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Upscaling Green Social Prescribing and Urban Agriculture in Cities: Reflections on Social and Horticultural Therapy in the United Kingdom

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Post-COVID policymaking has accelerated investment and support for urban greening initiatives. Even prior to the pandemic, we witnessed across the globe an ever-increasing appetite for the idea of bringing nature into the city through parks, allotments, urban farms, and other green assets. Indeed, the latter in particular has seen perhaps the largest growth in support, with urban agriculture (UA) continuing to be mainstreamed on an international level. This article reflects on UA in the United Kingdom, with an explicit focus on the concept's relationship with green social prescribing (GSP). We reflect on geographers' work in this area, before highlighting practice on the ground and demonstrating the increased impact of UA schemes that adopt this practice. In doing so, we hope that this article influences key actors to be aware of these opportunities and challenges, alongside influencing more geographers to engage with the growing field of GSP.

Key Words: green infrastructure, green social prescribing, nature-based interventions, urban agriculture.

In the post-COVID cityscape, interest in urban greening is at an all-time high (Marchi et al. 2022). From mundane forms of the practice to more radical forms, such as the United Kingdom's most recent “skypark” in Manchester, modeled on New York City's popular High Line (see National Trust 2022), a range of actors are increasingly exploring more creative ways to enhance the concept in urban environments. In a similar manner to the rise in general greening of the urban landscape, there has also been an increased focus on urban agriculture (UA), the growing of food or rearing of livestock in cities (Schoen, Caputo, and Blythe 2020). Even prior to the pandemic, investment in this concept was growing, with funders, policymakers, and the public showing an increased interest in the practice (Schoen and Blythe 2020). Yet, with many UA sites playing a vital role during the repeat lockdowns, through supplying food and providing natural havens for city dwellers, support for the concept has increased even more (Caputo, Rumble, and Schaefer 2020; Kirby et al. 2021).

Indeed, studies on UA have rapidly expanded among geographers, ranging from the concept's relationship with gentrification (Hawes, Gounaridis, and Newell 2022) to its motivations and impacts (Kirby et al. 2021) and even the informal side of the practice (Hardman et al. 2018). Parece et al.'s (2016) analysis of the potential of UA reveals the substantial benefits it can bring to neighborhoods, from enabling more self-sufficiency to connecting often fragmented communities. Their reflections reveal the wide-ranging opportunities that arise from the practice, such as increasing urban biodiversity and

its role in healthy place-making practice. Tornaghi (2014) added to this by revealing how some “projects in post-industrial cities are even playing with the urban form” and called for a “research agenda for a critical geography of UA” (493) to advance studies within the broader field.

In this article, we aim to build on this burgeoning research, with a particular focus on green social prescribing (GSP), an approach gaining traction both within UA practice and geographical studies. Natural England (2022) described GSP as “the practice of supporting people in engaging in nature-based interventions and activities to improve their mental health.” The concept connects individuals or groups to nature-based interventions (NBIs), such as UA sites, which offer an array of activities (NHS 2022). As Kiely et al. (2022) argued, there is an appetite to mainstream GSP within conventional global health systems, with UA often at the center of this global upscaling drive.

Indeed, there is a growing research base within the field of geography itself, such as Mitchell et al.'s (2021) work on the need to upscale GSP practices in urban environments, to reflections on specific interventions, such as McGuire et al.'s (2022) analysis of community gardening on prescription or Pitt's (2014) work on the impact of therapeutic interventions. Bell et al. (2018) demonstrated how geographers are pioneering critical work around the concept. In this context, they encourage deeper engagement with GSP and highlight how geographers are uniquely placed, given the transdisciplinary nature of work in the area and ability to employ

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methodologies that help to understand the real value and impacts of such an approach.

This article reacts to such a call for a deeper understanding of practice, also raising awareness around innovation in UA to enable more resilient projects. With the latter, many schemes are financially vulnerable, with a range of projects closing in recent years (Hardman, Clark, and Sherriff 2022). We begin by reflecting on practice with UA spaces and how many, whether an allotment, community gardening, or large-scale urban farm, are now incorporating GSP into their spaces. In this sense, they are diversifying their activities to generate new revenue alongside enabling further impact, either through formal programs or informal self-referrals. We then proceed to ground our article's thoughts through a case study, to further illustrate these points and to showcase UA and GSP on a more detailed level, reflecting on the power of projects that are diversifying their offerings and thinking in more creative ways to engage urban communities and, in part, responding to Bell et al.'s (2018) call for deeper understandings of GSP. Ultimately, this article aims to encourage more work with GSP, both from UA practitioners and geographers.

