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Health, Well-being and Social Inclusion: therapeutic horticulture in the UK

Introduction

This evidence paper summarises the findings of the third and final phase of the Growing Together study of the use of social and therapeutic horticulture (STH) as a form of health and social care provision for vulnerable adults. The first phase of the research, a review of the literature, has already been published (Sempik et al, 2003) and summarised in Evidence Issue 6. The second phase, findings from a survey of STH projects showing the level of activity and participation in the UK were summarised in Evidence Issue 8. Full details of these findings have recently been published (Sempik et al, 2005).

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 findings show that STH is an effective form of social care which promotes social inclusion and well-being for people with a wide range of social, mental and physical problems, including those with mental ill health, learning difficulties, challenging behaviour, physical disabilities and others.

Garden projects and social inclusion

There are many different interpretations of social inclusion. The model proposed by Burchardt *et al* (2002), which was used as a framework to construct questionnaires and interview schedules, has four key dimensions, namely: *production, consumption, social interaction* and *political engagement*. The evidence from this study shows that STH projects can promote social inclusion through these key dimensions.

Projects enable **production** through activities that have many of the attributes of paid employment and which are regarded as 'work' by project participants, staff and others. Planting, cultivation and other garden work are seen as both meaningful and 'productive'.

Gardening projects give clients access to a popular leisure activity from which they are often excluded. In some cases they also provide clients with food that contributes to their quality of life. In this way they allow clients to participate in the process of **consumption**.

STH projects provide opportunities for many forms of **social interaction**. Often, they also enable clients to participate in the management and running of their projects and so include clients in a specific form of **political engagement** that is particularly important to them.

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Production, work and employment

Employment provides other benefits in addition to financial reward (Warr, 1987). These include a sense of identity, purpose and status (and therefore self-esteem), opportunities for social interaction and a structured routine to the day.

Our findings show that STH projects provide clients with some of these benefits outside a highly pressurised work environment. Clients considered project work to be enjoyable because it lacked the demands usually associated with employment. It provided them with a sense of identity and status. They were 'gardeners' rather than unemployed people and this increased their self-esteem. Acquisition of skills and knowledge led to an increase in self-confidence. Access to tools and machinery facilitated this process as the use of these identified the users as 'trained or competent persons' and hence conferred status.

Project activities were delivered in a structured format which resembled 'employment' in many ways, with set times for starting and finishing, tea breaks and lunch. Most clients attended regularly, for around 3-6 hours each time and over half of those in the study attended a project for three days each week or more. Compliance with a daily routine was seen by both clients and staff as an important step towards rehabilitation, as the following quote illustrates:

> "One of the, sort of, first things, I guess, was that it gave me a structure to my day, and a routine, and I was glad to be able to come in for the day, everyday, five days a week because I find one of my big problems was that time was just so difficult to get through when I was feeling really bad. And not only was my time filled but I was in company, as well, and that made a huge difference.
>
> ...I felt I had a working day, like employment, and there was an expectation of being in and starting work on time, and that kind of thing" (project client with mental ill health).

STH projects provided opportunities for a variety of different forms of social interaction – they encouraged the formation of friendships between clients and also between clients and staff. They helped clients to develop social skills and promoted interaction between clients and the local communities through off-site contract working and by encouraging the public to visit project sites, in order to buy produce, for example. The social opportunities offered by projects were particularly important and in some cases they represented the only point of social contact for clients, as the following quote demonstrates:

> "And it's helped tremendously, just getting me out of myself and, mixing with other people, because apart from that, I don't socialise at all. I don't have any friends and these are the only people that I mix with" (project client with mental ill health).

Whilst projects provided activities that shared similarities with paid employment (and some projects have the specific aim of helping clients find work), few clients in this study actually left projects for paid work. Some project organisers were wary of pushing clients into employment and some were cautious of schemes and initiatives for finding employment for vulnerable people. Project organisers stressed that the transition to employment had to be carefully managed in order to maintain the health and well-being of clients, particularly those with mental health problems.

Bringing together social inclusion, the 'natural' environment and physical activity

Many of the factors listed above in relation to social inclusion may be present in other forms of social care or sheltered employment. However, social and therapeutic horticulture takes place in an environment that appears to have a special significance to project clients. Clients attending STH projects valued the opportunity 'to be outside', and different clients assigned different meanings and importance to specific aspects of being outside. 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. Some clients and staff also described a deep emotional connectedness with nature and the garden space as the embodiment of nature. Such an attachment could be viewed as a spiritual bond within the context of a modern, secular interpretation of spirituality (see McSherry and Cash, 2004).

Clients reported feeling physically and psychologically healthier and also fitter as a result of participation in projects, although no physical measurements or recordings were taken. They described the outdoor environment and the physical activity as 'healthy'. There is evidence that physical activity and exercise can play a part in promoting both physical and mental health in a wide variety of contexts. For example, a recent report by the Mental Health Foundation (2005) reviewed the evidence of the effectiveness of exercise therapy in mild to moderate depression and concluded that such therapy has a useful place in primary care. Further, 'Green Gyms' (outdoor activities involving conservation) also appear to be effective at improving physical and psychological well-being (Reynolds, 2002). There is also evidence from environmental psychology that the 'natural' environment promotes recovery from stress and restores the ability to direct attention once it has become fatigued (see, for example, Kaplan, 1995).

Conclusion

The findings of the study show that STH is an effective and useful form of health and social care that can be used for people with a wide variety of social, physical and mental health problems. Garden projects are able to provide many different activities in a setting that has a specific resonance for clients. The variety of activities on offer ensures that suitable ones can be found for clients of differing abilities working side by side. Indeed, the majority of STH projects work with mixed client groups, most frequently those with mental ill health and learning difficulties.

The use of gardening and horticulture (and similar activities) in the care of people with mental health problems and learning difficulties is expanding. For example, in Europe small scale agriculture (both plant and animal) is increasingly used as a form of sheltered occupation for people with mental health problems and learning difficulties. This activity is often called 'green care' and the projects are known as 'care farms'. The model of care provided, which is focused on promoting benefits for clients without placing pressure on them, is similar to that of STH projects in the UK.

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, S. (1995) 'The restorative benefits of nature: toward an integrative framework', *Journal of Environmental Psychology*, vol. 15, pp. 169-182.

McSherry, W. and Cash K. (2004) 'The language of spirituality: an emerging taxonomy', *International Journal of Nursing Studies*, vol. 41, pp 151-161.

Mental Health Foundation (2005) *'Up and Running? Exercise therapy and the treatment of mild or moderate depression in primary care'*, London: The Mental Health Foundation.

Reynolds, V. (2002) *'Well-being Comes Naturally: an Evaluation of the BTCV Green Gym at Portslade, East Sussex'*, Report no. 17, Oxford: Oxford Brookes University.

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. (2005) *'Health, Well-being and Social Inclusion, Therapeutic Horticulture in the UK'*, Bristol: The Policy Press.

Warr, P.B. (1987) *'Work, Unemployment and Mental Health'*, Oxford: Oxford Science Publications.

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