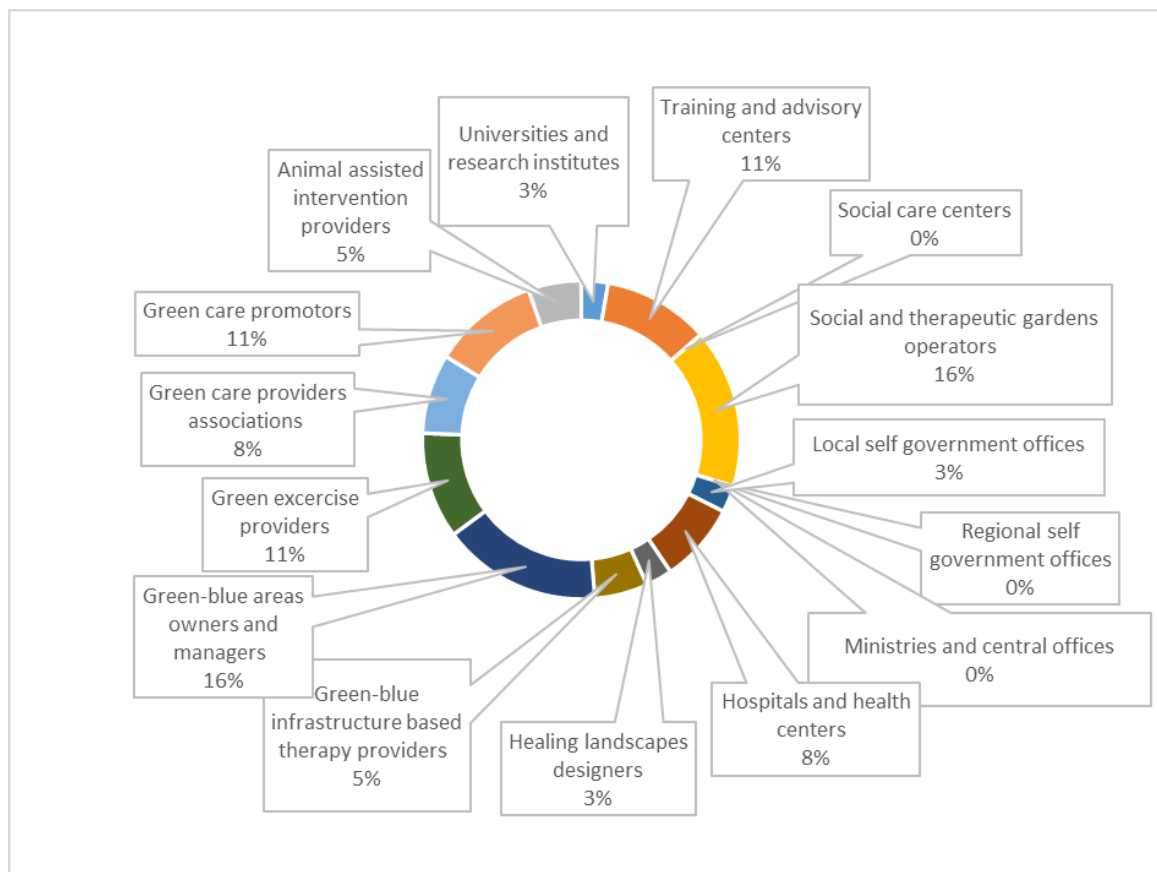


Figure 15 Green care actor structure (Italy)

The following graphs show the percentage representing the sectors to which the Italian actors belong (Fig. 16a) and the level at which they are active (Fig. 16b). For what concerns the sector, the third one is the most represented (62%) (Fig. 16a). In Italy, no actors active at supra national level were identified. Contrarily, the greatest part of actors was active at local level (57%) (Fig.2b).

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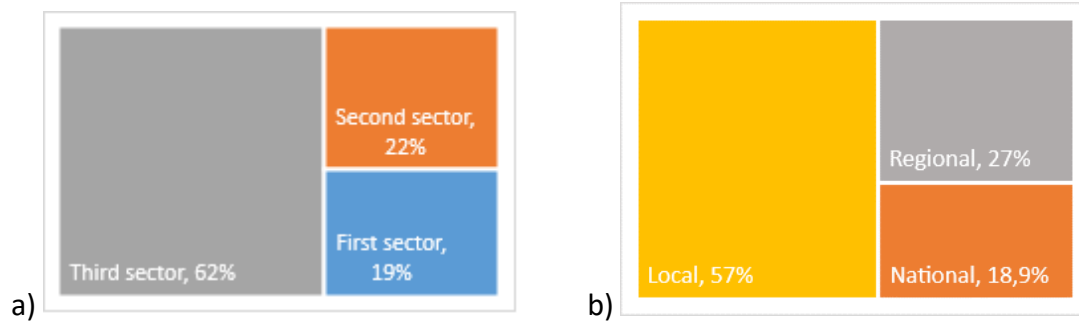


Figure 16 Green care actors by (4a) sector and (4b) level of activity (Italy)

The following graph shows the activity's field where the Italian actors are active. The most represented categories of activities are "Education and training" (15%) and "Social care" (15%), "Nature conservation" (14%) and "Health" (14%). Other important field of activity resulted to be "Environmental protection" (12%) and "Research" (8%). In the Italian context, "Sport and recreation" and "Forestry" are field of activity not represented (Fig. 17).

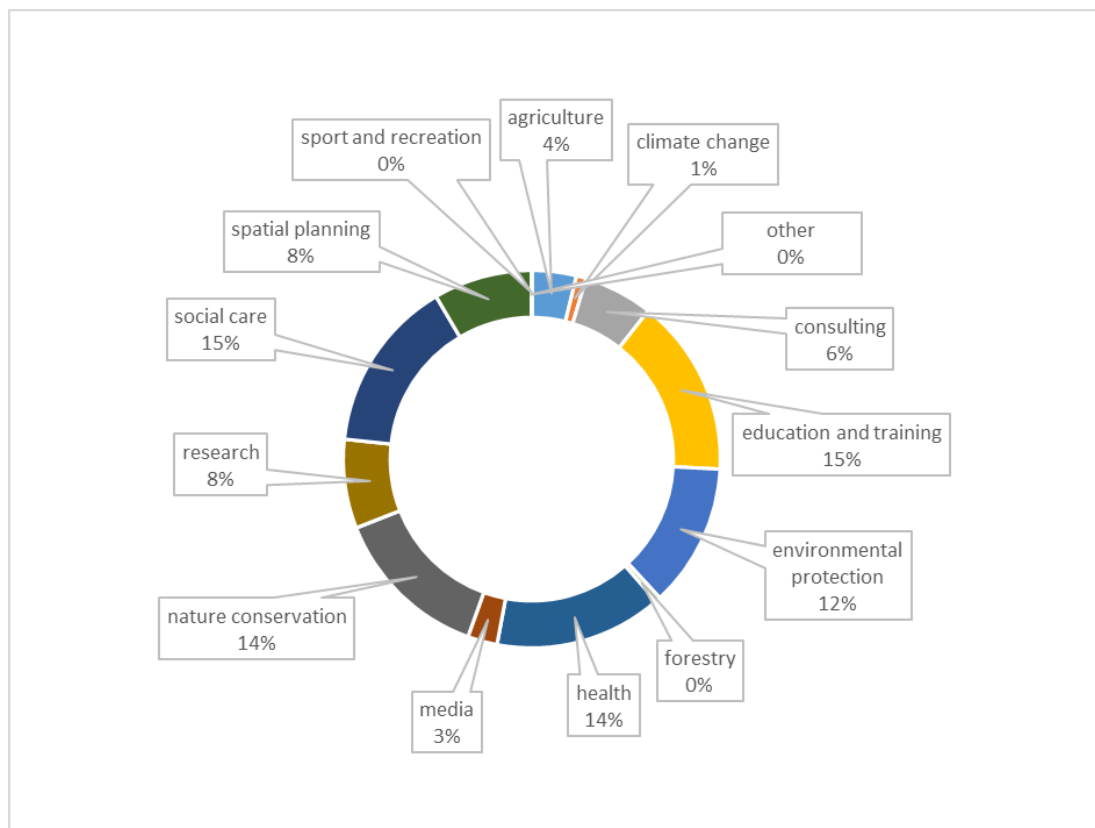


Figure 17 Main fields of activity of green care actors (Italy)

3.2.2 Actor role, green care focus and target groups

The following graph shows the percentage of roles played by Italian actors. Most of them play all three roles. Only “Green-blue infrastructure based therapy providers” plays the full role of implementers (Fig. 18).

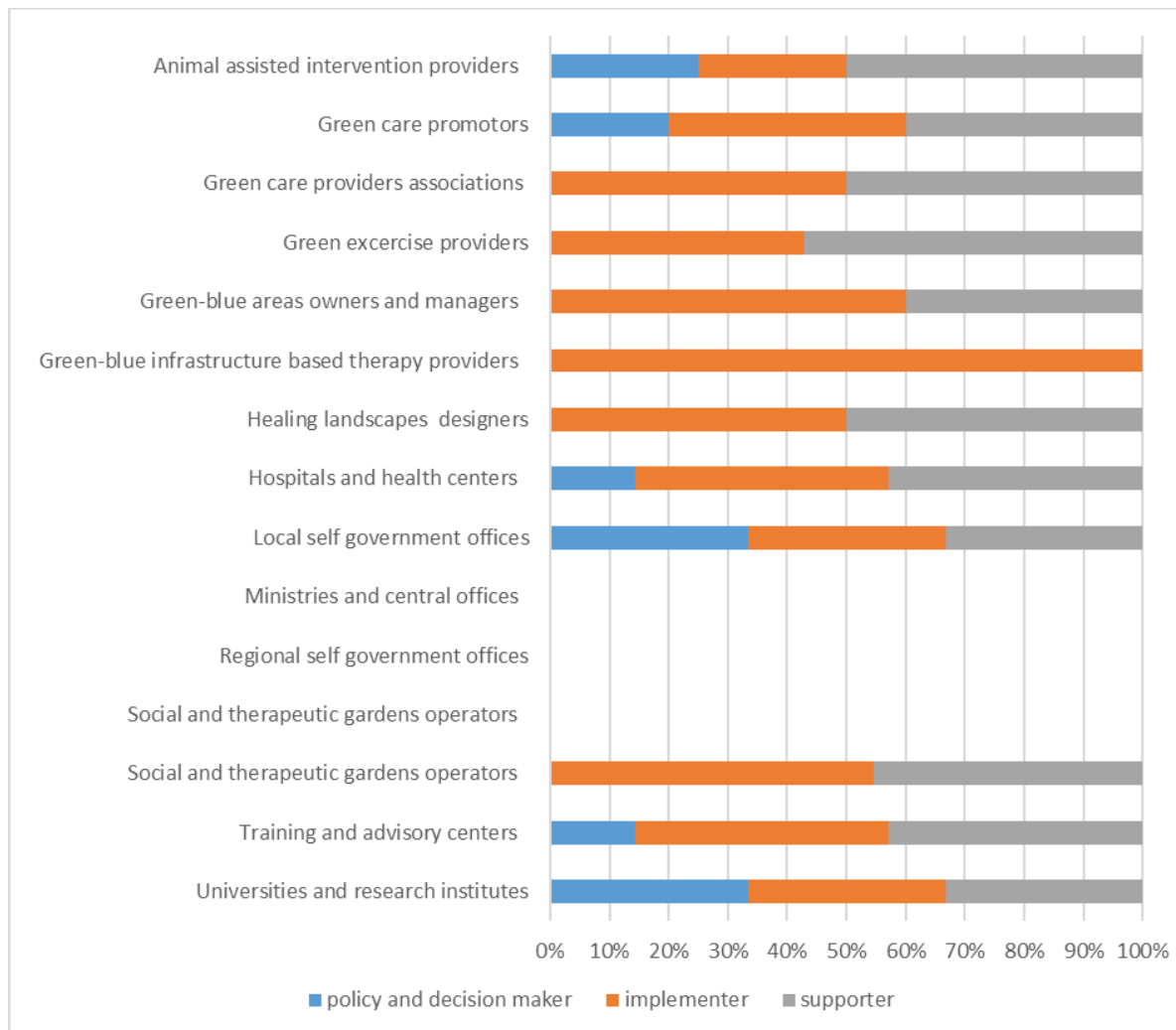


Figure 18 Roles played by green care actors (Italy)

The following graph shows the focus of Italian actors on the scales of green care, highlighting that many actors deal with one, two or three scales of green care. The three most representative categories are “Social and therapeutic gardens operators”, “Green exercise providers” and “Green- blue areas owners and managers” dealing with all the three identified scales. On the contrary, “Green care providers associations” deals only with “Nature in everyday life” and “Nature based health promotion” (Fig. 19).

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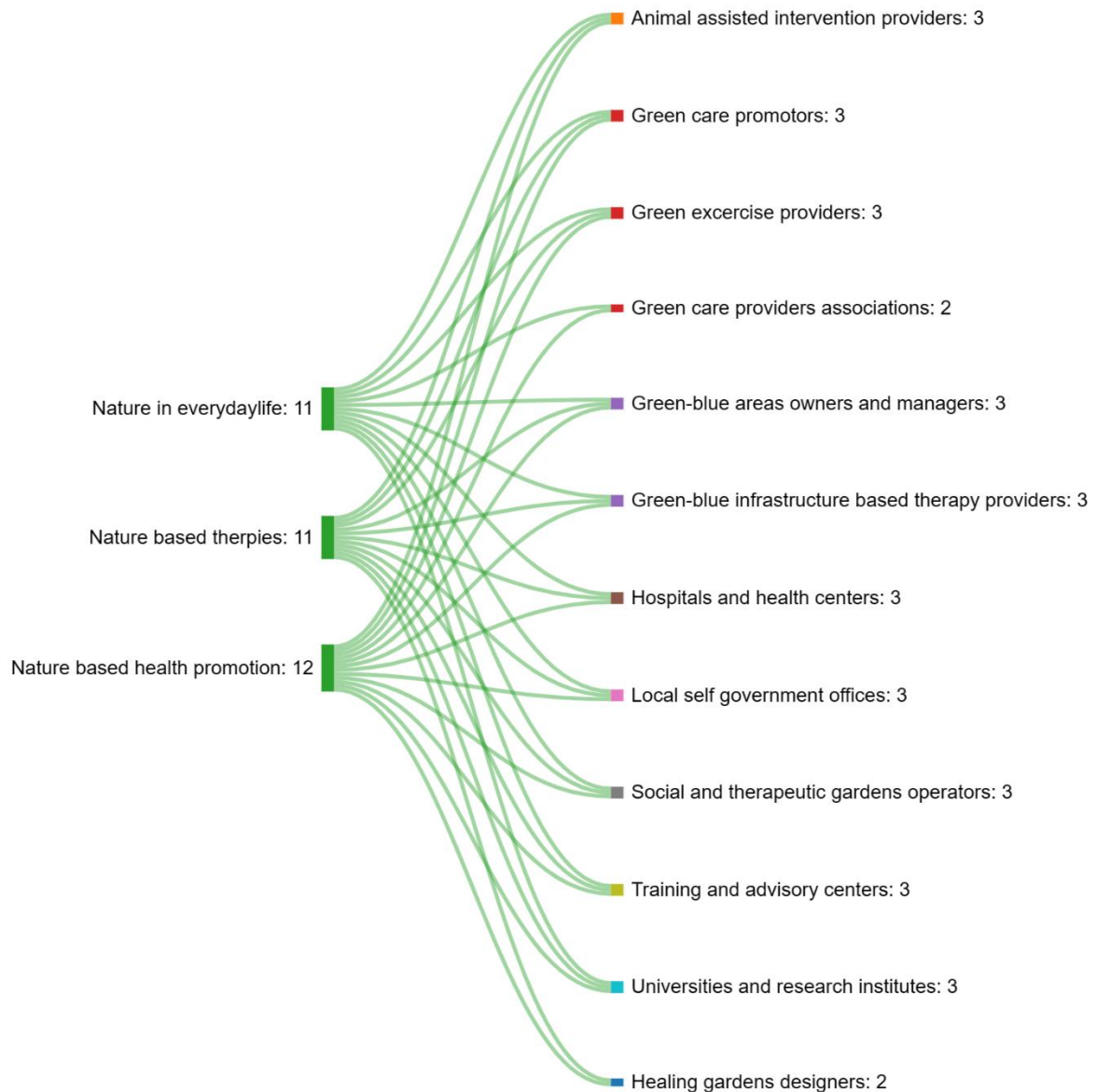


Figure 19 Green care focus by actor types (Italy)

The following graph shows the links between Italian actors and their target groups. As can be seen, all categories representing actors have the general population as their target group. The actor category “Green- blue areas owners and managers” is the most representative and shows a high variety of target groups (32) (Fig. 20).

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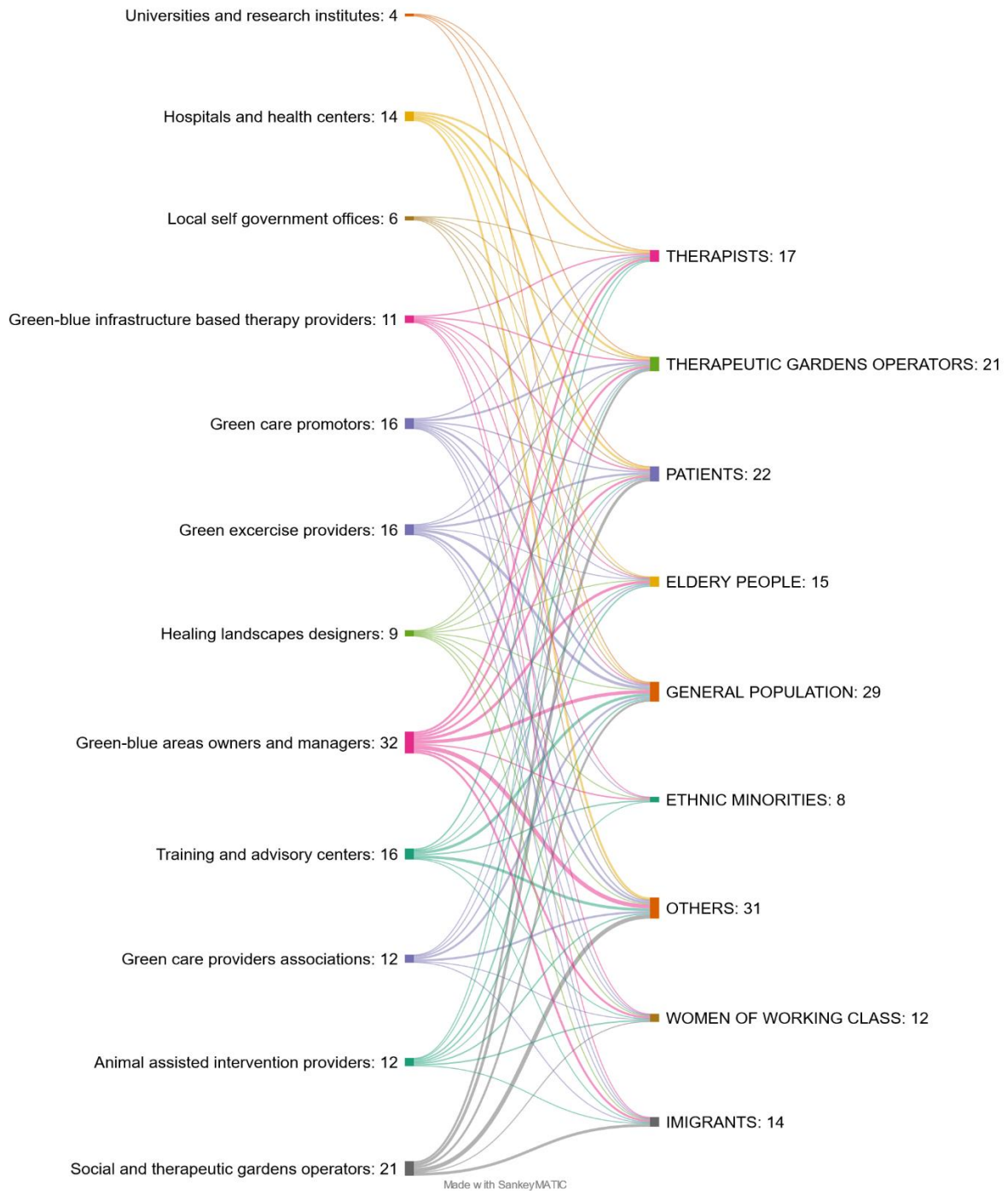


Figure 20 Groups targeted by green care actors (Italy)

3.2.3 Expertise and influence of green care actors

The following graphs show the influence-experience matrix for each scale of green care of Italian actors. In the graph representing the competence-influence matrix by types of actors involved in nature in everyday life, it emerges that the category “Local self-government

offices” is the one with the highest level of competence and level of influence. The category with the lowest levels of competence and influence is “Hospitals and health centers” (Fig. 21).

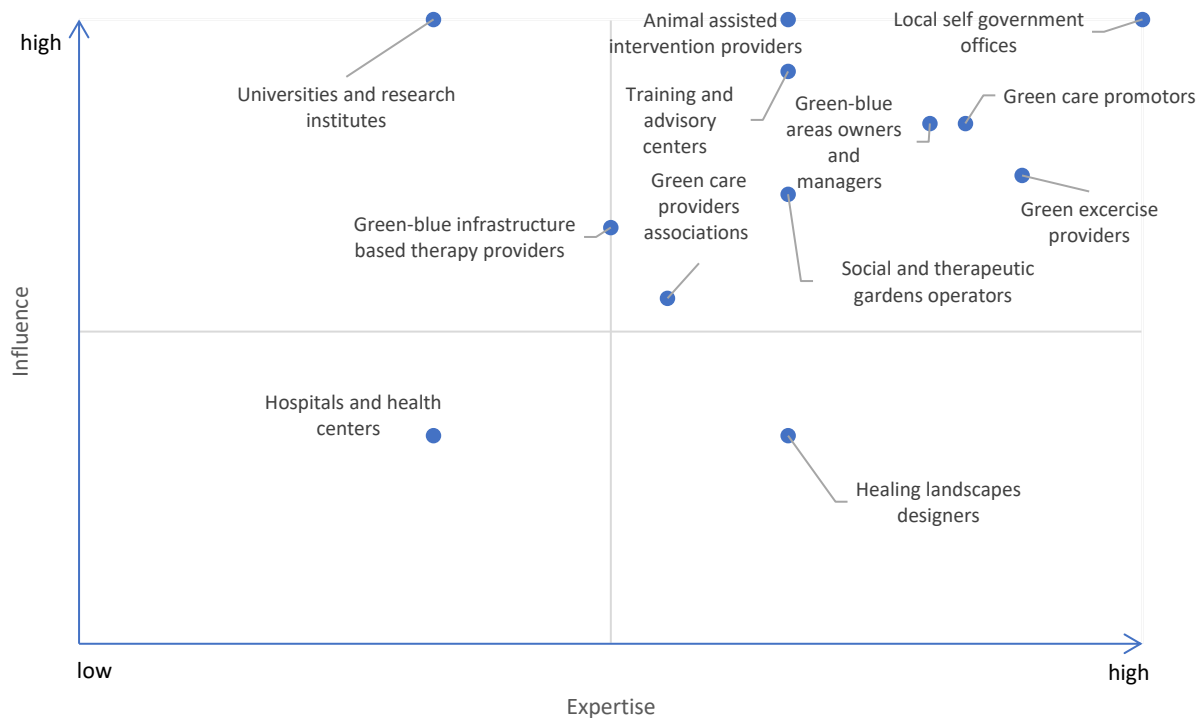


Figure 21 Expertise-influence matrix by actor types involved in nature in everyday life (Italy)

In the graph representing the influence-expertise matrix by types of actors involved in nature-based therapies, it emerges that the category “Social and therapeutic gardens operators” has on average high values both for the level of competence and for the level of influence. The category “Universities and research institutes” shows very high values of influence but low values for the level of competence (Fig. 22).

In the graph representing the influence-expertise matrix by types of actors involved in nature in nature-based health promotion, it emerges that the category “Local self-government offices” is the one with the highest level of competence and level of influence. The category “Animal assisted intervention providers ” shows very high values of influence but low values for the level of competence, like the “Universities and research institutes” category (Fig. 23).

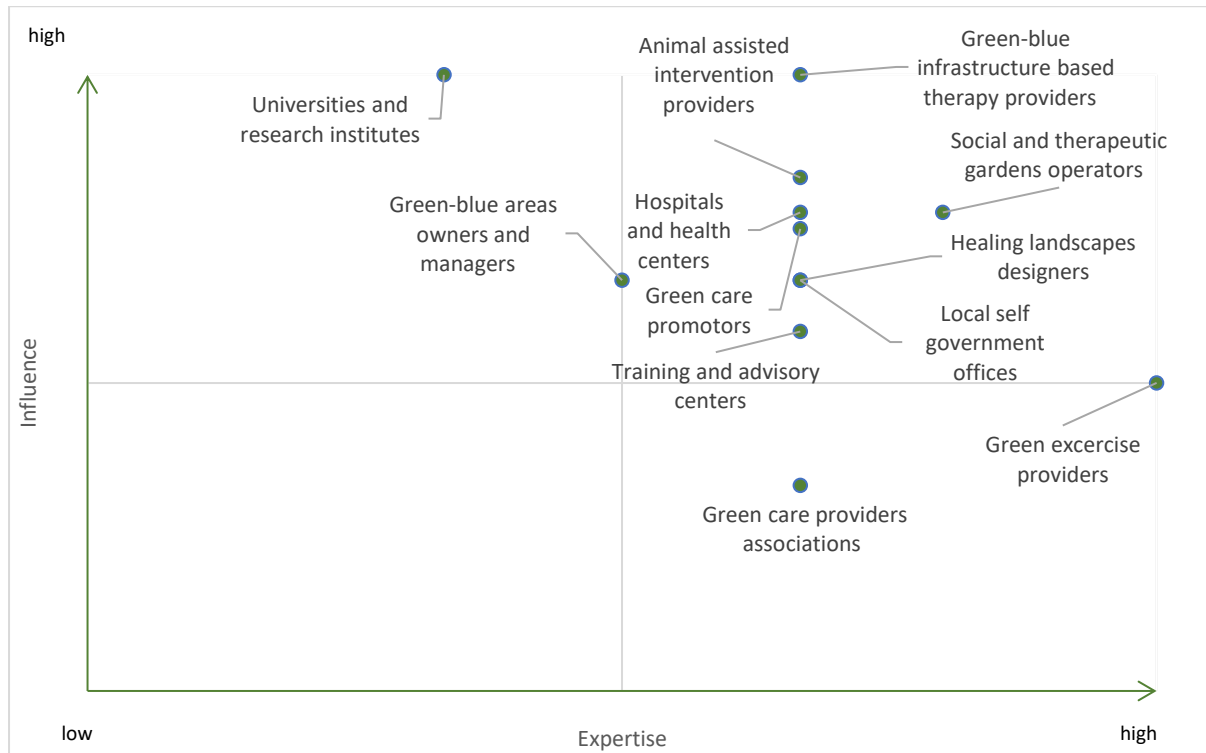


Figure 22 Expertise-influence matrix of actors involved in nature-based therapies (Italy)

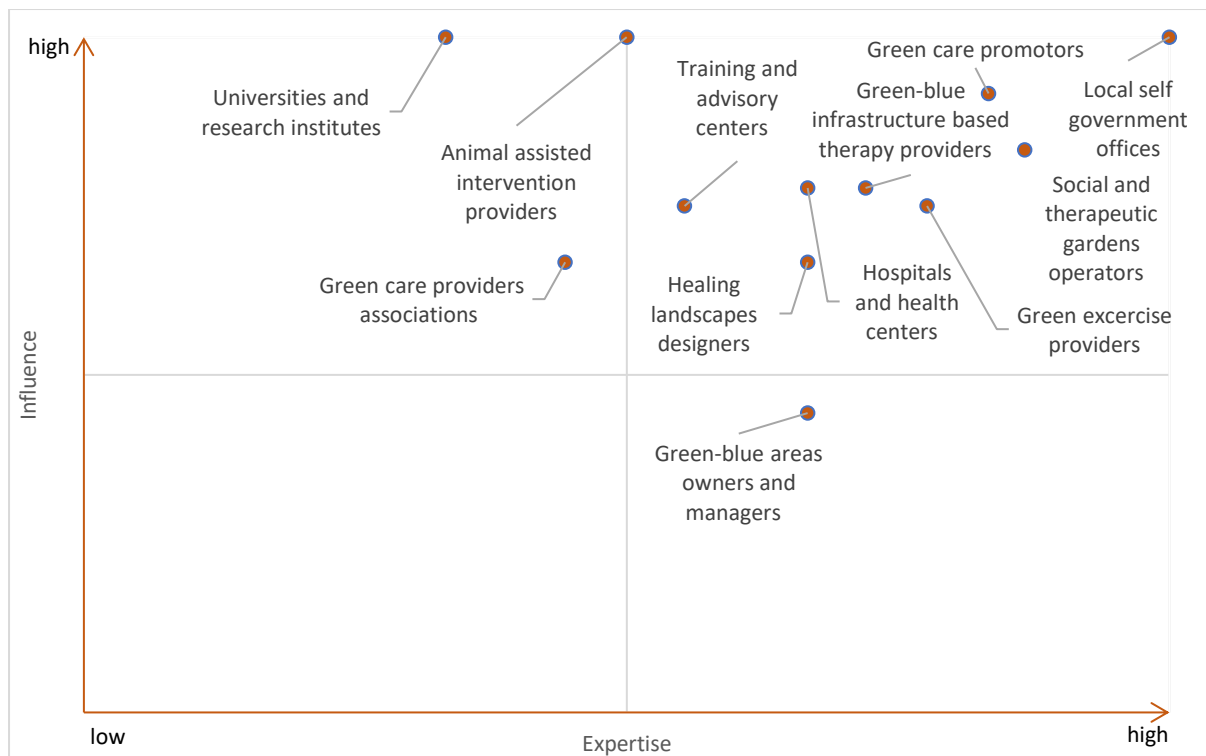


Figure 23 Expertise-influence matrix of actors involved in nature-based health promotion (Italy)

3.2.4 Priority green care actors

The analysis performed in the influence-expertise matrices allow the identification of priority actors for the study area. Building on the aforementioned analysis, the identified actor types fall into the following categories:

- key actors - those actor types that are in the high impact and high expertise quadrant in at least one influence-experience matrix prepared for the three scales of green care,
- influential actors - those actor types that are in the high/medium influence quadrant in at least one influence-experience matrix prepared for the three scale of green care,
- experienced stakeholders - those actor types that are in the high/medium experience quadrant in at least one influence-experience matrix prepared for the three scales of green care.

The following graph shows the most important Italian actor types i.e., those in the high/high quadrant for each of the green care scales matrices. Altogether, 11 key actors' types evenly represent all three green care scales (Fig. 24).

The actor types that are key for all three scales at the same time are "Green care promoters", "Local self-government offices", "Social and therapeutic gardens operators", and "Training and advisory centers".

As it concerns nature in everyday life and the nature-based therapies scales, for each of them there are 8 diverse actors' types that are key for these specific scales. Similarly, regarding nature-based health promotion, there are 7 key actors' types. It should be emphasized that actors' types distribution to the green care scales is even.

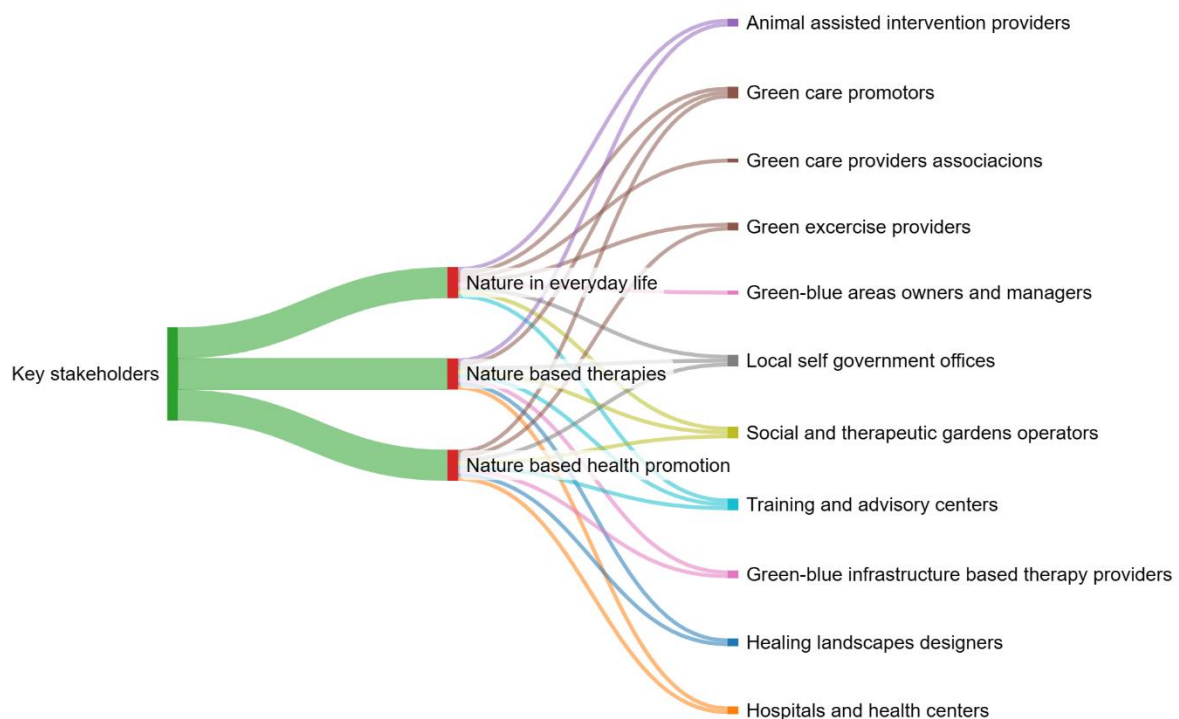


Figure 24 Types of actors assigned to the key actor category (Italy)

Apart from the key actors' types described above, the next two actors' types categories are the influential actors and the experienced ones, as shown in Figure 25. The experienced actors' types are those characterized by high expertise in at least one of the green care scales, and the influential ones are those with a high influence respectively.

Among all identified Italian actors' types, there are 7 included in the above-mentioned groups. It should be underlined that universities and research institutes are influential actors' type for all three green care scales. The rest of the identified actors' types are linked with only one green care scale, e.g. green areas owners and managers are influential for the nature-based therapies scale, and animal-assisted intervention providers, and green care providers associations are influential for the nature-based health promotion. Regarding the experienced actors' types, the healing landscape designers' type is linked with the nature in everyday life scale, the green care providers associations' type is connected with the nature-based therapies, and the green-blue areas owners and managers with the nature-based health promotion.

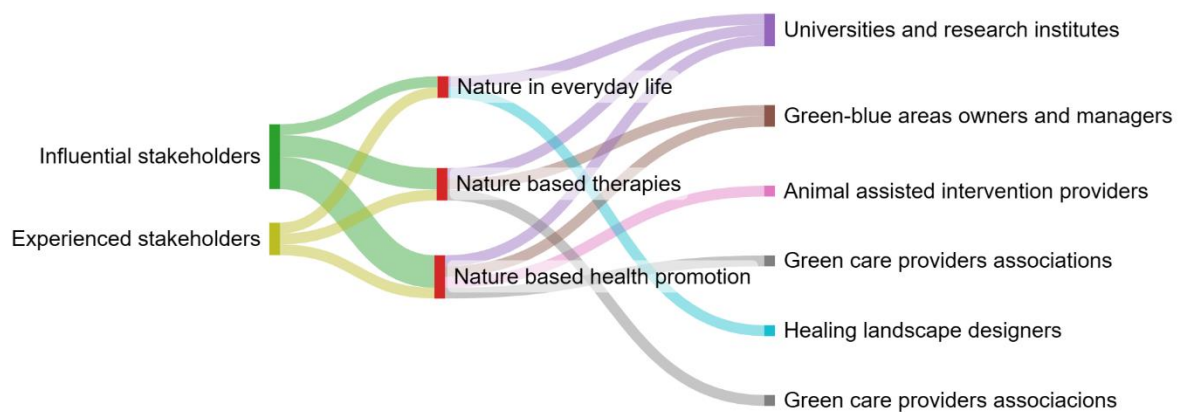


Figure 25 Types of actors assigned to the categories of influential and experienced actors (Italy)

3.3 Stockholm Metropolitan Area, focus area Stockholm, Sweden

3.3.1 General characteristics of identified actors

This chapter focuses on the Stockholm Metropolitan Area with an area of 382 km² and a population of 1,593,426 (4,175 inhabitants/km²). Within a study area 40 green care actors have been identified and grouped into 15 types. The data sampled should be evaluated as a preliminary overview of the existing green care actors in the area and will be complemented in the future of the project and then include the whole of Sweden. The local level is represented by municipals in Sweden, e.g. Stockholm metropolitan area consists of approximately 11 municipals. The region is illustrated by the county board administration (including all 11 municipals) and is one of 21 regions (county boards) in Sweden. The national level is the whole of Sweden.

There is a rather big dispersal in the structure of the actors (Fig. 26). No one is dominating. The largest is the “Social and therapeutic garden operators”, 13%, followed by three second largest “Green Care Promoters, Ministers and central officers and Green care providers associations”, all 12%. This is followed by “Nature conservation area managers” 10%.