Background

Growing Social Prescription

The social, environmental, economic, and health benefits of UA are well documented (see, e.g., Holland 2004; Al-Chalabi 2015; Gray, Elgert, and Winkler Prins 2020; Kirby 2021). Post-COVID, there has been a further rise in studies exploring the idea of bringing food into the cityscape, with geographers at the forefront of this drive, in part due to their unique positions and ability to draw on a range of methodological tools. Recently, work has shown the impact of urbanization on UA (Willkomm, Follmann, and Dannenberg 2020), to issues around the distribution of such assets within the built environment (Kamble, Bahadure, and Punglia 2022). Within geographical studies, a particular growth area has involved work around the health (dis)benefits of UA, with a range of studies demonstrating the value of the practice in terms of mental, physical, and general well-being benefits (Pitt 2014; Bell et al. 2018), to studies exploring concerns around contamination and human health (Chipungu et al. 2015).

"Social prescribing," a community referral process that enables general practitioners (GPs), nurses, and other health care professionals to refer people to a range of local, nonclinical services, is becoming ever more popular (Public Health England 2019). The concept of social prescription is not reserved to merely green infrastructure, but has also been popular within other areas, such as the arts and culture

sector. An example here can be seen with museums, which are facing increased economic pressures as a result of local authority budget cuts and wider austerity measures (The Museum Association 2018; Thomson et al. 2018). In terms of GSP and UA, social prescribing champions and related positions are now starting to become commonplace on many sites, from the micro to macroscale spaces (Kiely et al. 2022). Studies have shown that the spectrum of UA sites, from allotments to rooftop growing, can help to reduce pressure on conventional health services through reducing hospital admissions and care requirements (Howarth et al. 2020).

The concept is flourishing across the UA range, with a variety of funding streams attracting actors in the sector to the concept, highlighting how the idea is very much at the center of the NBI movement. In particular, larger sites are exploring GSP at scale, with evidence showing that some are considering the movement central to their economic futures, through combining formal referrals with an informal self-referral model (Northern Roots 2023). Despite the upscaling of GSP within UA, Bell et al. (2018) argued that this should not be viewed as a magic fix, but rather an activity alongside traditional treatment for conditions. There is also constraint with GSP and the nascent high-tech UA sector, which is gaining traction among investors and media at present (see, e.g., Baumont De Oliveira, Ferson, and Dyer 2021). Indeed, observers have noted the potential negative health issues related to this expanding movement, with projects often located underground or in areas that can have a negative impact on project participants (Caputo, Rumble, and Schaefer 2020).

Funding Restrictions and GSP in UA

Although the pandemic has led to more interest in UA, there are still significant barriers to the practice, ranging from intense competition for funding to soil conditions and vandalism (Bell et al. 2016). With funding, even if a UA project is successful in the extremely competitive environment, evidence suggests that this often requires additional activities that can put strain on existing operations, resulting in unsustainable expansion in some cases (see, e.g., The Salford Star 2015). Those UA projects that consistently rely on grant funding are often the most prone to ceasing operations, with studies showing that many have faced sudden closure, which has in turn negatively affected communities and the advancement of the general concept of city production in some areas (Hardman, Clark, and Sherriff 2022).

Despite the GSP agenda gaining popularity within the UA movement, the competitive nature of the funding for this concept is still preventing many projects from gaining access to the movement (see,

e.g., GMHSC 2021). Finance in the GSP arena is somewhat restricted at present and is often focused on pilot schemes, such as trials (Kiely et al. 2022). In the United Kingdom, funding varies regionally, although there is work at a national level to explore models for sustaining activities (NHS 2022). Risk-averse health managers and an inability to recruit specialized actors who can facilitate GSP on UA sites are also argued to be key barriers in preventing spaces from embedding the concept (Howarth, Lawler, and Da Silva 2021). As Fixsen and Barrett (2022) demonstrated, some spaces offering GSP are finding it difficult to ensure a steady stream of participants, with barriers ranging from transport issues to wider social and health issues.

