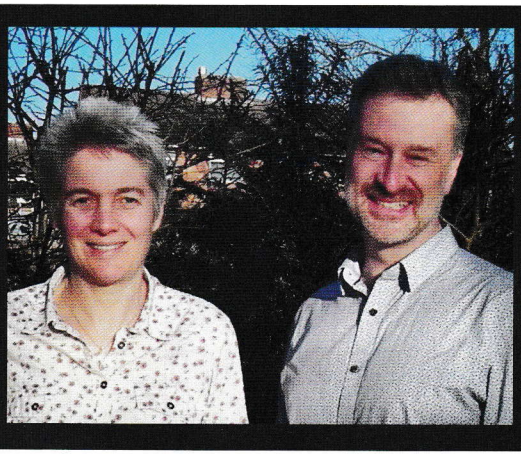
"Why Don't We Go into The Garden?"



+Debbie Carroll and **+Mark Rendell** are two garden design consultants at Step Change Design. Here they share some helpful tips and insights from their work into using the outdoor spaces around care settings more often, and more meaningfully, for both staff and residents.

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drawing you outside

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"We are all about helping everyone in care settings to look afresh at the amazing resource that lies right outside their doors and windows. We carried out a large-scale research project that helped us to understand why care settings are not using their gardens as much as we thought they would be. To our surprise at the time, we discovered that it had little to do with how pretty or tidy the garden was or how well designed, but had more to do with the type of care culture in operation in the care setting.

"This made us stop and really think about our roles and attitudes as garden designers. We now approach our work very differently and are working with other designers to share our findings and insights so that they work more closely with those in care settings to deliver what is really needed to ensure the outdoor spaces are used more often.

"To help make this a positive and successful process, we produced a handy and easy to use Map tool to help care settings and outside specialists work cost-effectively together so that time, money and other precious resources invested in the outside space result in a well-used and well-loved place for everyone in the care setting to spend time."

What is care culture? And why is it so important?

Care culture refers to all the habits, behaviours, beliefs, practices and procedures that you all carry out day by day in the course of your work. Every care culture is different because every team is made up of different personalities and experiences as well as having different ways of doing things and different priorities set by your colleagues and managers. If you have worked for a long time at your care setting, it can be hard to recognise your overall care culture because it is 'just what we do'. And that's true – when you become competent at what you do, you rarely think consciously about it. Or question it. Team members just starting on the other hand can notice a lot about their new workplace's culture – they are trying to learn the 'rules' and the way things are done so that they can fit in quickly and become competent like the rest of the staff. As much as this is a good thing, we noticed that there is something very important about the type of care culture you work in – it influences how much you consider the garden as part of the overall care you provide. Some care cultures are heavily focused on the indoors. They don't think about all the things they could do outside that they automatically do inside. In fact, some of them don't even think about the outside at all. Other care cultures are focused strongly on their residents as individuals and helping them meet their needs safely and imaginatively. These care cultures tend to use their outdoor spaces more actively as they know those residents who like to go outside and make sure that this happens.

Care is on a spectrum

What we discovered during our research was that care culture lies on a spectrum, and where your care setting lies on that spectrum influences how 'outdoors-focused' your care setting tends to be. When we recognised this link, another penny dropped into place. It related to why we designers appeared to be 'over-designing' gardens in care settings. We hadn't taken into consideration the care culture of the home and its ability to use what we created for them outdoors.

We began to separate the various ways that designers and outside specialists can help to increase engagement with the outdoors along this care culture spectrum. This is becausedesigners need to work with where the care home is actually located on this spectrum, and not where we assume it to be. Instead of providing a one-off, major intervention we need to support your care setting from where you currently are in order to make sure that your garden will be successfully incorporated into your ongoing practices and habits. There are lots of ways we can help along this spectrum: from simply championing the value and benefits of spending time outdoors for those settings that are fearful of the outdoors and are very indoors-focused through to helping care settings use their gardens as spaces to help them assess the cognitive and physical abilities of their residents.

Continued >

So how do you find out where you are on the care culture spectrum?

