

# A Review of Gardening for Better Mental Health



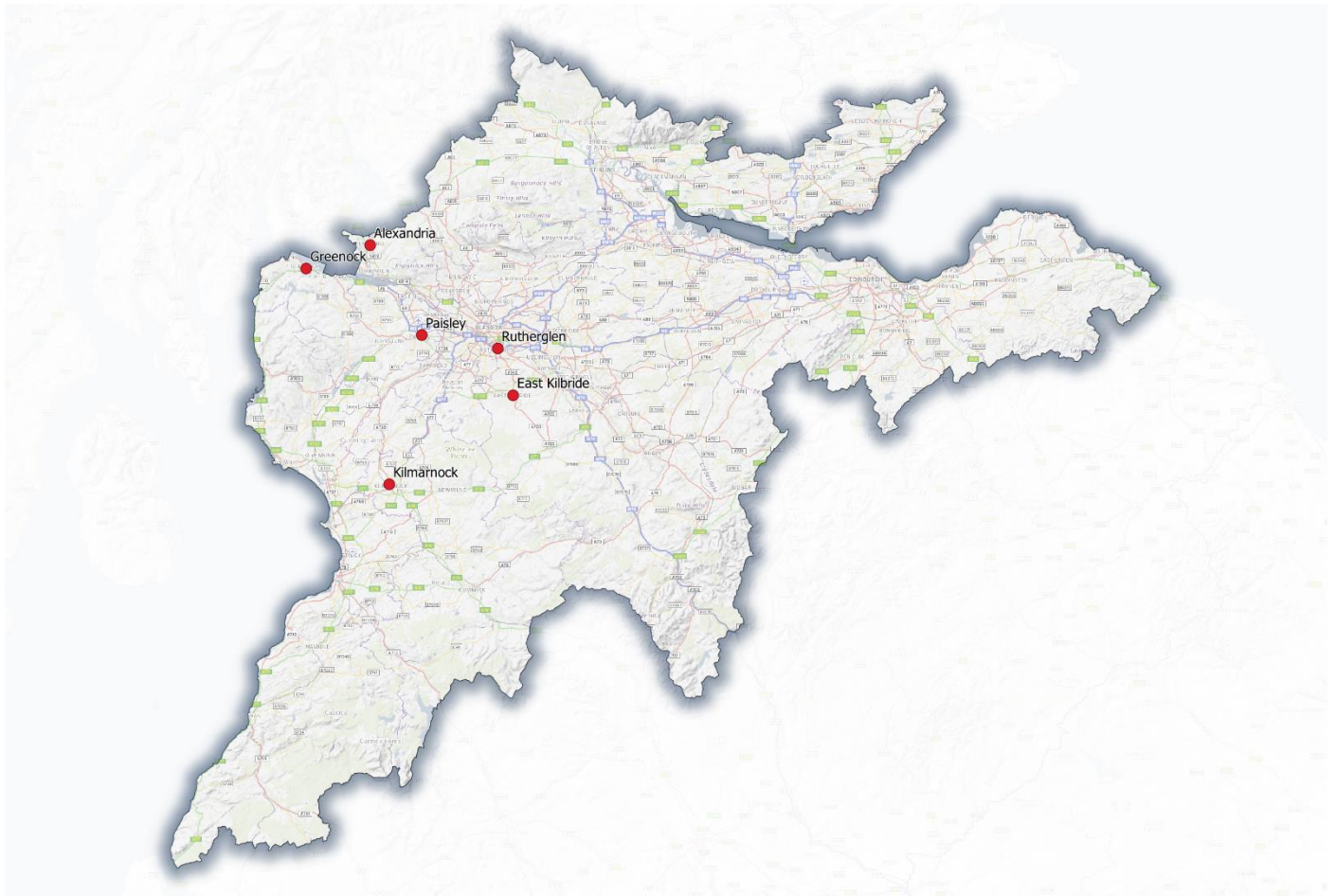
## Gardening for Better Mental Health

Green Action Trust  
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# 1. INTRODUCTION

Gardening for Better Mental Health was a pilot project that created six therapeutic gardens and one forest garden in West Central Scotland, over a three year period. The project lead was Central Scotland Green Network Trust (CSGNT), now Green Action Trust, and working in partnership with The Richmond Fellowship Scotland (TRFS), it created bespoke, vibrant, greenspaces in a range of residential settings, for adults with Additional Support Needs (ASN), as well as their support staff.