Those who lose out in the funding race are often smaller sites, which are ill equipped to afford time to submit competitive bids or deliver complex GSP projects for fairly tiny amounts of money (Court, Hardman, and Kelly 2022). The pilot scheme nature of funding is occasionally viewed as a distraction by such spaces, and reporting mechanisms for the grants are also viewed as excessive. With personnel often numbering much lower on such UA spaces, this often results in a lack of time to divert from core activities and focus on grant schemes (Schoen, Caputo, and Blythe 2020). As Court, Hardman, and Kelly (2022) showed, the lack of historic success is also a barrier here, with actors dissuaded from applying based on previous efforts that have often failed to secure funding.

The Impact of GSP in the UA Movement

Despite the barriers to UA and GSP, there is clear evidence that the latter is having a major impact when implemented correctly on productive spaces. Kim et al. (2021) highlighted an example in South Korea, in which GSP on community gardens led to increased self-esteem and reduced depression among participants. Similarly, Leavell et al. (2019) showcased how similar impacts were witnessed across UA projects implementing GSP in the United States, with mental health, social connections, and physical health among the many benefits. Although there is some disagreement in the terms used for the approach, the movement is clearly rising rapidly on a global scale.

The wider evidence base on GSP shows some impressive metrics, from reducing GP visits by 40 percent (Ewbank 2020), to helping to avoid up to 50 percent of accident and emergency admissions among participants (Varnam 2019). Adding to this, the United Kingdom's NHS (2022) highlighted how a survey of GPs showed that they perceived that the concept could reduce their workload by 60 percent, particularly among regular attendees to their surgeries. The latter was based on the upscaling of the system, beyond much of the pilot work currently

undertaken on UA and similar sites. Indeed, the NHS (2022) highlighted how social prescribing champions and a network of supporting actors are being rolled out in England to aid with the mainstreaming of the practice. Reflecting on the use of such statistics, Bell et al. (2018) highlighted that, although the data will be appealing to policymakers and other key actors, there is a need for more depth, given the diverse array of people involved in GSP. This is echoed by Fixsen and Barrett (2022), who called for more comparative studies of "social prescribing in different socioeconomic localities" (11) to enhance our understanding of the concept.

We now proceed to reflect on a case study to demonstrate how small-scale UA practitioners can embed GSP and elements of the wider social prescribing agenda, through creative means; in part, providing the depth that has been called for within geographical studies. Through the case study, we hope to show how other projects can follow suit, through revealing the impacts, both from a coordinator and user perspective. The case study acts as a tool for conveying the power of these spaces, the potential for GSP, and the potential for additional revenue generation. More important, it demonstrates how smaller sites can seize on the momentum behind GSP and avoid losing out on the significant pots of funding that exist globally at present. In doing so, we hope to encourage these vital UA spaces to explore GSP more, alongside raising awareness for similar studies within the broad field of geography.

Reflections on Innovation: The Get Up & Grow Model

Get Up & Grow is an organization that promotes and supports the health and well-being of local communities across Oldham and Rochdale in Greater Manchester, United Kingdom (see Figure 1). A key focus of their activities surrounds the use of social and horticultural therapy (SHT). SHT is a process that uses the interactions with plants and gardens to improve physical and mental health, and it is a form of GSP (Thrive 2022). The horticultural aspect of SHT is defined as the active involvement with plants or plant-related activities to improve a person's state of health and well-being. The social aspect of SHT relates to the social connectiveness and interaction created when involved in horticultural activities (Cipriani et al. 2017). Get Up & Grow combines the therapeutic and social aspects of the horticultural therapy by providing sessions that aim to increase social connectiveness and interaction by engaging with nature-based activities. Using SHT to improve a person's physical or mental health can include viewing plants, planting activities, and the



Figure 1 Greater Manchester in the United Kingdom with Get Up & Grow's primary operating area highlighted. Source: Contains OS data Crown Copyright and database right 2023.

involvement with regard to caring for them (Brown et al. 2011).

