

# Health, Well-being and Social Inclusion

Therapeutic Horticulture in the UK

## Executive Summary

Joe Sempik, Jo Aldridge and Saul Becker

This is an Executive Summary of the final report of the three-year research project *Growing Together – Promoting Social Inclusion, Health and Well-being for Vulnerable Adults through the use of Horticulture and Gardening*.

It was prepared by the research team at Loughborough University and is a collaboration between Loughborough University and Thrive with funding from the Big Lottery Fund Research Grants Programme.

Thrive is the national charity whose aim is to enable positive change in the lives of disabled and disadvantaged people through the use of gardening and horticulture. We specifically aim to:

- improve the well-being and skills of disabled and disadvantaged people to bring about greater social inclusion
- widen the knowledge and understanding of the benefits of social and therapeutic horticulture
- increase professionalism and raise standards amongst those people practising social and therapeutic horticulture.

**Thrive**  
**The Geoffrey Udall Centre**  
**Beech Hill**  
**Reading**  
**RG7 2AT**

**Tel: 0118 988 5688 Fax: 0118 988 5677**  
**info@thrive.org.uk www.thrive.org.uk**

Registered as The Society for Horticultural Therapy  
Charity No: 277570 Company No: 1415700



Supported by



“All the information from studies to date makes it clear that gardening is good for you. The Growing Together research shows how it goes much further than that. It is not a trivial activity, but is the setting for a wide range of activities enabling social contact, exercise and group interaction, as well as providing the opportunities for addressing cognitive and physical impairments and for developing vocational skills – all the elements that lead to social inclusion.”

**Sir Richard Thompson, consultant physician.**

## Acknowledgements

The authors acknowledge the co-operation and collaboration of our colleagues at Thrive, especially Tim Spurgeon and Louise Finnis.

We would also like to thank the consultants on the project: John Ferris, Carol Norman, Bill Silburn and Linda Eggins and the Advisory Group to the project: Sir Richard Thompson, Judy Ling Wong, Elisabeth Standen, Ed Macalister-Smith, Jon Fieldhouse and Tony Gatrell.

© Loughborough University in association with Thrive, 2005.

Further information on the project is available at:  
[www.growingtogether.org.uk](http://www.growingtogether.org.uk)

The full report *Health, Well-being and Social Inclusion, Therapeutic Horticulture in the UK*, along with an accompanying publication *Growing Together – a practice guide to promoting social inclusion through gardening and horticulture*, are published by The Policy Press, Bristol.

[www.policypress.org.uk](http://www.policypress.org.uk)  
email: [tpp-info@bristol.ac.uk](mailto:tpp-info@bristol.ac.uk)

## Health, Well-being and Social Inclusion Therapeutic Horticulture in the UK

Contents	Page
Introduction	3
Growing Together: an overview of the findings	4
Social outcomes	4
Work and employment	5
Nature, freedom and space	6
Self-confidence and self-esteem	7
Physical and mental health	7
Organic gardening and sustainability	8
Including vulnerable groups in research	8
Promoting social inclusion	8
Recommendations and implications for policy and practice:	
Health and social care promotion through gardening and horticulture	9
Guidelines for referral to projects	9
Expansion of STH projects to other vulnerable groups	10
Addressing under representation of women and black and minority ethnic groups	10
The role of garden projects for physical health promotion for vulnerable people	10
A professional status for practitioners of social and therapeutic horticulture?	10
Future research	11
References	11

### Introduction

Until now, few studies have focused on the benefits of horticulture and gardening for vulnerable or socially excluded adults, for example, those with learning difficulties, mental health problems and physical impairments etc. However, social and therapeutic horticulture is used widely across the UK to promote social inclusion and health and well-being benefits for a wide number of vulnerable groups. The Growing Together study, which was conducted in partnership between Loughborough University and Thrive and funded by the Big Lottery Fund, comprised three phases: A review of the social and therapeutic horticulture literature (Sempik *et al*, 2003); a review of practice in the UK (Sempik *et al*, 2005a) and an in-depth study of 24 social and therapeutic horticulture (STH) projects in the UK (which also incorporates results from a national survey of over 800 garden projects) – the findings of which are summarised here.