The location of the gardens is shown in the map below.



## 2. PROJECT AIMS

The project piloted an innovative approach in the creation and the use of quality greenspace, as a tool to deliver therapeutic care in an accessible, sociable, practical and cost-effective manner.

The original key ambitions for the project were to:

- Develop and deliver a regular programme of therapeutic garden-based activities for adults with ASN, in a safe, local, residential setting.
- Design and create a range of greenspaces with participants, for them to use and enjoy.
- Improve overall health and wellbeing of all participants, increasing their confidence and skills as well as knowledge of gardening and growing.

However, at a practical level these ambitions evolved and grew in response to the diverse needs and interests of participants. Finding ways to remove the many obstacles and barriers to participation, while fostering a culture of inclusion and at all times safeguarding vulnerable adults, lay at the heart of all project considerations and decision making.

## 3. WHO PARTICIPATED

There were two main categories of participants in the project: adult participants with ASN and their accompanying Support Workers. In addition, on a more ad hoc basis, a third category including friends, family, volunteers, people visiting from other services and third sector visitors also benefitted from the gardens.

Eight sites were originally identified as potential locations for the project. After review, six were chosen as suitable for therapeutic gardens and one as a community orchard.

At the start of the project, CSGNT baseline research identified that all participants experienced some degree of social isolation alongside challenges of living with a wide range of ASN. These included: Autism Spectrum Disorders, learning challenges, schizophrenia, depression, obsessive compulsive disorder and anxiety, mobility challenges, brain injury from strokes and ARBI, vision impairment, addiction challenges and complex and challenging behaviour. In addition, some participants also had forensic and institutionalised backgrounds from long-term stay in prisons or psychiatric units.

Participants required varying levels of support from TRFS Support Worker staff, who were present at all weekly horticultural therapy sessions and activities. Some participants lived with extremely life-limiting health conditions and others with a terminal diagnosis.

Participants also included TRFS Support Workers, who not only enabled participants with ASN to engage in the project, but in doing so had the opportunity to benefit and learn from the process as well.



## 4. PROJECT INPUTS

### A. Funding

Core funding was provided by *The Big Lottery's Community Fund* - £126,045 was awarded over the three year period. This paid for a full-time Horticultural Therapist (HT), management and travel costs and start-up budgets for each site. In addition, a range of smaller pots of site-specific capital funding was secured from a range of public and private sources totalling £61,321.

Being able to employ a suitably qualified and professional HT, for a 3 year period was critical to the success of the project. This enabled more meaningful and sustained engagement which benefited all those involved and provided a longer period over which to test and record the benefits.

### B. Support staff time and participant engagement

Given the support needs of the participating group, dedicated Support Staff time and input was essential to the smooth running of the regular gardening sessions with the HT, the delivery of successful outcomes and safety and enjoyment of all those involved. Over the length of the project, numbers of participants and staff fluctuated in relation to seasonality, the health of participants, participants joining or leaving the services, and staffing levels within TRFS.

### C. Partnership agreement

A partnership agreement was drafted before the start of the project and a steering group was established to keep the project on-track. However, within the first year, it was recognised that a more decentralised approach was required to manage day to day decision making and to react to specific local circumstances. From the second year of the project, all communication and operational management took place directly with the managers of each service (local TRFS Managers and Support Workers) and, when required, with TRFS Head Office.