Engagement with plants in these contexts has been proven to have a positive impact on health and well-being, for example, through improving cognitive and sensory motor functional improvement, emotional stability, increasing social connection, and overall life satisfaction (Soderback, Soderstrom, and Schalander 2004). Get Up & Grow creates specialized SHT sessions to help improve the health and well-being for those living with dementia, residents of supportive living, and disabled adults, and wanted to have a methodological approach to capture the positive impact their sessions have on the physical and mental health of participants. The organization is an example of a small-scale UA champion that has recently adopted GSP as a means to generate more funding, further its impact, and enable more sustainable operations in general. Formed prior to the pandemic, Get Up & Grow operates from a number of community gardens and sites across Oldham and Rochdale, relying on mostly grants and some income from activity delivery. The space in which they operate contains some of the most deprived areas in England. Indeed, Oldham was once labeled the most deprived town in England and is currently ranked the least affluent in the region (Oldham Times 2022). Rochdale faces similar issues, with the

Office for National Statistics (ONS 2023) showing how the town currently is in the “bottom 20% of local authority areas for health.” Miah, Sanderson, and Thomas (2020) argued that they are among the most multicultural areas in the country and have long faced issues around fragmentation within their respective communities. In part, projects such as Get Up & Grow aim to tackle this by bringing such communities together through community gardening and GSP activities. We now proceed to reflect on the opportunities, along with the barriers, to such an organization adopting GSP, reflecting on lessons for other providers to follow suit and seize on the movement's momentum.

Method

Our research with Get Up & Grow was supported by a grant from the Ideas Fund and focused on exploring the impact of their activities from 2020 to 2022. A key focus here was to explore innovation in terms of tackling mental health and general well-being, given the areas in which they operated were above the national levels for these conditions and had significant pressure on their conventional health systems (see, e.g., Oldham Council 2021). Although we explored their wider operations, our key focus

was around their community garden operations in Oldham. We adopted a methodological approach with Get Up & Grow that could capture the impact of each SHT session and enable participants to evaluate how the sessions affected their health and well-being both within and outside the sessions. How the impact of the project is captured correlates to the underpinning principles of Heron's (1996) cooperative inquiry approach. Heron's approach is centered around the ethos that research should be done with people, not on people, and rather to empower participants, as opposed to exploiting them. Supporting participants of the Get Up & Grow sessions to actively engage with how the project has affected their health and well-being further means they were viewed as co-researchers. It also encouraged participants to cocreate the delivery of the SHT sessions, so they are designed to meet their needs and interests, which is a core value of Get Up & Grow and their overall mission (Figure 2).

A range of tools were used to understand the impact of SHT within Get Up & Grow's UA spaces in Oldham, from interviews with community members and participant observation to diaries focused on collecting broader health and well-being data. This centered around the weekly sessions in which the researchers built a rapport with the local community, with sessions often attracting up to twenty attendees at a time. In this context, a research assistant was embedded in the group to collect observational data, carry out the interviews, and train the community on how to complete the diaries. A snowball sampling approach was used with the qualitative data, which involved engaging a number of actors,

from the organization itself to residents and others in the locale.

Alongside the weekly observed sessions, some fifteen interviews were conducted and twenty diaries completed with organizers and participants. The participants were mainly older women from the local community, with a few younger members on an ad-hoc basis; this was predominantly due to Get Up & Grow's core activities occurring during the working week. Participants were recruited from those who attended the sessions on a weekly basis, with diaries kept from the beginning of the field activities in 2021 to the end of the study's funding in 2022. This enabled a reflection over several growing seasons of the project. Thematic analysis, through NVivo, was used for the qualitative material and the diaries to collate the metathemes and to ascertain the impacts and challenges of the work. Ethical approval was obtained through our institutional processes, which, given the focus on collecting participant health data, were robust and detailed. The latter should be noted for geographers delving into this field of study and the added layer of complexity with research in this emerging area.