A diverse range of gardening and related activities are carried out at organised STH 'projects' across the UK, based at a variety of sites including gardens, allotments and city farms. While the term 'horticulture' is applied to these activities, they often encompass many different areas of interest associated with the garden or project site and include wildlife conservation, arts and crafts, construction, recycling and other aspects of sustainability.

#### **Growing Together: an overview of the findings:**

- In order to study the effects of participation in STH, 24 garden projects were examined in depth. Interviews were recorded with 137 clients, 88 project staff and carers, and 11 health professionals. The verbatim accounts of all participants in the study were used throughout the full report (Sempik *et al*, 2005b)
- Clients who attend projects take part in a range of activities, including planting, cultivating, growing, nurturing as well as physical work, such as digging, constructing and so on
- Clients benefit from the social opportunities projects offer. Some clients extend their existing social networks while others make new and significant friendships. Gardening also offers clients and others in the wider community who share an interest in horticulture and gardening activity to engage in reciprocal relationships. Projects help to develop closer relationships between vulnerable (socially excluded) and non-vulnerable (socially included) members of society and help to promote the abilities of vulnerable adults, as opposed to their disabilities
- Clients can contribute to production through work, education, training and marketing and selling produce
- Many clients enjoy consuming the foods they have produced, which contributes to their health and well-being and their quality of life
- STH projects offer clients opportunities for self-reflection, relaxation and restoration as well as increased access to 'growing things', nature, 'being outside' and the peace of the natural environment
- Projects also help to promote self-confidence and independence among vulnerable clients as well as contribute to physical and mental health and well-being.

#### **Social outcomes**

*"The people who come here, we've all had the same sort of experience and the people outside that don't understand... when we're in here all together we have a good laugh and that and that's something you can't do outside"*  
(Donald, project client with mental ill health).

STH projects play an important role in encouraging the formation of friendships between clients and helping to develop their social skills. For particularly vulnerable adults, for example those with learning difficulties, the friendships

formed while attending STH sessions are important because these clients often have limited opportunities to make new friends in their daily lives. People with learning difficulties are often isolated and excluded from society and others do not always fully understand their needs nor the fact that they have important contributions to make.

Many clients make new and significant friendships at projects, which sometimes extend outside project time. It is common for clients to form close associations with project organisers and volunteers and important, reciprocal relationships often develop.

Particularly vulnerable clients, for example, those with learning difficulties or serious mental health problems, benefit from project work that emphasises the contributions they can make. For example, many projects are situated close to private residences or in urban areas where local people can see the work that clients do on a daily basis and the contributions they make to the wider community. Furthermore, local residents can become more involved in the work of projects in this respect. Where projects are based on allotment sites, clients often work alongside other plot holders who share a common interest in horticulture.

While all groups in the study benefited socially from attending STH projects, specific groups such as vulnerable women and people from minority ethnic communities could benefit more broadly from increased referrals to projects and from other positive strategies. For example, providing women-only sessions and monitoring intake in order to ensure more equal representation of under represented groups.

#### **Work and employment**

*"Working in something that you want to do, and you're getting a real job satisfaction out of, as opposed to doing something because you've got to as a means to an end"* (Cathy, volunteer/client, project for people with mental ill health, learning and other difficulties).

Projects provide clients with activities in a structured format that resembles 'employment' in many ways. Most of the clients in this study attended STH projects regularly, for around 3–6 hours each time, for more than one day a week. Over half of those in the study attended a project for three days each week or more. However, very few clients left projects for paid employment and project staff recognised that some clients do not always want to move into paid work.