If you don't know where you are, you need a map, but not just any map! Our Care Culture Map and Handbook aims to help care settings locate their current care practices along a care culture spectrum from task-oriented practices to relationship-centred practices at the top of the Map.

By working out your current care culture location along this spectrum, you can use the Map to plan your route ahead towards more advanced care practices, choosing to convert the 'steps' we describe into action plans and milestones, if you wish. If you are also thinking of engaging an outside specialist to help you work on the outside space, the Map will ensure that they provide you with what you can easily and confidently use, resulting in a garden that will be well used and worth the investment.

"We need more money or more people or more time"

We heard this a lot during our research, particularly from those homes that didn't use their gardens very much. Perhaps they believed that a major effort would be needed before they could go outside or that it had to be picture-perfect to attract people outside. This isn't the case at all. In fact, those care settings whose care cultures were more 'person-centred' and 'relationship-centred' had gardens that were actually quite bland and had very little in them. They also did not have any more resources than other homes in our research study. What they had come to appreciate was that the use of their gardens was done by their staff simply taking the residents outdoors and then creating an experience while they were there with them.

"We need a new garden" or "we need a sensory garden"

Are you sure? Simply stepping outside is a sensory experience in itself and feels very different from being indoors. We noticed before our research that some brand new gardens for care settings quickly became unused and neglected. They reverted to the same condition and usage patterns as before. This is because the care setting wasn't using the garden they already had and so the habits and routines of crossing the threshold, unlocking and opening doors, and engaging residents with the outdoors were not in place to connect the new garden to the other parts of the care setting. It became neglected because the care setting had not altered its cultural practices (its processes and procedures and habits and attitudes) to ensure that it would build the new garden into its current care practices and processes.

"If only the garden were tidier/prettier/more attractive"

Believe it or not, in our research the most active gardens were often the ones with the least in them – just lawns, benches and the sort of features you would find in an ordinary, modest garden. What activates a garden most are the people who help the residents to go outside and then spend time with them, noticing and pointing out things, in other words, just having a normal conversation there. You would be amazed how much new information can come to light about your residents when you talk to them outside.

When we think about it, no one's garden is perfect. There are always things we want to improve or change but we just accept it for what it is. If it really does feel sad and neglected or uninviting and depressing, why not involve the residents in suggesting changes and improvements? What better reason is there to go outside than to make a list of things to do out there and then see who can help to get them done.

"It is too dangerous / risk / unsafe"

This statement is so general that it suggests that the care setting is risk-assessing the outside space rather than their residents' current abilities to engage with it safely. Of course, if there are broken paving slabs or trip hazards or items in poor condition then they should be replaced or repaired straight away.

In some cases, health and safety fears go unchallenged and can quickly become insurmountable 'rules' or even taboos, not able to be challenged or questioned. In practice, care assessments should: "enable people to live fulfilled lives safely rather than be a mechanism for restricting their reasonable freedoms". This quote is from the Health and Safety Executive (HSE) and echoes the Care Quality Commission (CQC) (in England) requirement in their Key Line of Enquiry relating to Safety: "people are supported to make choices and take risks and are protected from physical, psychological and emotional harm, discrimination and abuse". Let us think about this for a moment. What is your care setting's attitude towards health and safety? How much do your risk assessments take into consideration the benefits that the resident will gain by performing an activity outdoors? We found that misconceptions and concerns around health and safety are key factors in hindering access to, and engagement with the gardens around care settings.

"I'm not a gardener and I don't know anything about plants"

You don't need to know anything at all about horticulture, plants or gardening! In fact, your residents may know more than you about the garden so ask them if you aren't sure about anything. It is really all about seizing the moment, stepping outside and enjoying a change of scenery and different sensory experiences. It is fine to just 'be' in the garden, too, or to do something there that isn't about gardening. How about organising a tea party there? Or taking knitting outside or writing postcards? Or filling the bird feeders and bird baths?

"No one wants to go outside"

This can be a 'chicken and egg' situation. If there is nothing happening outdoors, or the residents can't see the garden, then it is easy for them to turn their backs on this space and forget it is there. What can draw residents outside is activity happening outside, just on the other side of the window.