Of note were the diaries, which have been identified as an effective tool in research for collecting subjective data over a long period of time, especially when investigating health and well-being-related issues given that the process can identify how daily lives and routines affect health-related issues (Milligan, Bingley, and Gatrell 2005). Incorporating reflective learning within a diary entry is beneficial for processing new knowledge from a learning or unsettling experience, identifying what has been



Figure 2 Part of the community garden operated by the organization in the area. Photo by author.

learned and how to make sense of a situation (Moon 2005). Reflective learning enables participants to observe and manage learning experiences to formulate action plans for future effective learning (Harrison, Short, and Roberts 2003). Reflective field diaries can enhance written communication and critical self-reflection skills as the process encourages the participant to move beyond recording facts and knowledge toward a personal reflection on how the experience has affected them (Dummer et al. 2008). Such an approach is popular across the field of GSP research, with other studies using diaries as a tool for reflecting on the impact of projects and interventions (Howarth et al. 2020). The purpose of the reflective field diaries in this context was to encourage participants to reflect on how the engagement with nature and social interactions has affected their mood, and in turn physical and mental health over a period of time. The outcome of the reflective field diaries enabled participants to identify their own behavior changes, thus promoting independence on how they can continue to engage with nature for the benefit of their health and well-being. Combining this with the wider qualitative material enabled a more holistic view of SHT within a UA setting, along with broader activities practiced by Get Up & Grow.

Innovative Practices

Weather conditions and seasonal changes are barriers for implementing horticultural therapy all year round (Cipriani et al. 2017). Get Up & Grow purposely coordinates its sessions to be engaging throughout the varied seasons and appeal to people with different interests related to nature. Examples include ceramic painting, pottery making, or hosting food sessions that used harvested produce. Figure 3 is an example of how seasonal SHT activities can be hosted all year round and fall in line with the growing season, enabling maximum value from UA spaces, particularly those with adjoining buildings like the one situated at the Get Up & Grow community garden site.

The reflective field diaries identified how the vast supply of SHT activities enabled participants to foster new skills and interests in nature. For instance, one participant previously would not independently engage with creative activities, such as pottery making. By the end of the cycle of sessions, the participant pursued enjoyment out of the nature-based creative sessions and considered it to be a therapeutic activity that they wanted to advance beyond the initial program. The all-around nature of the activities enabled income generation outside of the growing season, ensuring that the organization's funding transcended the growing seasons. In this sense, the model showcased in Figure 3 demonstrates a simple

way of enabling social prescription beyond the productive season, enabling schemes to remain active during the more challenging times of the year.

The coordinator of Get Up & Grow noted:

The therapeutic activities are co-designed by the groups interest with adaptations implemented so the sessions can be pitched at any level and is inclusive for everyone. The sessions are tailored to the group. Person centered and cocreated is an important factor as well as the agreed outcome and time of the session.

In this sense, the array of activities resulted in a more inclusive program overall, enabling participants to be somewhat selective in how they took part. Furthermore, by stretching the activities into the winter months, the coordinator noted how the impact was greater. Evidence shows that social isolation is felt more during the darker and colder months, with participants benefiting from these regular sessions beyond the growing season (Bell et al. 2018; Howarth et al. 2020). Data from the participants corroborated these findings, with metaqualitative data revealing that attendees felt more confident, better connected to their community, and generally healthier through attending the sessions.

Qualitative material, showcased in Table 1 from the field diaries, adds depth to these metathemes through demonstrating the power of the various activities. Respondents voiced how the variety of work significantly affected their mood, social activities, and general enjoyment. Several also voiced it as an escape from day-to-day activities, especially in the winter months with their long, drawn-out, dark nights. Although only a single case study, this demonstrates how a UA scheme has adapted: expanding beyond GSP to broader activities that have resulted in further impact, revenue during the off-season, and a closer working relationship with the community. Moving forward, Get Up & Grow has designed GSP packs to attract more residents from the diverse community and to further the space as a hub, moving beyond individual outcomes and aiming to be an important asset for breaking down barriers in the fragmented area (Miah, Sanderson, and Thomas 2020). Such findings link well with the wider literature base, with wider studies demonstrating the power of even small-scale UA sites on affecting participants' health and well-being alongside community cohesion (Bell et al. 2018).