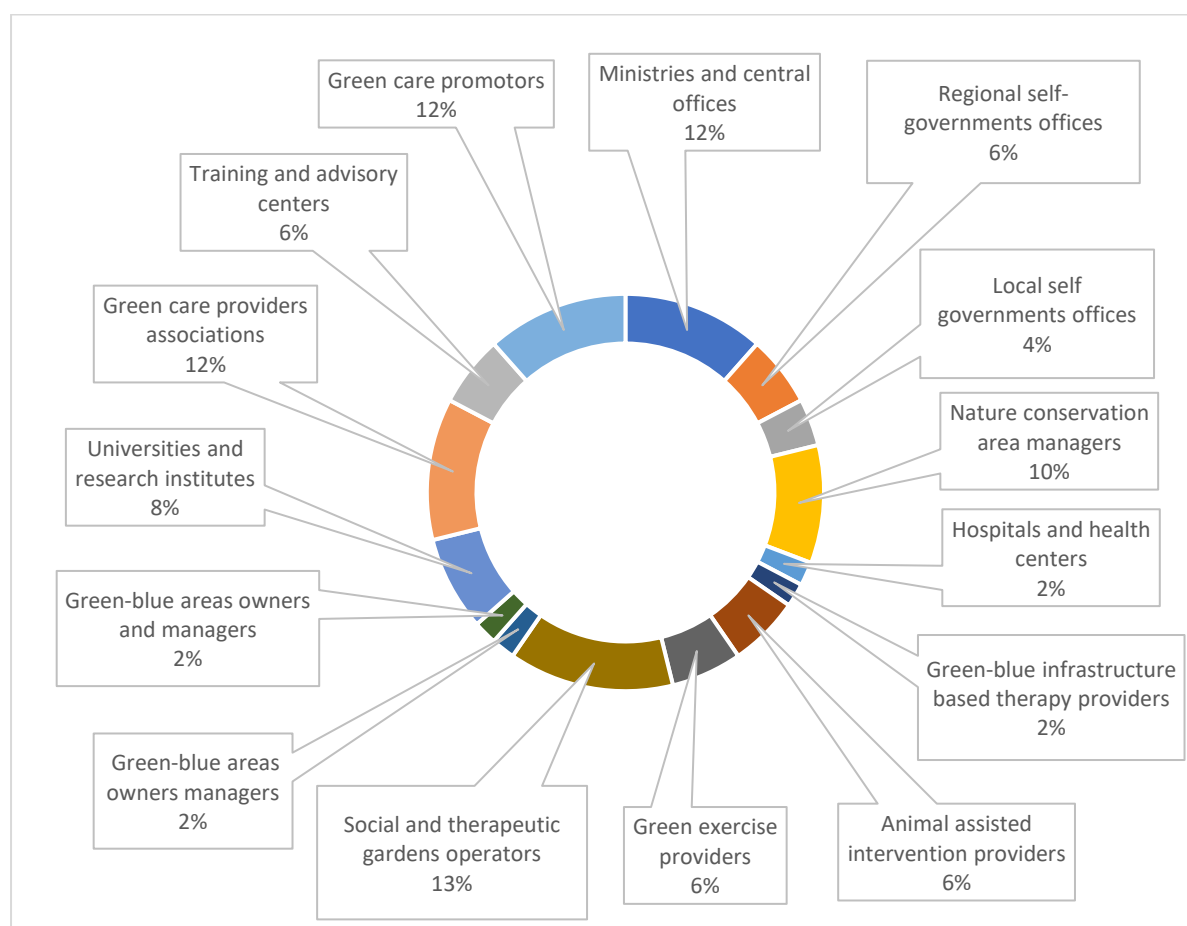


Figure 26 Green care actor structure (Stockholm, Sweden)

There is a domination of private for profit sector entities (second sector) in the Stockholm region (Fig.27.a). We assume that the second sector might be even larger than highlighted

here in these figures due to the fact that they are small and most probably private companies in the need of extra snowballing to be found (e.g. in associations or referrals by other private companies). At present, second sector is tightly followed by the first sector (local, national or regional governments). To be noted here is the fact that these large, national actors are primarily offering nature-based information to the public vaguely based on research, not implementing the expertise on a larger scale. Yet, there still almost 1/5 of all green care actors that neither is any governmental organisation or private but work as non-profit organisations. Primary focus groups are children, a group not included in the GreenMe study.

The national level is mainly represented by larger agencies such as Public Health agency of Sweden, Swedish Forestry Agency, Swedish board of Agriculture. As noted above, the activity here is dominated by preparatory work (science, education, information) and not implementation on a larger scale. A few representatives from the private for-profit sector also operate on a national level and as implementers and through education such as e.g. Scandinavian Nature and Forest Therapy Institute (Fig 27b).

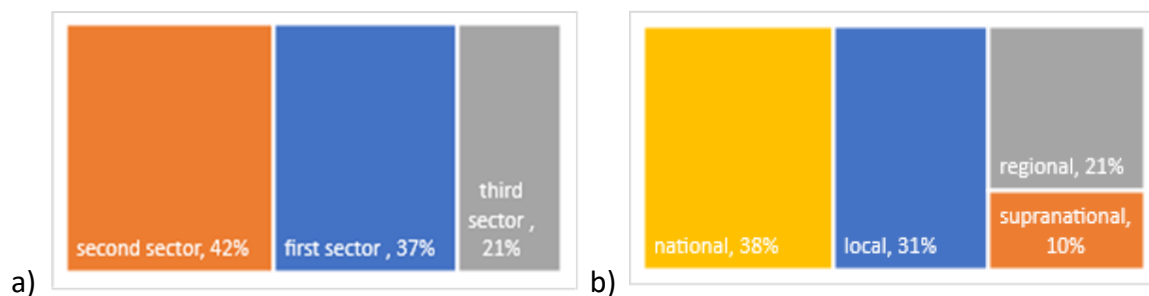


Figure 27 Green care actors by: (a) sector and (b) level of activity (Stockholm, Sweden)

We find that “Health” and “Social Care” fields are the dominating groups, covering more than 50% of the green care in Stockholm, Sweden (Fig 28.). However, it is to be noted that the representation of Green Care/Nature Based Intervention in Health Care and Social Care in society as a whole, is very low.

The second biggest cluster is Care for the environment (Nature conservation and Environmental protection approximately 20%). The research was surprisingly low. Most probably, these percentages are higher than illustrated here due to the fact that many research projects are rather small and not always promoted. They also run in rather short time frames and thus could easily be missed.

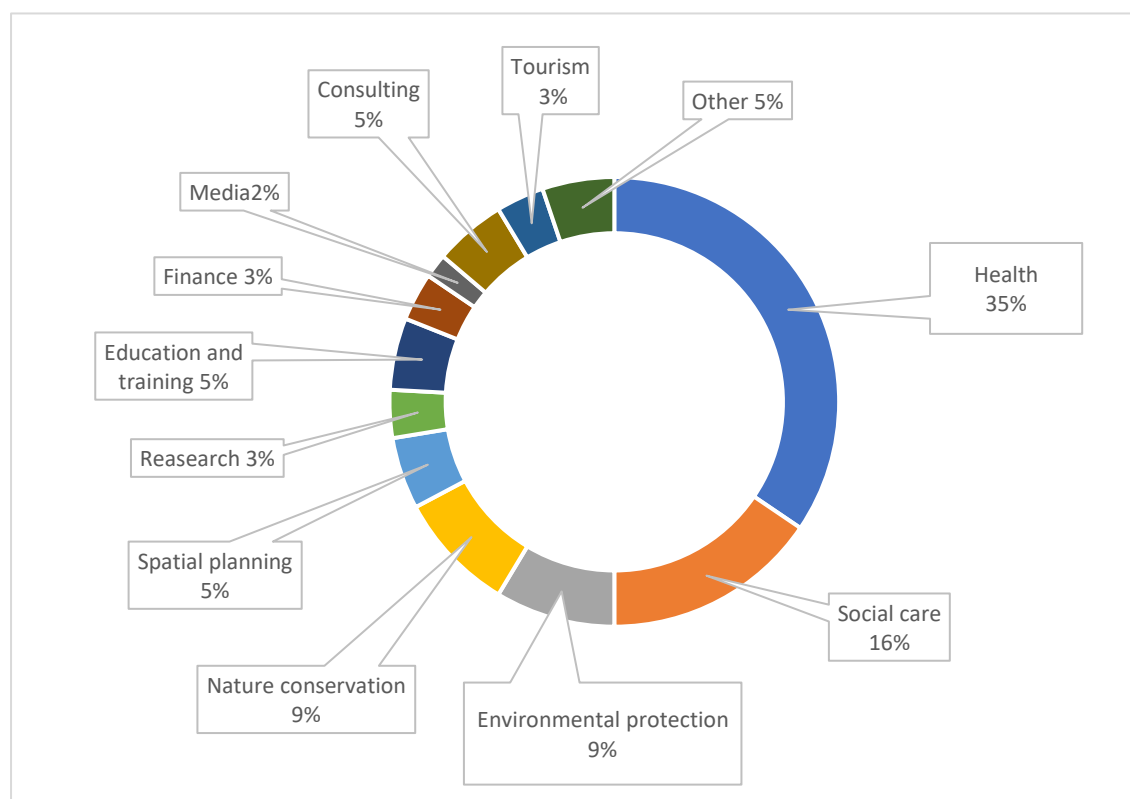


Figure 28 Main fields of activity of green care actors (Stockholm, Sweden)

3.3.2 Actor role, green care focus and target groups

The following three actors: “Nature conservation managers”, “Regional self-governments” and “Green- blue area owners’ managers” were found to include three roles simultaneously: Policy and decision makers, Implementers and Supporters. The role of “Green care providers associations”, were not surprisingly, playing the biggest part (yet only 8% in total). To a fair extent, this role is representative for the degree of public interest as well as Sweden’s majority of small, private Green Care implementers. “Green care promoters (5%), “Social and therapeutic garden operators (7%) and local self-governments (2%) held one, single role as implementers. The Green Care Actors “Universities” together with “Ministers and central officers” were linked to the role of “Policy and central offices”. In part, this may be explained by the fact that Universities in Sweden, to a large extent, are state/governmental owned (Fig 29).

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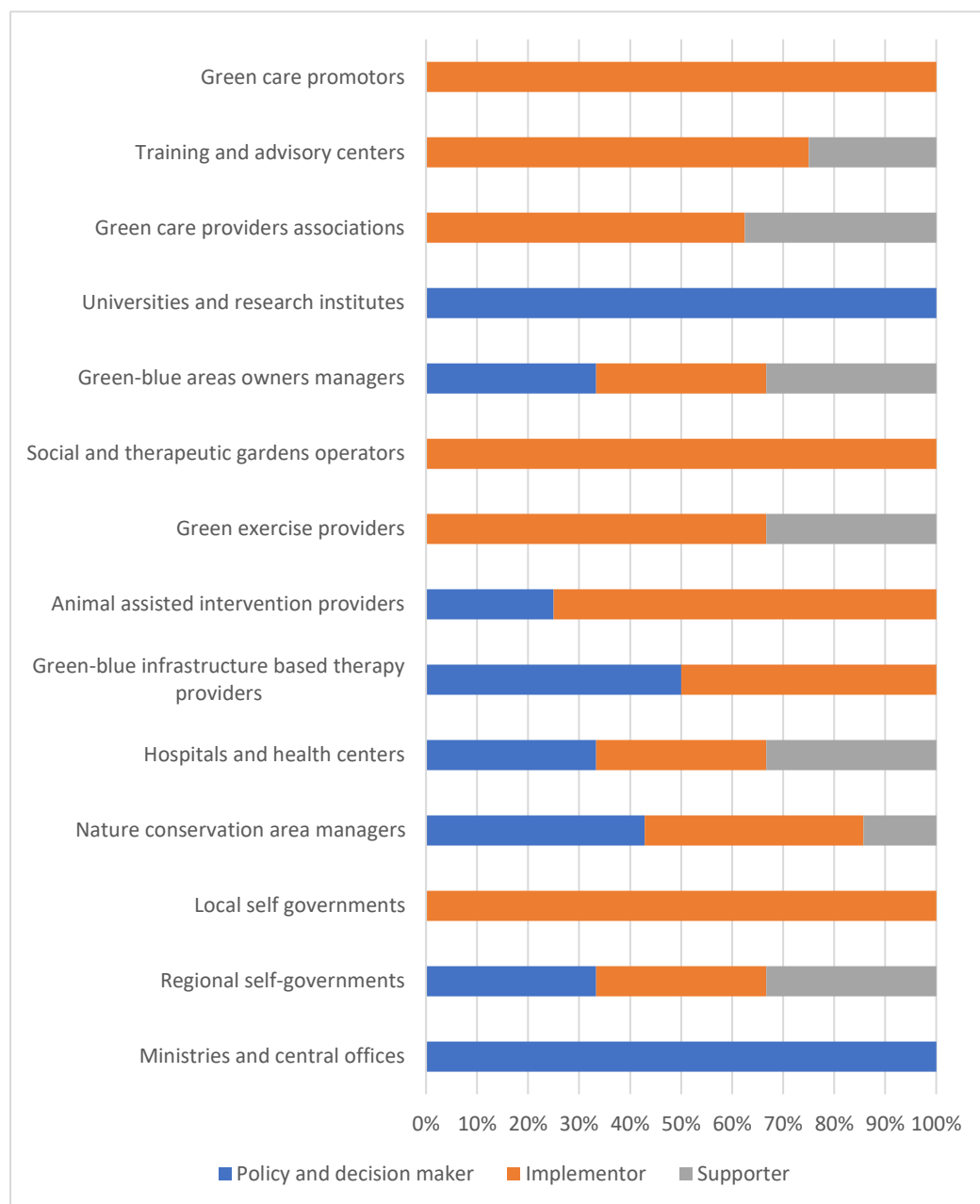


Figure 29 Roles played by green care actors by percentage (Stockholm, Sweden)

The dominating type of actors offering nature-based therapies or promotion are different types of companies (private organisations) providing services to either the general public or specific user groups. Some companies are offering specifically animal-assisted interventions. At the governmental level, ministries and central offices support access to nature in everyday life, as well as nature conservation managers and local self-governments (Fig.30).

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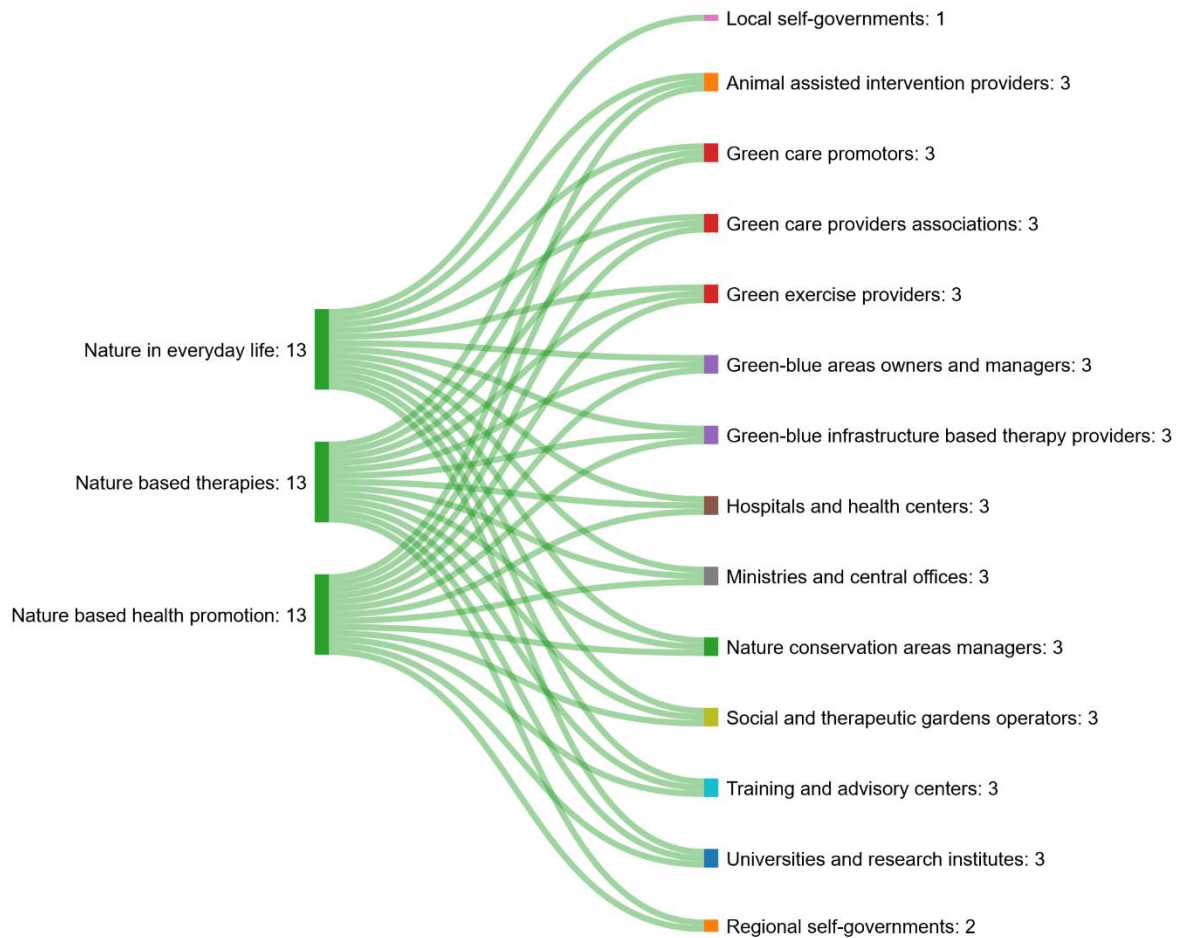


Figure 30 Green care focus by actor types (Stockholm, Sweden)

The general population is the largest target group for providing nature-based interventions in Stockholm, ranging from governmental offices and managers of nature areas to providers and associations, Vulnerable target groups such as patients, the elderly, immigrants and ethnic minorities are also benefiting from nature-based interventions. Therapeutic garden operators and therapists offer these services either in terms of health promotion or medical interventions (Fig31).

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Figure 31 Groups targeted by green care actors (Stockholm, Sweden)

3.3.3 Expertise and influence of green care actors

High influence and high expertise of Green care can be seen in the upper right corner where “Green exercise providers”, “Green-blue areas owner managers” and “Nature conservation areas managers” dominate. Universities are low in influence and low in expertise. This should not be seen as low in expertise on research linked toward green and health but rather toward the three scales of Green care defined by GreenMe. To some part the universities do have an

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influence on green care due to assessments of research. Least influence is “Green-blue infrastructure based providers”. “Hospitals and health centers” have sufficient expertise and influence, yet here one could expect them to have higher expertise (Fig.32.).

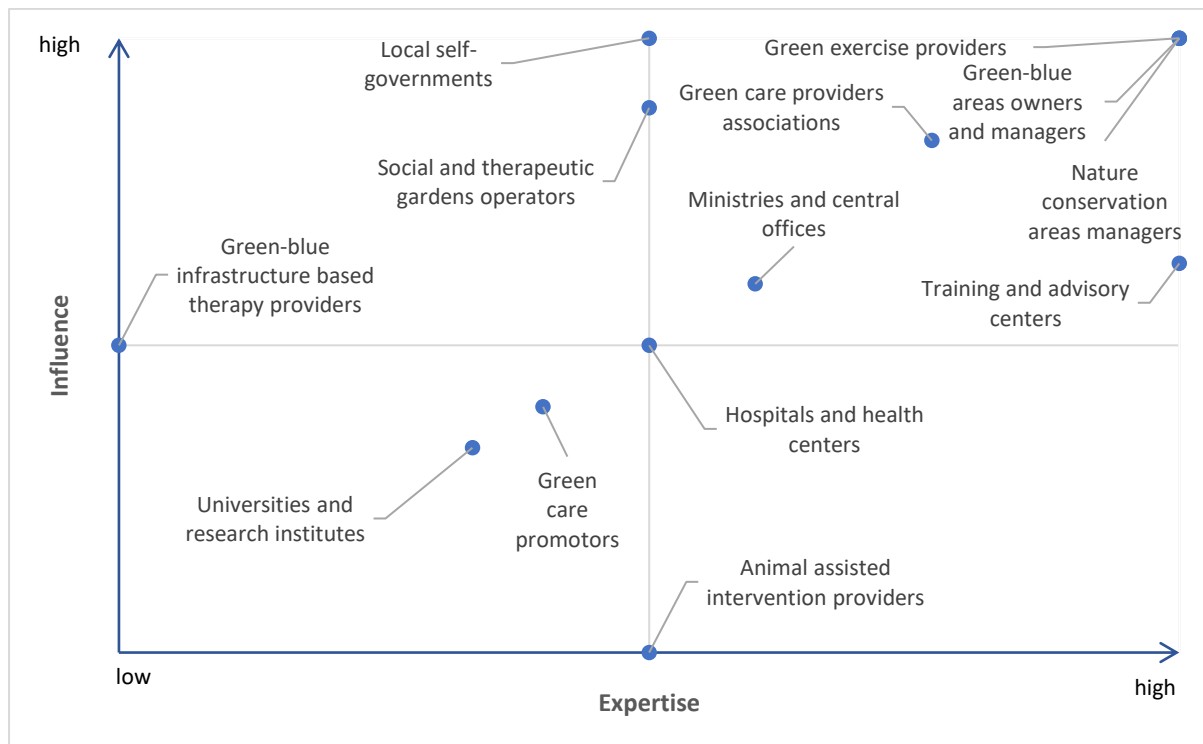


Figure 32 Expertise-influence matrix by actor types involved in nature in everyday life (Stockholm, Sweden)

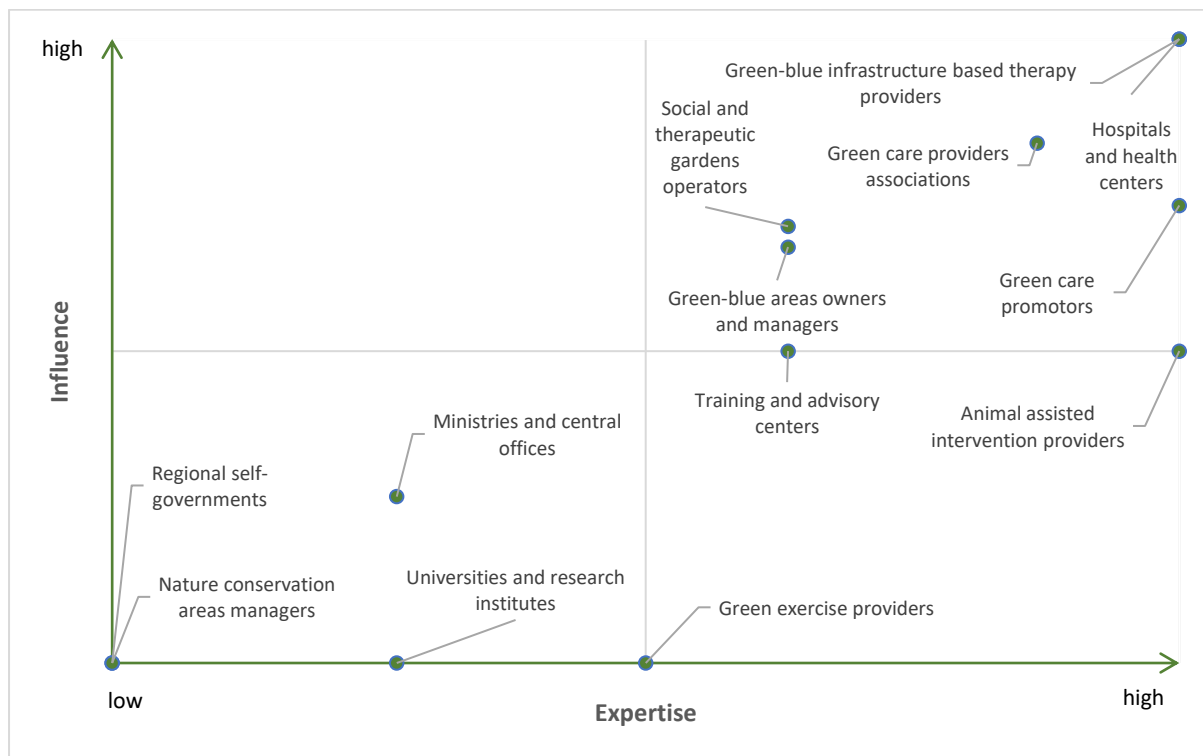


Figure 33 Expertise-influence matrix of actors involved in nature-based therapies (Stockholm, Sweden)

The involvement in nature-based therapies are very high in “Green blue infrastructure based therapy providers” and “hospitals and health centers” while “regional self-governments” and “nature conservation area manages” are lowest in involvement (Fig.33).

Health promotion is highest in “Green-blue infrastructure based therapy providers” and lowest in “Nature conservation area managers”. Regional self-governments have potentially very strong expertise but low influence (Fig.34).

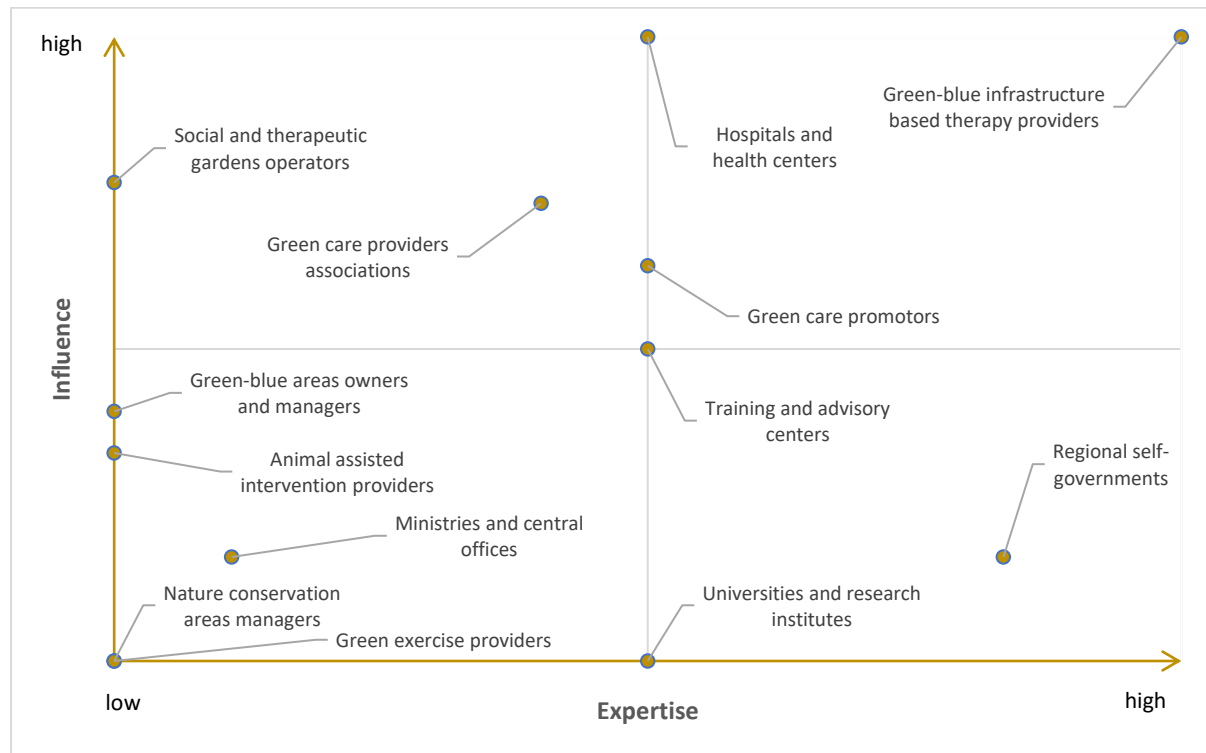


Figure 34 Expertise-influence matrix of actors involved in nature-based health promotion (Stockholm, Sweden)

3.3.4 Priority green care actors

The analysis performed in the influence-expertise matrices allow the identification of priority actors for the studied Stockholm focus area. Building on the aforementioned analysis, the identified actor types fall into the following categories:

- key actors - those actor types that are in the high impact and high expertise quadrant in at least one influence-experience matrix prepared for the three scales of green care,
- influential actors - those actor types that are in the high/medium influence quadrant in at least one influence-experience matrix prepared for the three scale of green care,
- experienced stakeholders - those actor types that are in the high/medium experience quadrant in at least one influence-experience matrix prepared for the three scales of green care.

In the Stockholm focus area, there are 12 key actors’ types identified (Fig 35). In this category, the most important ones to focus on are “Social and therapeutic garden operators”,

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“hospitals and health centers”, “green care providers associations”, “green-blue areas and managers”, “training and advisory centers”, as these are the key actors’ types for all green care scales. Besides, the other three actors’ types are crucial for at least two green care scales at the same time, e.g. green-blue infrastructure-based therapy providers are the key type for nature-based health promotion and nature-based therapies.

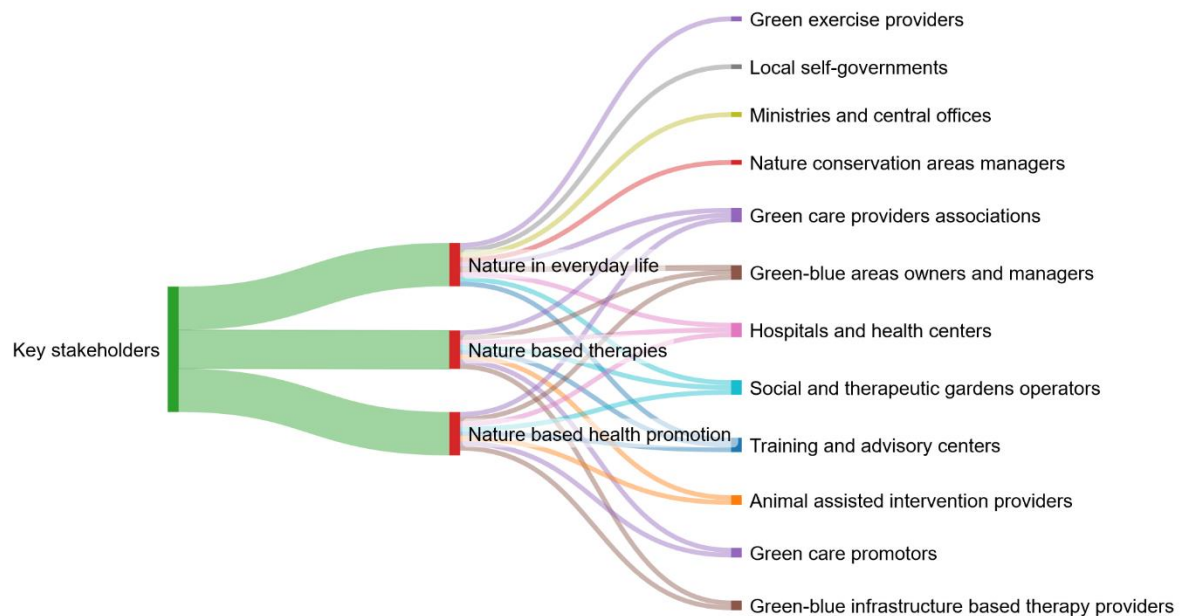


Figure 35 Types of actors assigned to the key actor category (Stockholm, Sweden)

Apart from the key actors’ types described above, the next two categories to focus on are the experienced actors (i.e. characterized by a high expertise in at least one of the green care scales), and the influential actors (i.e. those with a high influence in at least one green care scale). The influential and experienced actors identified for the Stockholm focus area include 10 actors’ types (Fig.36).

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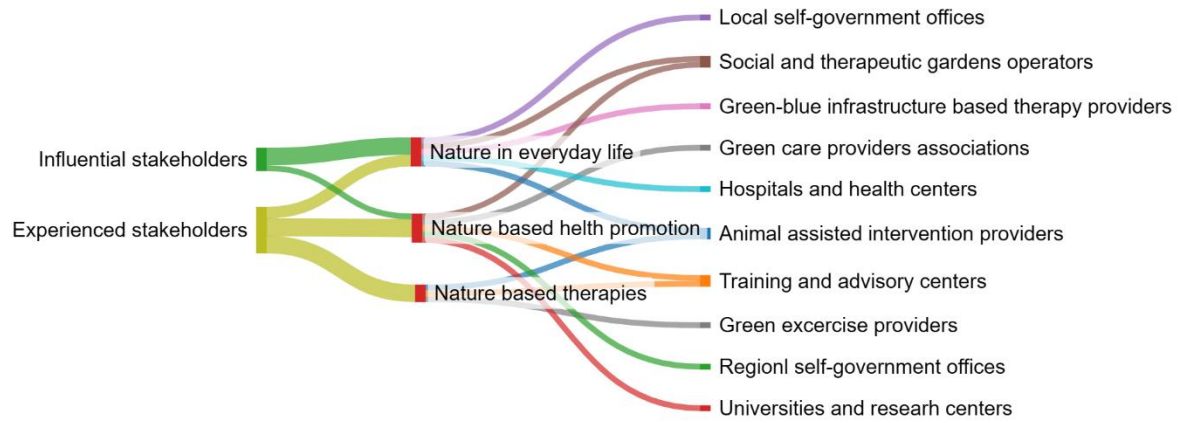


Figure 36 Types of actors assigned to the categories of influential and experienced actors (Stockholm, Sweden)

3.4 Greater Manchester, UK

3.4.1 General characteristics of identified actors

This section focuses on Greater Manchester with an area of 1,277 km² and a population of 2,812,569 (2202 inhabitants/km²). Within a study area 57 green care actors have been identified and grouped into 8 types.

The category types are difficult for the UK context and do not adequately capture the complexity of actors involved in the movement. In this sense, community food growing schemes, care farms and other assets are missing from Figure 37. Nevertheless, the visual shows how the majority of actors are operators of gardens, with another dominant category surrounding green care promoters. Due to the focus of our data collection, which explicitly linked to the health-promotion and therapies categories, the visual does not adequately capture local authority involvement, which is currently shown at only 2%.

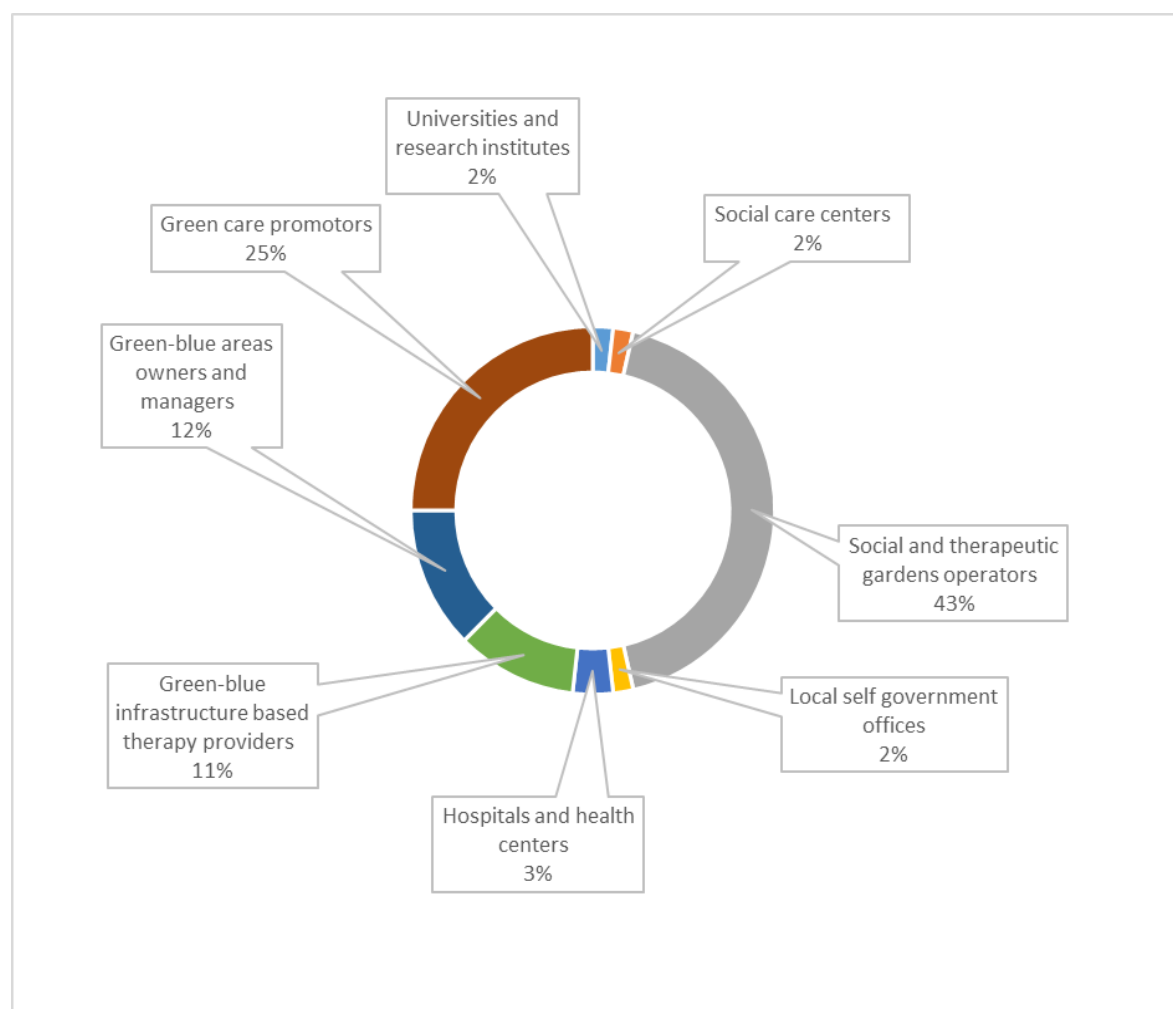


Figure 37 Green care actors structure (Greater Manchester, UK)

In terms of the operators, most of these are social enterprises and other such organisations, ranging from Sow the City to Incredible Education, MUD and beyond. Therapy providers also make up a large portion of the actors in Greater Manchester, with the likes of Get Up & Grow and other actors featured in this category. Oldham Council and a few other local authorities

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are highlighted as major government actors who are heavily involved in green care, either through enabling nature in everyday life, or health promotion activities.