Work at garden projects offers clients opportunities to work in a team (or on their own) without the pressure normally associated with employment. It can also help to promote a sense of identity and status among clients who often

consider themselves to be 'gardeners' rather than unemployed people and this, in turn, helps to build self-esteem and confidence.

Some projects pay small amounts of money as expenses, allowances or shared income from co-operative ventures. Such payments are often valued by clients as it underlines the importance of their active contributions. Training clients in the use of tools and machinery is also an important function of STH projects as it helps to promote the idea among clients that they are 'trained or competent persons'. Many clients who participate in garden projects do not have access to tools and machinery as part of their daily lives and so enjoy the independence and sense of responsibility that working with gardening equipment confers.

#### **Nature, freedom and space**

*"Oh, I just like being out in the fresh air, it just seems natural, you know. I mean, my life has been, really inside and, really, sort of, closed off for a long time, you know, because of my illness"* (Dave, project client with mental ill health).

Most clients attending STH projects value the opportunity 'to be outside'. Their experiences of nature, being in the fresh air and communing with the natural environment is often multifaceted and different clients assign different meanings and importance to specific aspects of being outside.

Evidence from the study shows that there was not only a sense of escape from the 'inside' and its associated restrictions, but a desire to be in the natural environment. The natural, green environment was preferred to the outdoor city environment.

The garden environment was perceived as peaceful and often imbued with a special personal meaning such as a sense of ownership i.e. "your own private space" or a place of healing. Clients and staff frequently felt a deep emotional attachment to nature and to the garden space as the embodiment of nature. Such an attachment could be viewed as a spiritual bond within the context of the modern understanding of spirituality.

The natural environment also appeared to serve as a 'restorative environment' within the framework of Attention Restoration Theory as proposed by Kaplan and Kaplan (1989). It has the dimensions of 'being away' i.e. in a different world or environment which has 'coherence' and 'extent' i.e. the world makes sense, it is part of a greater entity which can be imagined or mapped. It provides 'fascination' i.e. it requires little effort to observe and captures attention (some of the clients used the terms 'fascinating' and 'amazing' to describe their responses to working with, and nurturing, plants). It has 'compatibility' i.e. the project participants appear to enjoy the environment and their experiences within it.

#### **Self-confidence and self-esteem**

*"Well, I mean, I guess the most I've gained from being here is, after my release from hospital, I was feeling very low in confidence and self-esteem. I was very withdrawn, and painfully shy, as well, and since coming here, and people being kind and compassionate towards me, erm, I've been able to build up my confidence again, and felt more self-worth, as well, from being able to see results from my work"* (John, client, project for people with mental ill health).

Participation in garden projects increased clients' feelings of self-esteem and self-confidence. Self-esteem was increased, for example, by the status associated with being a project participant and hence a 'gardener' or 'worker'. This was especially so if the work was paid.

Increased self-confidence was demonstrated in clients' willingness to undertake many different activities. They recognised and acknowledged their own competence in those tasks and gained satisfaction from successfully completing tasks and possessing the necessary skills for them.

Clients perceived that their levels of self-confidence and self-esteem had improved and reported as such in interviews and in responses to questionnaires.

Project staff actively sought to increase the self-confidence (and self-esteem) of their clients by a variety of means, including positive feedback, increasing their level of responsibility, facilitating their work to ensure that clients succeeded, demonstrating that major tasks were achievable, teaching new skills and giving opportunities to try different activities which could result in specific abilities or talents being discovered.

The confidence gained, through the acquisition of skills and knowledge, also appeared to have a positive effect on the reported relationships of some clients with their families and friends.

#### **Physical and mental health**

*"It's a very, very good environment to come and build up your energy levels"* (Sam, client, project for people with physical or mental ill health).

