Social and Therapeutic Horticulture in the UK: The Growing Together Study
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Abstract

The practice of ‘social and therapeutic horticulture’ (STH) has developed from rehabilitation and occupational therapy and has been used extensively among many different vulnerable groups both in the US and the UK. However, the need for more research evidence to support the claims of its effectiveness has been recognised. This paper summarises the results of the ‘Growing Together’ programme, the first major study to survey the current level of STH activity in the UK and to examine its effectiveness through an in-depth study of gardening projects. It concludes that benefits arise from activities that have purpose and coherence and which promote social inclusion. These activities take place within a specific garden space that has been created, defined and decorated by project users. There is a sense of place and belonging. The natural settings of the garden projects may act as a restorative environment within the context of environmental psychology.

Keywords: Social and therapeutic horticulture; social inclusion

1. Introduction

The practices of ‘therapeutic horticulture’ and ‘horticultural therapy’ have developed from rehabilitation and occupational therapy and have been used extensively among many different vulnerable groups both in the US and the UK. However, relatively little research evidence has been available to support the claims of its effectiveness. The ‘Growing Together’ programme has been the first major study to examine the effectiveness of ‘social and therapeutic horticulture’ (STH) in the UK and to survey the extent of interest and activity in this field. The research focuses on the use of organised horticulture projects to promote social inclusion among vulnerable people – those with mental ill health, learning difficulties, older people etc. The programme started in 2002 and is due to complete in May 2005. The study has been conducted by the Centre for Child and Family Research at Loughborough University in conjunction with the charity Thrive, which supports projects practising STH. The research is funded by the National Lottery Community Fund.

The research programme has had three distinct phases – an initial examination of the published literature, a survey of STH projects in the UK to ascertain the level of activity, and an in-depth examination of 25 individual projects from across the UK in order to examine the benefits, indications and limitations of STH.

2. A Review of the Literature

An examination of the literature (Sempik, Aldridge and Becker, 2003) showed that whilst there have been many publications on the subject of STH, few have presented evidence of its effectiveness. This lack of hard evidence is acknowledged by many of those writing on the topic, as is the need for STH practitioners to co-operate with university researchers to produce data. The available evidence, however, did suggest that STH projects could provide benefits in health and wellbeing to a wide range of vulnerable people and in a wide range of contexts. The literature review also highlights research evidence from the field of environmental psychology that supports the notion of the natural environment (including gardens, allotments...
(etc) acting in a restorative fashion to reverse the physiological and psychological changes induced by stress or the restoration of ‘directed attention’ following its fatigue by prolonged effort or illness (attention restoration theory). This evidence provides a theoretical foundation for the effectiveness of STH and has been used extensively to underpin its use.

3. The State of Practice in the UK
In 1998 Thrive carried out a survey of known horticulture projects practising STH for vulnerable adults. Around 1,500 ‘projects’ were identified and became part of a network for the dissemination of information regarding training, meetings, new developments etc. It is through this network that Thrive has been able to provide support for those projects. However, it soon became clear that some of the entries in the database classified as ‘projects’ were not active ones. Some were individuals with an interest in starting new projects while others were projects that had closed down. In 2003 a new survey form was designed and distributed to the 1,500 named individuals with the Thrive network newsletter. Non-respondents were followed up with an additional form and a telephone call.

A total of 836 active projects responded to the survey (see Sempik, Aldridge and Finnis, 2004). Their responses showed that the area of STH as a source of service provision for vulnerable people has been steadily building for the last 20 years. The survey also showed the increasing involvement of NHS trusts and the social services in STH projects – around 14 per cent of garden projects were directly connected with hospitals and many clients\(^1\) were referred to projects by health professionals working within the NHS and social services. The number of projects set up by the NHS and social services has been steadily rising and in the period 1996-2000 more than half of all new projects had been started by these bodies.

An estimate of the total number of participants suggests that around 20,000 clients used STH projects each week. An extrapolation of this suggests that projects provide approximately one million client placements per year with an annual budget of around £54 million. The cost of each client placement, however, is similar to the published costs of social services day care (around £50 per session, depending on client group).

The greatest involvement in STH projects is by people with mental health problems and those with learning difficulties. Around half of all projects provide a service for these two groups. This is perhaps not surprising since historically these groups have been associated with ‘therapeutic’ gardening activities. Indeed, many mental hospitals at one time had gardens and many used these as an important source of produce for the hospital.

Approximately 30 per cent of clients were women and 6.2 per cent came from black and ethnic minority groups. It is not clear why women were under-represented as clients and more research should be carried out to clarify this, particularly since the gender distribution of project volunteers and workers is roughly equal. The number of participants from black and ethnic minority groups also suggests an under-representation – the 2001 Census reported that 7.9 per cent of the total UK population was from black and ethnic minorities. STH projects provide a service for vulnerable people and those at risk of social exclusion. If these risks are greater among these minorities then the degree of under-representation is greater in real terms. Naidoo, de Viggiani and Jones (2001) have suggested that barriers to the involvement of black and ethnic minorities in social and therapeutic horticulture are both cultural and

\(^1\) To avoid confusion the term ‘client’ is used when referring specifically to a person who is the intended beneficiary of a project. However, many different terms are used by the projects themselves, including ‘volunteers’, ‘members’, ‘trainees’, ‘guys’, ‘service users’, and indeed ‘beneficiaries’.
organisational. For example, there may be a perception among project workers that these groups do not value or enjoy taking part in horticultural activities or there may be an underestimate of the numbers from these minorities living in the local community. Both of these issues need to be considered in more detail.