As with our other regional analysis in the UK, the Third Sector dominate the landscape, with the majority of actors falling into this category. First Sector organisations, such as local authorities, feature too, but we feel that this would be scaled-up if we had a more explicit focus on nature in everyday life; in this sense, such actors are usually the ones enabling new growing or green spaces, alongside supporting practice in general. The level of activity is very much on the local scale, with few actors operating regionally or nationally. The latter has been omitted from our data, given the focus on the regions within the UK and timeline constraints. Given that the main actor groups centre on operators, managers and therapists, it appears that many focus on the immediate area in which they are located, perhaps due to constraints on scaling-up, financial resources and the focus of their activities (Fig.38.).

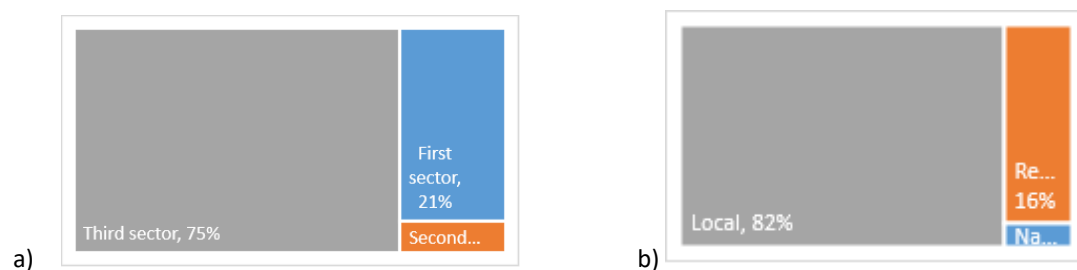


Figure 38 Green care actors by (a) sector and (b) level of activity (Greater Manchester, UK)

Figure 39 does not adequately capture the complexity of activity of the actors, with many involved in food growing and gardening; this is instead captured within the meta categories of environmental protection and conservation. Such actors involve the likes of City of Trees, the Salford Allotment Association and a range of other growing projects, including the Incredible Edible movement, which is well-represented in the region. This is a mosaic of groups with differing structures, adopting the Incredible Edible model; some, such as Incredible Education, are more focused on education and training whilst others are more explicitly focused on food growing or environmental protection in general.

In comparison to the other UK regions in this chapter, Greater Manchester's actors have more of an explicit focus on health-related activities. This is perhaps due to the scaled-up funding at a regional level, both from national funders and the combined authority.

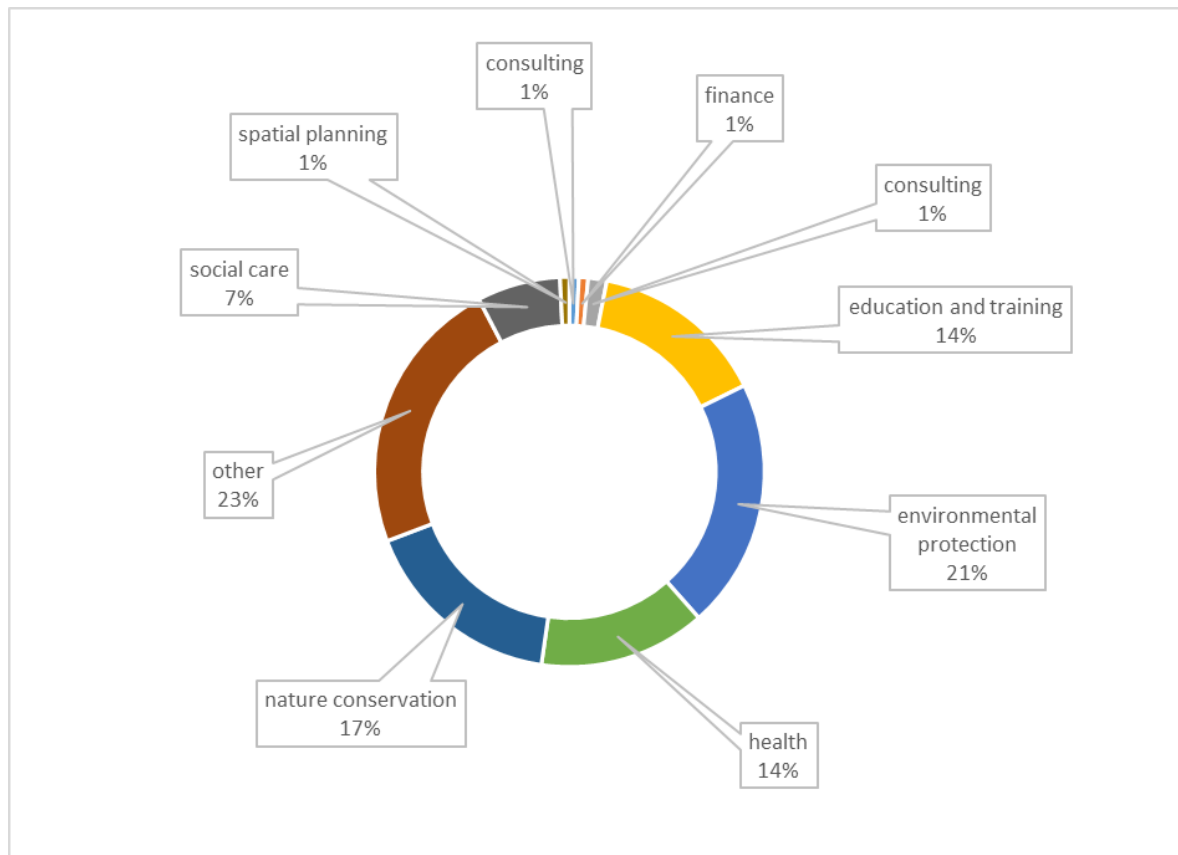


Figure 39 Main fields of activity of green care actors (Greater Manchester, UK)

3.4.2 Actor role, green care focus and target groups

Figure 40 reveals how there are some gaps with regards to our data, mainly around missing actor groups. An example here can be seen with green exercise providers, which do exist in the region, but due to the classification of activities have been omitted. Another constraint here is the lack of nature in everyday life actors, which was due to the sheer volume and focus more explicitly on those undertaking health promotion and therapy activities; this would number thousands in the UK and, given the focus of the project around mental health, was omitted apart from some key actors for this category. Another issue surrounds national actors who operate at a regional level not represented, such as the Wildlife Trust who coordinate a number of schemes in the area.

Nevertheless, Figure 40 reveals how operators of green care spaces are the most diverse, with some acting as policy influencers alongside implementers and supporters. An example here can be seen with Northern Roots, which has shaped the Oldham policy landscape whilst also coordinating schemes on the ground and financially supporting initiatives. The data also reveals the crucial support offered by universities and other major actors, such as local authorities, who are vital in enabling the scaling-up of initiatives in the region and beyond.

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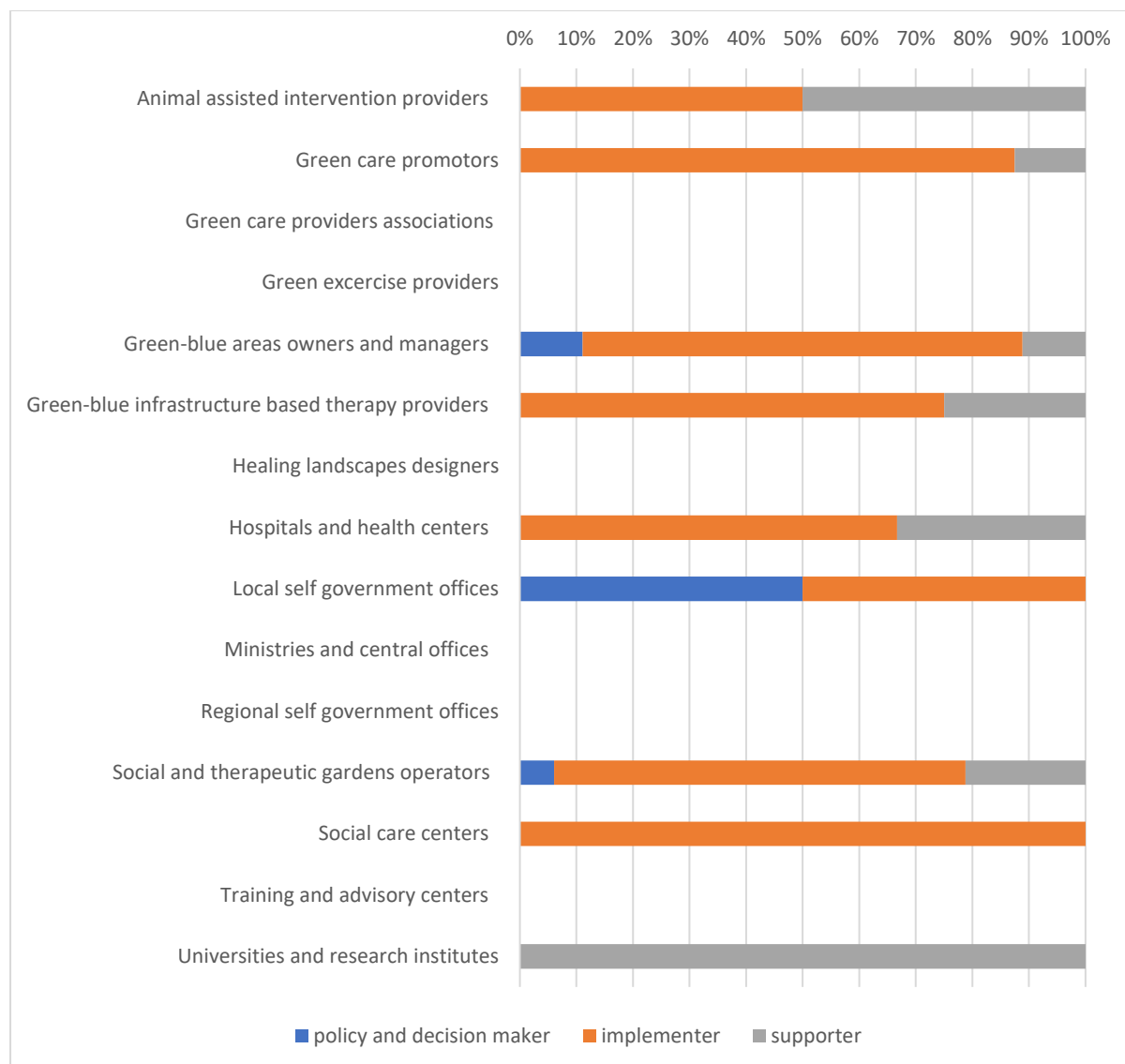


Figure 40 Roles played by green care actors (Greater Manchester, UK)

In a similar manner to the other UK sub-chapter, the data reveals how operators and other specialist actors provide the most in terms of broader value: leading the therapy providers, whilst also crossing the other scales of green care.

Figure 41 also reveals the important role of hospitals in this area, through acting as a hub for activity, particularly nature-based therapies. It must be noted that the nature in everyday life element is not captured here again in all of its complexity due to the constraints around data collection and the very broad nature of this category.



Figure 41 Green care focus by actor types (Greater Manchester, UK)

Figure 42 provides an overview of target groups with regards to the activities, with quite a lot of overlap between such actors.

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Figure 42 Groups targeted by green care actors (Greater Manchester, UK)

The dominant groups appear to surround the general population, young people and elderly people. The latter can be seen with the likes of Get Up & Grow, which receives funding to explicitly target older members of the population. This is also seen with the likes of Incredible Education, who focus on younger people due to the nature of the funding from schools. There has been a scaling-up of funding to target younger people across the region, particularly by school academies who have focused on forest school activities and related work. Other

funderson, such as Age Concern, might explain why target groups tend to focus on the elderly too.

Another target group includes patients, with a range of operators focusing on this area. Again, this is due to the nature of the funding, particularly from the devolved regional healthcare administration, which has focused recent efforts on investing in green care activities. Part of this fund has been obtained from the national Department for Environment, Food and Rural Affairs, which has seen significant investment in pockets of green care activities. This has often involved a targeted approach at particular age groups or patients, with an evaluation project to capture data at the same time through university and other partners.

3.4.3 Expertise and influence of green care actors

Figure 43 reveals how there is no particular pattern with regards to actor types and their expertise / influence in the context of nature in everyday life.

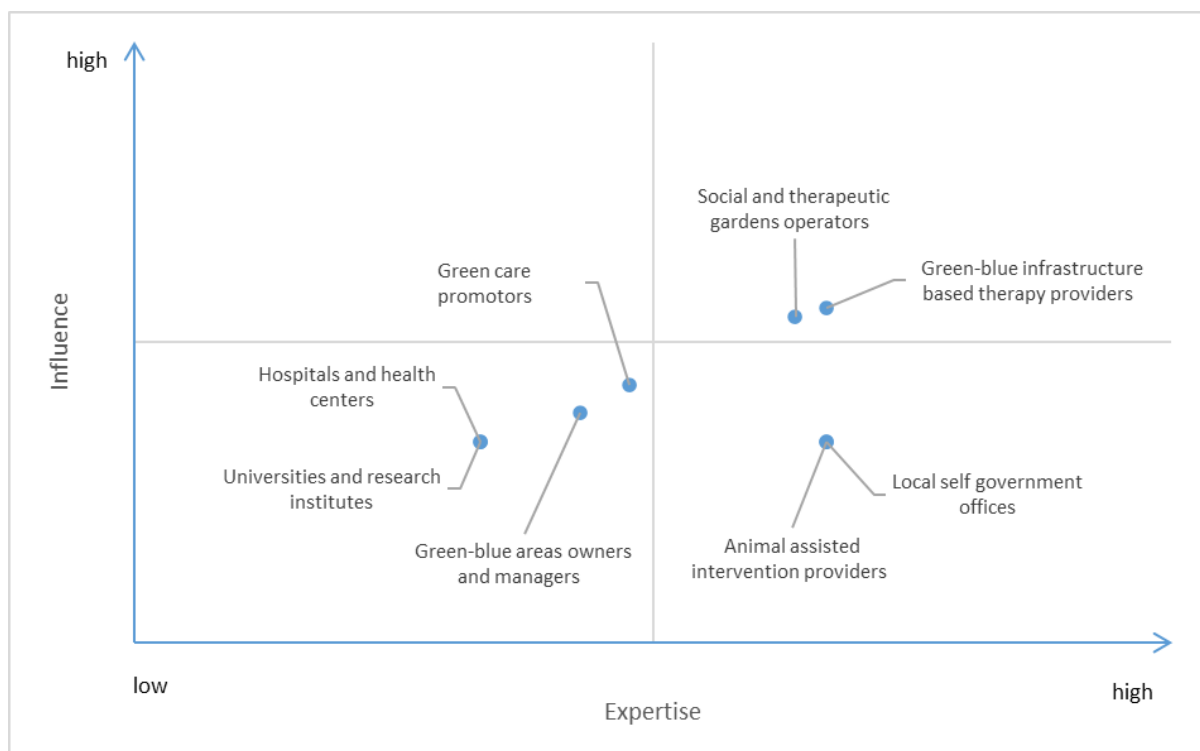


Figure 43 Expertise-influence matrix by actor types involved in nature in everyday life (Greater Manchester, UK)

It shows how the providers and operators general rank the highest across both scales. It shows how many of the anchor institutions, such as hospitals and universities, generally rank lower in the matrix. Adding to this, Figure 44 shows a similar picture with regards to therapy-based activities, with providers and operators ranking high on this matrix. Animal-assisted intervention providers rank the highest here, again due to the specialist nature of their work. In the context of Figure 45, this shows that local authorities and other actors are ranked more highly in this matrix, with green care promoters ranked amongst the lowest.

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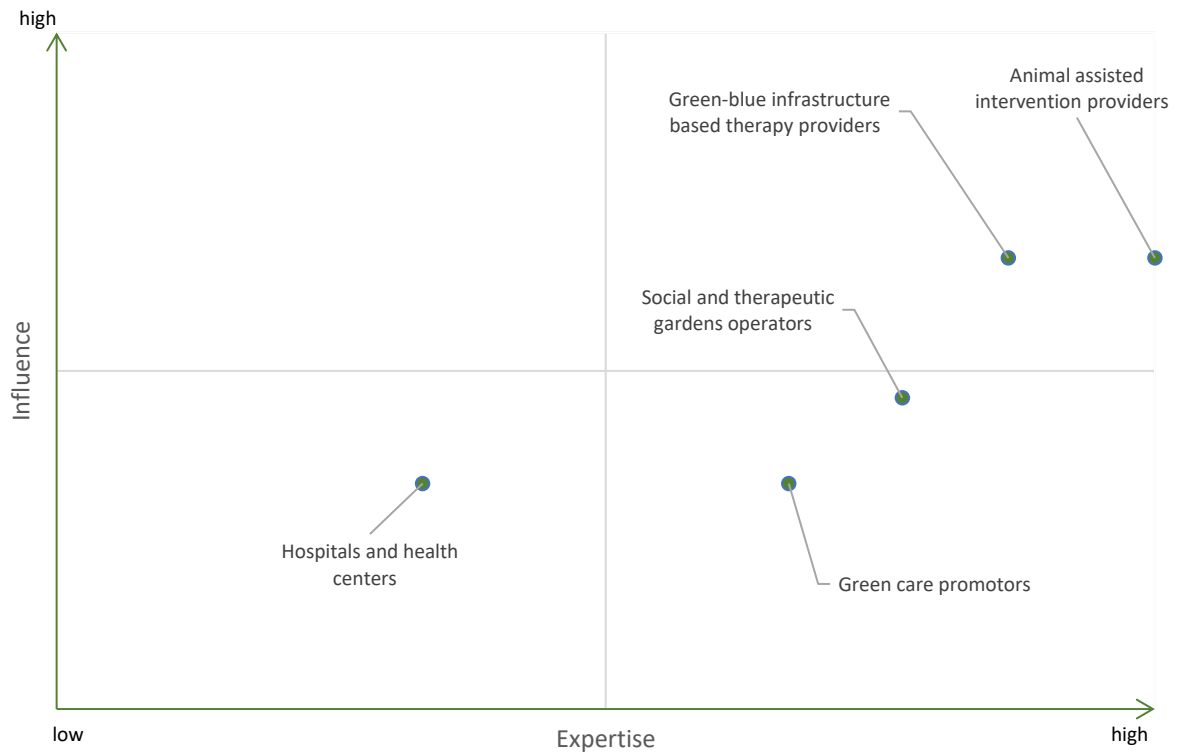


Figure 44 Expertise-influence matrix of actors involved in nature-based therapies (Greater Manchester, UK)

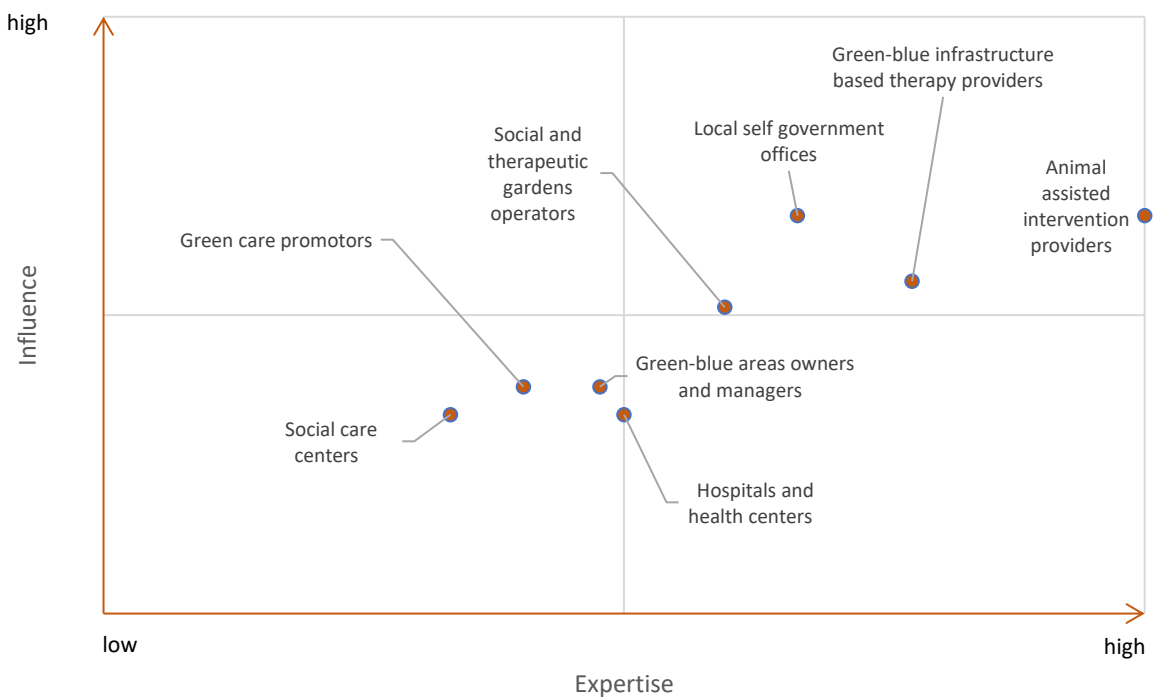


Figure 45 Expertise-influence matrix of actors involved in nature-based health promotion (Greater Manchester, UK)

3.4.4 Priority green care actors

The analysis performed in the influence-expertise matrices allow the identification of priority actors for the studied Greater Manchester. Building on the aforementioned analysis, the identified actor types fall into the following categories:

- key actors - those actor types that are in the high impact and high expertise quadrant in at least one influence-experience matrix prepared for the three scales of green care,
- influential actors - those actor types that are in the high/medium influence quadrant in at least one influence-experience matrix prepared for the three scale of green care,
- experienced stakeholders - those actor types that are in the high/medium experience quadrant in at least one influence-experience matrix prepared for the three scales of green care.

Providers and operators were ranked the highest across the actor types with regards to green care. The providers are identified as the most diverse and impactful in Figure 46 through providing an array of services.

In Greater Manchester, the role of local government in advocating for and enabling health promotion activities is also highlighted the below visual, showing how they are a priority actor in this environment.

The broad range of social and therapeutic garden operators in the region is perhaps also a reason for the below and how this particular type is highlighted as a key actor in the space.

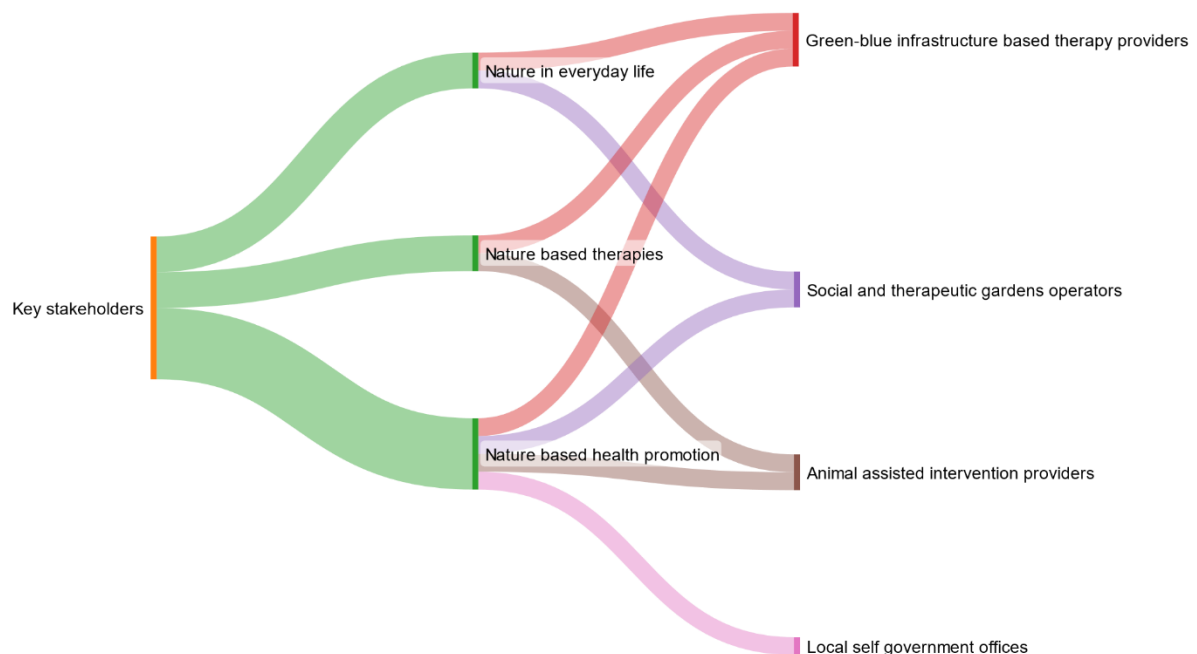


Figure 46 Types of actors assigned to the key actor category (Greater Manchester, UK)

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Figure 47 shows how there were no actor types in the high influence/lower expertise section of the graphs. It reveals again how providers and operators are working across the green care landscape, equipped with a high level of expertise and influence in many cases.

The visual also highlights how some actors are more prominent in certain areas of green care, with hospitals vital for the health promotion element in particular.

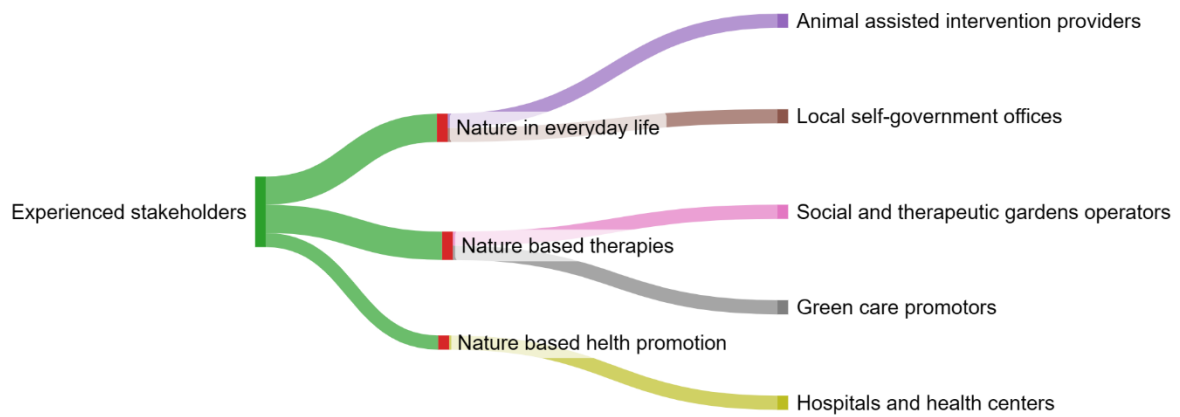


Figure 47 Types of actors assigned to the categories of influential and experienced actors (Greater Manchester, UK)

3.5 Pembrokeshire, Wales, UK

3.5.1 General characteristics of identified actors

This section focuses on Pembrokeshire (Wales) with an area of 1,619 km² and a population of 123,360 (76 inhabitants/km²). Within a study area 74 green care actors have been identified and grouped into 10 types.

In North Pembrokeshire, the majority of the actors are green care promoters (20%), with other dominant categories including an array of garden operators (19%) and providers (13%). There are few formal centres in the region, as shown in Figure 48 too. An array of third sector organisations form the brunt of the actors in the area, with allotments, community gardens and other spaces at the forefront of the movement. An example here can be seen with East Williamson Community Allotments to Park Helyg Community Gardens and beyond. A notable scheme is that of Brithdir Mawr Community Benefit Society, which has a long history of providing access to green care activities in the region and has pioneered the scaling-up of practices elsewhere.

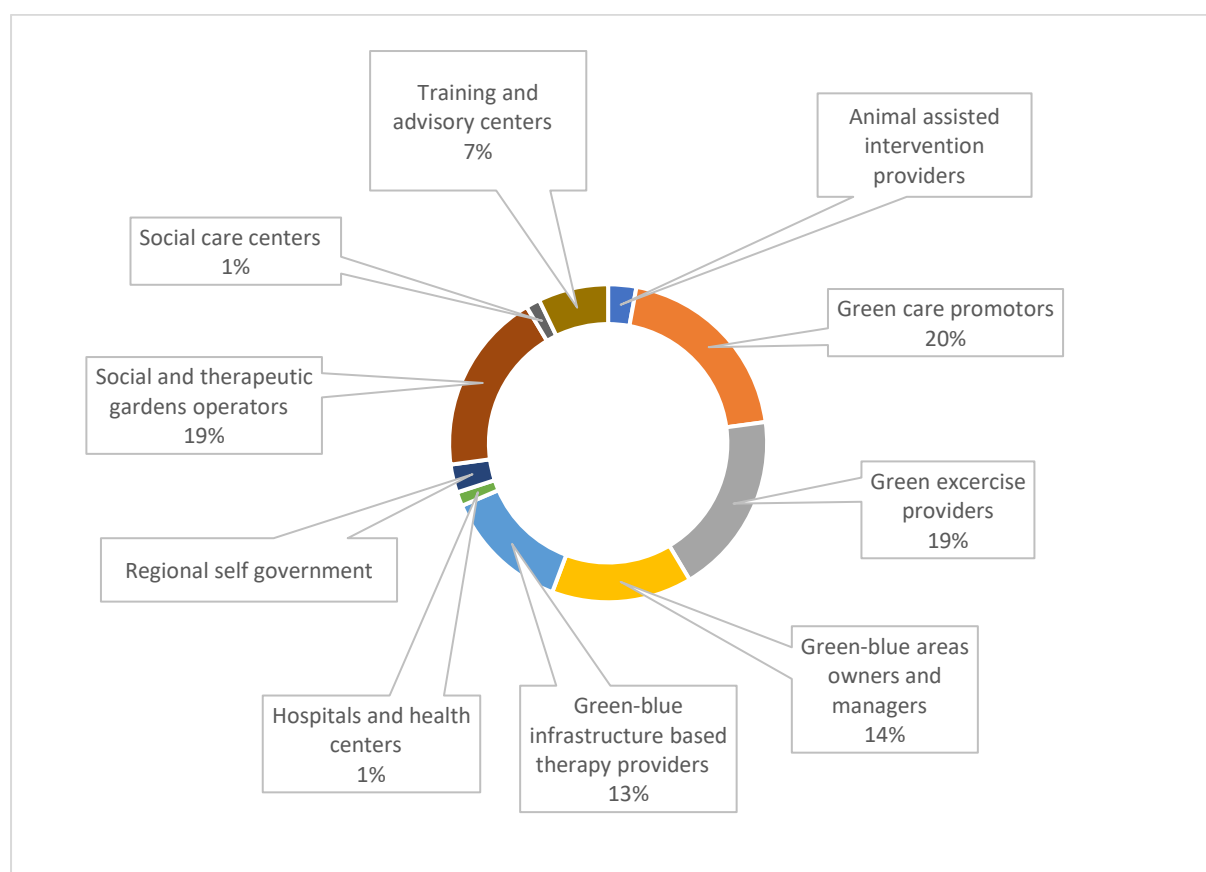


Figure 48 Green care actors structure (Pembrokeshire, UK)

At a meta level, actors such as the Pembrokeshire Association of Voluntary Services, Pembrokeshire Coast National Park, Pembrokeshire County Council and others provide support at a broader scale. In this sense, such actors operate and manage a broad array of spaces providing green care activities: from open rural landscapes, to school gardens and other assets. Beyond this, these actors also provide services, such as planning and financial

advice, alongside access to funding for green care providers; usually through grants and other competitions. Many of the aforementioned actors work with these meta-actors in providing services on-the-ground to communities.

The vast majority of actors in the region are linked to the Third Sector, as shown in Figure 49. This correlates with wider data throughout the UK, showing that this sector is leading much of the green care work in practice (see data from other regions and external peer-reviewed material). The First Sector actors mainly consist of local authority or other bodies, which coordinate, support or aim to enable practice at a broader level. As shown in the raw data sheets, many of the third sector actors work directly with the other sectors, either through informal or formal networks, or in broader support capacities. Linked to this, many of the actors operate mostly at a local level and within their immediate communities; this connects with the earlier narrative, which highlighted how many of the green care spaces were operators and providers. Regional actors mainly link to the First Sector, due to their larger spatial focus.

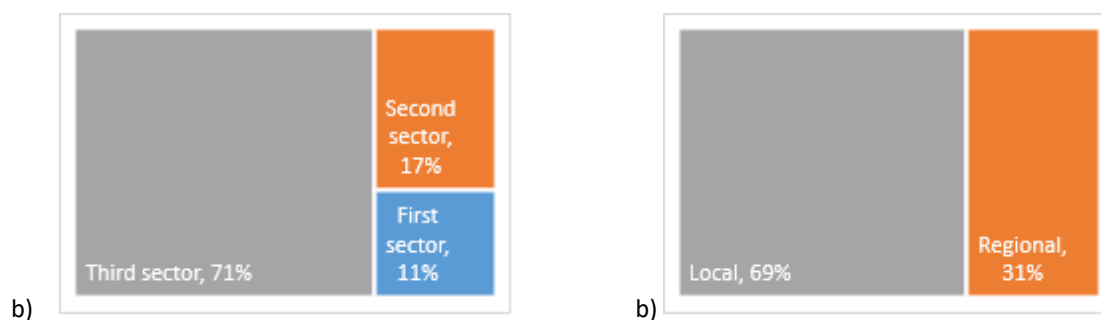


Figure 49 Green care actors by (a) economic sector and (b) level of activity (Pembrokeshire, UK)

As Figure 50 shows, the vast majority of the actors focus on three main fields of activities which account for some 43% of the focus: education and training (19%), environmental protection (12%) and nature conservation (12%).

Key training providers, such as the previously mentioned Brithdir Mawr scheme, engage a wider array of the population, from therapists to those interesting in upskilling their environmental skills. The analysis shows that few are explicitly involved in research activities (4%) and the gaps with regards to evidence and data here.

Linked to this, the data also shows how the First Sector is mostly involved in planning, financial and related activities. Many actors are not explicitly involved in media activities (1%) and few take part in consultancy work (2%). Such analysis reveals gaps in practice, communicating the impact of green care and collecting vital data on-the-ground.

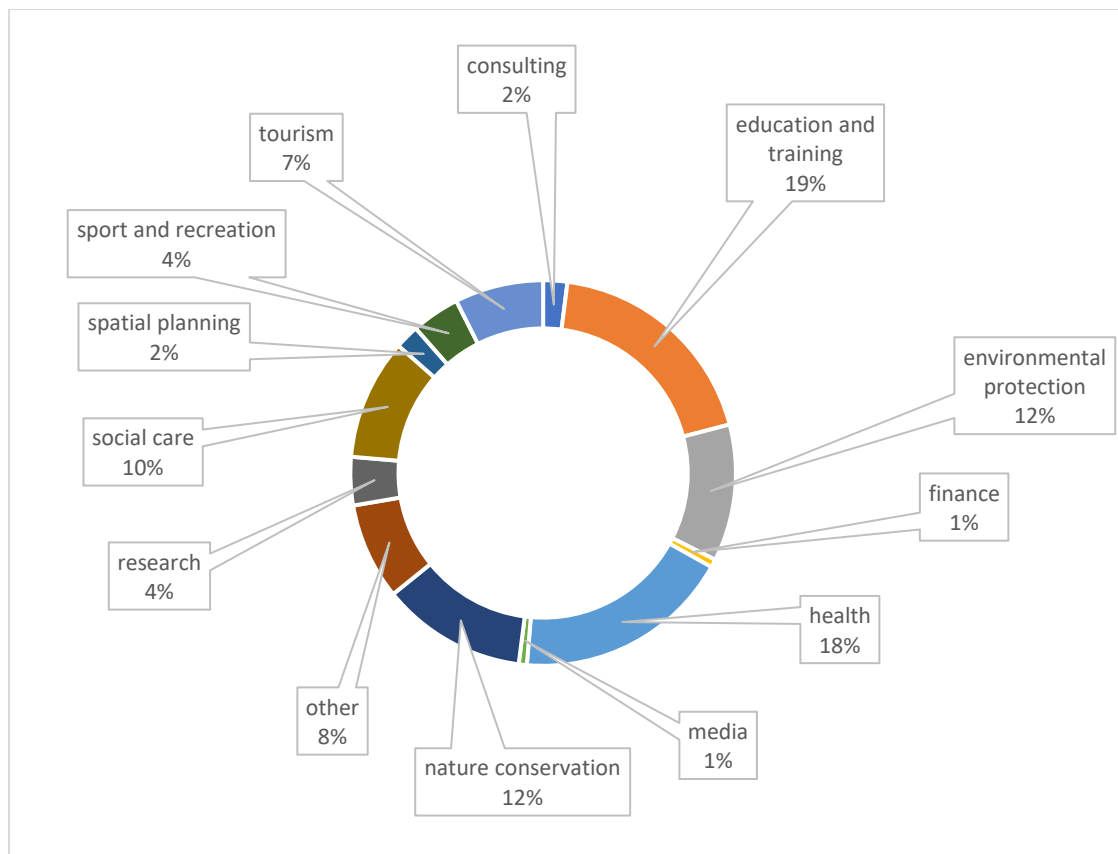


Figure 50 Main fields of activity of green care actors (Pembrokeshire, UK)

3.5.2 Actor role, green care focus and target groups

Figure 51 shows that implementers are the dominant role of our actors across the data analysed. It must be noted that, due to the large datasets in the UK, a key focus was placed on those providing therapy and promotion activities; including nature in everyday life actors would result in thousands of entries here.