Garden projects offer clients the opportunity to engage in a regular, structured form of outdoor physical activity. Many of the tasks, such as digging or hard landscaping, require the exertion of substantial effort. Clients reported that they felt better, both physically and psychologically, when attending projects and attributed this to their participation. Many of those attending garden projects did not have the opportunity (or access) to participate in any other forms of physical activity, sport or leisure. The opportunity for physical activity that garden projects

offer, may be especially valuable to some groups, for example those with learning difficulties or mental health problems, who can be at greater risk of developing serious illnesses, such as cardiovascular disease, which may be prevented or attenuated by higher levels of physical activity. Outdoor physical activity was also perceived to be 'healthy' and clients reported feeling both healthier and fitter as a result of attending projects.

#### **Organic gardening and sustainability**

Many of the projects visited employed organic gardening methods and some were involved in 'sustainable' practices such as recycling or using wind or solar power. Clients may benefit from such activities not only through the improvement of their diet by access to high quality organic produce (although this may be limited) but also through their engagement with an environmental ideology that is generally regarded as benign. Clients' well-being may be improved because they perceive themselves to be involved in activities that are not harmful or destructive and which are beneficial to the environment.

#### **Including vulnerable groups in research**

In order to include particularly vulnerable adults in the research study more effectively, photo participation and elicitation methods were used among clients with learning difficulties at two projects. Most of these clients were unable to take part in semi-structured interviews and so photographic methods were used whereby clients were given disposable cameras and asked to take photographs (that had some meaning for them) during their time at projects. These methods proved successful in that the clients enjoyed using the cameras (illustrated in their positive response to the method and as witnessed by project organisers and workers) and a content analysis of the nature of the images taken revealed 'people' and 'plants' to be significant themes. The full report includes a selection of images taken by the participants themselves, with verbatim comments (Sempik *et al* 2005b).

#### **Promoting social inclusion**

Evidence from this study shows that STH projects help to promote social inclusion through four key dimensions<sup>1</sup>:

- They contribute to **production** through project activities that have many of the attributes of paid employment and which are perceived by clients and staff as 'work'; through education, training and marketing and selling products and produce
- They contribute to **consumption** through the planting, growing and consuming of food that enhances the quality of life of clients
- STH projects provide increased **social opportunities**. Horticulture offers a way for people who attend gardening projects, and others in the wider community who share an interest in horticulture, to engage in reciprocal relationships. The 'socially therapeutic' aspect of garden projects works by generating and sustaining an interest in gardening that is shared by all (irrespective of ability); by overcoming prejudice and stereotype through increased contact between vulnerable (socially excluded) and non-vulnerable (socially included) members of society; and by an acceptance of vulnerable adults – through regular gardening activity – who are seen to be making a valuable contribution to the wider community
- Garden projects also enable clients to have control over the running of projects, through various arrangements and processes, including formal meetings. Thus, **engagement with a 'political' process** is often an important element in the ways in which STH projects promote social inclusion.

## **Recommendations and implications for policy and practice**

#### **Health and social care promotion through gardening and horticulture**

The research findings show that social and therapeutic horticulture is a useful and effective form of health and social care provision. Garden projects can also provide a break from the usual routine in day-care facilities or residential homes. Health and social care practitioners and policy makers need to be more widely informed about the use and effectiveness of STH projects. Information about the benefits of STH and details of local projects, should be distributed among GPs through Primary Care Trusts, and to the public by agencies such as the regional Public Health Observatories.

#### **Guidelines for referral to projects**

There are no guidelines at present to help practitioners, such as occupational therapists and Community Mental Health Teams, decide who to refer to projects and referral is often done on an ad hoc basis taking into account, for example, clients or service users' past interest in gardening, the wishes of a client to work outside and the availability of places. Preparation of a set of guidelines for referral of clients to STH projects would be beneficial to a wide number of health and social care practitioners, especially those who are not familiar with this area. This would require closer working relationships between health professionals (occupational therapists, mental health nurses, psychiatrists, social workers and others) who have experience with patients and also STH project staff.