Discussion

This article highlights how interest in GSP is at an all-time high in the post-COVID city. Significant barriers, however, still prevent the concept from flourishing. The very concept of social prescribing is

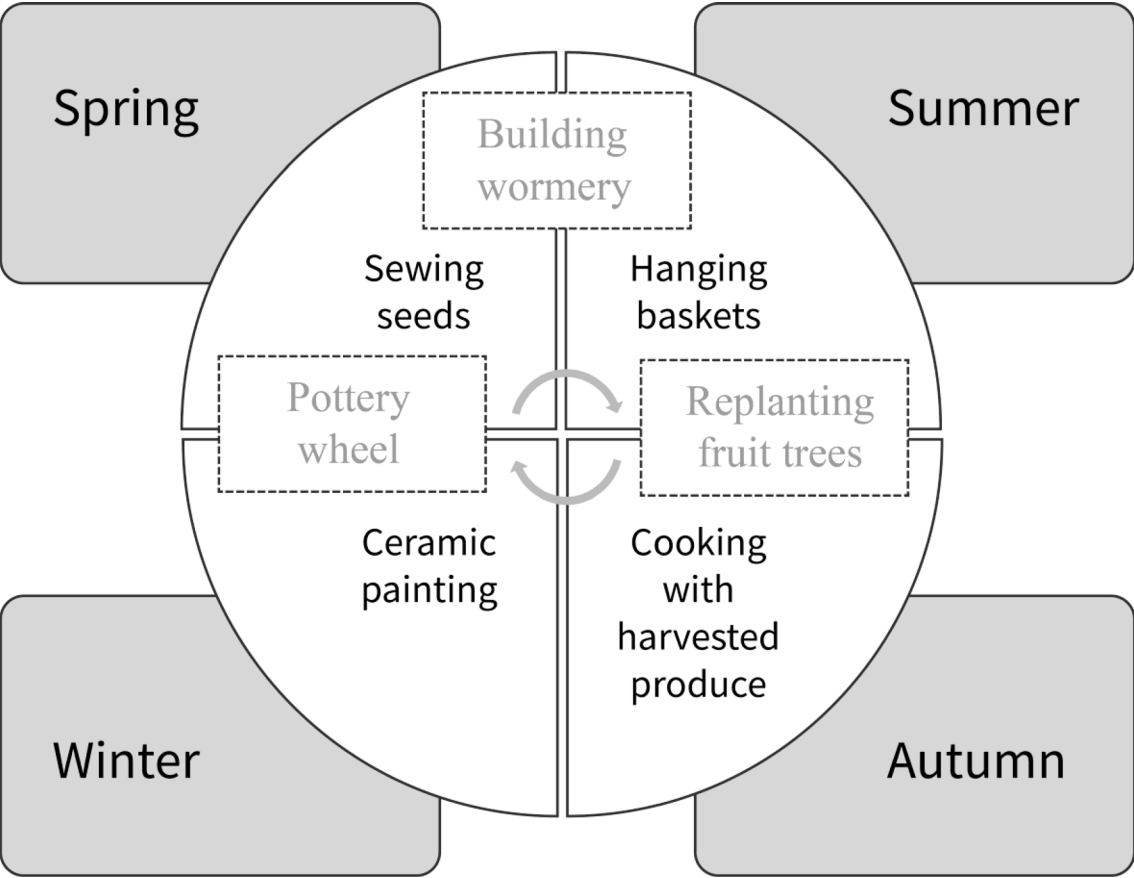


Figure 3 *An overview of Get Up & Grow's engagement activities.*

under the media and academic spotlight at present, with some articles even critiquing the approach (Kiely et al. 2022). Indeed, as we outlined at the beginning of this article, the concept is gaining attention within geographical research, with a host of studies showcasing the impact and potential of the practice (see, e.g., Pitt 2014; Parece et al. 2016; Willkomm, Follmann, and Dannenberg 2020). This article has, in part, responded to Bell et al.'s (2018) call for more depth around GSP, through reflecting on practice within a "typical" UA project in a deprived community. In doing so, we have aimed to highlight the immense impact of the approach, even in the smallest of spaces, with the data showcasing the value of GSP to the wider community.

Our reflections also highlight the wider benefits for UA schemes, which are often underfunded, even in the postpandemic age. Studies have highlighted how UA spaces face ever-increasing competition for funds and the need to diversify activities to enable greater impact (Schoen, Caputo, and Blythe 2020). As evidenced earlier in this article, there is a plethora of UA projects that have ceased to exist, mostly due to the lack of diversity in their activities and overreliance on certain streams of funding. Our

argument here is that GSP and the wider social prescribing movement offers an opportunity to diversify, while enhancing impact and income generation for UA spaces. We also argue that smaller sites, such as the Get Up & Grow case study, offer immense value; in this sense, GSP should not be the preserve for larger UA actors alone, but rather embedded across the spectrum where feasible. Smaller UA sites adopting GSP and associated practices could lead to more recognition alongside extra funding. The "hub and spoke" model often used for GSP in the United Kingdom, with central organizations bringing together link workers and practice partners, enables smaller UA sites to be part of larger programs, enabling new knowledge transfer networks to form and enhancing resilience in the longer term. This model is being enacted in Oldham with larger sites, such as Northern Roots—the largest urban farm and eco-park in the United Kingdom—linking with smaller actors to enhance impact (see Northern Roots 2023).