4. An In-depth View of STH Projects
Twenty-six projects were visited and 137 clients (101 male and 36 female) were interviewed for the first round of data collection. Eighty-one project workers, volunteers and carers were also interviewed and telephone interviews were carried out with ten health and social care professionals. The projects were revisited nine to 12 months later to determine the client turnover and to identify any changes in the project structure or activities. (Data from this follow up were not available at the time of writing but will be presented at the conference.)

The research methods included questionnaires administered by the researchers, semi-structured interviews, observation and photography. In the course of the work the researchers focused on a range of issues relating to methodology, particularly informed consent procedures (with respect to people with learning difficulties, for example) and the adaptation and development of different methodological approaches in order to include vulnerable respondents more effectively in the research process. For example, the use of photo-elicitation techniques enabled participants with learning difficulties to express their perception and experiences of horticulture projects through photographs they had taken themselves.

More than half of the clients (50.4 per cent) attended a project for three days or more each week and spent a mean of 5.5 hours there. The projects provided a structure and a daily routine for clients similar to that seen by people in paid employment. They frequently referred to their attendance as ‘work’ and spoke of themselves as ‘gardeners’ or ‘workers’ and this appeared to provide them with an increased sense of status and worth. Although they were keen to identify their activity with employment, they were aware of the lack of pressure on them to produce a commercially viable economic output and recognised that they probably “wouldn’t last in a proper workplace”.

In general, project managers estimated that few clients found paid employment. The transition to employment was not always seen as desirable and project managers considered that employment statistics were not reliable outcome measures of the effectiveness of STH projects. Many clients were not ready for employment and schemes which aimed to push them towards it were to be treated with caution. Clearly the issue of finding paid employment has to be approached carefully in each case.

However, individual client progress within projects (and towards goals outside, if appropriate) was seen as important. Progress could be achieved through training, setting of individual targets and assessing progress towards them, and through the use of supported volunteering and supported work schemes.

Associated with the theme of project activity as ‘work’ was the use of tools and machinery. This was valued by project participants and was possibly a source of empowerment for them. Indeed, a number of clients even photographed garden power tools when given disposable cameras to record their views of a project.

Garden projects provided an opportunity for social interaction and most of those interviewed said that they had made friends and acquaintances at projects. Some had formed close
friendships and others had even found partners there. For some it was the only point of social contact, as one woman with mental health problems said: “The people...social, because I’m more or less on my own...it’s something to look forward to, to come and talk about anything and everything...”

Garden projects enabled the participants to engage in a popular leisure activity which may otherwise have been beyond their means or circumstances. At some of the projects there was access to high quality, usually organic, fruit and vegetables. Some participants also received small payments or travelling expenses and this allowed them to buy simple luxuries such as cigarettes and magazines.

Projects frequently gave clients the opportunity to be involved in their organisation and running, through committees, councils and co-operatives. Meetings enabled them to voice their opinions and make suggestions regarding project activities. More than half of those interviewed (55 per cent) said they had “a say” in how the project was run and almost 80 per cent said that they had the confidence to speak out about things that were important to them. Thirty-one per cent felt that they would have liked “more of a say”. Projects may therefore promote the development of self-confidence and the desire and ability to become involved in their organisation through various forms of consultation and communication processes (in addition to other project activities).

The themes discussed above can be viewed within a framework of key dimensions of social inclusion as proposed by Burchardt et al (2002), namely ‘production’, ‘consumption’, ‘social interaction’ and ‘engagement with the political process’. Within this context it can be argued that garden projects that provide social and therapeutic horticulture promote social inclusion.

Additionally, there are two other dimensions of STH projects that may contribute to the positive outcomes for clients – the natural environment which enables the ‘restorative experience’ and the sense of place and sense of belonging which the garden space engenders.

The ‘natural’ setting of STH projects was seen as important – users of the projects spoke about their enjoyment of “being outside” or “being in the fresh air”. This construct has a wide variety of nuances – it can be a sense of freedom or escape, a connectedness with nature itself, a perception of ‘improving’ the landscape in partnership with nature, the opportunity to provide care or nurture (for plants and for animals), an aesthetic view of the landscape and more. All of these themes were encountered suggesting that the ‘outside’ experience may be a personal one.

Many different activities were carried out at garden projects in addition to the cultivation of plants. These included art forms such as sculpture, wood carving, painting and mosaics; crafts such as ironwork and woodwork; conservation and landscaping. All of these were used to personalise and decorate the garden space. Clients who were engaged solely, for example, in slab-laying or bricklaying still considered themselves ‘gardeners’ because they were improving the garden space. The gardens engendered a ‘sense of place’ and a sense of belonging among the project users, volunteers and organisers alike. The garden became the focus for all of the different activities and linked them together.

Researchers working in the field of social and therapeutic horticulture are frequently asked what it is about gardening projects that is beneficial. Summarising the themes mentioned above a brief answer could be that these projects provide an interrelated set of activities that
have purpose and coherence; they take place within a garden space that has been created and defined; they enable the ‘restorative’ experience through their setting in a natural environment and they promote social inclusion through the key dimensions of ‘social interaction’, ‘production’, ‘consumption’ and ‘political engagement’.

References