<sup>1</sup>Burchardt *et al* (2002) have described social inclusion in terms of 'production', 'consumption', 'social interaction' and 'engagement with the political process'.

### **Expansion of STH projects to other vulnerable groups**

At present the majority of users of STH projects are those with mental health problems and learning difficulties. This (and other) research shows that while many other groups of users do participate in STH projects, their numbers are fewer. Ways should be explored, therefore, of enabling other vulnerable groups to access STH projects where possible and appropriate.

### **Addressing under representation of women and black and minority ethnic groups**

The apparent under representation of women and black and minority ethnic groups at STH projects should be investigated. Closer working relationships between organisations such as the Black Environment Network and the Women's Environmental Network may help to identify the issues involved and help to create opportunities for increased awareness-raising activities.

### **The role of garden projects for physical health promotion for vulnerable people**

There is considerable evidence to suggest that the physical health of people with learning difficulties and mental ill health is poorer than that of the general population. While these vulnerable groups may be exposed to more risk factors for physical ill health than the general population, they also appear to be excluded from many of the sport and leisure activities that could help to protect them from those risks. Garden projects (and also Green Gyms) offer an opportunity, specifically for these and other excluded groups, to engage in physical activity which may lead to improved fitness and health. The role of projects in providing such activities, therefore, needs to be recognised and extended by inclusion in health strategies for people with mental ill health, learning and other difficulties.

### **A professional status for practitioners of social and therapeutic horticulture?**

Practitioners of social and therapeutic horticulture in the UK have a wide variety of qualifications and experience, both in the area of health and social care and also in horticulture and gardening. Qualifications include those in occupational therapy, nursing, horticulture, teaching and social care. The diverse knowledge and skills of staff adds to the richness of the resources and experiences (both for clients and staff) at garden projects. However, it is possible that the lack of a single qualification or professional registration may lead to a diminution in the perceived value of STH projects by senior health practitioners and policy makers. In the US, the American Horticultural Therapy Association provides a voluntary registration scheme, based on qualifications and experience, for practitioners. Voluntary self-regulation of other complementary therapies (including professional registration) has taken place and is encouraged by the government and such a process may also be useful for practitioners of social

and therapeutic horticulture. Research should be undertaken, therefore, to identify whether registration of STH practitioners is necessary or desirable in the UK and whether the lack of a registration process will be a barrier to receiving funds and client referrals from the NHS and social services departments in the future.

### **Future research**

The body of evidence relating to the effectiveness of social and therapeutic horticulture is steadily increasing and STH is seen as a legitimate subject for academic research. However, there is still a need for continued research so that STH can gain wider acceptance and use as a form of health and social care. While there has been much qualitative research, there has been less quantitative work because of the difficulties inherent in carrying out such work in STH settings. Further research should address these methodological issues in order to provide more quantitative data, in addition to expanding the qualitative data set.

## **References**

- Burchardt, T., Le Grand, J. and Piachaud, D. (2002) 'Degrees of Exclusion: Developing a Dynamic, Multidimensional Measure', in *Understanding Social Exclusion*, Hills, J., Le Grand, J. and Piachaud, D. (eds), New York: Oxford University Press, pp. 30–43
- Kaplan, R. and Kaplan, S. (1989) *The Experience of Nature: A Psychological Perspective*, New York: Cambridge University Press.
- Sempik, J., Aldridge, J. and Becker, S. (2003) *Social and Therapeutic Horticulture: Evidence and Messages from Research*, Reading: Thrive and Loughborough: CCFR.
- Sempik, J., Aldridge, J. and Becker, S. (2005a) *Growing Together – a practice guide to promoting social inclusion through gardening and horticulture*, Bristol: The Policy Press.
- Sempik, J., Aldridge, J. and Becker, S. (2005b) *Health, Well-being and Social Inclusion, Therapeutic Horticulture in the UK*, Bristol: The Policy Press.