### D. Donations

The HT used their networking skills and extensive local contacts to secure in-kind donations of plants, materials and volunteer time, over the life of the project. These skills greatly helped to make the project successful and deliver more. For example, building materials and plants were kindly donated by organisations such as Glasgow City Council Bellahouston Nurseries, BraveHound, Morrisons Supermarket, Warp-It Upcycling initiative and Paisley UWS garden. Also, as part of a Corporate Volunteer Day, Lloyds Bank donated volunteer labour, materials and plants.

### E. Voluntary help

The project gained free expertise from both Trellis and the Royal Caledonian Horticultural Society. South Lanarkshire College also offered free horticultural training, and the University of the West of Scotland provided two days free carpentry training at the build stage of one of the sites. For the last 18 months of the project, one site also had the benefit of a highly knowledgeable garden volunteer supporting the HT and the expectation is that this support will continue.

## 5. PROJECT OUTPUTS

### A. Greenspace improvements

During the course of this project, six underused garden sites were transformed into vibrant and well used spaces for people and wildlife. The process of designing and building the gardens was an empowering experience for many participants and support staff alike. They were introduced to a wide range of new skills and experiences and the process fostered a spirit of garden ownership and shared community.



As summarised below, a considerable amount of physical space was improved and green infrastructure items were installed:

- 1530m<sup>2</sup> of greenspace across the six gardens and one forest garden were improved
- 277m<sup>2</sup> of beds (of which 90% are wheel-chair accessible)
- 50+ orchard trees and 200+ soft fruit bushes
- 40m<sup>2</sup> of wild-life hedging
- 16 seating areas, 2 summer houses, 2 outdoor kitchens
- 5 composting systems, 3 greenhouses, 3 sheds, 3 tool-stores
- 4 herb gardens, 1 herb spiral
- 3 areas of wild-flower meadow
- 3 wild-life ponds, 3 hibernacula, 2 bug-hotels
- 3 memorial garden spaces
- 1 willow-dome, 1 willow archway
- 1 large sculpture





## B. Levels of engagement and participation

While the original aim was to hold regular (weekly) sessions at each of the participating sites, as stated above the numbers of participants and staff fluctuated in relation to many factors, such as seasonality and the health of participants. On average though, project sessions varied between 90mins to 150mins. Numbers of participants per site ranged from a 1:1 service offered at a specialist autism site, to 12 participants and 7 staff at a service specialising in schizophrenia.



Project records show that:

- In year 1 the HT delivered 176 sessions across 392 hours with 30 participants and 25 staff
- In year 2, the HT delivered 294 sessions across 588 hours with 37 participants and 40 staff
- In year 3, the HT delivered 245 sessions across 490 hours with 33 participants and 35 staff

Whatever the frequency, or length of session delivered, each site enjoyed 3 years of guided gardening sessions led by the HT. The sessions were documented by TRFS staff and participants through garden diaries, photographs and group-based evaluations. This written archive is available for groups to refer back to for month by month guidance into the future.

*"In all my years at TRFS, it's the first time I've witnessed proper friendship blossom between the people we support. Thank you for helping David's last few years to be warmer".* Kevin, Support Worker, Jamestown.



## 6. OUTCOMES

### A. Better Mental Health

For all those who completed the project it was clear that marked progress on their individual levels of mental well-being had been achieved, an observation supported by staff and participants alike.

At the start of the project a number of simple, bespoke monitoring exercises were used to establish mental health baselines for each of the participants. This was followed up by regular update assessments using a 'mood thermometer'. This was a simple device to capture perceptions of well-being. Using a scale of 1-10, on average, this figure collectively increased by three points over the course of the project.

The seasonality of gardening tasks follows the rhythm of the seasons, which helped participants to connect to the world around them in a practical and consistent way. This was an especially powerful opportunity for participants living with Schizophrenia, connecting with the 'real world' through physical work whilst noticing the passing of time vis-a-vis the effects of the seasons on plant life.

Due to the exceptionally wide range of ASN that participants lived with, the project could not utilise any meaningful blueprint descriptors of 'health' or 'well-being' through which to measure incremental change. For some participants, maintaining their mental health just enough to live outside of a psychiatric hospital was challenging enough. From an outsider viewpoint, or within a statistical analysis, this would appear a static rather than a dynamic change. As such, the HT took the approach of asking participants to make their own observations, on their own health and report back in their own words.