Due to gaps at a broader scale, particularly national and meta-regional actors there may be gaps in some of the roles in Figure 51. Nevertheless, our data shows that there are no green care provider associations, healing landscape designed, universities or central offices in this case study area.

Many of the green-blue owners and managers are across multiple areas and roles: organisations, such as the RSPB, Wildlife Trust and others are complex actors with several focusses.

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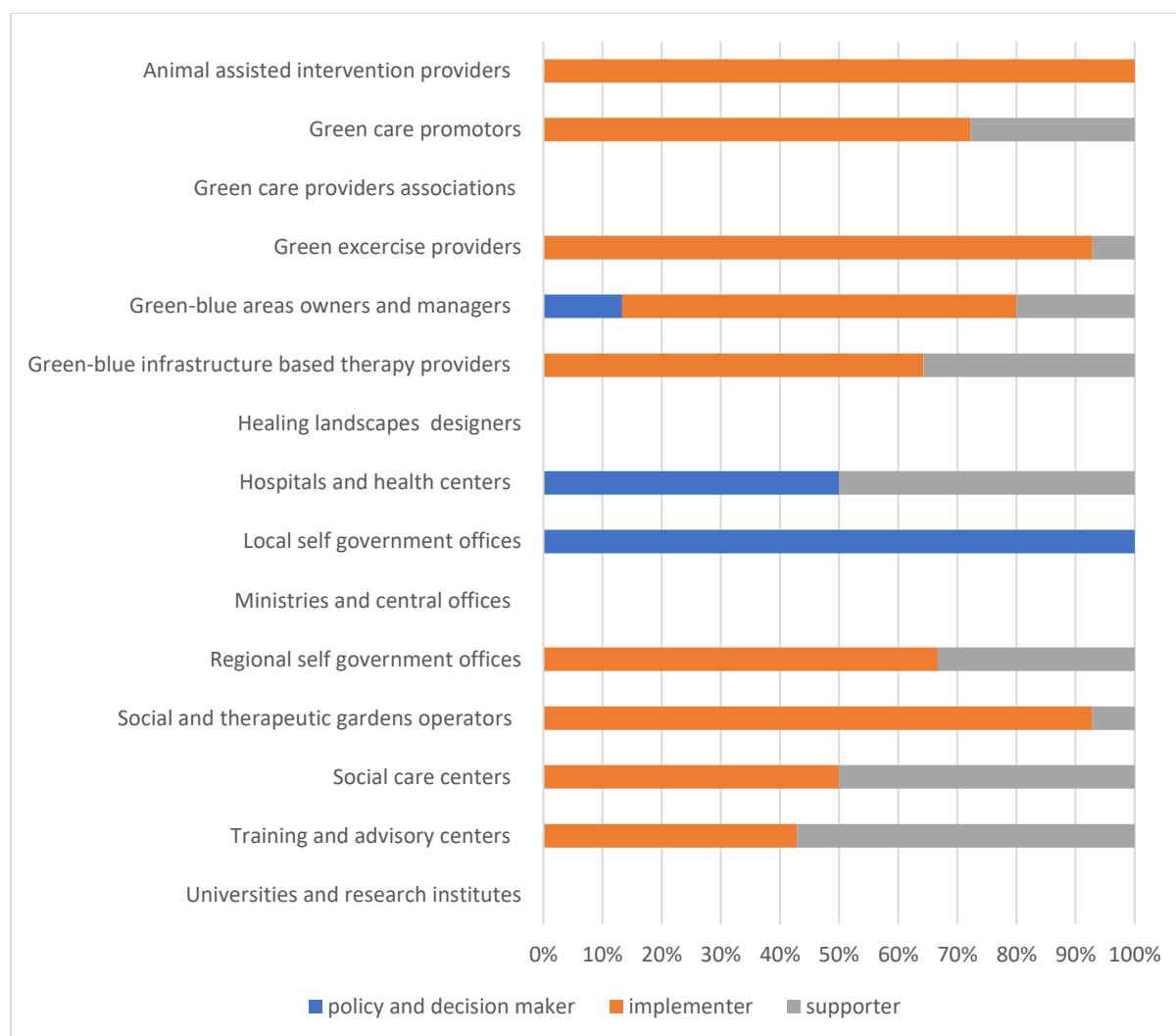


Figure 51 Roles played by green care actors (Pembrokeshire, UK)

The data in Figure 52 does not capture the nature in everyday life element in full, given this would link to a large amount of entries as detailed earlier in this chapter. A key focus was on those providing health promotion and therapy-based interventions. In this case, the figure reveals how many actors, from Animal Assisted Therapy providers to Green Care Promoters, Garden Operators and beyond hold multiple roles. This is commonplace across the UK data collection (see other sub chapters), which reveal the multiple benefits and roles of most actors involved in this sector. Those providing therapies explicitly were fewer in number; we would expect this number to stand out more if there was more comprehensive data on the nature in everyday life category, revealing how many focus more on this and promotion-type activities instead. This is partially due to the often specialist nature of the therapies and issues around staffing, expertise and finance.

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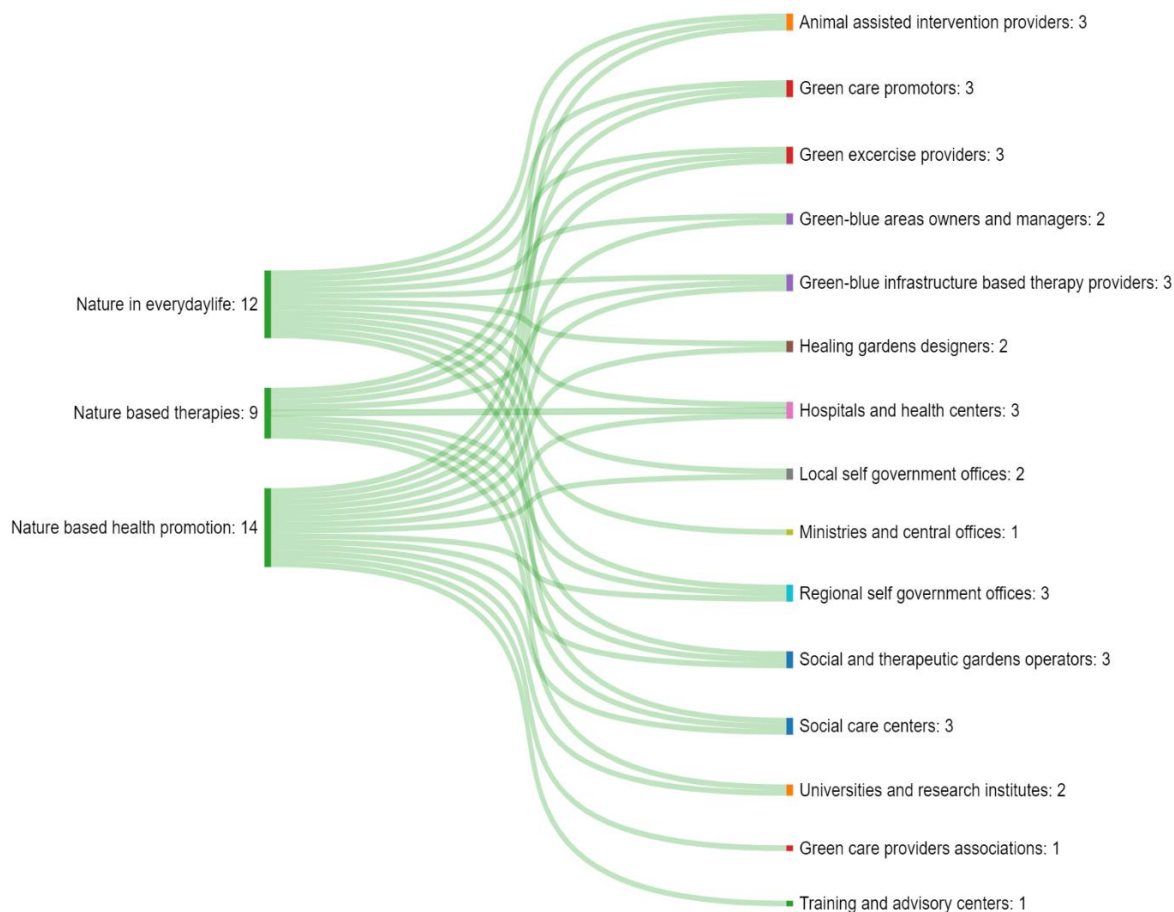


Figure 52 Green care focus by actor types (Pembrokeshire, Wales, UK)

The limitations on collecting actor data does not capture the complexity of target groups currently shown in Figure 53. Nevertheless, the analysis shows how Green Care Promoters, Green Exercise Providers and Garden Operators impact on the broadest array of groups; targeting the general population to more specific actors. Those providing somewhat specialist services, such as the Animal Assisted Therapy Providers and Hospitals, appear to target specific groups, perhaps due to the nature of the practices, funding and other restrictions.

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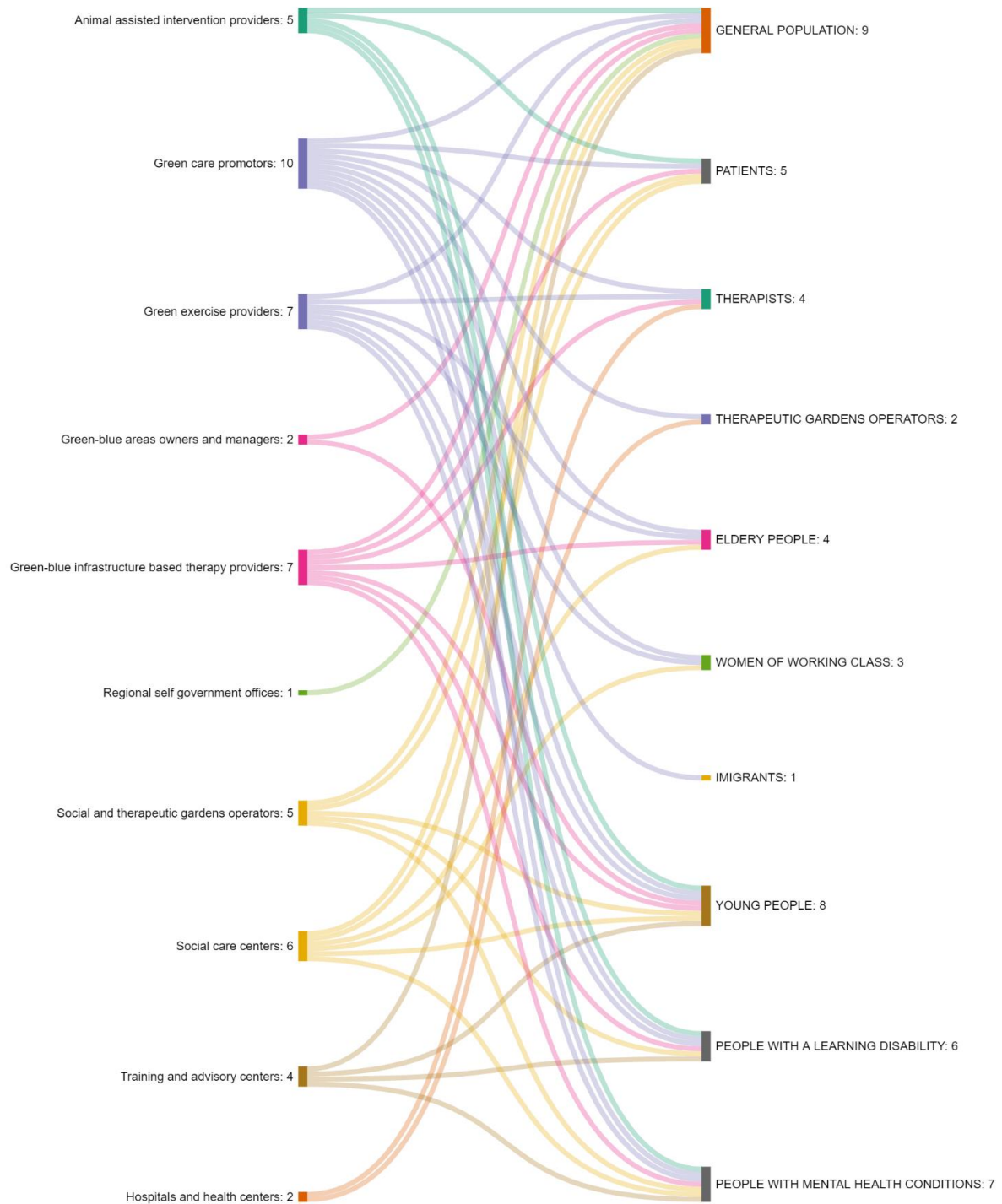


Figure 53 Groups targeted by green care actors (Pembrokeshire, Wales, UK)

3.5.3 Expertise and influence of green care actors

As Figure 54 shows, the more meta and regional actors have more influence on the nature in everyday life landscape, with the operators and other implementers often rated in lower in

this regard. This could be due to their broader role, through enabling the creation of pocket parks, community gardens and other spaces in the programmes mentioned earlier in this chapter. Third Sector organisations are generally rated lower in the nature in everyday life category here, particularly around influence; this is partially due to the local nature of practices, restrictions around funding and enabling the creation of new spaces.

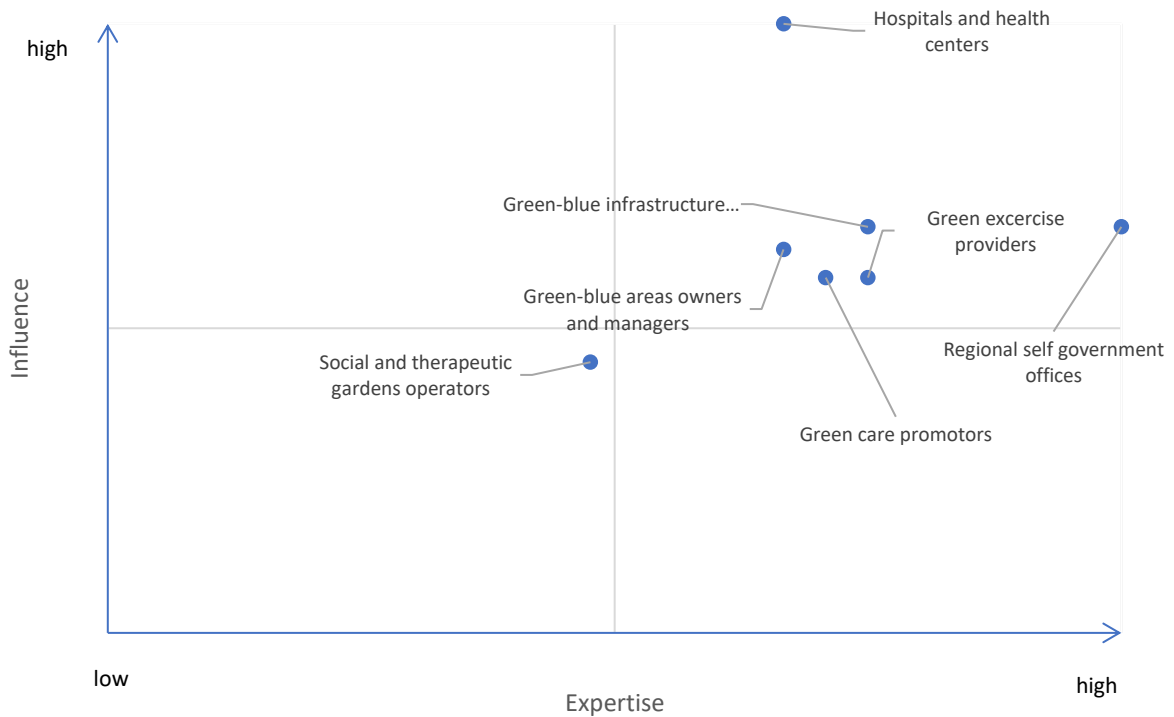


Figure 54 Expertise-influence matrix by actor types involved in nature in everyday life (Pembrokeshire)

In the context of nature-based therapies, the landscapes shifts, as shown in Figure 55. In this sense, the specialist actors, ranging from providers to centres, are those with higher influence and expertise; this is dominated by the Third Sector. In comparison, First Sector actors generally have lower influence and expertise in this regard. Figure 56 captures a more balanced picture here, with the majority of actors rated highly for both their influence and expertise with regards to nature-based health promotion activities.

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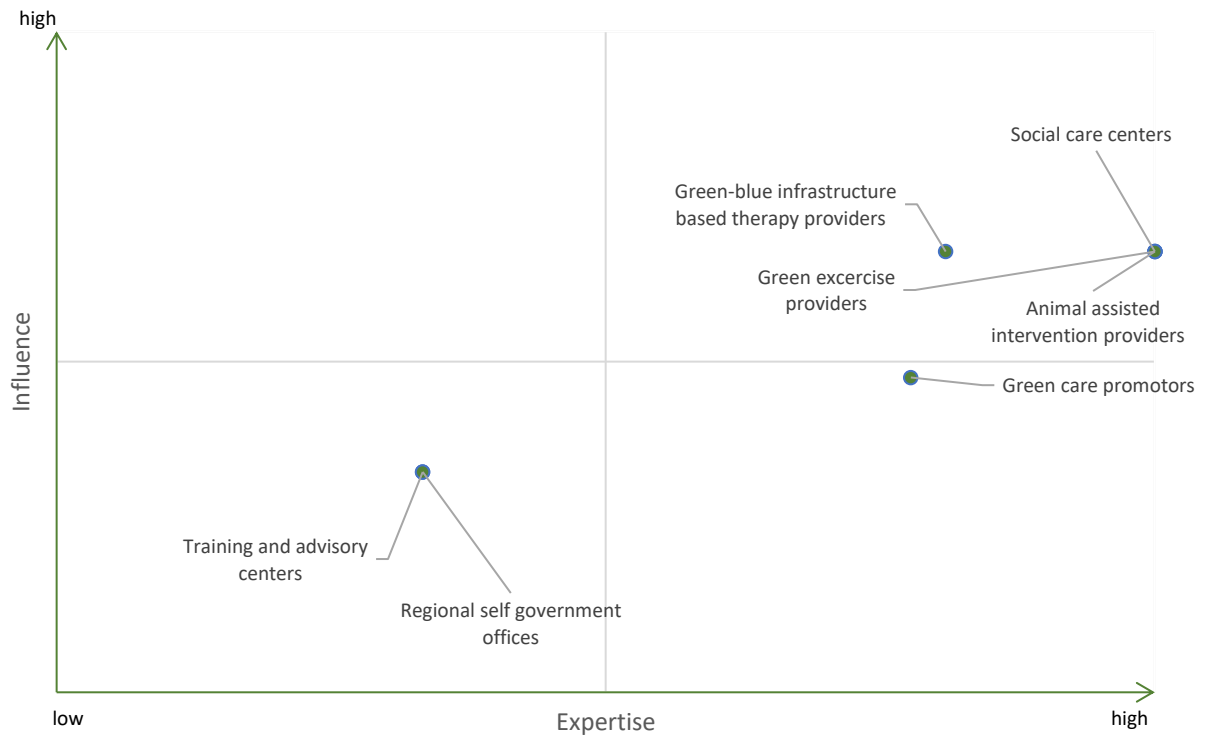


Figure 55 Expertise-influence matrix of actors involved in nature-based therapies (Pembrokeshire)



Figure 56 Expertise-influence matrix of actors involved in nature-based health promotion (Pembrokeshire)

3.5.4 Priority green care actors

The analysis performed in the influence-expertise matrices allow the identification of priority actors for the studied North Pembrokeshire. Building on the aforementioned analysis, the identified actor types fall into the following categories:

- key actors - those actor types that are in the high impact and high expertise quadrant in at least one influence-experience matrix prepared for the three scales of green care,
- influential actors - those actor types that are in the high/medium influence quadrant in at least one influence-experience matrix prepared for the three scale of green care,
- experienced stakeholders - those actor types that are in the high/medium experience quadrant in at least one influence-experience matrix prepared for the three scales of green care.

The data displayed in Figure 57 does not adequately capture the priority green care actors, given the category types and lack of a national picture linked to the regional context. However, it does show a distinct split, with Third Sector actors leading the nature-based therapies domain, whilst First Sector actors are very much driving the nature in everyday life element; the picture is more mixed in general for the nature-based health promotion segment. In terms of the therapies strand, the visual shows how influential therapy providers, managers and promoters are in driving forward this practice in the region.

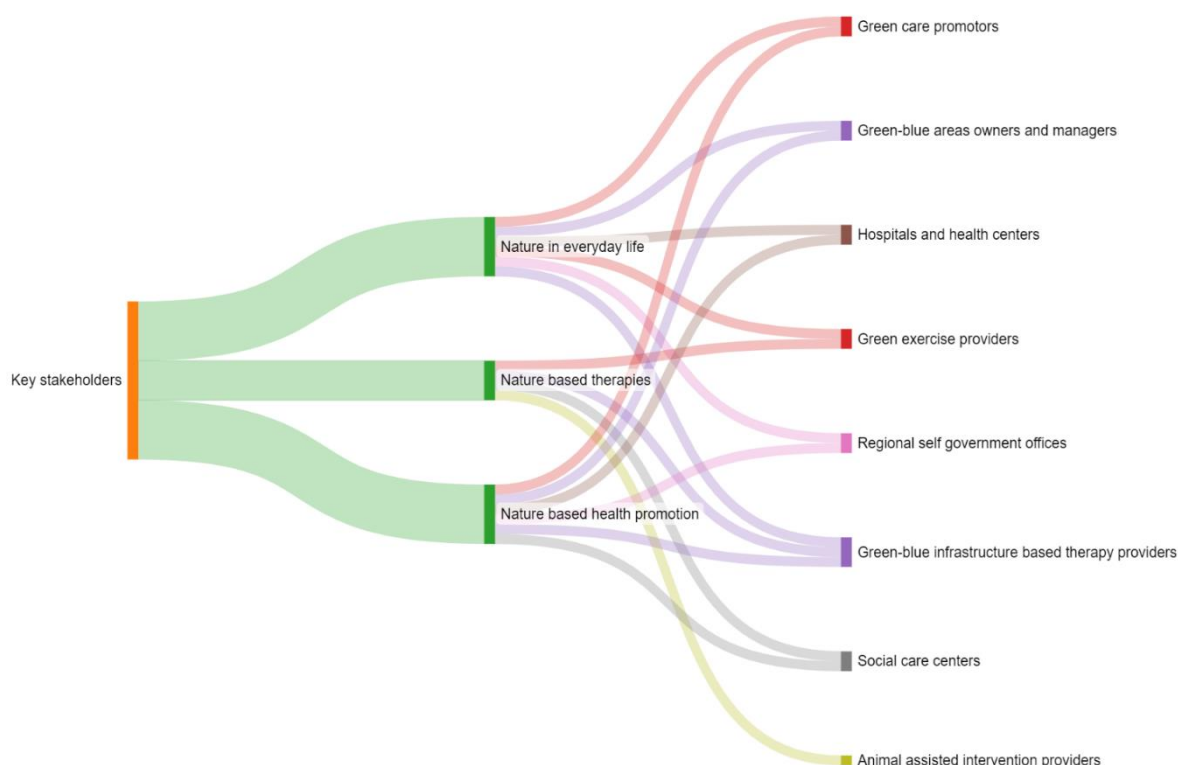


Figure 57 Types of actors assigned to the key actor category (Pembrokeshire, UK)

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Figure 58 reveals that there is a gap about a lack of experienced actors (with high expertise and influence) in the nature in everyday life category. Likewise, there are no influential actors' types. It must be noted that this data is limited somewhat by the categories and there is a need for a meta view of the UK landscape to provide more clarity, both in this region and on a wider level. On the other hand, among the experienced actors' types linked with nature-based health promotion are social and therapeutic garden operators, animal-assisted intervention providers, training and advisory centers, and green exercise providers. Besides, the green care promoters are experienced actors' type for nature-based therapies.

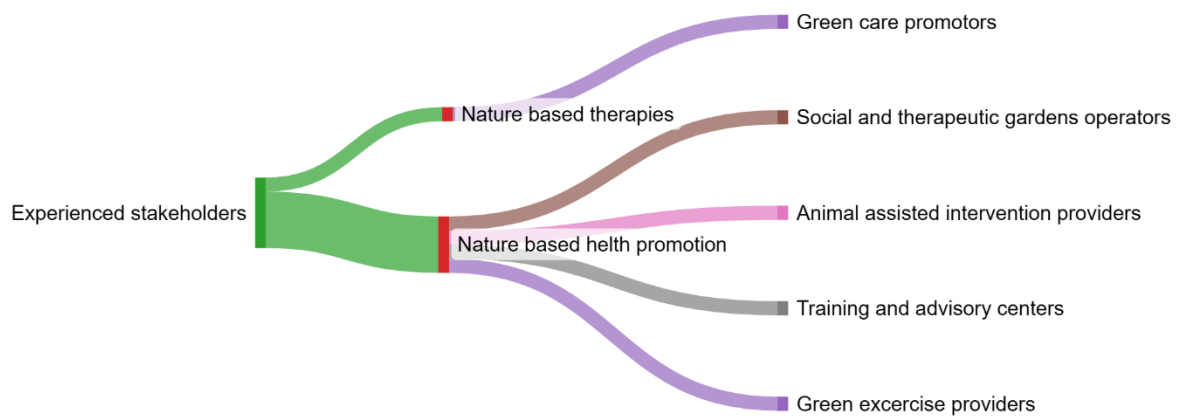


Figure 58 Types of actors assigned to the categories of influential and experienced actors (Pembrokeshire, UK)

3.6 Kent, England, UK

3.6.1 General characteristics of identified actors

This section focuses on Kent with an area of 3,544 km² and a population of 1,576,069 (445 inhabitants/km²). Within a study area 45 green care actors have been identified and grouped into 7 types.

In Kent, the majority of actors are categorised as Social and therapeutic gardens operators (56%) as shown in Figure 59. These are largely comprised of community garden projects and food growing spaces, such as The Garden Gate Project and Streamwalk Community Garden. The next largest actor types are Green-blue areas owners and managers (13%), such as Kent Wildlife Trust and RSPB Canterbury, and Regional self-government offices (11%), such as the Mid Kent Downs Countryside Partnership and the Kent High Weald Partnership.

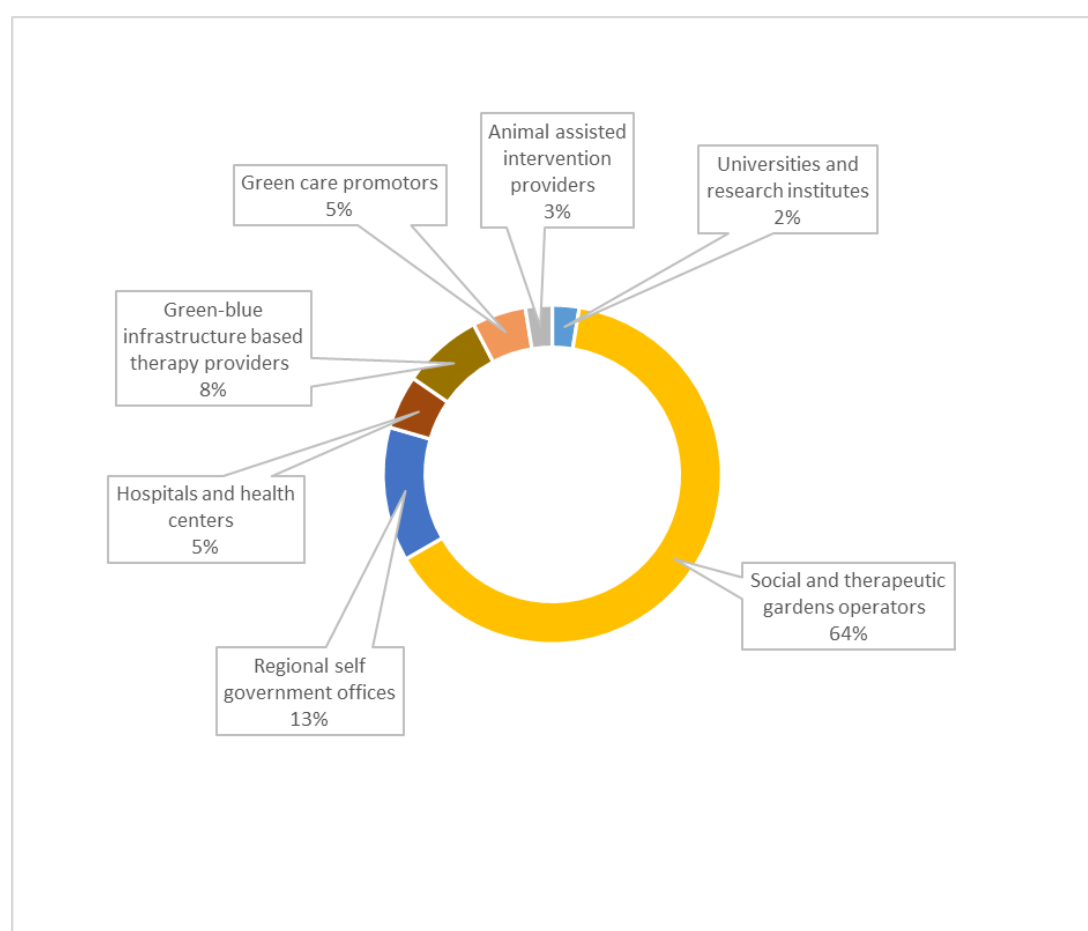


Figure 59 Green care actors structure (Kent, UK)

The vast majority of actors in Kent belong in the Third Sector (82%), as shown in Figure 60a. This correlates with wider data throughout the UK, showing that this sector is leading much of the green care work in practice. The First Sector actors include a number of countryside partnerships which are comprised of collaborations between several local county councils and government organisations such as the Environment Agency.

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The majority of actors operate at the local level, as shown in Figure 60b. These actors work with local communities and they are generally community-led or third sector organisations who own small land parcels or who run localised projects. National and regional organisations tend to operate on a largely spatial scale, either managing, or running projects on, several green/blue spaces.

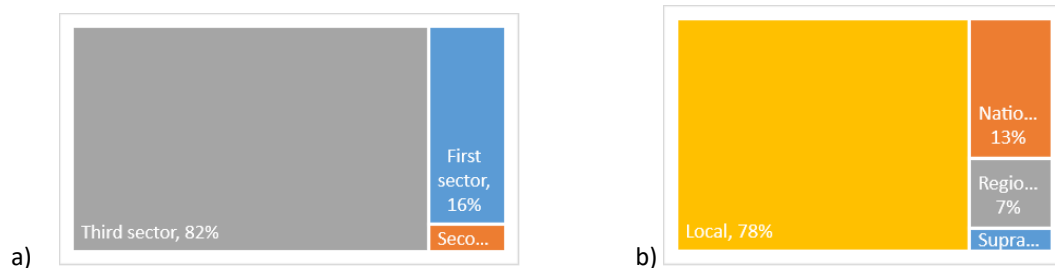


Figure 60 Green care actors by (a) sector and (b) level of activity (Kent, UK)

Figure 61 shows that actors in Kent are largely focused on three main activities: education and training (26%), nature conservation (20%) and environmental protection (19%). To a lesser degree, actors' main activity is health (13%) and social care (12%). Very few to no actors are involved in finance, media, consultancy, research and spatial planning.

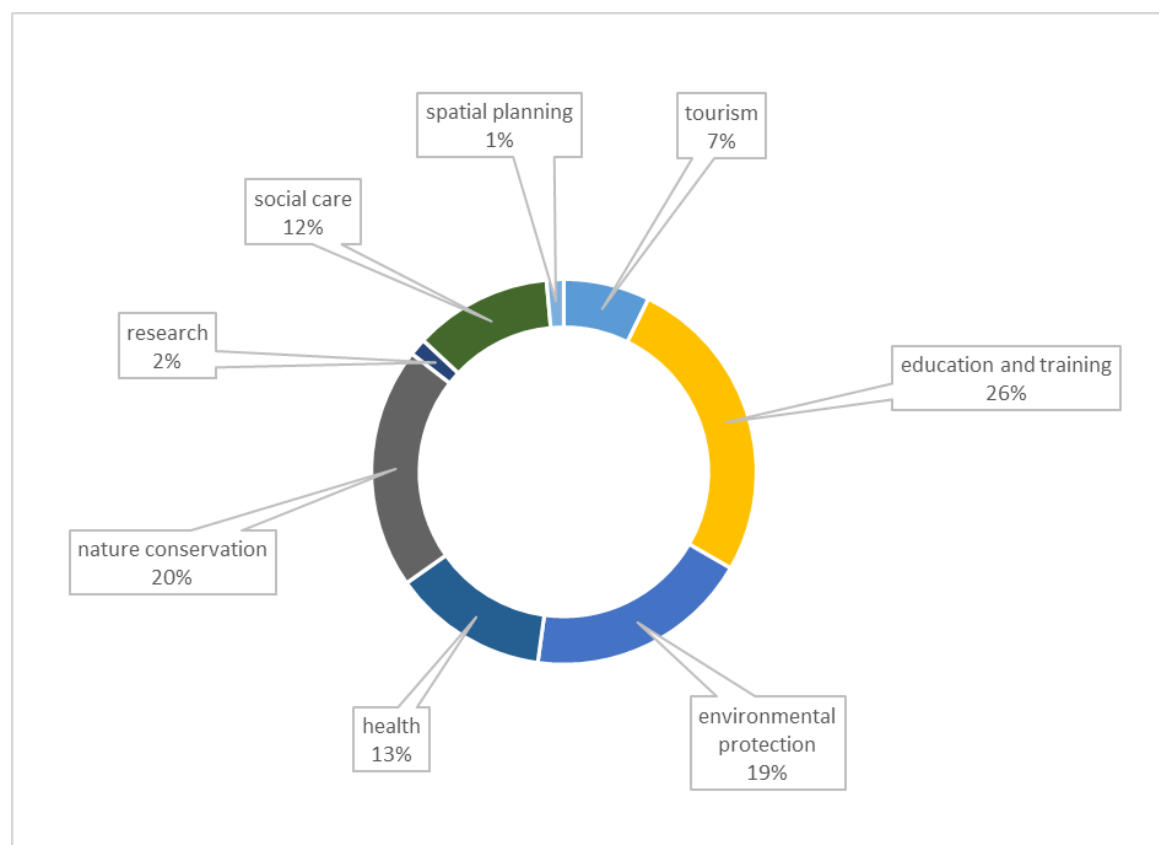


Figure 61 Main fields of activity of green care actors (Kent, UK)

3.6.2 Actor role, green care focus and target groups

Similar to the other case regions in the UK, the majority of actors are implementers of green care (Figure 62). Policy and decision makers are comprised of Green-blue areas owners and managers and Regional self-government offices. There are no Green care providers associations, Green exercise providers, and Training and advisory centres, we have not included many organisations who operate at a national level, and the vast number of actors who own and manage green and blue spaces as this would be a huge list.