There are challenges to adopting GSP and other forms of social prescribing on smaller UA sites. Indeed, many of the activities highlighted in our case study required the use of a building, which

Table 1 A flavor of the qualitative field diary material, showing the impact of the activities shown in Figure 3

Themes	Subthemes	Quotes
Enjoyed doing the activity	Creativity	Make my mind work what design you gonna place in [the] plate to make it beautiful. (Participant 14)
	Outdoors	Enjoyed being outdoors and working with plants. Enjoyed getting out of the house. (Participant 15) I love being outside in the garden. (Participant 11) I got to take them [the flowers] home and they are still alive, woo! (Participant 12)
	Learning	[Pottery wheel] Learning something new again. (Participant 5) [Painting] Something new and I enjoyed. (Participant 6) It reminded me of being back at school. I took pottery as my craft [high school] subject and have always wanted to have another go at it since. (Participant 7)
	Accomplishment	Being able to do this activity [the pottery wheel] being disabled ... thank you for helping me make a pot and to drive the potters wheel. It was really enjoyable. (Participant 13) Loved this activity [hanging baskets] so relaxing and feeling proud of what has been achieved, so happy with my hanging basket. (Participant 10)
Meeting other people	Relationship building	[Ceramic modeling] Meeting other people from the commuting ... Make my time worthy meeting also new friends, which is like a big family. (Participant 14)
	Social connection	[Painting] Enjoyed being with other people and trying new things. (Participant 15)
Mood	Relaxing	Enjoyed my craft and the company. (Participant 8) [Painting] Feel relaxed and stress relieved for a while. (Participant 4) Craft [is] really relaxing. Because of my activities I feel better in myself. (Participant 10)
	Energetic	It's so relaxing doing the painting. (Participant 3) [Gardening and weeding] Relaxing and energetic together. (Participant 13)

might not be feasible in some contexts. Adding to this, working with communities with particular needs often requires a certain level of experience. In the case of Get Up & Grow, the lead practitioner had attended several courses to gain skills in the area, all of which were costly and again could be a potential barrier to small-scale providers. Another core issue is the need for evidence, with funders often wishing to see the impact of their investment. Our case study shows how working with a research partner can enable this evidence collection, while ensuring that small UA teams are not overstretched, given their focus on delivering GSP and wider services from their spaces. Innovation, through involving students or other groups, is perhaps another way to collate this crucial material.

Moving Forward

Through adopting a strategy to embed social prescription activities all year long, UA sites can further their impact, generate more income, and potentially operate more sustainable models. We argue that UA actors should engage with GSP champions, through their local networks, to explore opportunities for getting involved in the burgeoning practice. This in turn could help to fuel the UA movement more broadly within cityscapes through offering new land tenure opportunities, with health service providers, to ensure projects are more resilient and able to move away

from ad-hoc grant funding. Although GSP will not solve all issues in the UA movement, it offers yet another direction and opportunity space for projects to explore and to further its impact in the cityscape.

Geographers play a vital role in enabling these movements, through spatial analysis, ethnographic, and other methods, capturing the impact of these concepts on the ground. Beyond this, it is important for our discipline to raise awareness around the cumulative impacts and meta-opportunities of GSP and UA: its potential to shape urban form, create healthier cityscapes, and, perhaps most important, to cast a critical lens over practices. This article also highlights the immense growth in these areas, particularly with regard to funding and a general appetite for GSP within the post-COVID city. Through continuing to pursue interdisciplinary work and connections, geographers can play an important part in capturing the evidence base for UA projects that partake in GSP. We call for even further collaboration with research domains, ranging from public health to psychology, nursing, sociology, and beyond, to provide data for policymakers and other decision-makers who can help advance such practices. ■

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