Nothing works better than curiosity and a bit of drama! We can't help ourselves – something catches our attention and we want to find out more about it. Why not lead by example and do more things outside? Perhaps you could take your break there, do your care notes on a bench or at a table that can be seen from inside, or meet with other staff or family members on a bench in view of the indoors? You will be amazed at how many residents will notice and respond to seeing others outside. We really do believe that 'activity breeds activity', so if you see something unusual happening among the plants and wildlife draw attention to it, go and explore it, build on it, and invite residents to come out and take a look as well!

"It is too cold/windy sunny/hot..."

There is a saying that there is no such thing as bad weather, just bad clothing. Make it easy to act quickly on a desire to go outside, for both staff and residents. Keep hats, coats, gloves and scarves handy near garden exits and entrances. Dress residents who are likely to want to go into the garden in outdoor clothing from the start of their day. Think about how you can make the garden visit more comfortable: bring out cushions so that people can sit for longer, have blankets ready for knees and legs, and brollies and parasols, and have places to sit in the sun as well as the shade.

Don't be blinded by the bling!

The internet is a wonderful thing but it can also create wild and wacky wish lists of objects, features and 'stuff' to put in your garden.

We created a Checklist Tool (3) to help care settings and designers 'sense check' any new features, activities and objects being considered for the garden. We wanted to remind both care staff and designers not to be 'blinded by the bling': that is, filling the outside space with lots of features and objects in the hope that they will stimulate the garden visitor but that can actually end up confusing or disturbing the residents' understanding and interpretation of the garden or being outside.

The Checklist is made up of four questions that you need to answer positively to ensure that what is planned for the garden will be of relevance and meaning to the current residents, will avoid introducing 'gimmicks' and infantilising them or their experiences in the garden, and will not hinder future development of the space:

1. Is it purposeful? By this, we mean, is there a point to doing the task? Does it aid the wider community or home in some positive way? Is it something that needs to be done? Will it make a difference to the space or people's enjoyment in it?

2. Is it realistic and in context? By this we mean, is this activity or feature likely to take place or be found here? Are you using the actual or appropriate items for the task (including tools and equipment)? Do they look like the real thing? Are they actual items that an adult would use in this space?

3. Is it meaningful or relevant (to the resident and locality)?
Based on what you know about the resident, will this be an enjoyable task for them? Will it bring them pleasure, accomplishment or meaning? Is it something that would be familiar to residents in this region or neighbourhood? Will it aid a sense of connection or identity for the resident?

4. How can this activity/feature be sequenced (built on)?
What spin-off activities might this lead to (for the resident or the wider home)? How can this task lead to other related activities? What might lead up to or lead from this activity that prolongs and deepens the meaningful occupation of it for that individual or for others?

Don't let a beautiful day go to waste!

What we want to show is that your outside spaces are just as much a part of your overall care environment as the indoors. However there can be many misconceptions, myths and excuses about spending time there that prevent it from being used regularly and meaningfully by you and your residents.

Interestingly, more advanced care cultures understand this and are naturally more engaged with their outside spaces, regardless of the condition, ensuring that they respond to spontaneous requests to go outside with simple 'open door' policies and that staff are actively encouraged to use the outdoors as often as they can.

We are here to help care settings tap into the amazing resource they have just outside their doors so that residents' lives can extend seamlessly across the threshold between the indoors and outdoors, just as they would have done in their own homes.

For more information about our Care Culture Map, workshops on increasing engagement with the outside space and our wider findings, please visit: www.stepchange-design.co.uk

References

1. Effects of Garden Visits on Long-term Care Residents as Related to Depression, Erja Rappe and Sirkka-Liisa Kivelä. HortTechnology April–June 2005 15:298–303.

2. Gardens & Health, Kings Fund Report, David Buck. May 2016.

3. To find out more about the Checklist tool, read our NAPA Living Life article from Spring 2015: http://www.stepchange-design.co.uk/wp-content/uploads/2016/07/napa-living-live-spring2015.pdf