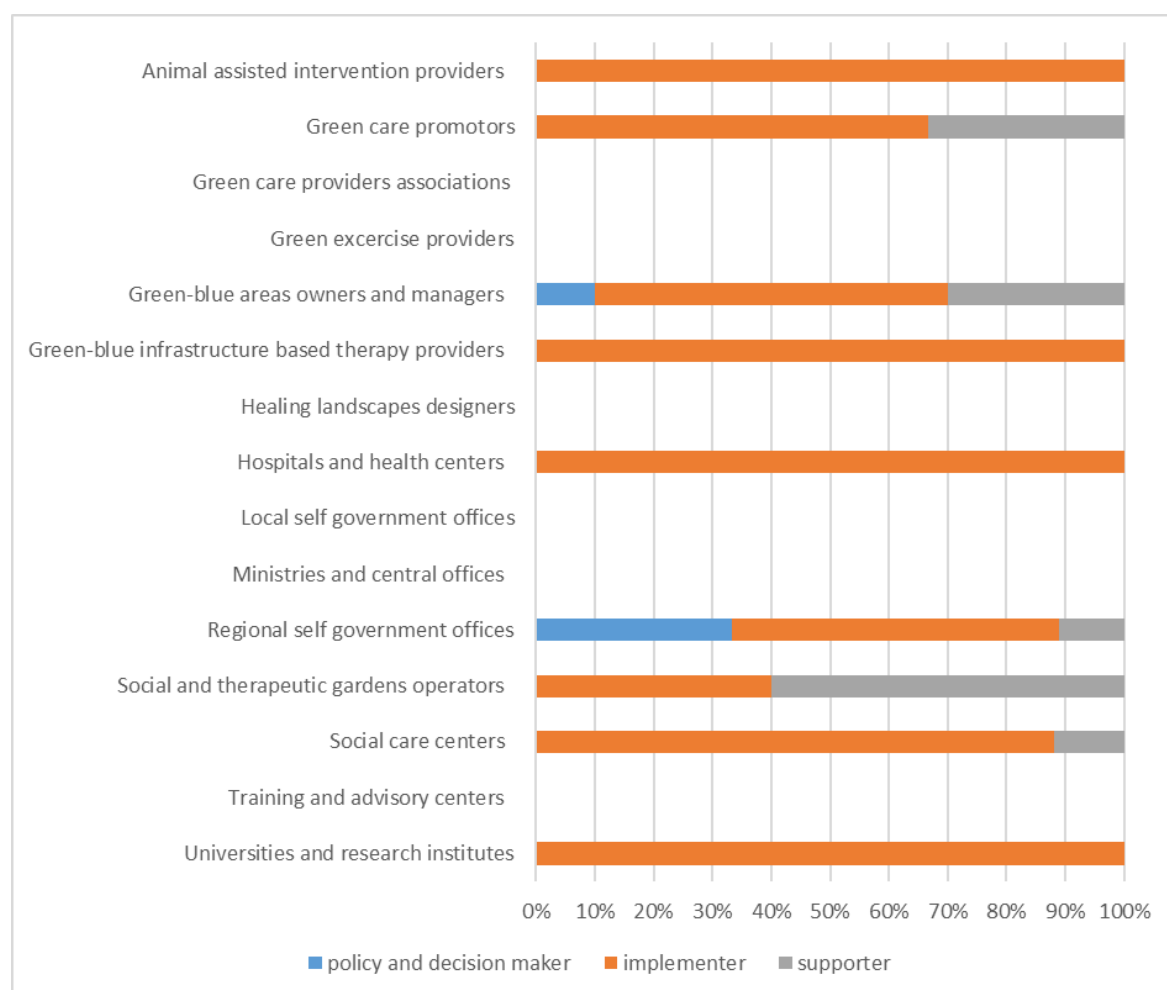


Figure 62 Roles played by green care actors (Kent, UK)

Figure 63 shows the complexity of actors involved in the three pillars of green care. There are many more actor types providing Nature in everyday life and fewer in Nature based therapies, owing to the specialist expertise and experience required to run therapeutic interventions.

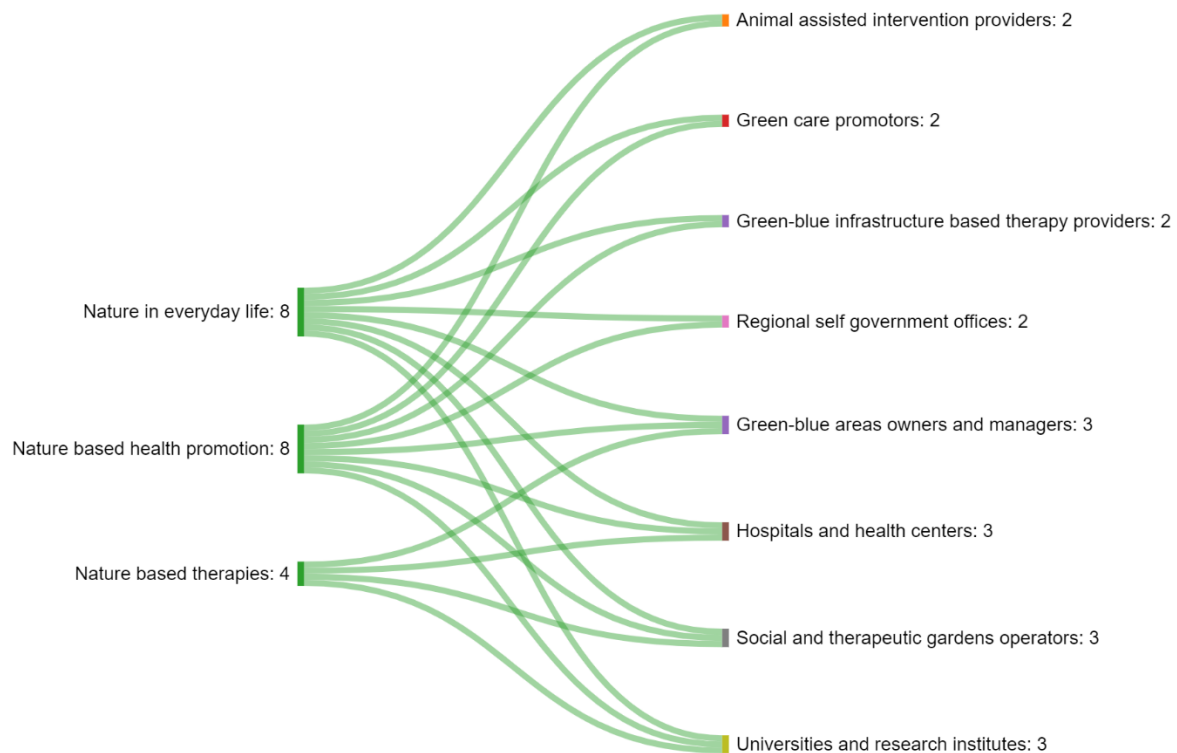


Figure 63 Green care focus by actor types (Kent, UK)

Figure 64 shows the complexities of how different actor types provide green care across a range of target groups. Social and therapeutic garden operators serve the greatest number of target groups and are the most common actor type in this case region. The general population is served by the most number of actor types (6).

People with learning disabilities and people with mental health conditions are also target groups for four different actor types. Immigrants and ethnic minorities appear to have a low number of actor types targeting them, but it is likely that these groups also overlap with other target group categories and are therefore not specifically mentioned. Similarly, therapists have a low number of actor types that target them, which is a similar pattern across the other UK case regions. Patients also has a relatively low number of links to actor types, perhaps due to the ambiguity of the Patients category itself.



Figure 64. Groups targeted by green care actors (Kent, UK)

3.6.3 Expertise and influence of green care actors

Actor types with high levels of both expertise and influence in providing nature in everyday life are those organisations who are policy and decision makers, working more broadly on managing green and blue spaces, e.g., Regional self-government offices and Green-blue areas owners and managers. Half of the actor types are considered to have high influence (and high expertise). Those with high expertise but low influence are those who tend to be categorised as implementers (Fig.65).

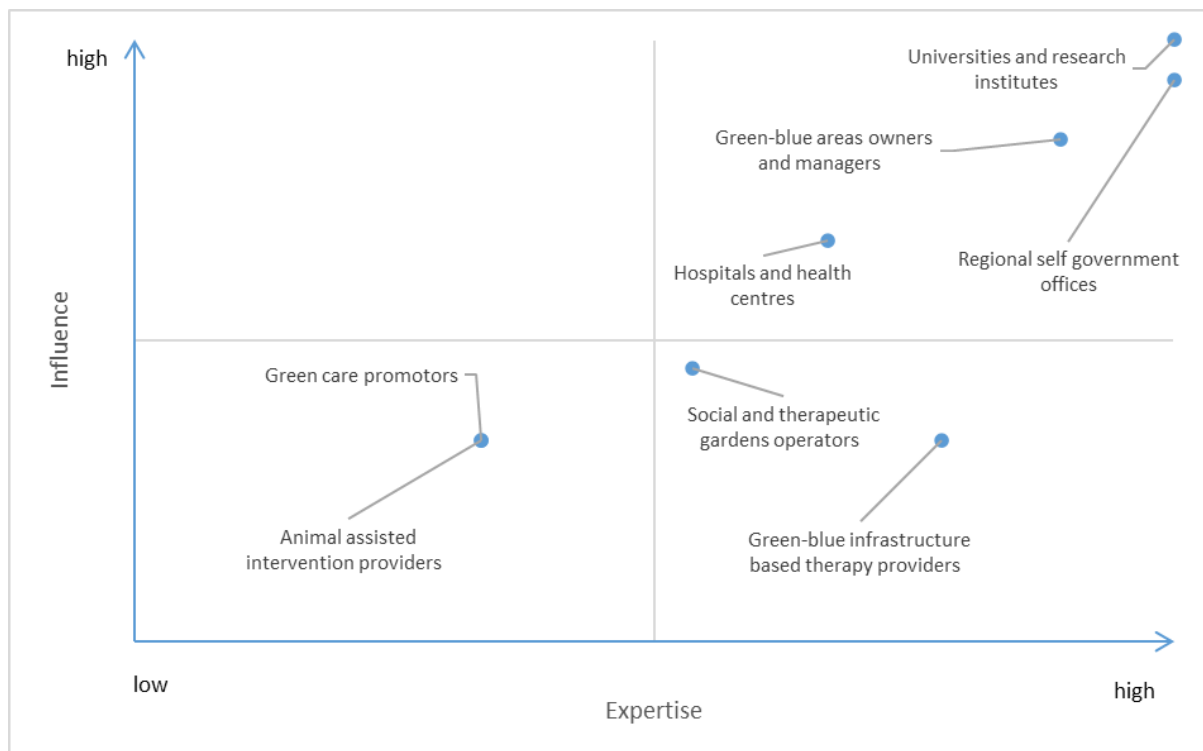


Figure 65 Expertise-influence matrix by actor types involved in nature in everyday life (Kent, UK)

Only one actor type is considered as having both high expertise and high influence for nature based therapies and is the only actor group to have high influence: Hospitals and health centres (Fig. 66).

All other actor types are considered to have low influence. Two actor types now are not present for the provision of nature based therapies: green care promotors and animal assisted intervention providers. Green and blue areas owners and managers and Regional self-government offices now have low expertise and influence, owing to the more specialist and targeted nature of delivering therapies.

Universities and research institutes have both the highest influence and expertise of all actor types for nature based health promotion (Fig. 67). Similar to nature in everyday life, the same half of actor types are considered to have high influence (and high expertise). The other half are all considered low influence and low expertise in nature based health promotion.

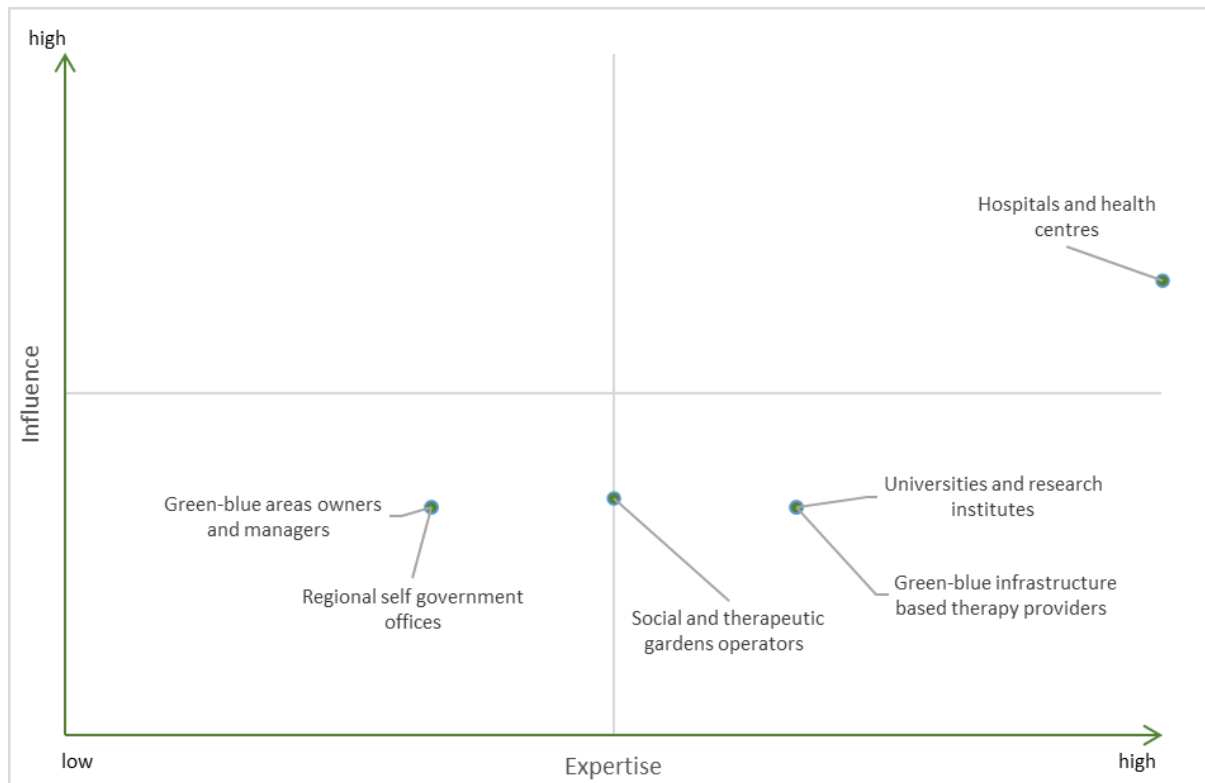


Figure 66 Expertise-influence matrix of actors involved in nature-based therapies (Kent, UK)

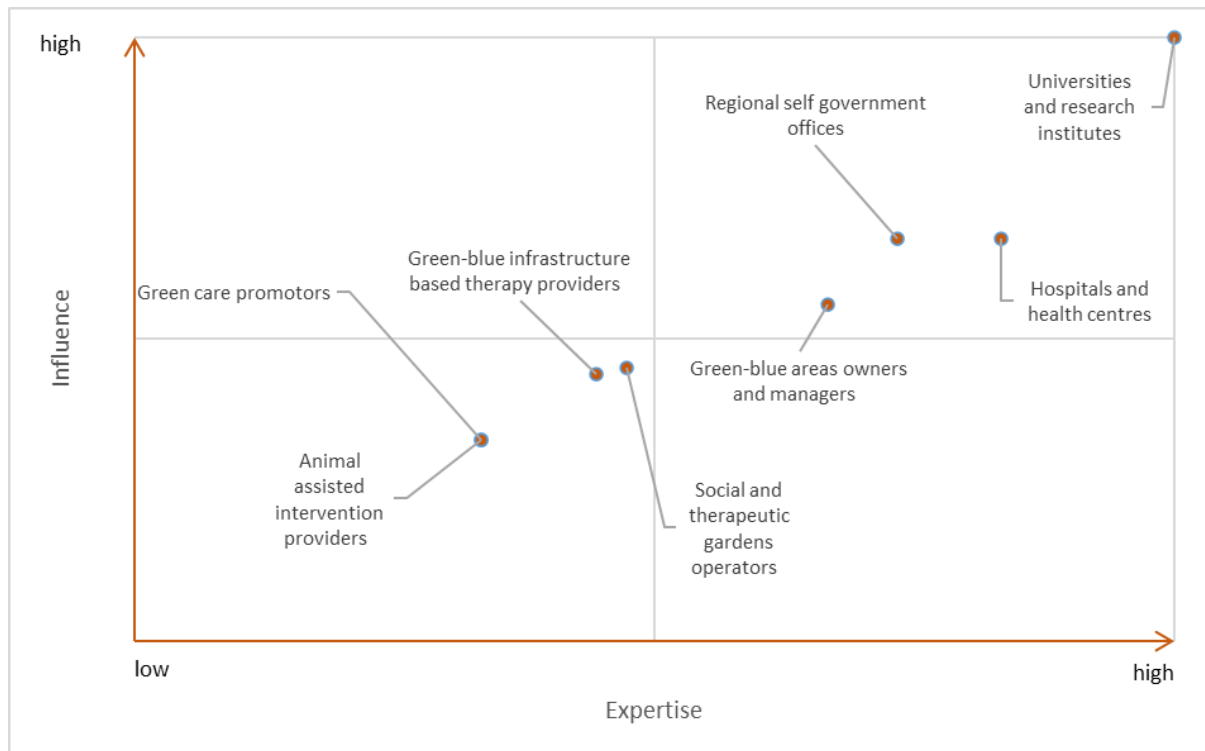


Figure 67 Expertise-influence matrix of actors involved in nature-based health promotion (Kent, UK)

3.6.4 Priority green care actors

The analysis performed in the influence-expertise matrices allow the identification of priority actors for the study area. Building on the aforementioned analysis, the identified actor types fall into the following categories:

- key actors - those actor types that are in the high impact and high expertise quadrant in at least one influence-experience matrix prepared for the three scales of green care,
- influential actors - those actor types that are in the high/medium influence quadrant in at least one influence-experience matrix prepared for the three scale of green care,
- experienced stakeholders - those actor types that are in the high/medium experience quadrant in at least one influence-experience matrix prepared for the three scales of green care.

Dealing with Kent focus area, there are 5 actors' types that are key for at least one of the green care scales (Fig. 68). It should be noted that 4 out of 5 types are key ones for two green care scales, e.g. the green-blue areas owners and managers are key for nature in everyday life, and nature-based health promotion.

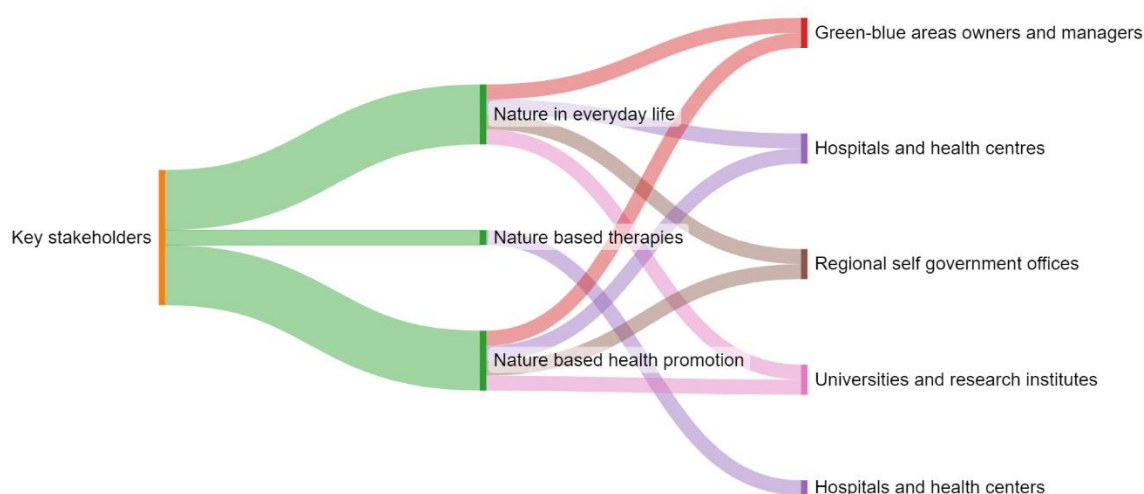


Figure 68 Types of actors assigned to the key actor category (Kent, UK)

On the hand Figure 69 shows that also for the Kent focus area there's a gap in terms of influential actors' types (as there are any of them). As it concerns the experienced actors, there are three types identified, however, there are no types related to nature-based health promotion. Among the listed types, the social and therapeutic garden operators and the green-blue infrastructure-based therapy operators are important for nature in everyday life and nature-based therapies at the same time. Besides, the universities and research institutions type is linked only with nature-based therapies and green care scale.

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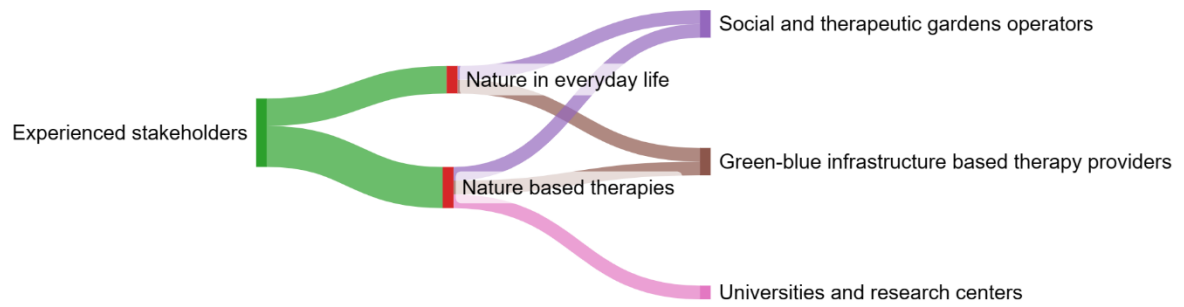


Figure 69 Types of actors assigned to the categories of influential and experienced actors (Kent, UK)

3.7 Ruhr Area, focus area city of Herne, Germany

3.7.1 General characteristics of identified actors

This section focuses on city of Herne with an area of 51 km² and a population of 169,991 (3333 inhabitants/km²). Within a study area 59 green care actors have been identified and grouped into 9 types.

At 47 per cent, green care providers associations accounts for the largest share of actors in study area. The group consists almost exclusively of sheltered workshops associations. It comprises the Working Group of Workshops in the Ruhr Area (WiR) and its 18 member organisations. WiR is a community of 18 sheltered workshops for people with disabilities, organised by different sponsors. The 18 workshops each run several facilities at the level of municipalities. The working group serves the mutual exchange and cooperation to ensure the participation of people with disabilities in work. Garden landscaping is one field of activity that can be found under this umbrella. The people are trained by horticultural landscapers with additional therapeutic training in areas such as occupational therapy (Fig. 70).

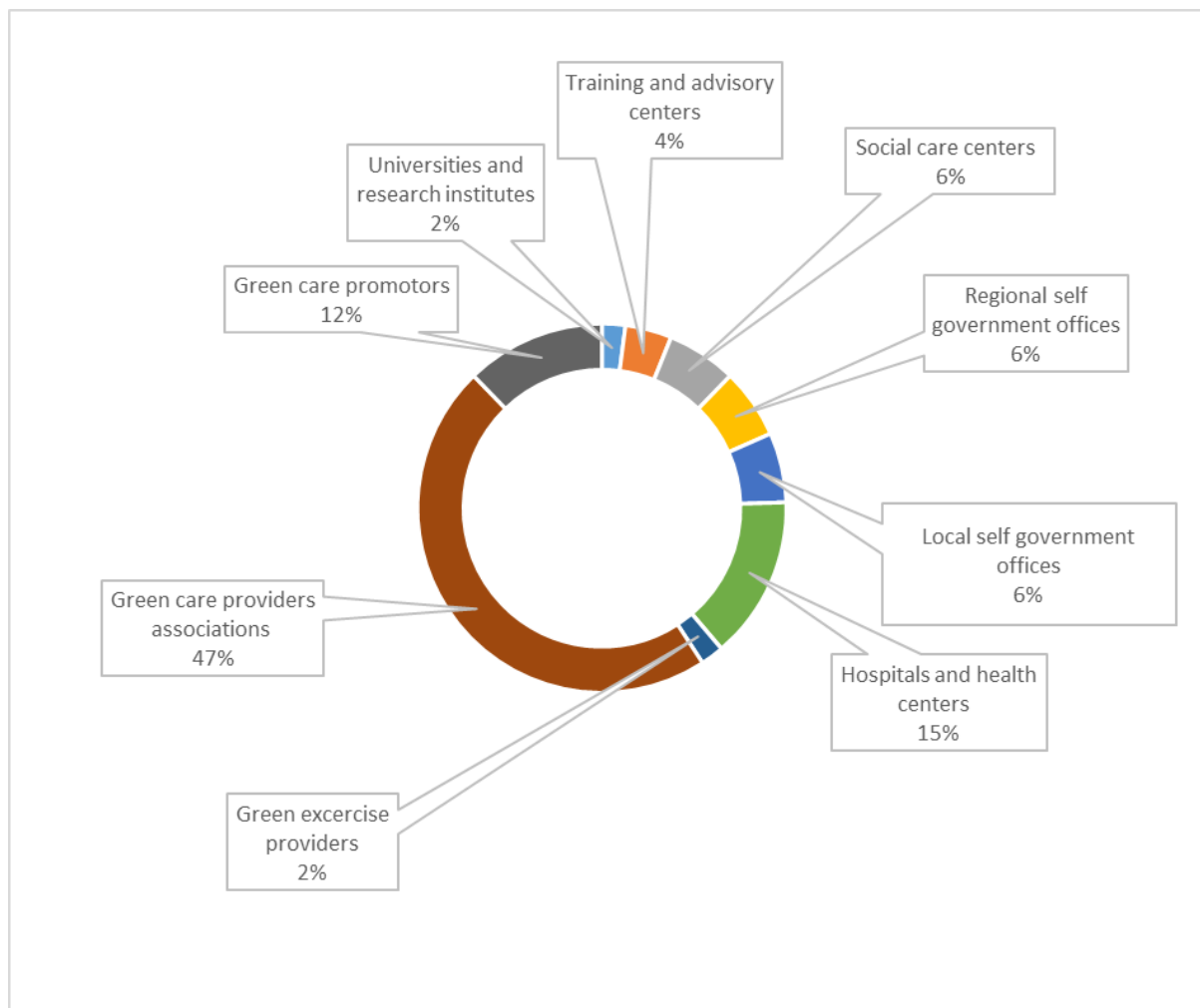


Figure 70 Green care actors' structure (Ruhr area, Germany)

Another important group of actors are hospitals and health centres (15%). In the Ruhr area there several clinics and rehabilitation that provide horticultural therapy in their own

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therapeutic gardens at the clinic grounds. Therapy is prescribed as occupational therapy. Besides that, the other actors are mainly green care promoters or are located in government and social care.

Figure 71 shows that the majority of actors is affiliated to the third sector and is active at the local level (Fig 71, a-b). This is due to the fact that Green Care is not within the remit of most authorities or public bodies.

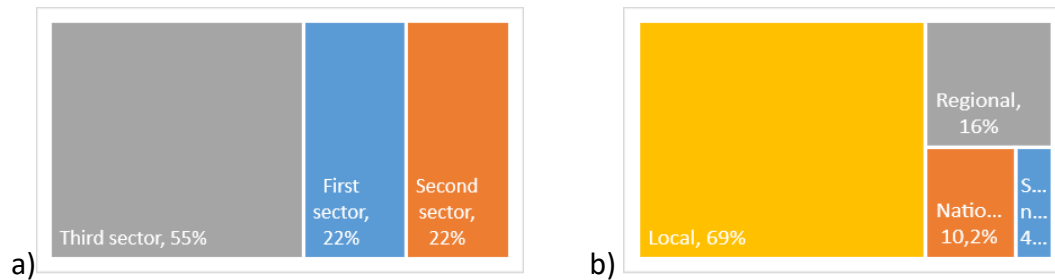


Figure 71 Green care actors by (a) sector and (b) level of activity (Ruhr area, Germany)

Besides health with the largest share of 22 per cent, social care and education and training represent the main fields of activity (each 16%) in which the actors are involved, followed by nature conservation (12%) and environmental protection (11%)(Fig 72).

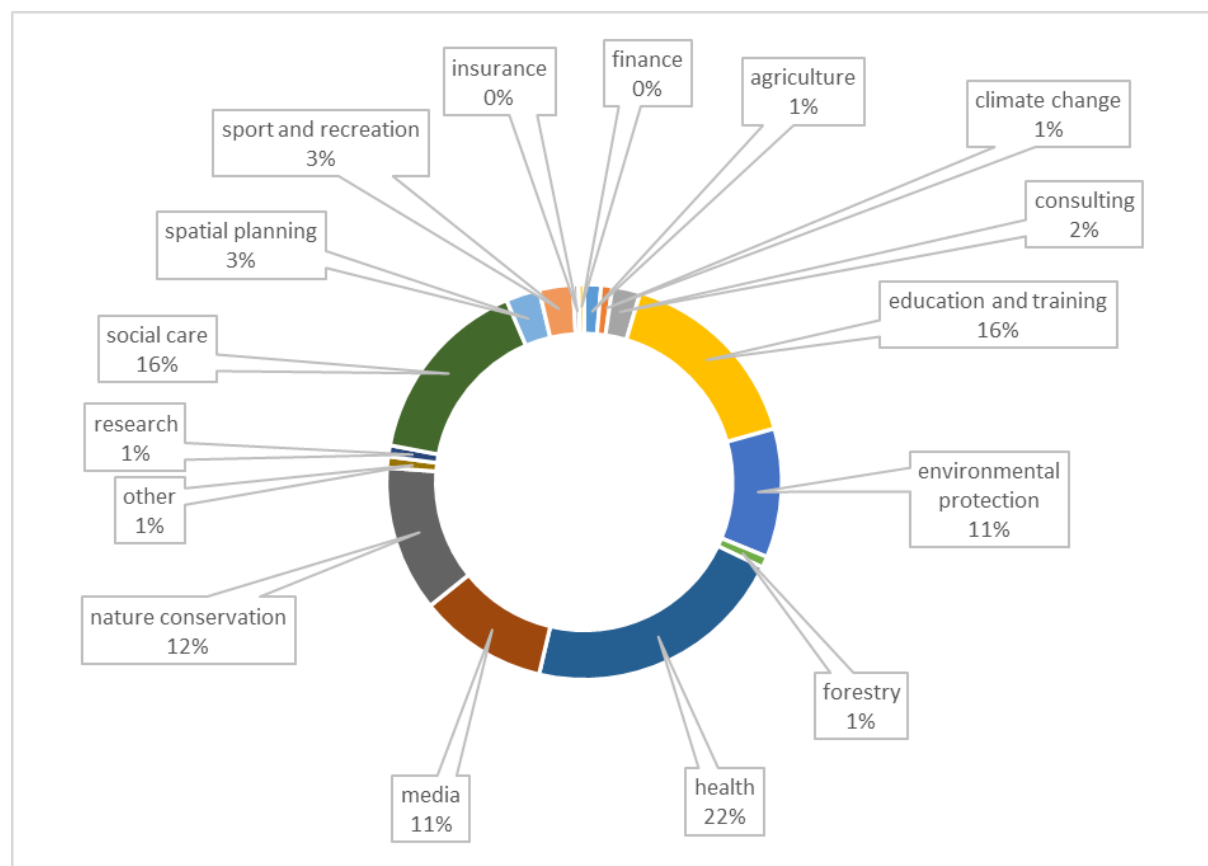


Figure 72 Main fields of activity of green care actors (Ruhr area, Germany)

Again, the important role of social care and health providers can be concluded. At the spatial level, actors linked to Green Care are primarily active in the fields of environmental protection and nature conservation. In spatial planning however, the topic doesn't seem to have a prominent value, as only 3 per cent of actors can be directly assigned to this field of activity.

3.7.2 Actor role, green care focus and target groups

When interpreting the results depicting the roles of the green care actors in the Ruhr area, it should be noted that the diagram (Fig 73) does not show the variations in the number of actors of the individual actor groups or their specific composition. A group that only includes a small number of actors may display a lower variance of roles while the variance of roles in a group with more actors can be correspondingly higher. As some of the actor groups in this case study are comparatively small this aspect should be taken into account when interpreting the results.

Overall, however, it can be stated that Regional and local self-government offices fulfil the largest variety of roles. Besides that, only the green care promoters operate in all three of the roles listed. For the green care providers associations there is a balanced ratio between their role as implementers and supporters. Other actors are concentrated on fulfilling one dedicated role.

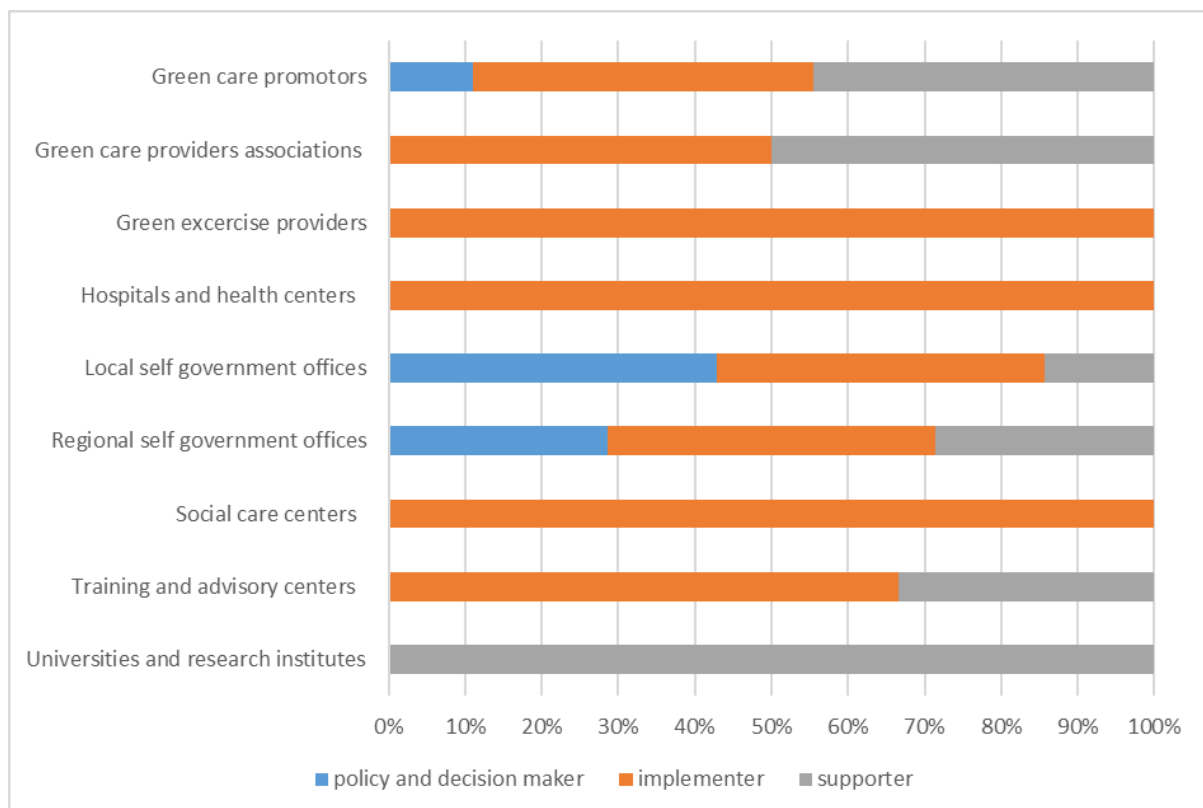


Figure 73 Roles played by green care actors (Ruhr area, Germany)

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Figure 74 shows the connection of the several actor types to each scale of green care. In total, 8 actor types focus on the scale of nature based health promotion, 7 to nature in everyday life and 5 to nature based therapies. The analysis shows, that most of the actors are affiliated to more than one scale of green care. Or in the case of green care providers associations, green care promotors, social centres and hospital and health centres focus on all three scales of green care.

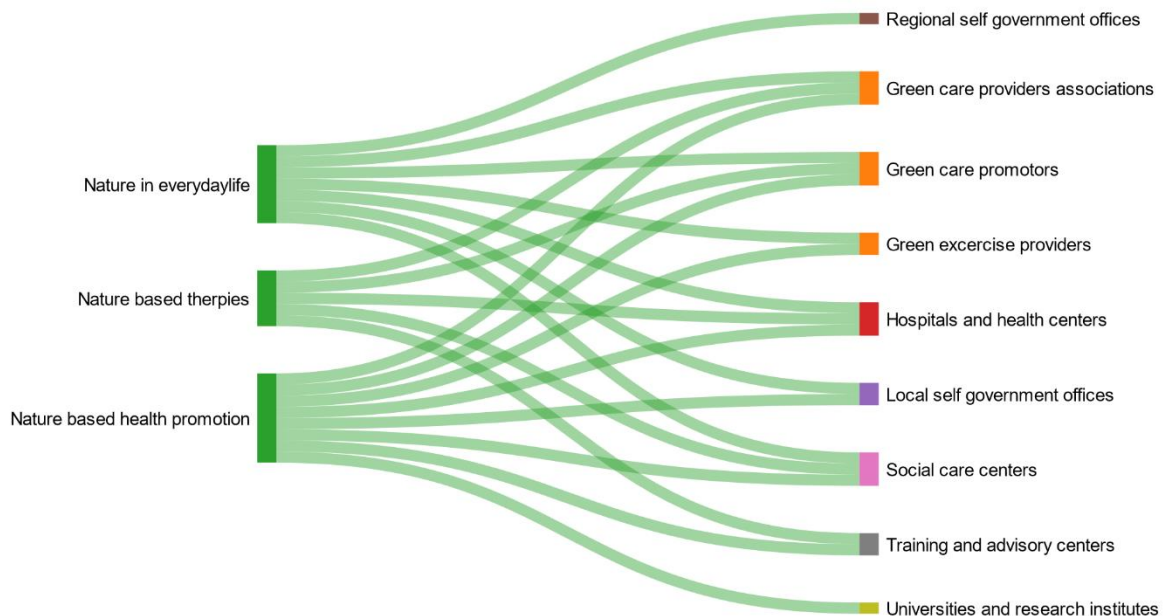


Figure 74 Green care focus by actor types (Ruhr area, Germany)

In the Ruhr area, the actor types of green care promotors and local self-government offices address the largest variety of target groups (each 5). While local self-governments concentrate their green care approaches on the general population as well as different social groups like elderly people, immigrants and ethnic minorities, the green care promotors also addresses patients and therapists.

The strongest health related focus can be found in the actor type of green care providers associations, which target groups are patients, therapists, therapeutic garden operators and others. In relation to the target groups the category “others” is particularly strongly represented with a relation to 8 actor groups. This category primarily includes people with disabilities, but in some cases local authorities or other actors are also the addressees of higher-level decision-makers or planning authorities. Other main target groups are the general populations, patients and elderly people (Fig. 75).