*"I really love being involved in the garden project; my world has got bigger again."* Sandy, participant at East Kilbride garden.

Although labour intensive, this approach was more meaningful to participants. The gardens and gardening sessions were non-medicalised spaces where participants could be valued for themselves first and their gardening, friendship, jokes and story-telling skills second. For adults living with ASN, having this space to explore identity beyond the confines of disability was empowering. Similarly, for participants with a forensic background, this space to "just be themselves" away from the often difficult story of their lives, was liberating. One participant generously shared his experiences within the project as part of a Big Lottery case-study <https://bigblogscotland.org.uk/2019/05/17/blooming-marvellous-martins-schizophrenia-story/>



## B. Increased confidence

Giving vulnerable people the opportunity to participate fully in the decisions that shaped and directed a project of this nature, has had profound effects for many of the participants.



This was the first time some of them have participated freely in group discussions, something many found to be incredibly empowering. For others, the garden project was their first opportunity to make quite large financial decisions using a limited budget. Later in the project, other participants were asked to give presentations to support funding applications and others invited to talk about the project on a local community radio station.

Similarly, TRFS staff, who have expressed a keen interest in the project, have also been involved in speaking at meetings, conferences and events about the benefits of this type of therapeutic process.

The medium and long term ramifications of this participatory engagement are yet to be fully realised.





### C. Improving skills & knowledge for participants

There has been considerable learning for all participants. They can all now identify a wide range of fruit, vegetables, flowers, herbs and trees in the garden. Following thorough training and support, all participants can now also use a wide range of gardening tools safely and with confidence.



To get to this stage, the level of improvement and personal journey for some of the participants cannot be underestimated. For example, one participant overcame an obsessive-compulsive disorder and can now touch soil, plants and, at times, cook in their kitchen. Another participant started to speak after a long period of mutism. Whilst it cannot be claimed that the project alone was the sole reason for these radical changes, the participant and support staff recognise that it was an essential factor in the progress made over a relatively short space of time.

Over time, many participants became designated 'experts' in specific roles which they enjoyed sharing with the group. The very physical and transformative process of making such large changes to their home environment generated a lot of enthusiasm, excitement and motivation.

Having identified a keen interest in gardening, one participant has been encouraged to attend college (with some additional support from the HT) and is currently in their second year of studying Horticulture at a Further Education college.

Another group of participants and staff (11 people in total) are on their way to completing the Royal Horticultural Society's Caley Grow and Learn programme, a person-centred award, which recognises individual progress and achievement in horticulture, designed especially for those who find mainstream learning challenging.

### D. Better Physical Health

In addition to evident improvements in mental health it was also clear that several participants have also benefited from marked improvements in their physical health.

Where possible, participants and staff built the gardens with the support and guidance of the HT and these gardening activities were obviously very physical in nature. In addition to the more regular, routine gardening tasks, the benefits to participants included:

- Weight loss from exercise
- Increased mobility and dexterity
- Increased strength (particularly improved upper body strength in wheel-chair users)
- Better diet and nutrition through consumption of fruit, vegetables and herbs grown on site



Some staff and participants felt motivated to reduce or even stop smoking.

With the continued physical work required to keep the gardens in a productive state beyond the project lifespan, it is anticipated that many of these health improvements will be ongoing and that

behavioural changes that have been initiated during the project, will be sustainable and long lasting.

## E. Organisational learning

For both CSGNT and TRFS, the pilot was a first foray into bridging the Environment and Social Care sectors. Learning how best to navigate across two very different organisational structures, specialisms and cultures, while challenging at times, has provided a rich learning experience for both partners. Some of the learnings from this are explored in section 7 below.