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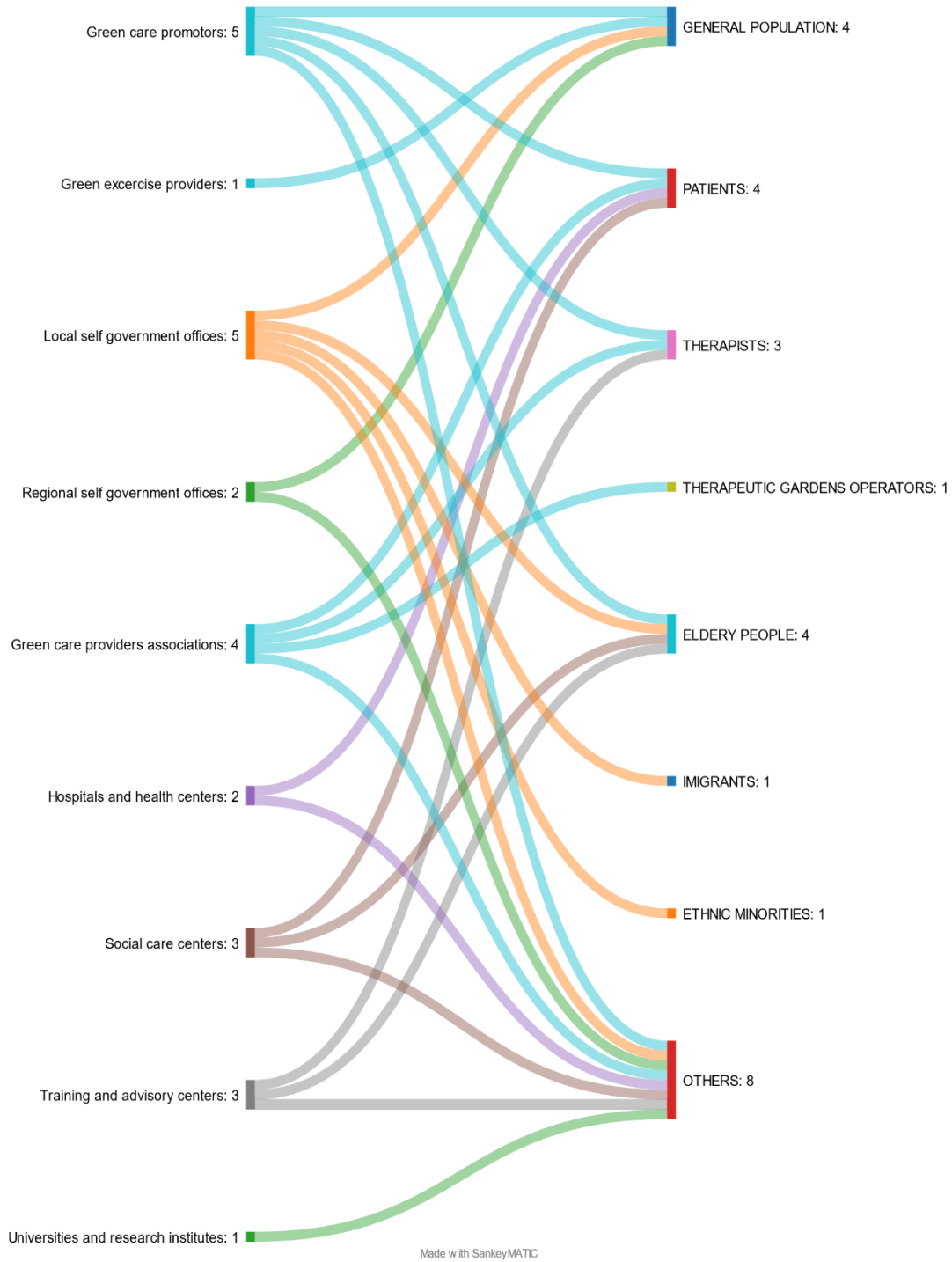


Figure 75 Groups targeted by green care actors (Ruhr area, Germany)

3.7.3 Expertise and influence of green care actors

In the green care scale “nature in everyday life” the actor types with the highest influence and expertise are regional self-governments and green care promoters. This is due to the fact that this actor groups include for example regional planning entities responsible for regional and environmental planning (Fig. 76).

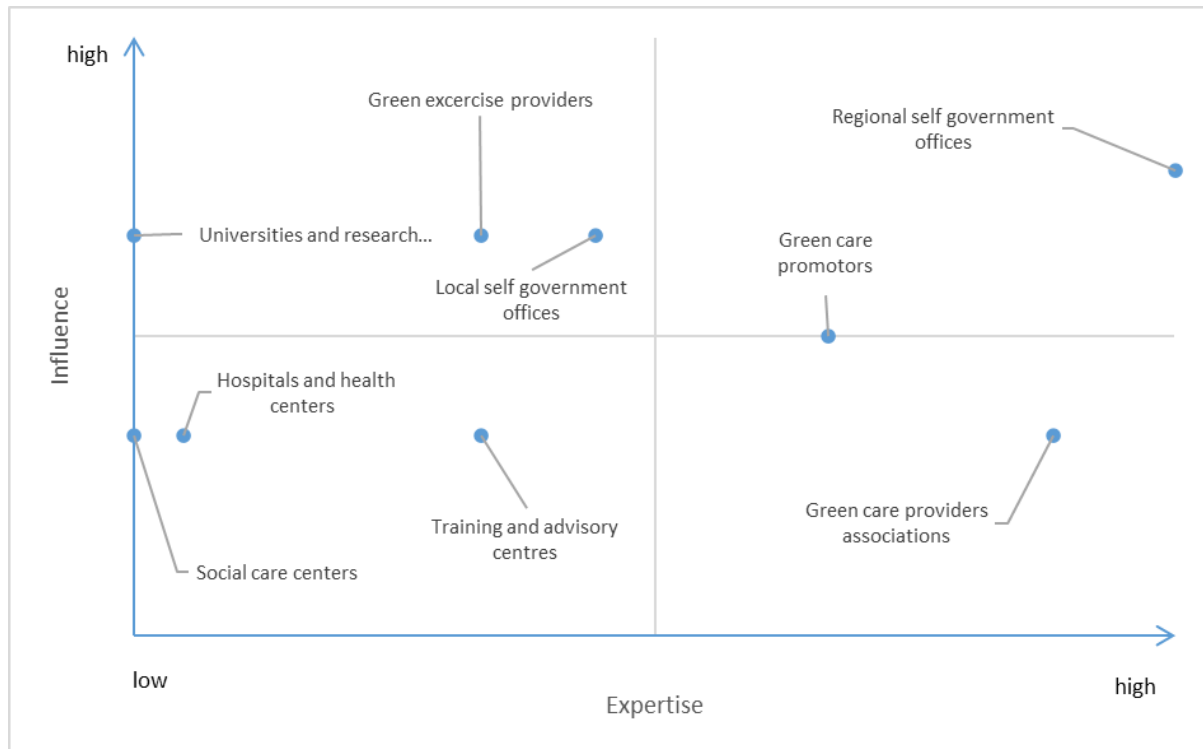


Figure 76 Expertise-influence matrix by actor types involved in nature in everyday life (Ruhr area, Germany)

With regard to the green care scale nature-based therapies training and advisory centres, hospitals and health centres as well as green care promoters are the actors with the highest expertise and influence (Fig. 77).

Local self-government offices, training and advisory centres as well as universities and research institutes are the actor types with the highest expertise and influence in the scale of “nature based health promotion” (Fig 78).

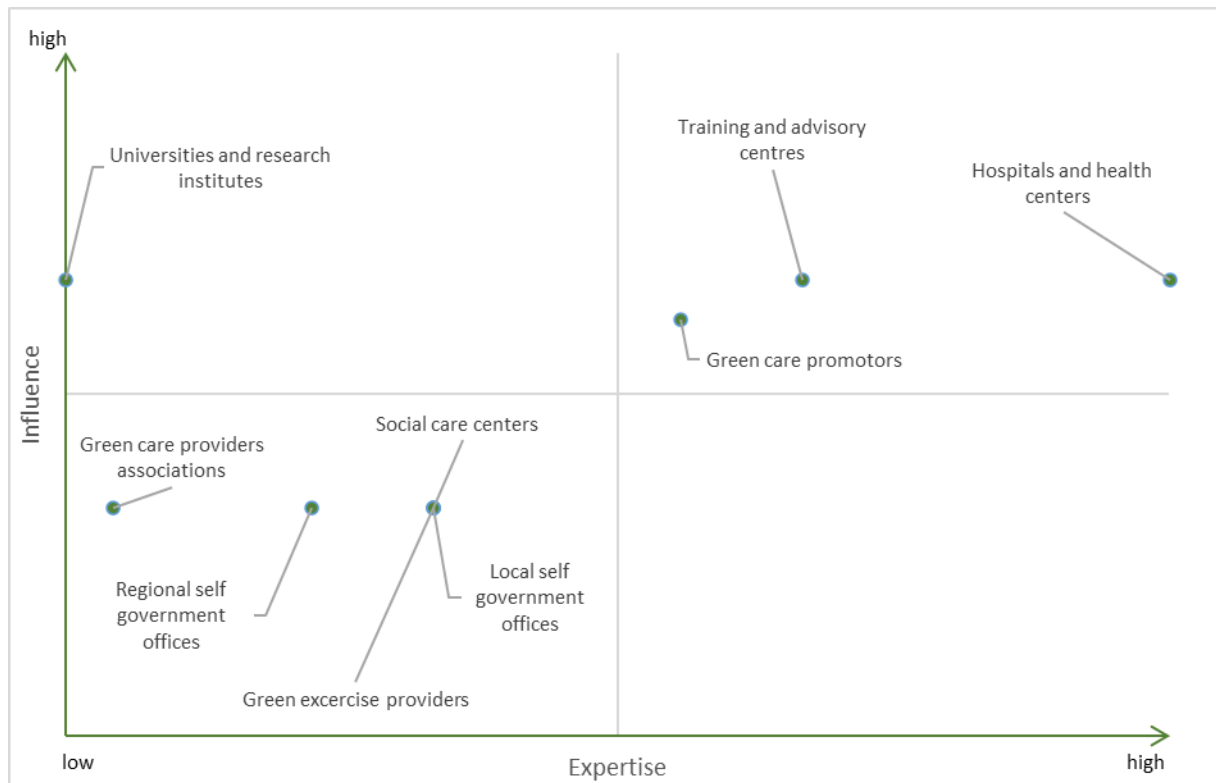


Figure 77 Expertise-influence matrix of actors involved in nature-based therapies (Ruhr area, Germany)

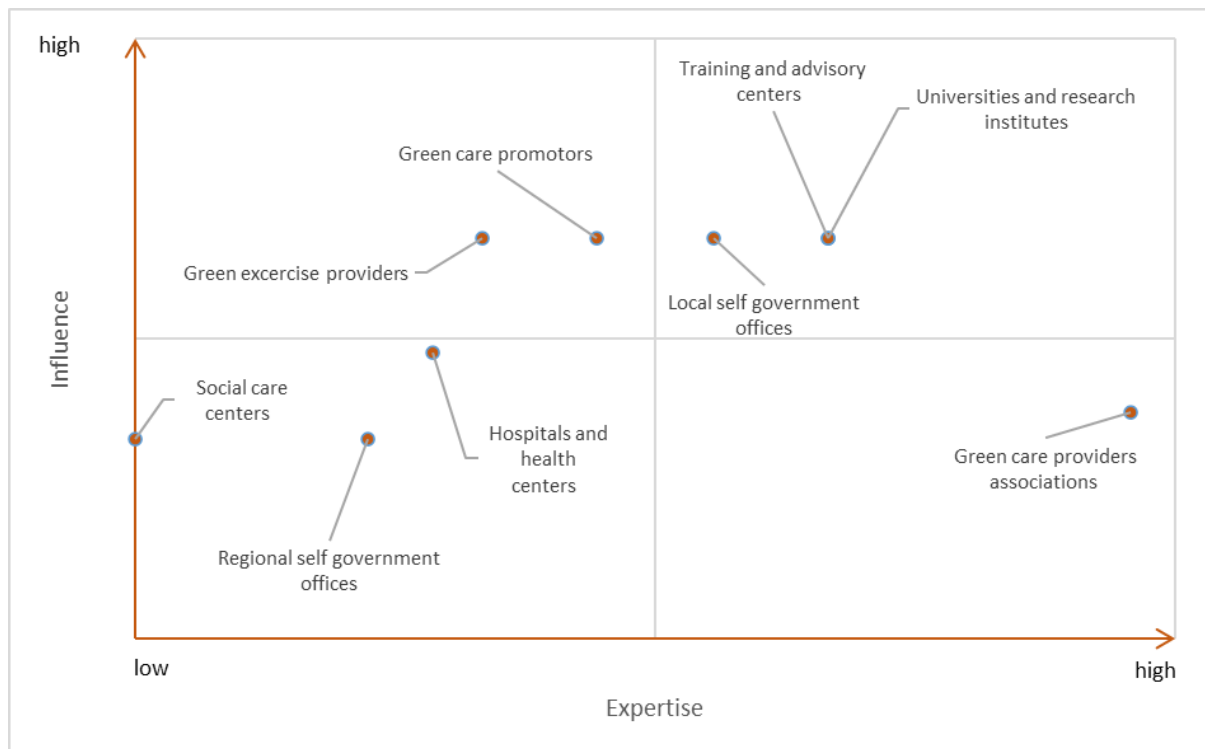


Figure 78 Expertise-influence matrix of actors involved in nature-based health promotion (Ruhr area, Germany)

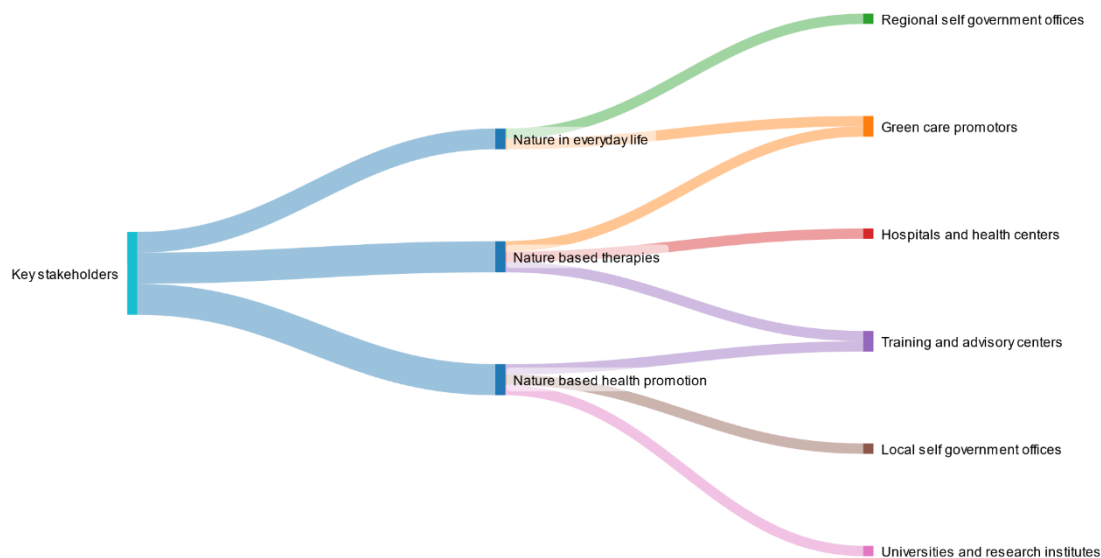
3.7.4 Priority green care actors

The analysis performed in the influence-expertise matrices allow the identification of priority actors for the study area. Building on the aforementioned analysis, the identified actor types fall into the following categories:

- key actors - those actor types that are in the high impact and high expertise quadrant in at least one influence-experience matrix prepared for the three scales of green care,
- influential actors - those actor types that are in the high/medium influence quadrant in at least one influence-experience matrix prepared for the three scale of green care,
- experienced stakeholders - those actor types that are in the high/medium experience quadrant in at least one influence-experience matrix prepared for the three scales of green care.

The most important actor types in the Ruhr area are regional self-government offices and green care promoters in the scale of nature in everyday life, green care promoters, hospitals and health centres and training and advisory centres in the scale of nature based therapies and training and advisory centres, local self-government offices and universities and research institutes in the scale of nature based health promotion (Fig.79).

Figure 79 Types of actors assigned to the key actor category (Ruhr area, Germany)



In addition to the findings depicted in Figure 79, Figure 80 includes actors with high expertise or high influence in the three scales of green care. The distribution of actors across the various scales of green care shows that some actors have a noticeable tendency to expertise or influence. For example, green exercise providers have a high influence on nature in everyday life, and nature-based health promotion scale, whereas green care providers associations have high experience in the above-mentioned scales.

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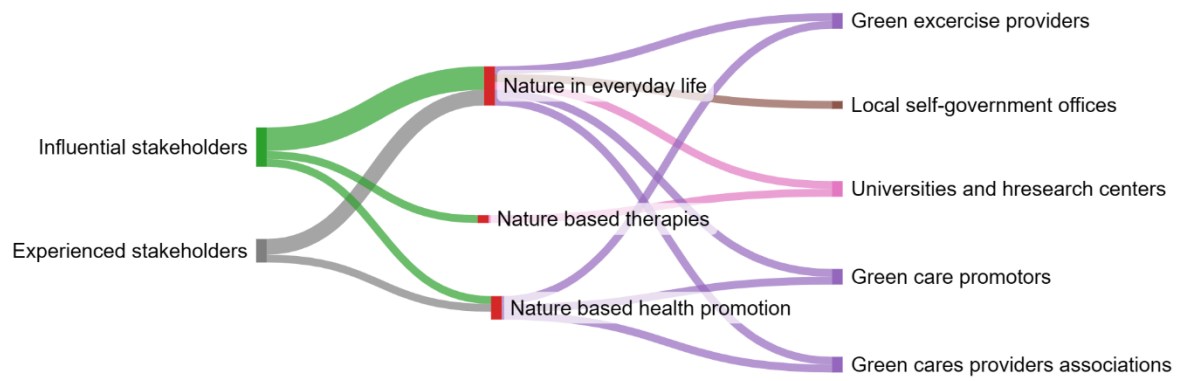


Figure 80 Types of actors assigned to the categories of influential and experienced actors (Ruhr area, Germany)

3.8 Warsaw Metropolitan Area, focus area Warsaw, Poland

3.8.1 General characteristics of identified actors

This section focuses on Warsaw Capital City with an area of 517 km² and a population of 1,861,975 (3601 inhabitants/km²). The database of green care actors identified for the study area contains 98 records. All identified actors were grouped into 15 types.

All entities listed are actors factually involved in at least one scale of green care, and potential actors were not included in the list. The overall actor landscape is diverse, as out of 17 possible actor types, only 2 are not represented (i.e. nature conservation areas managers, and care farms operators). Among those that are present, the most numerous are “Animal assisted intervention providers”, “Green care promoters”, “Social care centers”, and “Hospitals and health centers” (accounting for 20%, 15%, 11%, and 10% respectively). All other types are evenly represented (accounting for a few percent). The green care actors structure for Warsaw, Poland, is shown in Fig. 81.

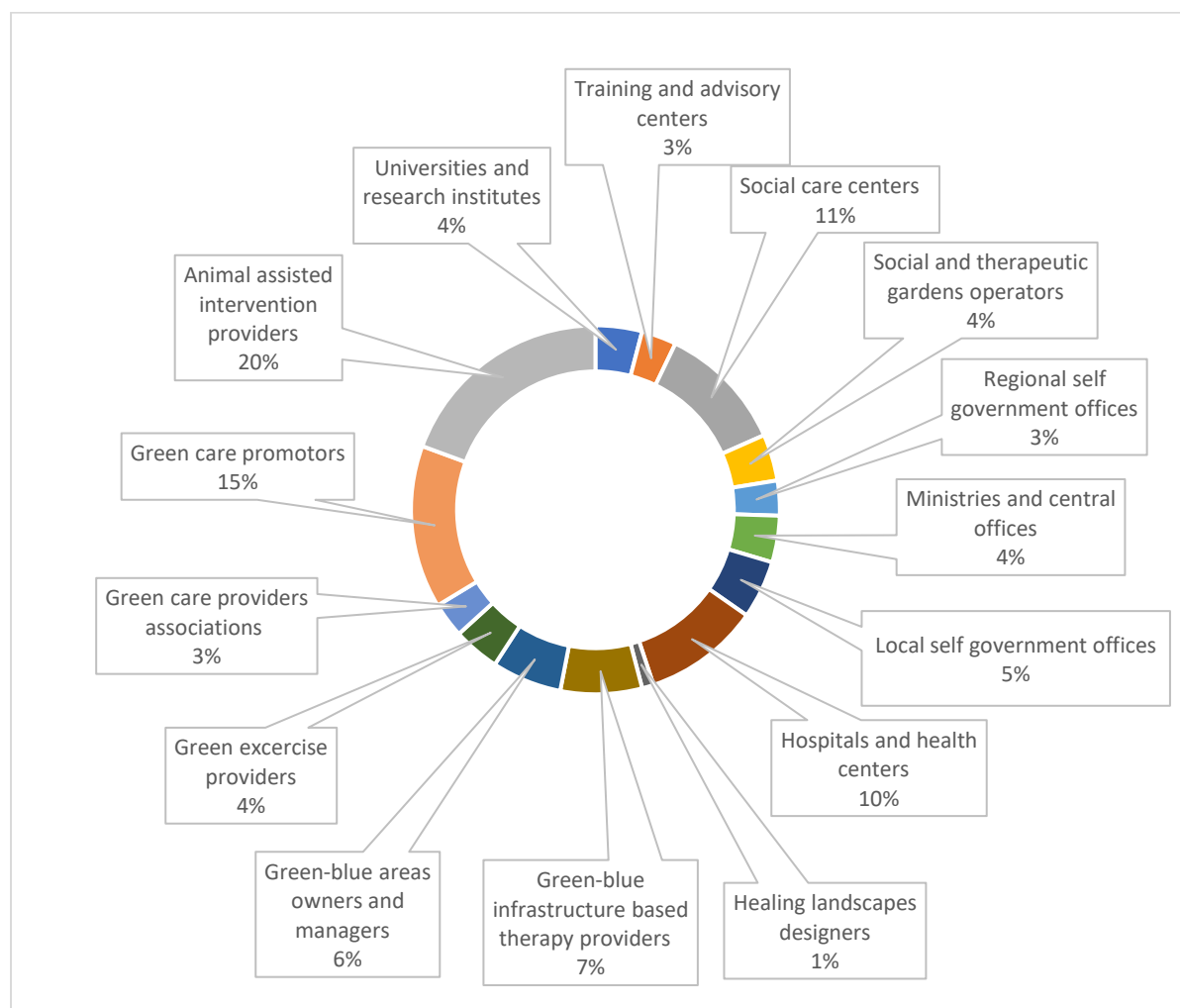


Figure 81 Green care actors structure (Warsaw, Poland)

The “Animal assisted intervention providers” operating in the Warsaw area work mostly with alpacas, dogs, and horses, but among the therapies provided are also felinotherapy, and therapeutic activities with horn pets. The second important actor type is the “Green care

promoters”, which are mainly foundations and associations involved in raising public awareness and expanding knowledge about the impact of urban green areas on people’s mental health and well-being, promoting outdoor activities, forest bathing, urban gardening, and various nature therapies.

On the other hand, among those using hortitherapy and sylvotherapy are the “Social care centers” and “Hospitals and health centers”.

Other types of green care actors in Warsaw that should be mentioned include “Green-blue infrastructure based therapy providers”, who mainly organize forest walks, breathing exercises in the natural environment, and sylvotherapy, and also “Green-blue areas owners and managers”, e.g. Warsaw Municipal Forests, and State Forests, or Polish allotment Association, which are in charge of maintaining of green spaces.

The division of Warsaw green care actors into economic sectors shows that the distribution is practically even (see Fig. 82a). The actors’ majority belong to the first sector (40%), and these are nursing homes, public higher institutions, and universities, local self-government offices (i.e. Warsaw City Council, Bureau of Health Policy), regional self-government offices (i.e. Local Government of the Mazovian Voivodeship, Department of Environmental Policy, Geology and Hunting), and also ministries and national government offices (e.g. Ministry of Development Found and Regional Policy, Department of Strategy, Ministry of Climate and Environment, or National Center for Agricultural Education in Brwinów).

The second most numerous sector, to which 33% of actors identified belong, is the third one including non-profit and non-governmental organizations focused on a social mission. Foundations and associations identified are important actors/players in green care promotion and implementation, as these are mostly the bottom-up grassroots initiatives dealing with the general promotion of green care activities, such as hortitherapy, gardening, and animal-based therapies.

The remaining 28% of actors belong to the second sector, which is a group of for-profit entities and consists of animal therapy and green exercise providers.



Figure 82 Green care actors by (a) sector and (b) level of activity (Warsaw, Poland)

As it concerns the level of activity, in which the actors operate (in terms of geographical area), here the division is more diverse (see Fig. 82b). The majority of actors operate at the local

level (39%). The fewest are actors involved in activities at the supranational level. The national and regional levels are evenly represented (that is 28% and 25% respectively).

The activities of identified actors are carried out in various fields, and the structure of the main activity fields is shown in Fig. 83. It should be mentioned that each actor can be active in more than one field of activities. The most popular fields of activities are health (34%), social care (20%), and education and training (17%).

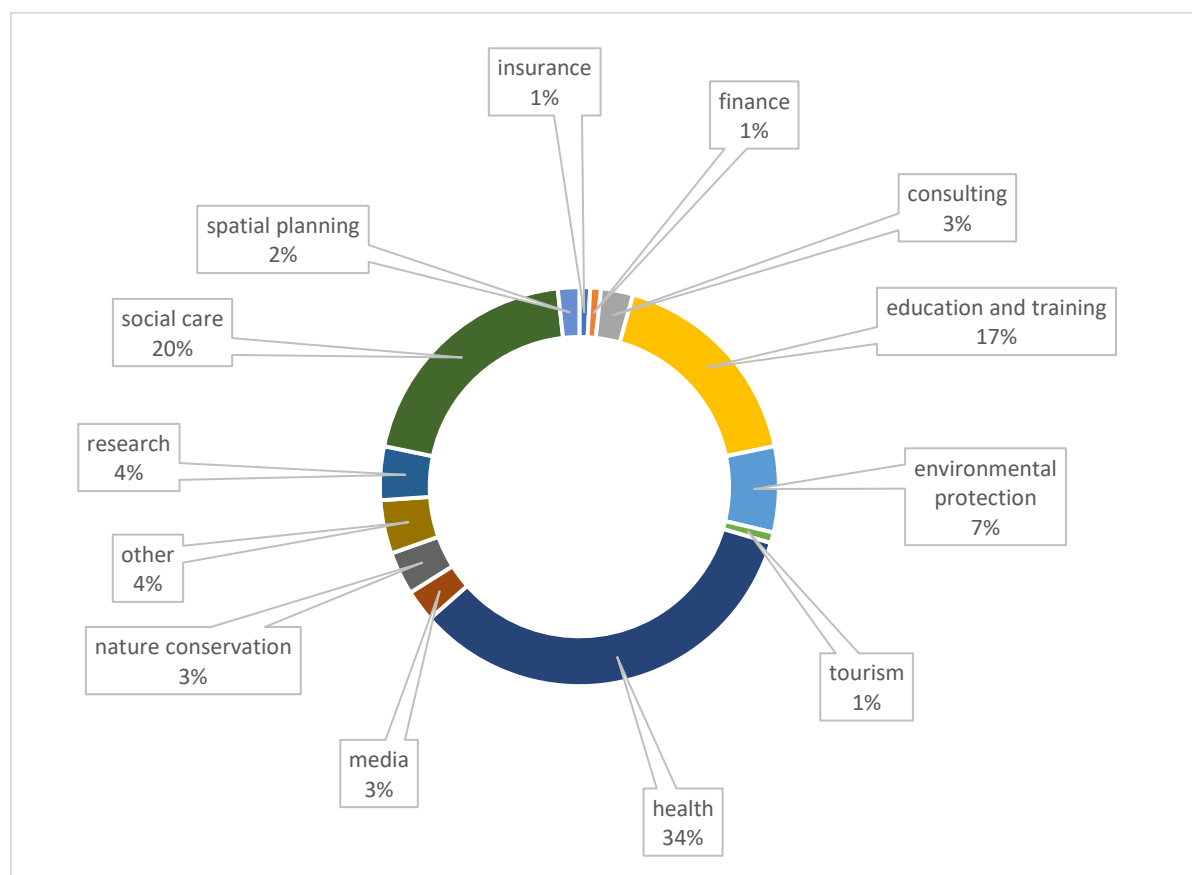


Figure 83 Main fields of activity of green care actors (Warsaw, Poland)

Among entities, whose main field of activity is health, these are hospitals and health centers (e.g. “Centrum Alzheimer”, Mazowieckie Centrum Leczenia Chorób Płuc i Gruźlicy, Hospicjum stacjonarne), and they provide nature-based therapies, such as hortitherapy, for patients with different mental issues. As it concerns the actors, whose main field of activity relates to social care, these are mainly nursing homes providing hortitherapy and sylviotherapy for elderly pensioners (e.g. DPS “Syrena”), and foundations and associations focused on animal-assisted interventions addressed for the elderly and disabled (e.g. Mandala Pets). Referring to the actor, whose main field of activity is education and training, these are mainly universities, that conduct research in the field of forest therapy and educational activities and studies on the positive impact of nature and forests on mental health (e.g. Warsaw University of Life Sciences, Institute of Forestry, Department of Forest Utilization, Maria Grzegorzewska University, Institute of Psychology, Department of Clinical Psychology of Adults). Other educational activities include the development of educational programs for hortitherapy and healing landscape design aimed at supporting mental health

therapy (e.g. Warsaw University of Life Sciences, Institute of Environmental Engineering, Department of Landscape Art), or providing courses on therapeutic and regenerative gardens (e.g. National Center for Agricultural Education in Brwinów), and Dog Therapy Instructor Course, Class II Trainer (Warsaw Sports Academy).

The remaining main fields of activities, in which Warsaw actors are active are environmental protection (e.g. Ministry of Environment and Climate), research (e.g. previously mentioned universities), media (e.g. Foundation Nasz Senior, publishing a magazine and owning media channel, about senior healthy lifestyle), and consulting (e.g. Ogród leczy). The least popular fields of activities are spatial planning, insurance, and finance. On the other hand among additional fields of activities described as “others” category are gardening, climate change, design, or cultural heritage promotion.

3.8.2 Actor role, green care focus and target groups

Each green care actor can play single or multiple roles to choose from the three options: 1) policy and decision-makers, 2) implementers, and 3) supporters. The structure of Warsaw actors’ role by type is shown in Fig. 84.

Five out of 12 actors types play a single role in green care, and that is a “supporter” one for “Universities and research institutions”, “Training and advisory centers”, and Healing landscape designers”, and an “implementer” one for “Social care centers” and “Hospital and health centers”. The next four types of actors play a double role that is a combination of the “implementer” and the “supporter” ones, and these are the “Green exercise providers” and the “Green-blue infrastructure based therapy providers” (with an emphasis put on the “implementer” role), and the “Green care promotors” together with “Social and therapeutic gardens operators” (with an emphasis put on the “supporter” role). On the other hand the “Ministries and central offices”, together with the “Regional self-government offices” combine the “supporter” role with the “implementer” one.

The remaining four types of actors mix all three roles in varied proportions, and for example, the “Green-blue areas owners and managers” and the “Animal assisted intervention providers” concentrate mostly on the “implementer” role, however, fulfill the other two as well, and the “Green care providers associations” are more often green care “supporters”. The “Local self-government offices” play evenly balanced double role as “implementers” and “supporters” and complement it with the “decision maker” one.

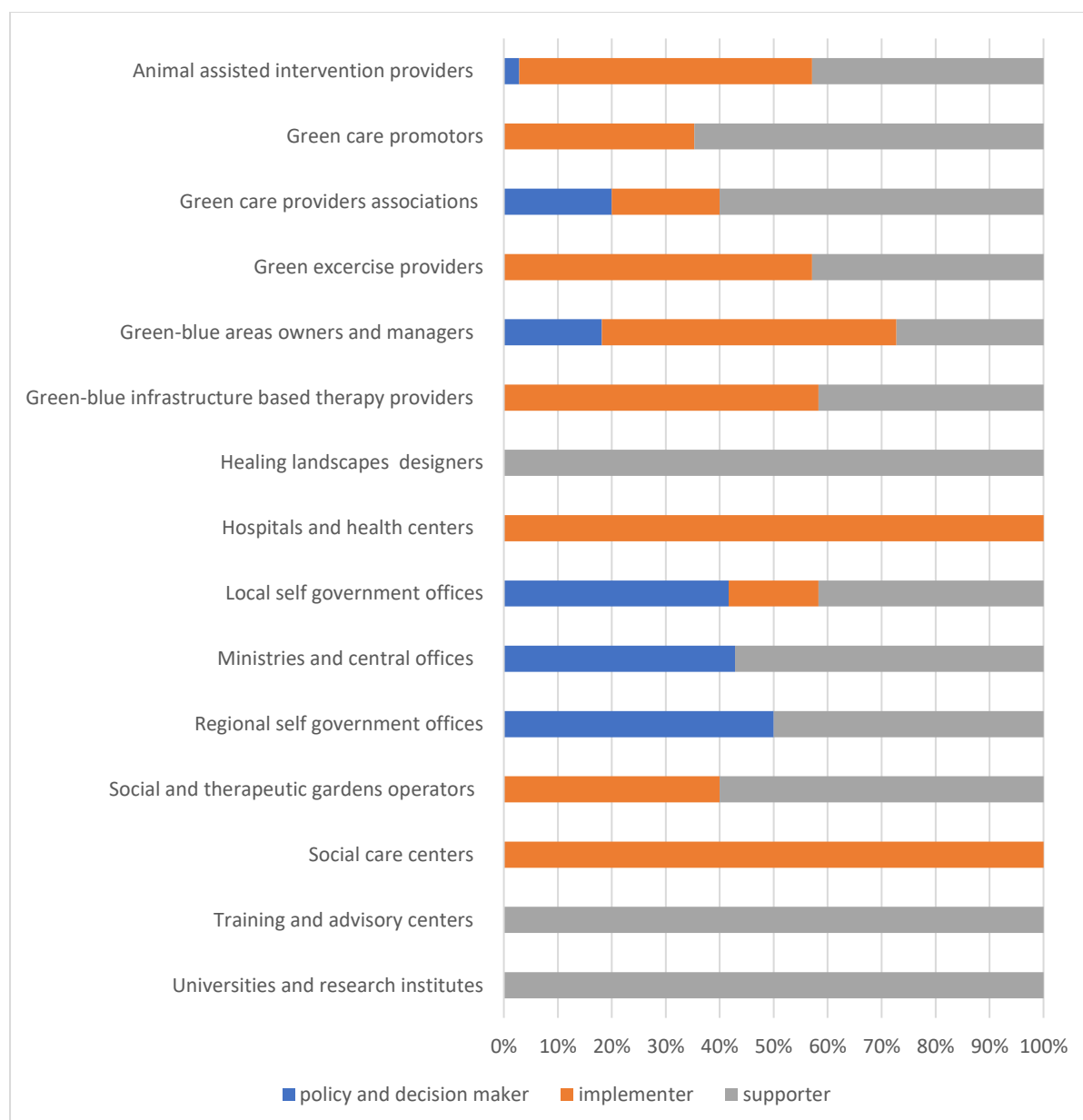


Figure 84 Roles played by green care actors (Warsaw, Poland)

In respect to the actors’ focus on the scales of green care, it is important to underline that each entity can concentrate on one, two, or three green care scales (i.e. “Nature in everyday life”, “Nature-based therapies”, and “Nature-based health promotion”). Fig. 85 shows green care focus by Warsaw actors types. As shown in Fig. 85, a great majority of actors’ types (14 out of 15 identified) focus on “Nature-based health promotion”, and the only one that is not in this set is the “Ministries and central offices” type, which means that none of the entities included in this category is involved in green care promotion.

Next, the second most popular focus for Warsaw actors is “Nature in everyday life” (10 actors’ types) and the least popular is the “Nature-based therapies” one (8 actors’ types). On the other hand, one-third of actors’ types are focused on all three green care scales, which shows their broad spectrum of activities undertaken.

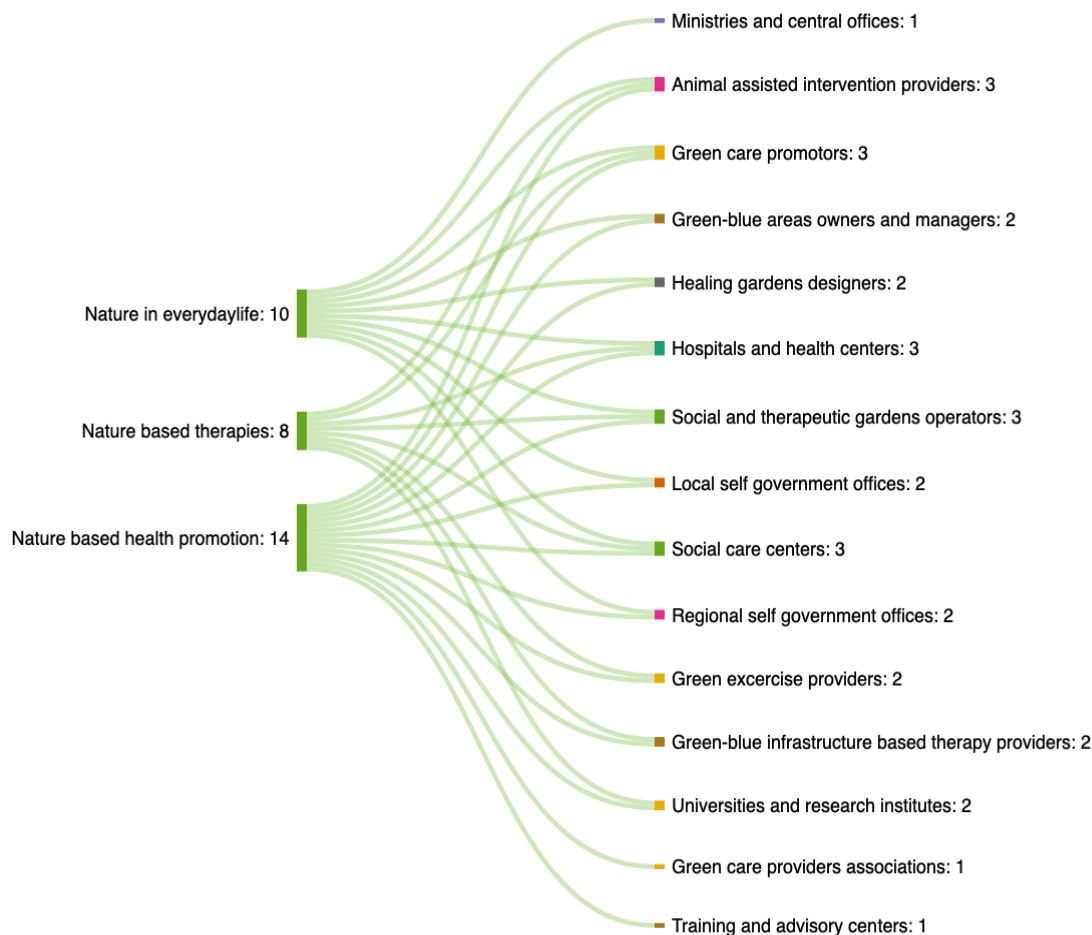


Figure 85 Green care focus by actor types (Warsaw, Poland)

Dealing with the actors' types focused on two green care scales, namely "Nature in everyday life" and "Nature-based health promotion", there are 4 such types, and these are: "Green-blue areas owners and managers", "Healing garden designers", "Local self-governments offices" and "Regional self-governments offices". On the other hand, "Green exercise providers", "Green-blue infrastructure based therapy providers" and "Universities and research institutes" also focus on two green care scales, but this time on the "Nature-based health promotion" and the "Nature-based therapies".

Relative to the links between actors' types and their target groups (shown in Fig. 86), 14 out of 15 actors' types address their activities to and focus on the general population, and the only actors' type not doing so is the "Training and advisory centers" one, which focus completely on therapists and others, namely explained as people interested in improving professional competences and teachers. The second group, which is targeted by as many as

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8 types of actors is elderly people, for whom the widest array of green care activities is provided in the Warsaw area.

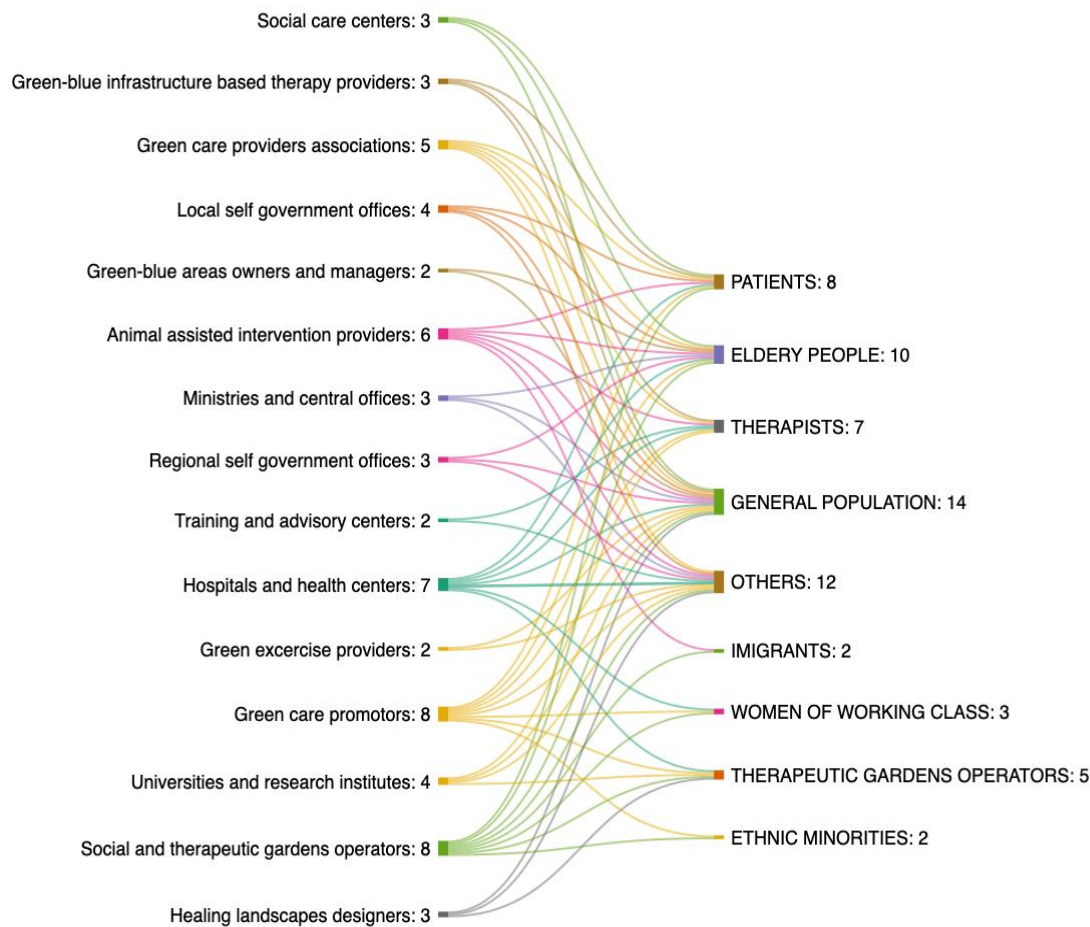


Figure 86 Groups targeted by green care actors (Warsaw, Poland)

These activities include hortitherapy in sensory gardens provided by nursing homes (e.g. DPS “Budowlani”) and hospitals and health centers (e.g. Wolski hospital), animal-assisted interventions provided by both foundations (e.g. CZE-NE-KA Foundation for the Friendship of People and Animals) and private entities (e.g. alpaca therapy providers “Alpaki Wawerskie”). Moreover, the elderly people are also a target group for the “Ministries and central offices” actors’ type, which can be exemplified by activities undertaken by the Ministry of Agriculture and Rural Development which is responsible for enacting a “Strategy for sustainable development of rural areas, agriculture and fisheries 2030”. One of the objectives of this program is the development of care farms dedicated to elderly people as well. Besides, the Mazovian Voivodeship Self-Government (a “Regional self-government office” type) is responsible for enacting a Support Programme for Medical Care Homes (2023), in which a hortitherapy is mentioned as an optional service provided within the medical care homes. Additionally, the Mazovian Voivodeship Self-Government is also in charge of enacting a “Program of Regional Social Services Development and Deinstitutionalisation Plan for the

Mazowieckie Voivodeship for 2023-2025”, and one of the program’s objectives is to support seniors to protect their mental health in the form of preventive interventions, including, among others: dog therapy and horticulture therapy. The “Local self-government offices”, namely Warsaw City Council, Bureau of Health Policy is financing social nursing homes for elderly and disabled patients, in which green-based therapies are provided.

Looking at the actors’ type and target groups links from the other perspective, the actors’ types, which activities and interests relate to most target groups (8 out of 9) are the “Green care promoters”, and the “Social and therapeutic gardens operators”. The first actors’ type is targeted at all possible groups except “immigrants”, and the second one except “therapists”. Another type of actor whose activities also target a wide audience is hospitals (7 out of 9 target groups). The “Animal assisted interventions providers” are focused on 6 target groups, which are: patients, elderly people, therapists, the general population, immigrants, and others. Besides, the “Green care providers associations” are targeted at very similar groups, with a slight difference in not focusing on immigrants. Among actors’ types, which are more focused on specific target groups are “Social care centers” (addressing their activities to patients, elderly people, and the general population). Likewise, the “Ministries and central offices”, and “Regional self-government offices” are also targeted at 3 groups, namely: elderly people, general population, and others. Next, the “Green-blue infrastructure based therapy providers” address their activities to patients, elderly people, and the general population.

Apart from the “Training and advisory centers” described above, the “Green-blue areas owners and managers” deal with more explicit target groups, which are elderly people and the general population.

3.8.3 Expertise and influence of green care actors

The influence-expertise matrices of the three studied green care scales are shown in Fig. 87, 88, and 89. Each matrix presents the actors’ types involved in a specific green care scale, and their level of expertise, understood as experience related to a specific green care scale, combined with a level of influence, treated as the ability to impact that scale. It is important to notice that actors not focusing on a specific scale, as explained in point 3.8.2 (see also Fig. 85) are excluded from the latter influence-expertise matrix of that specific green care scale, as they are not active in that scale (and though cannot be assessed in terms of their expertise).

The influence-expertise matrix of the “Nature in everyday life” green care scale (shown in Fig. 87) includes 11 actors’ types active in the Warsaw area. The majority of actors’ types lie in the quadrant described as a “high level of expertise” and a “high level of influence”, thus can be described as key actors. These are: “Local self-government offices”, “Regional self-government offices”, “Social and therapeutic gardens operators”, “Green-blue areas owners and managers”, “Green care promoters”, and “Healing landscapes designers”. The “Ministries and central offices” are characterized by a high level of influence, however a medium level of expertise. The “Green exercise providers” and the “Social care centers” are actors that can be described as essential experts, though with rather low influence in regards to the impact of the “Nature in everyday life” green care scale. The “Hospitals and health centers” and the

“Animal assisted intervention providers” are the least important actors types in this green care scale.

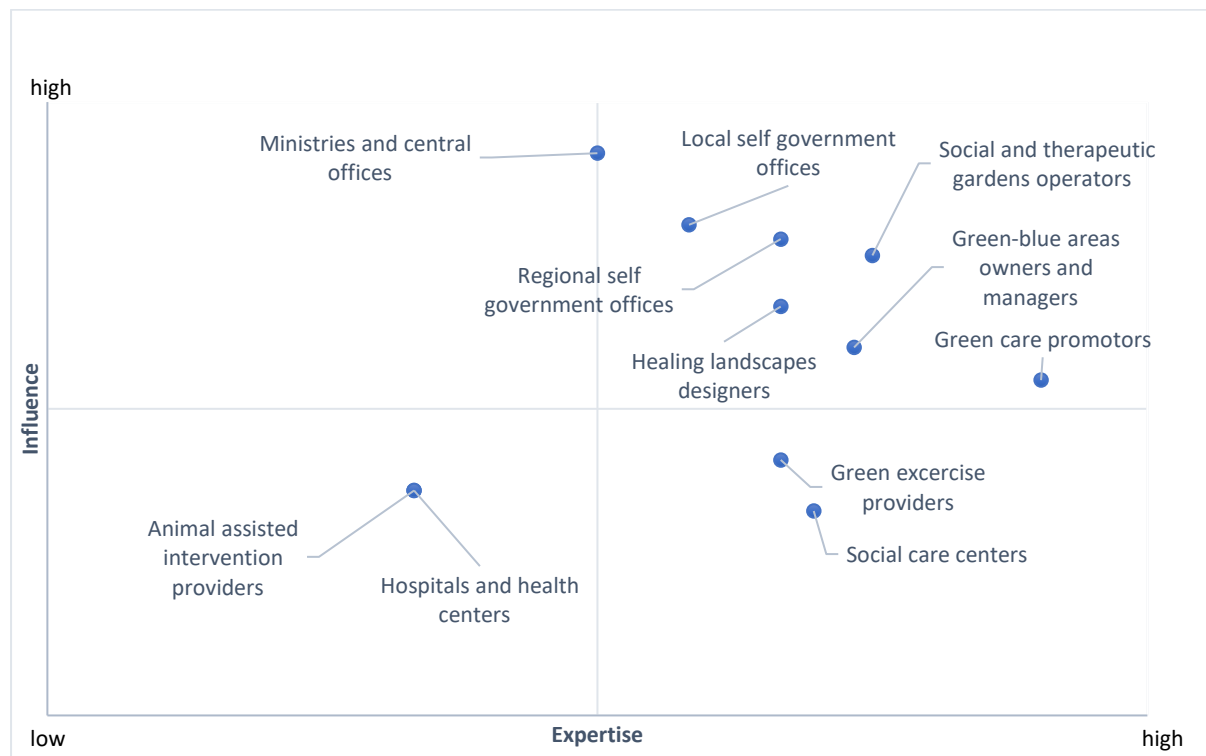


Figure 87 Expertise-influence matrix by actor types involved in nature in everyday life (Warsaw, Poland)

The influence-expertise matrix of the “Nature-based therapies” green care scale (shown in Fig. 88) includes 10 actors’ types active in the Warsaw area. Only two actors’ types lie in the quadrant described as a “high level of expertise” and a “high level of influence”, thus can be described as key actors. These are the “Hospitals and health centers”, and the “Training and advisory centers”.

Besides, the “Social and therapeutic garden operators” are characterized by a high level of expertise, though a medium level of influence in the “Nature-based therapies” green care scale. In the quadrant including, the so-called essential experts (that is high expertise linked with relatively low influence) are the “Social care centers”, “Green care promoters”, and the “Green-blue infrastructure based therapy providers”.

On the other hand, the “Universities and research institutes” can be described as essential high-influence actors. Those that are the least prominent in the “Nature-based therapies” green care scale are “Green exercise providers” and the “Local self-government offices”.

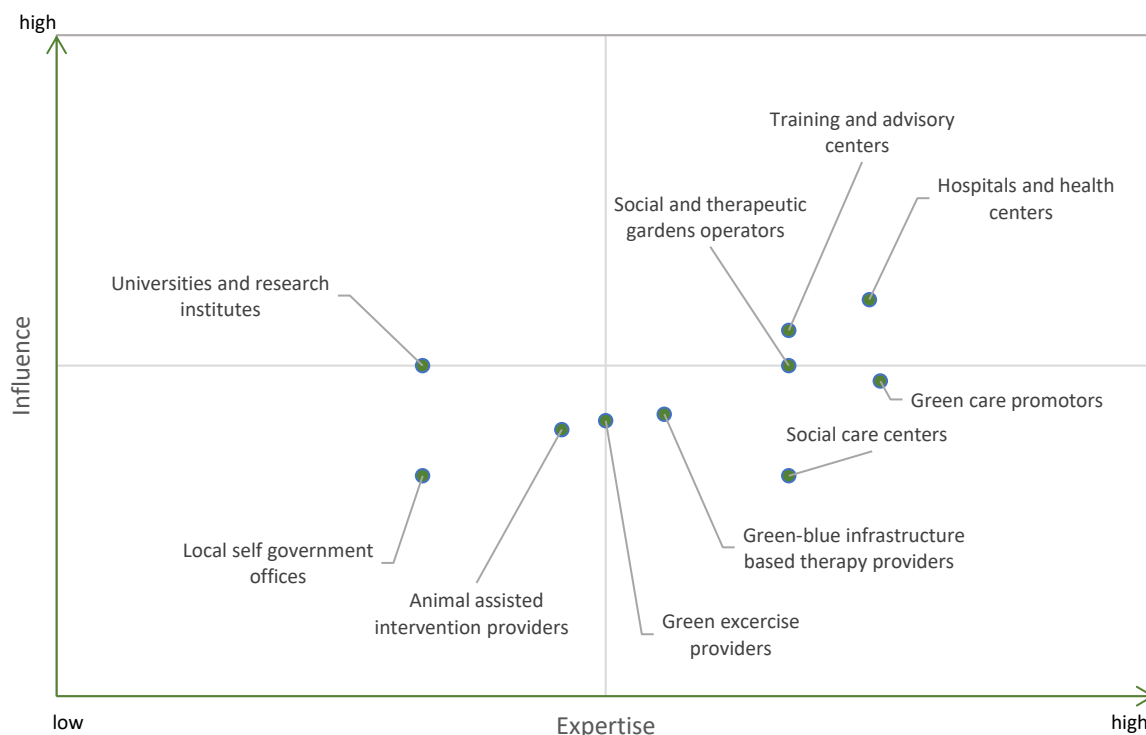


Figure 88 Expertise-influence matrix of actors involved in nature-based therapies (Warsaw, Poland)

The influence-expertise matrix of the “Nature-based health promotion” green care scale (shown in Fig.89) includes 13 actors’ types active in the Warsaw area.

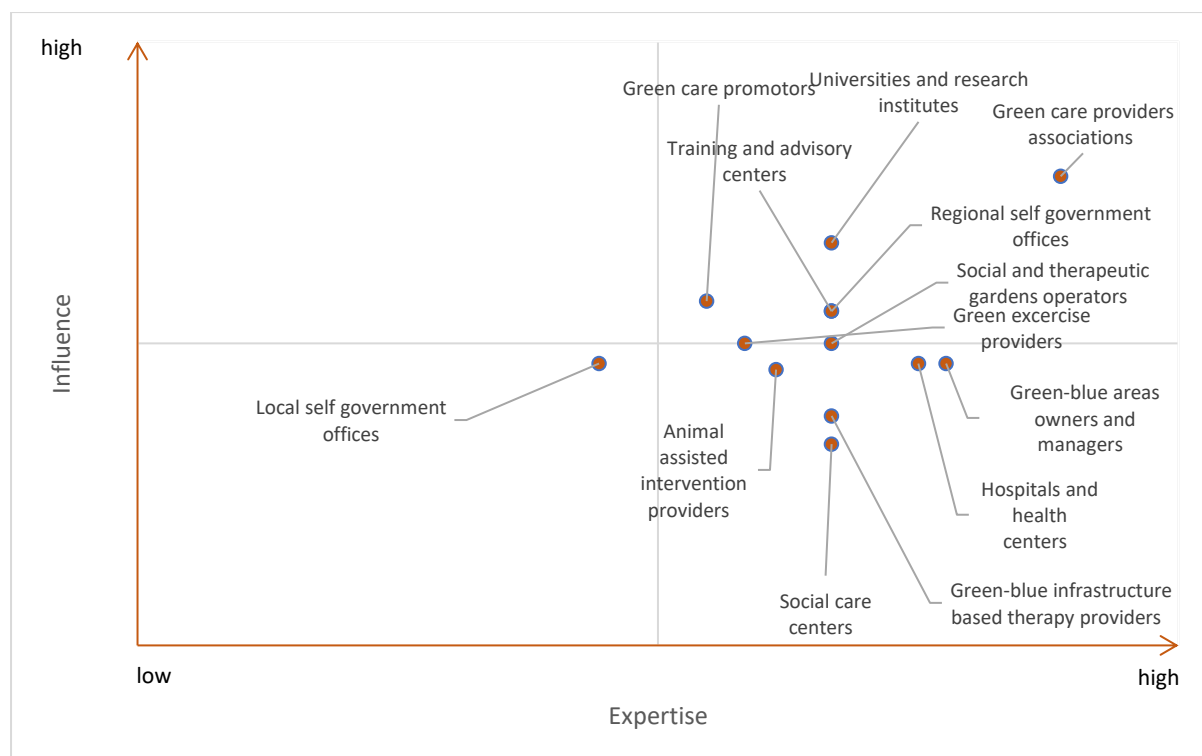


Figure 89 Expertise-influence matrix of actors involved in nature-based health promotion (Warsaw, Poland)

Five actors' types lie in the quadrant described as a "high level of expertise" and a "high level of influence", and thus can be described as key actors. The "Green care providers associations" received the highest score. The rest key actors types are the "Universities and research institutes", "Training and advisory centers", the "Regional self-government offices", and "Green care promoters".

Among the essential experts in that green care scale, there are 6 following actors' types: the "Green exercise providers", the "Social and therapeutic gardens operators", the "Hospitals and health centers", the "Green-blue areas owners and managers", the "Animal assisted intervention providers", the "Social care centers", and last but not least, the "Green-blue infrastructure based therapy providers".

On the contrary, there are no high-influence actor types in that matrix, and the only less important type is the "Local self-government offices" one.

3.8.4 Priority green care actors

Analyses performed in the above matrices allow for the identification of the priority green care actors for the studied Warsaw Area. Building on the previous analyses, the studied actor types can be divided into:

- (1) *the key actors*, i.e. those who are in the high-expertise and high-influence quadrant in at least one of the three scales of green care;
- (2) *the experienced actors*, characterized by a high expertise in at least one of the scales of green care, and
- (3) *the influential actors*, characterised by a high influence in at least one of the scales of green care.

Following the above-mentioned assumption, the key actors' types are those who are in a high-expertise and high-influence quadrants for all three green care scales. Thus, for the Warsaw area, there are 11 actor types, namely: "Green-blue areas owners and managers", "Healing landscapes designers", "Local self-government offices", "Green care promoters", "Regional self-government offices", "Social and therapeutic gardens operators", "Hospitals and health centers", "Training and advisory centers", "Green care providers associations", "Green exercise providers", and "Universities and research institutes" (Fig. 90).

It's important to emphasize that the "Social and therapeutic garden operators" is an especially prominent actor type, as it's the key actor for all three green care scales. Furthermore, three other actor types are key players in two green care scales. These are the "Green care promoters" and the "Regional self-government offices" (both crucial for the "Nature in everyday life" and the "Nature-based health promotion" scales), and last but not least, the "Training and advisory centers" (that is decisive for the "Nature-based therapies" and "Nature-based health promotion" scales).

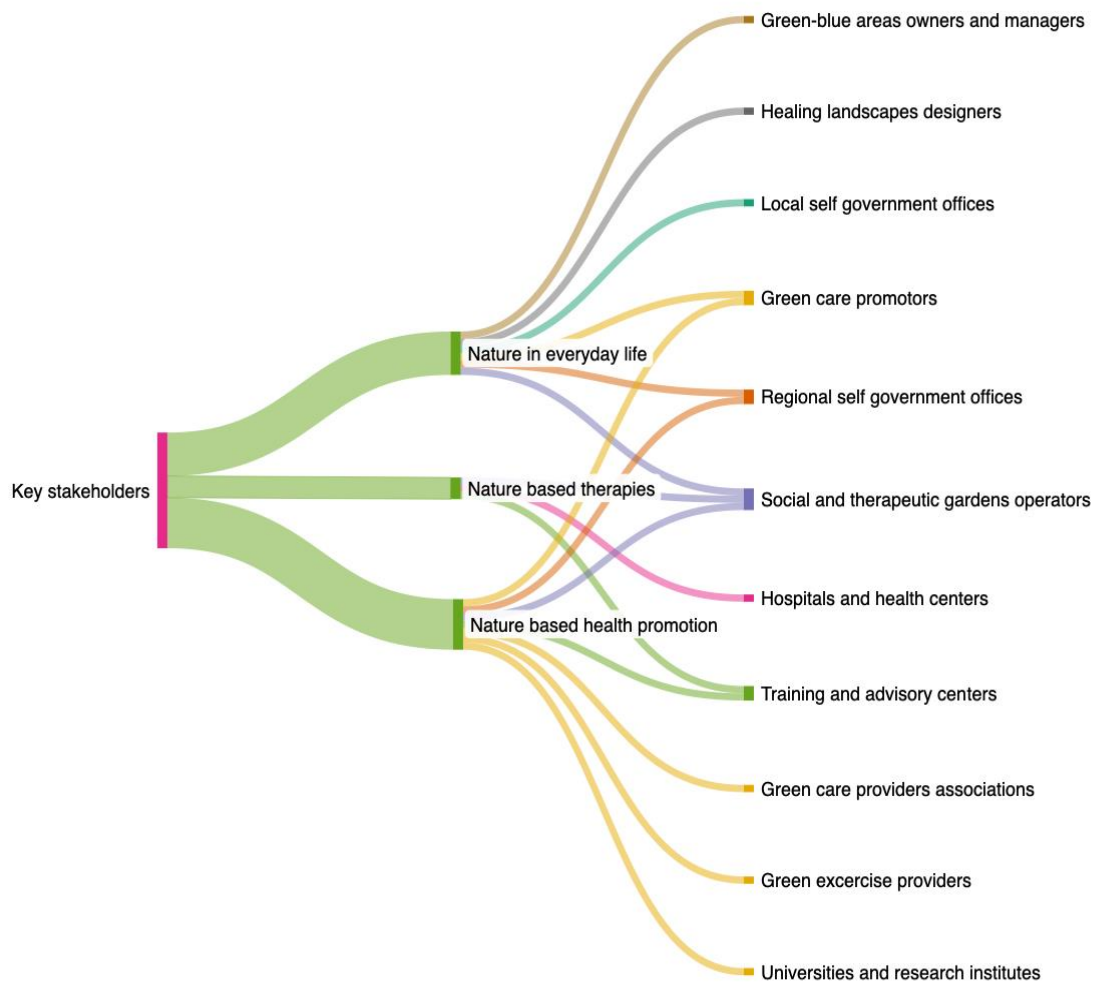


Figure 90 Types of actors assigned to the key actor category (Warsaw, Poland)

For the studied Warsaw area, the influential actors are “Ministries and central offices” (as having a high influence in the “Nature in everyday life” green care scale), and “Universities and research institutes” (as possessing a high influence in the “Nature-based therapies” (see Fig. 91).

Next, in general, the experienced actors represent all three green care scales, however the two types, i.e. “Green exercise providers” and “Social care centers” are crucial for all three. Also, “Green-blue infrastructure therapies providers” are important for the two scales, i.e. the “Nature-based therapies”, and the “Nature-based health promotion”. The rest of the actors are central only to one specific green care scale (see Fig. 91).

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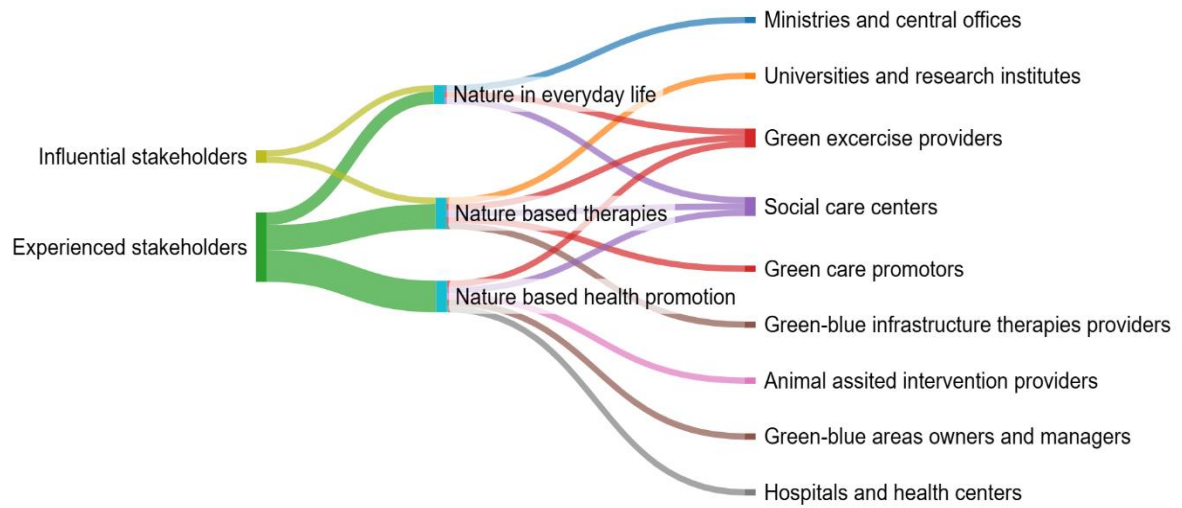


Figure 91 Types of actors assigned to the categories of influential and experienced actors (Warsaw, Poland)

3.9 Oregon, USA. Focus area: Portland, Multnomah County, Oregon, USA

3.9.1 General characteristics of identified actors

This section focuses on the Multnomah County in the state of Oregon, USA, with an area of 1,210km² and a population of 815,428 (674 inhabitants/km²). Within a study area 153 green care actors have been identified and grouped into 17 types.

The majority of identified green care actors were classified as green care promoters (28%) who either invested, facilitated, funded, or otherwise promoted green care. Ministries and central offices made up 11% of the identified actors, which included nested levels of Federal, State and Local Government. Regional self-government actors (4%) included governing actors who serve Indigenous Communities, such as the “Northwest Portland Area Indian Health Board” and “Columbia River Inter-Tribal Fish Commission”. Oregon and the wider Pacific Northwest region has several officially recognized tribes who self-govern. Social care centers who use green care were specifically for Indigenous People or Black people (1%) (Fig 92)

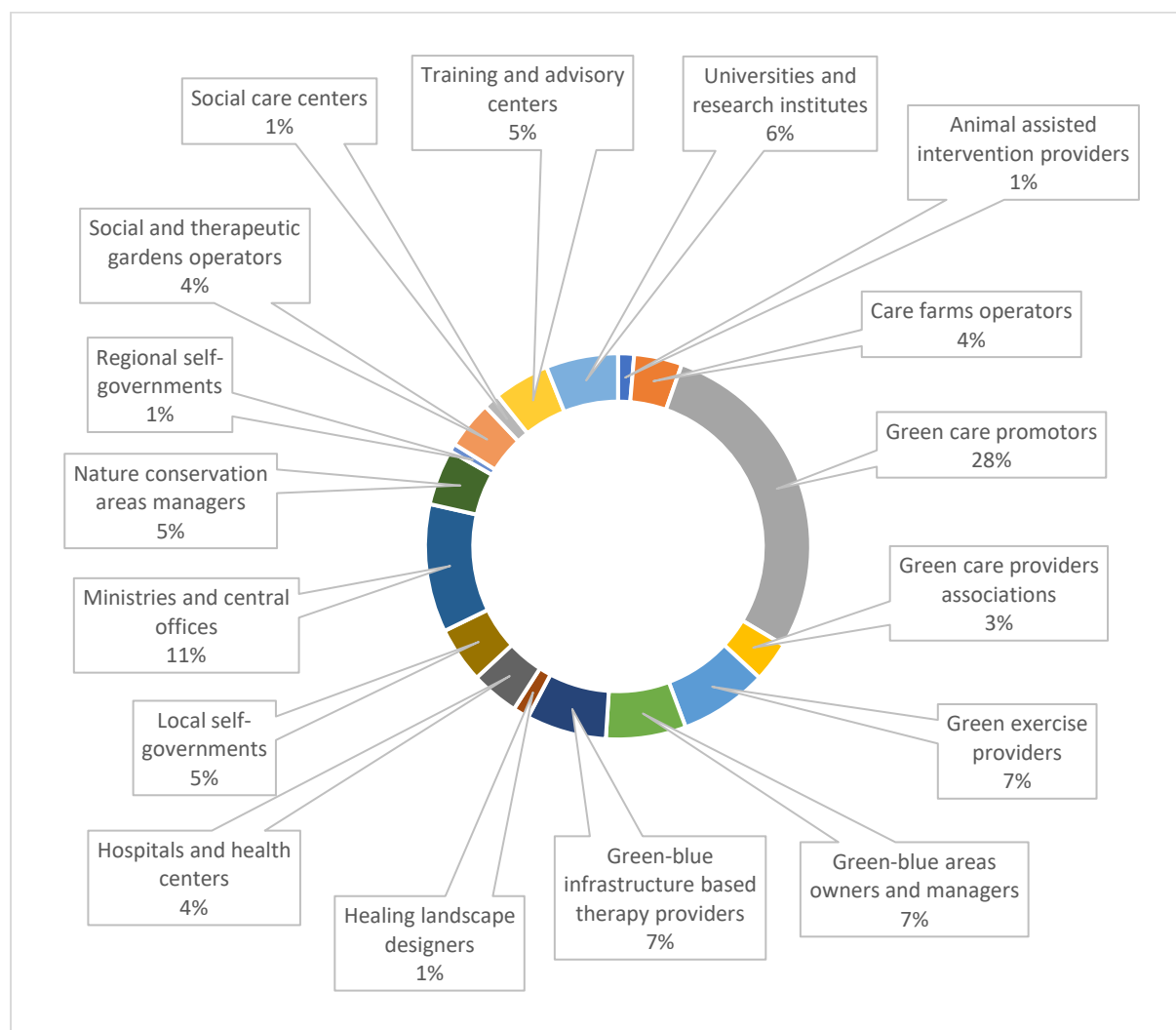


Figure 92 Green care actors structure (Portland, Oregon, US)

University-level modules in “Horticultural Therapy” and “Ecopsychology” amongst other training programs produce accredited therapists who operate in Multnomah. These

therapists are engaged at work in hospitals and health centers, as well as at public social and therapeutic gardens, food farms and animal-assisted programs, and in more naturalistic environments (e.g., forest parks). Some green care programs, particularly those with a focus on food production, target low-income, BIPOC, LGBTQ+, veterans, houseless, disabled, or incarcerated people. Some green care environments are specifically designed for people with Alzheimer’s disease or hospital patients, caregivers, and healthcare staff, whereas others offer opportunities for the general population to engage with nature in everyday life or through social programs and exercise groups.

Most actors are non-profit entities (51%; Fig. 93a) and operate at a local level (51%; Fig. 93b). National actors tend to be Federal Government offices or green care promoters (e.g., grant makers, communicators). First sector actors consist of government bodies and includes some state hospitals and universities, however, in the USA some hospitals and universities are private, for-profit entities and, therefore, hospitals and universities are also found in the second sector. Healthcare and health related services, including green care, are offered by the public sector, for-profit sector, and non-profit sector. Whereas environmental protection and remediation is predominantly funded by government and sometimes provided by third sectors partners, particularly when there is an opportunity for community engagement in green care – Fig. 93a and 93b.

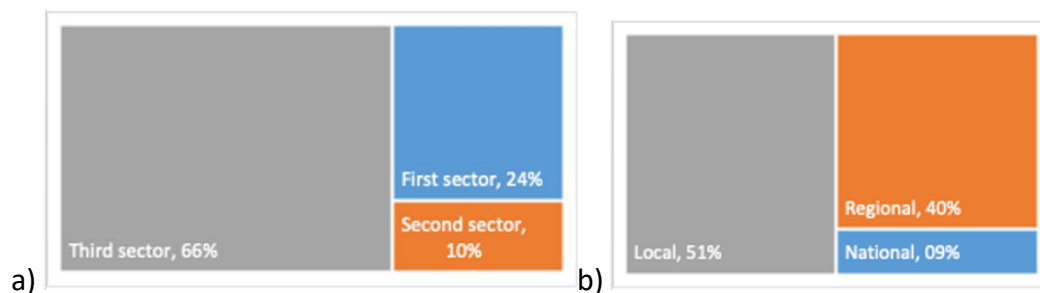


Figure 93 Green care actors by (a) sector and (b) level of activity (Portland, Oregon, US)

The main field of activity for the actors identified in Multnomah County, Oregon, USA, were predominantly in health (18%), food production and farming (18%), finance (14%), social care (12%), and environmental protection and nature conservation (9% each). Those actors who were primarily engaged in health and social care tended to have programs targeting patients or specific populations; social care focused actors encompassed a broad range of actors from social care centers to community intervention programs addressing racial equity and environmental justice issues (e.g. tree cover equity) through their programs. Many of the actor programs involve farming and food production to improve the health and well-being of specific populations (e.g., people who are veterans, incarcerated, houseless, living with addiction, Spanish-speaking, Black, Indigenous), and some of these programs are involved with distributing community-grown healthy food among the wider community (e.g. Veggie Rx, Seeds to Supper, VA FARMS, Mudbone Grown Farm, Fruits of Diversity, Nuestra Comunidad Sana). Some actors have developed and implement outdoor exercise programs for people living with physical disabilities. Horticulture Therapy tends to be popular for

hospital in-patient populations and elderly community members who are living with disease and their caregivers (e.g. Portland Memory Garden for those living with Alzheimer’s disease and their caregivers). Research and education actors are typically connected to the leading Oregon universities (e.g. OHSU, OSU, PSU, Lewis and Clark) and their outreach programs – most notably OSU runs a Horticulture Therapy accreditation program and Lewis and Clark run an Ecopsychology module. Additionally, some courses and training are provided by independent boards (e.g., the Association of Nature and Forest Therapy) or by community colleges (Fig. 94).