## 7. KEY ELEMENTS OF SUCCESS

- a) Ensure a robust Partnership Agreement is in place and that it clearly sets out deliverables, milestones and roles and responsibilities of all involved. Ensure that this is agreed and understood at all levels, enabling more time to be spent on project delivery and working with the target group, rather than building support and repeating key messages.
- b) Good communication is essential to ensure effective ways of sharing information and dealing with issues, between and within organisations, as they arise. Key contacts with appropriate skills and authority levels should be identified within each partner organisation. Open and regular communication can be challenging, especially when working with a large, national organisation and across multiple sites, however without it, there can be misunderstanding, frustration and even missed opportunities for positive publicity and promotion.
- c) Ensure support, engagement and buy-in from all participants, but particularly Support Workers at an early stage in the project. Support Workers are critical to success and must be prepared to encourage and enable participation, but also be encouraged to let participants try out new challenges, make their own decisions, but also their own mistakes. This can help to reduce co-dependency and develop confidence, autonomy and self-determination in participating adults with ASN. Support Workers also have to muck in and “get their hands dirty” too. For success, the project can’t be seen as a “service offered” and must be seen as a “partnership project”.
- d) Stability of the staff in place is crucial, as while the staffing structures of specific services are often directly contingent upon both the complexity of the services offered and management and retention of staff, in this project, those sites with a smaller number of staff and with a low level of staff turnover, were easier to manage and made faster progress than others.
- e) Recognition that the journey is as important as the destination. When this project was initially developed, it was anticipated that main outputs would be garden infrastructure with subsequent increased greenspace use. However, it soon became apparent that the client group had an opportunity to participate more fully in shaping and developing the project and spaces they created. Whilst this did involve more challenging design and capacity building activities, it was recognised as being of great value at the time and



retrospectively it is clear that this level of engagement put the project on a great platform for success.

- f) Be realistic about the scale of what can be delivered. This project started out with 8 participating sites, but with hindsight this was too many and became unmanageable for the HT causing frustration and disappointment at an operational level.

## 8. CONCLUSION

From the outputs and outcomes noted above, it is evident that the project has been a great success. It has clearly delivered above and beyond its goals and ambitions.

Six of the original eight sites have gained an attractive, high quality therapeutic greenspace with year round seasonal interest for residents, staff and visitors to use and enjoy. One of the sites also has a small community orchard. In terms of physical improvements more than 1,500m<sup>2</sup> of greenspace was improved, including some 277 m<sup>2</sup> of wheel-chair accessible beds and over 50 fruit trees were planted.

For the target client group, a regular programme of therapeutic gardening activities was established and run across five sites. Sessions were carefully tailored to meet specific client abilities and they were often led by the participants' needs and wants, as expressed by them in regular workshops and planning meetings.

The programme set individual and group challenges for the participants, often these were of a physical nature, but they offered new areas for learning too. Growing and caring for plants in the garden and then harvesting and cooking with them in the kitchen. Achieving these short and long-term goals was an obvious source of satisfaction for all involved. Both participants and staff agree that this greatly increased their sense of wellbeing and general happiness during the programme and beyond.

Following the end of the programme, four sites have continued to host weekly gardening sessions attended by service users and support staff. This is great news for the ongoing sustainability of the project, particularly during these uncertain times of limited funding and COVID 19 restrictions. Indeed, the latter issue has reinforced the importance of people having access to high quality greenspace on their doorstep, not just to enable access to the outdoors, but also for space to interact with relatives and friends from other households.

There were other outcomes from the programme worthy of note. For example, this programme was very much a pilot for ways of working between the Richmond Fellowship Scotland and the CSGNT (now GAT). As detailed in this report, both organisations learned much from the process and from each other, bringing together expertise in greenspace improvements and supporting individuals with complex ASN.

A key ingredient for the success of this partnership was the fact that the project secured funding for three years from *The Big Lottery's Community Fund*. Without this unusually long timeframe and financial support the project would not have achieved the goals and ambitions set. This commitment gave the project a firm footing to build up crucial relationships between not only the two principal partners, but also with other supporters who gave more formal financial support and others who gave informal donations of time and energy.



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