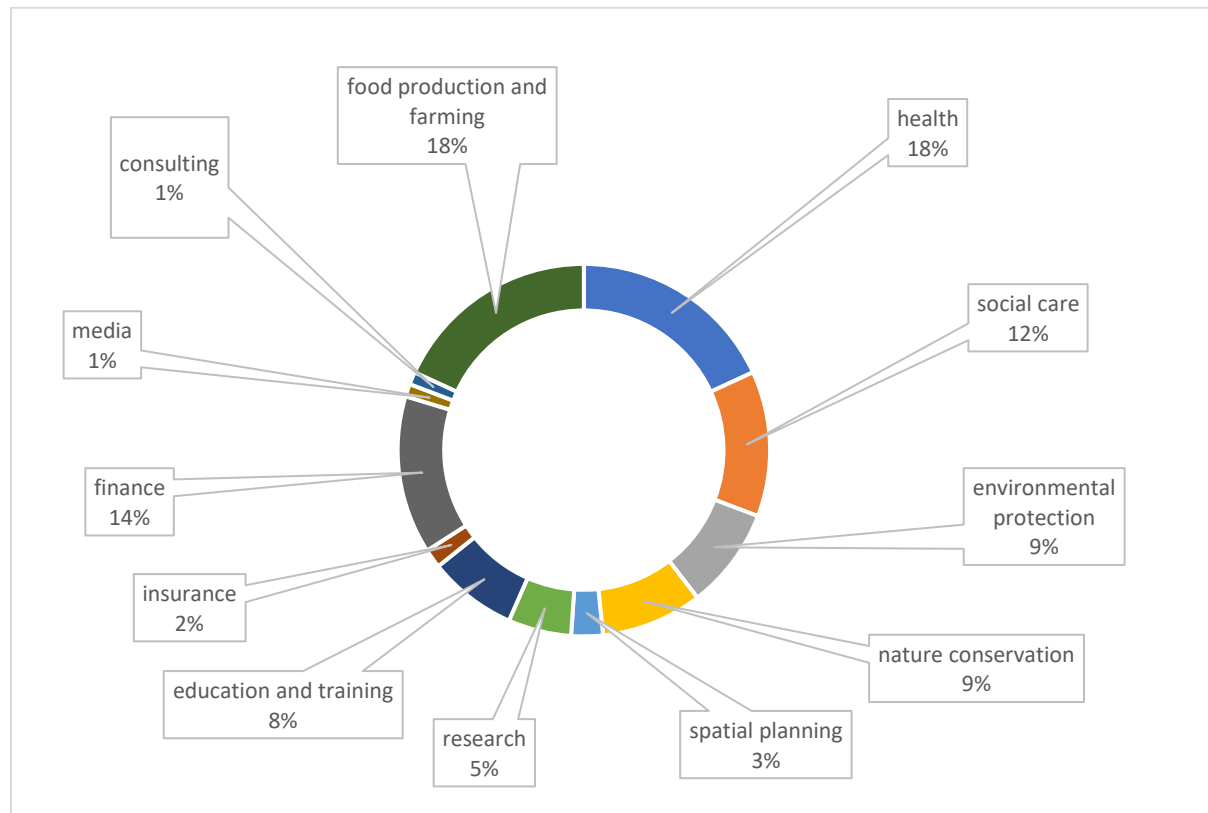


Figure 94 Main fields of activity of green care actors (Portland, Oregon, US)

3.9.2 Actor role, green care focus and target groups

Policy and decision-maker roles were concentrated amongst government offices (all levels) and landowners and managers, including conservation managers, as well as amongst hospital networks who have the power to provide green care (therapy and prescription) options for in-patient and out-patient populations. Intensive outpatient programs offer one of the most feasible and cost-effective ways for US hospitals to prescribe green care programs to out-patients that can be covered by private and public insurance, but this requires strong motivation by the hospital network to implement structural changes. An exception to this disjointed hospital referral process is the Veterans Association (VA) hospitals, which are funded federally and can more easily prescribe green care to VA patients, internally, within the VA hospital system.

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The VA implements a Whole Health policy across its hospital network and is a decision maker, implementer, and supporter of green care. This is a similar model to the National Health Service (NHS) in the UK, whereas all other healthcare providers in the US are more disjointed in their referrals and care due to the way the US healthcare system is financed. Most actors played multiple roles in green care. All actors played more than one role, except for animal assisted intervention providers, healing landscape designers, and universities and research institutes, who were exclusively implementers, supporters, and supporters, respectively (Fig. 95).

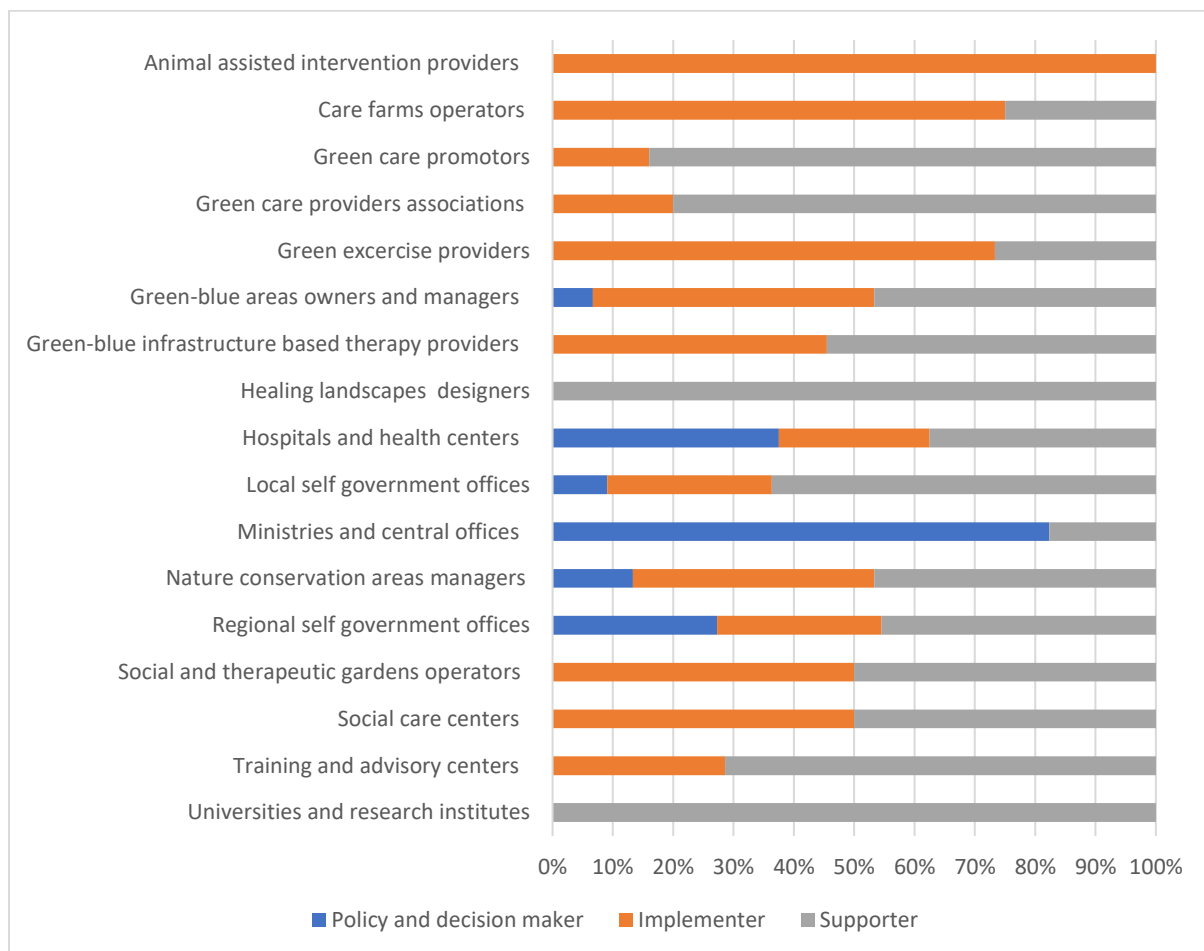


Figure 95 Roles played by green care actors (Portland, Oregon, US)

Actors can focus on one, two, or all three scales of green care—nature in everyday life, nature based therapies, and nature based health promotion. More actors were focused on nature in everyday life and nature based health promotion than those focused on, the more specialized and healthcare oriented, nature based therapy. Nature based therapies are typically offered by an accredited therapist, predominantly accredited horticulture therapists in the Multnomah region, but are sometimes offered by other therapists who are not solely focused on green care, as part of broader intensive outpatient programs (e.g., addiction rehabilitation). Much of the nature based health promotion is through food production and exercise programs, as well as some broader conservation and environmental remediation initiatives (Fig. 96).

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Figure 96 Green care focus by actor types (Portland, Oregon, US)

Programs that were delivered from hospitals and health centers, social care centers, and social and therapeutic gardens tended to serve patients, caregivers, and healthcare workers, or be targeted towards specific racial or ethnic groups (e.g., Black or Indigenous). Additionally, programs that were developed to address Environmental Justice issues (e.g. a tree shade campaign that aimed to enhance tree cover and nature in everyday life in EJ neighborhoods) specifically targeted low-income, majority BIPOC neighborhoods, who are experiencing poor environmental conditions relative to majority white neighborhoods. EJ communities are also impacted by, and therefore prioritized, by the Portland Harbor Superfund Site, which receives major Federal investment for contamination remediation, including metals and chemicals. Biodiversity conservation programs tended to be more general in who they targeted. For example, the “Backyard Habitat” accreditation scheme can be participated in by any person with access to a private garden (Fig. 97).

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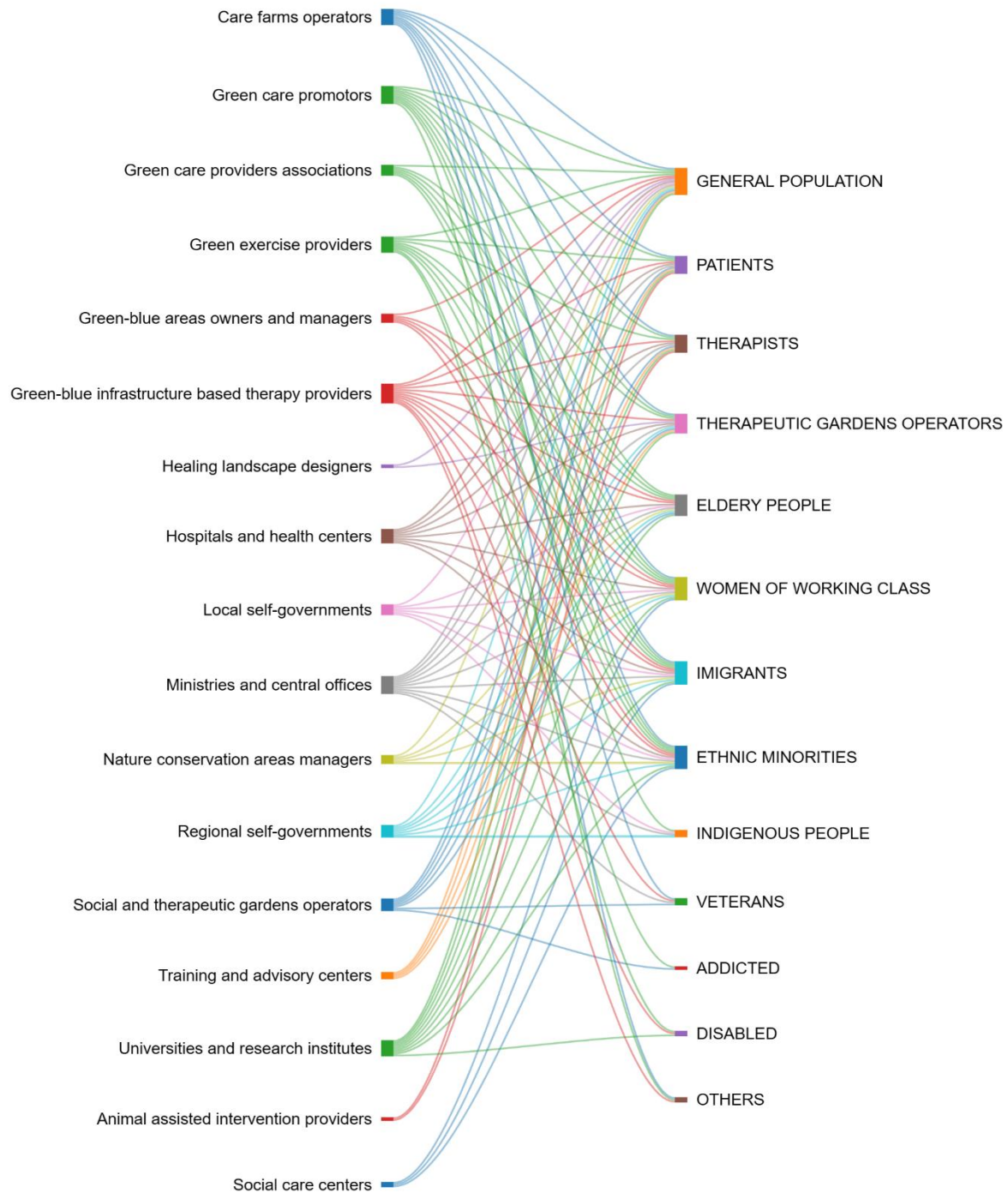


Figure 97 Groups targeted by green care actors (Portland, Oregon, US)

3.9.3 Expertise and influence of green care actors

Actors in the region with the highest level of expertise and influence policy and decision makers include ministries and central offices, self-government offices, nature conservation area managers, and green-blue area owners and managers. Once engaged in green care, healing landscape designers bring high levels of expertise and exert considerable influence on bringing nature into everyday life. Green care providers were more likely to have lower

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experience (less than 5 years) and lower influence on nature in everyday life as many provide specific, short-term programs that target specific populations—some of these programs are new and often the provider actors depend on promoters, university and research institutes, or government entities for funding and expertise.

Social and therapeutic gardens operators, hospitals and health centers, green-blue infrastructure based therapy providers, animal assisted therapy providers, and training and advisor centers that are specifically focused on training horticulture therapy, forest therapy, or other green care therapies had the highest expertise and influence on nature based therapy in the region. Some actors influenced nature based therapy through funding, decision making, and policy, but had little-to-no in-house expertise in the domain of nature-based therapy.

Nature-based health promotion involved nature conservation and horticulture practices in Multnomah County, however, a major mechanism to involve communities in green care and nature-based health promotion in the region was through food production and farming. Care farms produced fruit and vegetables; some farms grow crops that have significance to a specific target community (e.g., heritage varieties familiar to LatinX communities) whereas others simply use farming to engage individuals in socializing, exercising, and connecting to food and nutrition (Fig. 98-100)

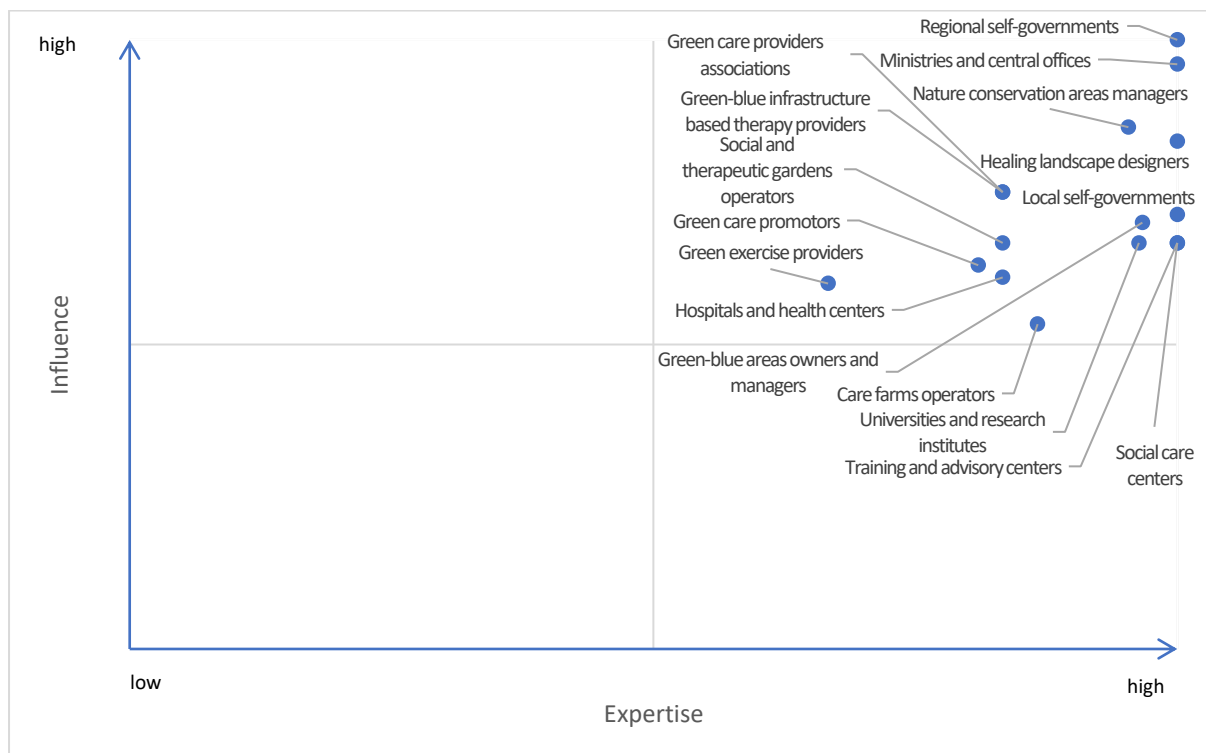


Figure 98 Expertise-influence matrix by actor types involved in nature in everyday life (Multnomah County, Oregon, US)

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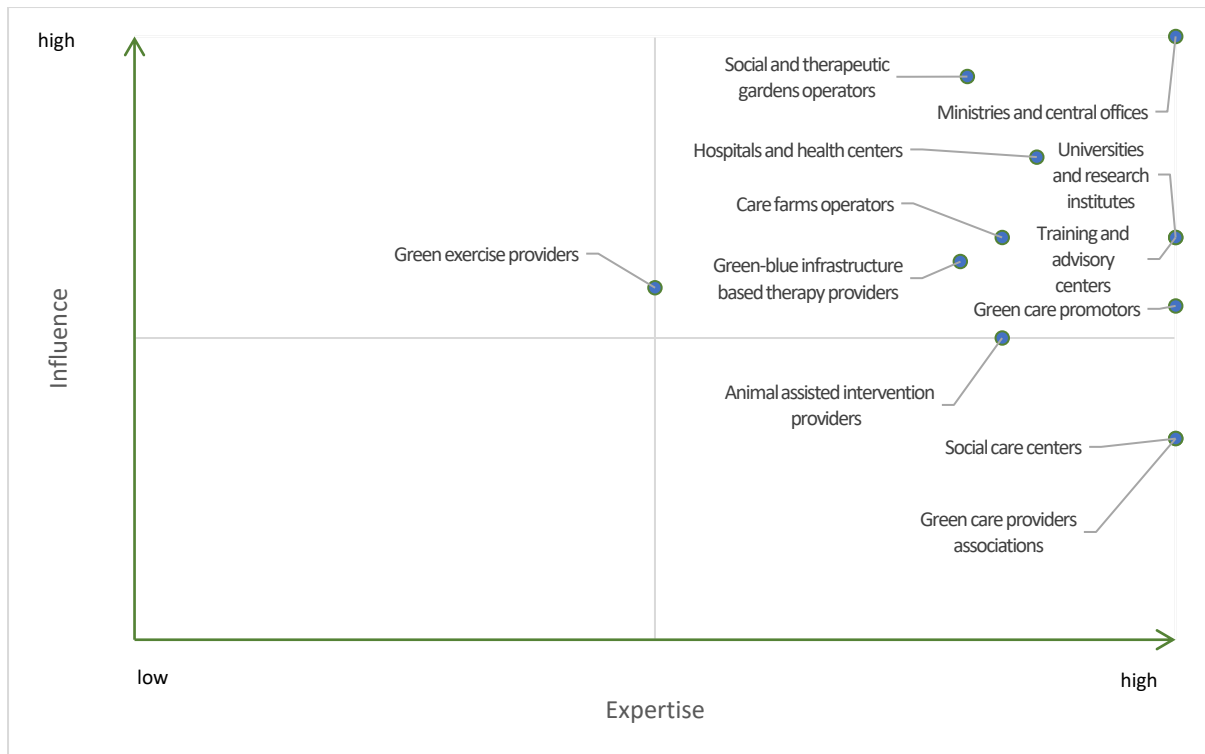


Figure 99 Expertise-influence matrix of actors involved in nature-based therapies (Multnomah County Portland, Oregon, US)

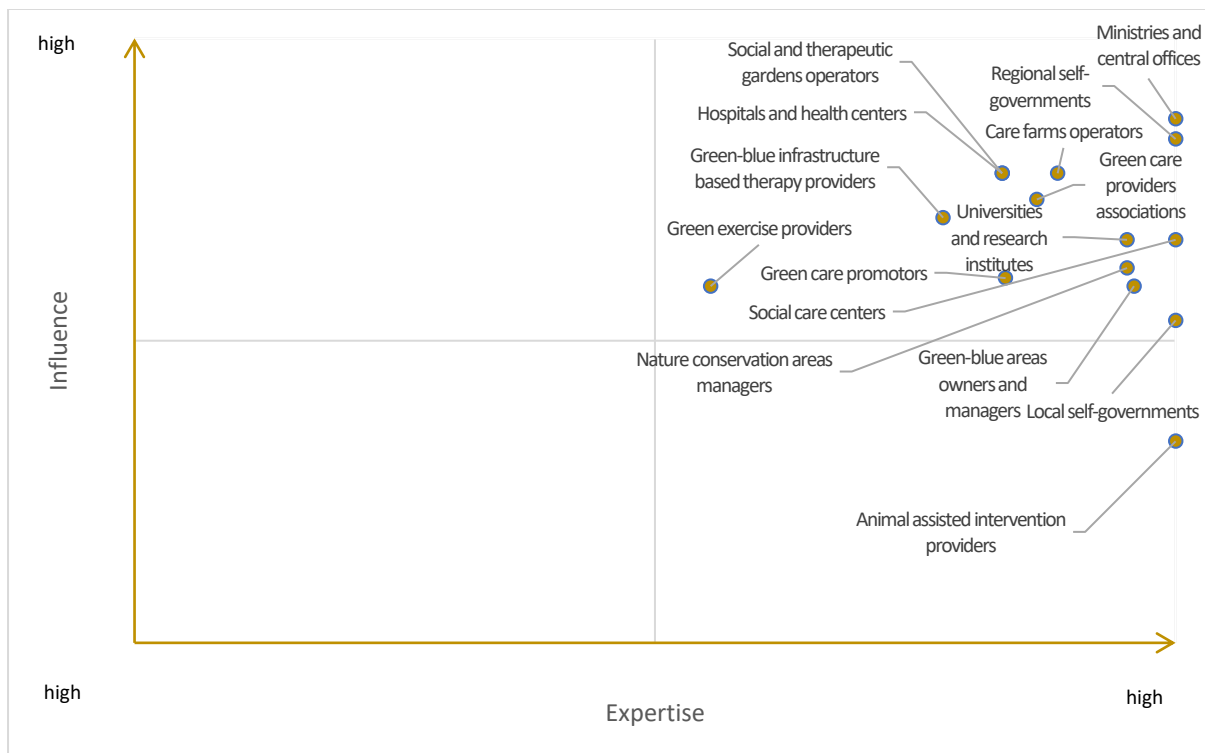


Figure 100 Expertise-influence matrix of actors involved in nature-based health promotion (Multnomah County, Portland, Oregon, US)

3.9.4 Priority green care actors

The analysis performed in the influence-expertise matrices allow the identification of priority actors for the studied Multnomah County. Building on the aforementioned analysis, the identified actor types fall into the following categories:

- key actors - those actor types that are in the high impact and high expertise quadrant in at least one influence-experience matrix prepared for the three scales of green care,
- influential actors - those actor types that are in the high/medium influence quadrant in at least one influence-experience matrix prepared for the three scale of green care,
- experienced stakeholders - those actor types that are in the high/medium experience quadrant in at least one influence-experience matrix prepared for the three scales of green care.

Currently, the most important green care actor types in the region are those who are in the high/high quadrant for each of the green care scale matrix. A total of 16 actor types were identified that could be considered key actors (Fig. 101).

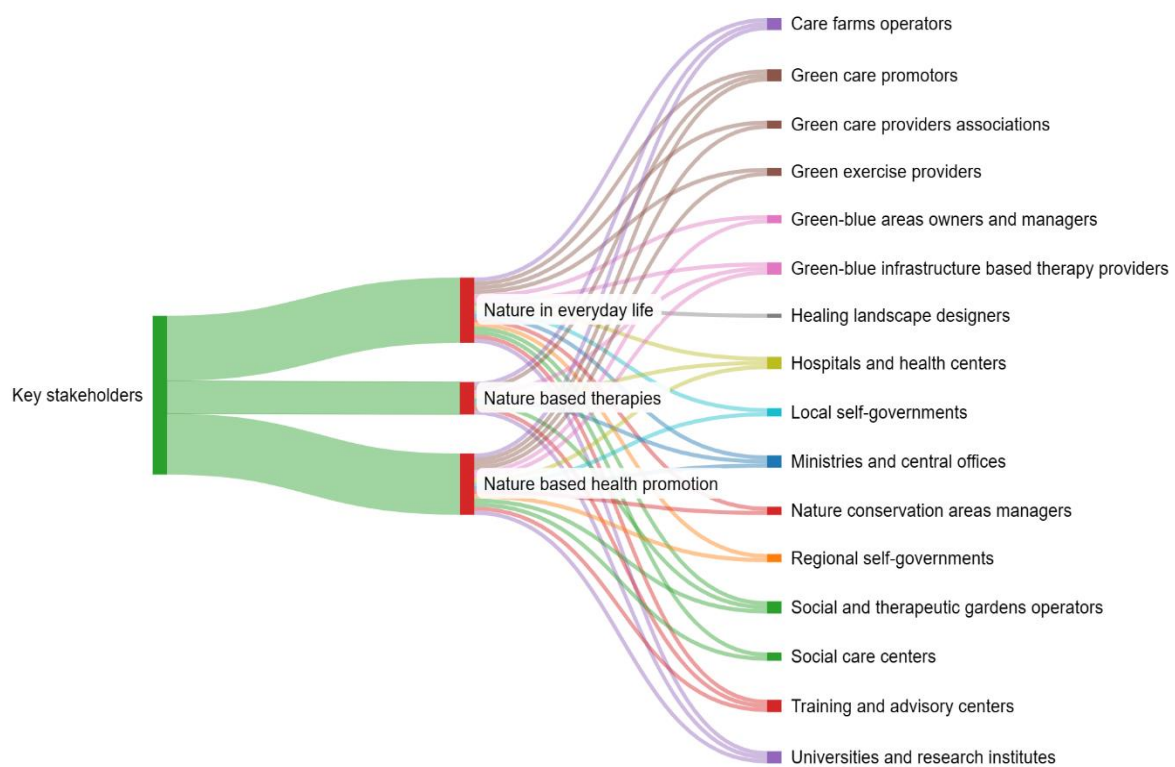


Figure 101 Types of actors assigned to the key actor category (Portland, Oregon, US)

For nature in everyday life the priority actors are ministries and central offices, self-government offices, and nature conservation area managers. For nature based therapy, hospital and health centers, social and therapeutic gardens operators, and green-blue infrastructure therapy providers are key actors, as well as the training and advisory centers

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that prepare and accredit therapists to use green care in their therapeutic practice. In addition to the previously listed actors, care farm operators, green care provider associations, and universities and research institutes are important actors for nature based health promotion in the region.

Additionally to the green care actors involved in nature based therapies and nature based promotion that were previously mentioned in relation to Fig. 101., green exercise providers, animal assisted interventions, and social care centers are of importance in Multnomah County for underserved populations, namely, these actor are important for people living with disabilities, BIPOC, LGBTQ+, or Black or Indigenous people (Fig. 102).

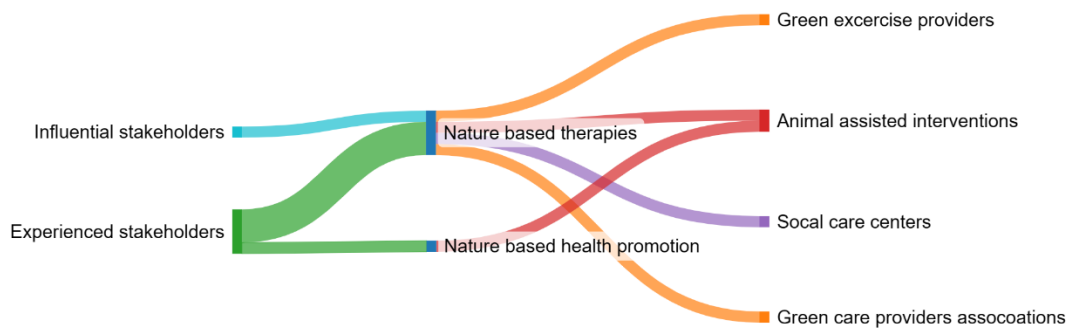


Figure 102 Types of actors assigned to the categories of influential and experienced actors (Portland, Oregon, US)

4. Main groups of actors related to green care

The process of delimiting the main actor groups took place in four stages:

- identification and typology,
- analysis of influence and expertise in relation to each scale of green care,
- categorization according to the overall importance to green care,
- selection of main actor groups.

A total of **626 entities** operating in GreenME study areas were identified. Actors were then divided into **17 different types**. The typology was based on an analysis of all **9 Actor Mapping Sheets** for the individual case studies in partner countries. **The number of types** identified in particular research areas varied, and **ranged from 9 to 16**.

Analysis of the impact-experience matrix for each of the three scales of green care **enabled the categorization** of the identified actors. A total of **27 matrices** were developed (3 green care scales x 9 study areas). It enables to identify **4 categories of actors**: key, influential, experienced and marginal.

A comparative analysis of all the matrices developed for all the case studies revealed that on average about 70% of the actor types were assigned to the key actor category.

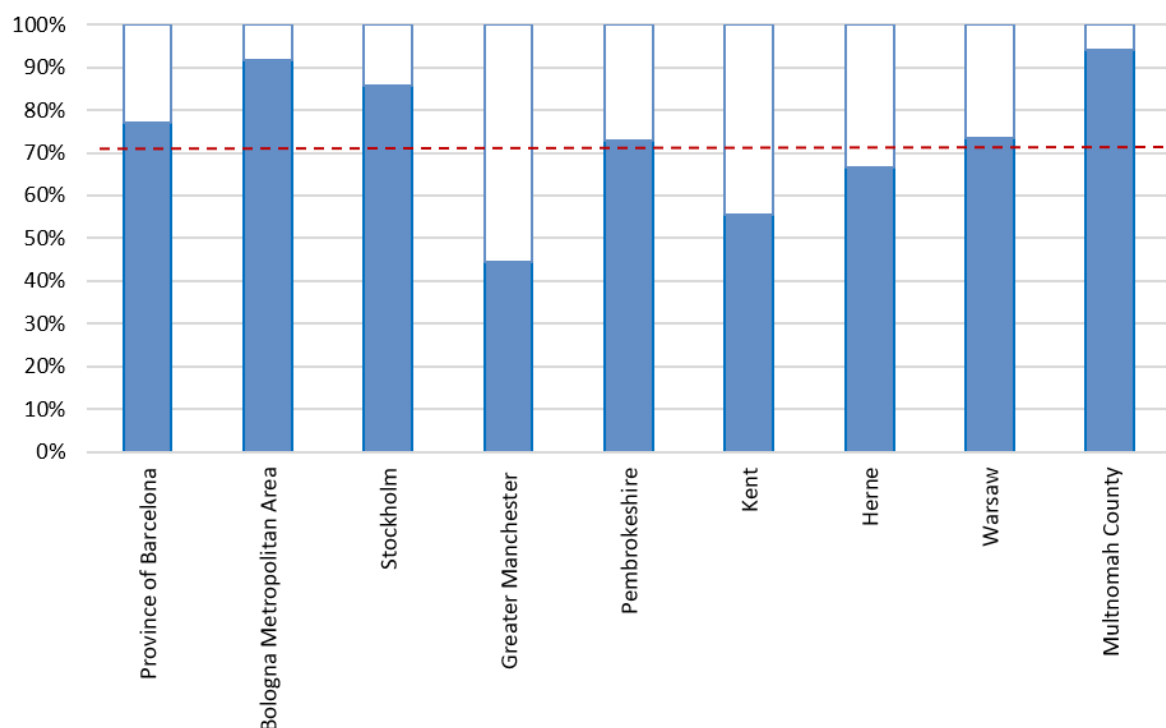


Figure 103 Share of key actors in the total number of identified actor types

Of all the actor types identified, **“Hospitals and health centres”** played the largest role, having been identified as key actors **in 89% of the cases surveyed**. This was followed by **“Local self-governments”** and **“Green-blue areas owners and managers”**, who were identified as key actor in 78% of cases. **“Green care promoters”**, **“Regional self-government offices”**, **“Social and therapeutic gardens operators”**, **“Training and advisory centres”** were identified in third

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place with 67%. The rest of actor types represented between 22 and 56% of the key actors. The only exception was “care farms operators” who were identified as key actors only in the US, so included the lowest percentage of key actors from all types (Fig 104).

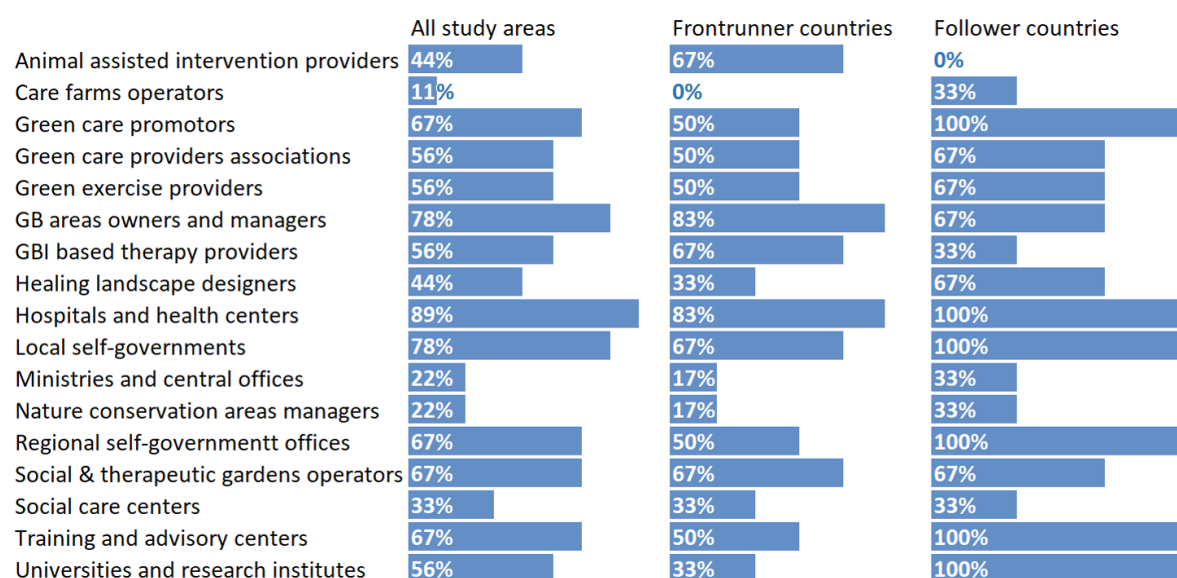


Figure 104 Actor types assigned to the key actor category in studied areas

The data described above varies slightly between frontrunner and follower countries. However, we find that high percentages of key actors are maintained when considering all study areas, frontrunner countries and follower countries for several actor types (i.e. hospital & health centres, local self-governments, green-blue area owners and managers, social & therapeutic garden operators).

As mentioned above, the analysis of the distribution of actors in each quadrant of the matrices showed that a significant proportion of them were in the key actors' category. Due to the method adopted to develop the matrix for each scale of green care separately, the actors that were found in the other categories may overlap with the key actors and with each other. Hence, in 45% of the case studies, no marginal actors were recorded, in about one-third of the case studies their share was around 10%, and only in two case studies it exceeded 20% (Greater Manchester and Kent).

At the same time, it was found that within the categories of influential and experienced actors, the distribution of the number of types was uneven, ranging from 0 to 5. So, in order to fulfil the commitment to interview at least five actors in each group and at the same time ensure their diversity within the actor analysis in Task 2.2, it was decided to combine the influential and experienced categories into one group.

Thus, as a result of actor identification, analysis and categorisation, **two main actor groups** were finally distinguished: **core** and **essential**.

Core actors are those actor types that are in the **high impact and high expertise** quadrant in **at least one influence-experience matrix** prepared for the three scale of green care. This means that this group equates to key actors category.

Essential actors are those who have **high influence or expertise in at least one scale of green care**. This means that the group is made up of all types of actors who fall into the influential or experienced category.

The **actors mapping** provided an **overview of the potential actors** who should be **involved in GreenME's basic activities**, in particular the co-creation of green care solutions and the empowerment of green care actors.

As mentioned in section 2.3, the results of Task 2.1 form the basis for further research in Task 2.2, which aims to determine the state of implementation of green care in each country studied. An integral part of this task is the actor analysis conducted in the form of **semi-structured interviews** and **focus groups**. Both **core and essential actor groups** should be involved in this task in order to have a proper understanding of the main opportunities and barriers related to the implementation and development of green care.

For building the **Green Care Community**, which is part of Task 5.1, the **core group** will be of greatest importance. This group include the widest representation of the types of actors identified for each country. It will therefore ensure a diversity of actors, not least in terms of influence and experience but also in terms of the role they play, green care focus, interest in green care etc.

Detailed recruitment criteria for the mentioned above activities will be developed respectively under the work on Task 2.2 and Task 5.1.

5. Annex 1

An Annex to this deliverable is the Actor Mapping Sheet developed in Excel format (access to it through [this link](#)). Actor Mapping Sheet is a separate file with the following document identifier: [D2.1-SGGW Green care actor map for each study country Annex 1 v1](#)

The Actor Mapping Sheet includes the following data:

- The name of actor,
- Actor contact details,
- Level at which actor is active,
- Sector the actor belongs to,
- Role that actor perform,
- Field of actor's activity,
- Actor's green care focus,
- Actor's interest in green care,
- Actor's interest in mental health,
- Expertise of actor,
- Information and resources held by actor,
- Actor's target groups,
- Future impact on actor,
- Influence of actor.

The Actor Mapping Sheet will remain open throughout the duration of GreenME and new actors will be added as they will be reached during the activities of the project. The Actor Mapping Sheet is a live document, that can be amended as the project develops.