How garden designers and care settings can work together

Debbie Carroll and **Mark Rendell** of Step Change Design explain how care settings can facilitate a cultural change in the perception and use of their outdoor space

Creating more actively used outside spaces at care settings is not dependent on an appropriate budget allocation, needing more care staff, or even the lure of a pretty space. According to our research,[1,2] the garden's success will ultimately depend on how advanced the care culture is (i.e. its way of delivering care) at that setting.

We identified that the key influence on engagement levels with the outdoors lies with the care setting's attitudes, values, and practices towards both residents and the outside space it already has. Those care settings in our study delivering more advanced, person, and relationship-centred care practices were engaging more actively with their outside spaces regardless of their condition or appearance because their care culture naturally focused on facilitating stepping outdoors as and when residents wished to do so.

Consequently, we focused on how best to communicate this correlation between care culture and active outdoor engagement and decided to present our main findings in the format of an interactive culture change tool, The care culture map, alongside a supporting handbook.[3] Later, we added an A3 infographic poster for care staff with a range of hints and tips to increase engagement outdoors based on the quantitative data we had gathered from our research. Both these publications are aimed at helping care settings understand the subtle role that their care culture plays in aiding or preventing engagement outside and to identify those practices that are holding them back from engaging more actively with their gardens. They also clearly link any changes that may be required to the outside space to the current care culture in operation.

What is relationship-centred design?

So, if creating actively used outside spaces is down to the care culture at the setting, how can a designer become involved in this process? We address this important question in our new publication *A designer handbook for creating actively used care setting gardens.*[4] Aimed principally at our fellow designers, it describes a new approach we call relationship-centred design (RCD) in which we set out how designers (and other outdoor specialists) can match their support to where the care setting's current care culture is and, in effect, support a culture change journey to develop and embed care practices that routinely engage staff, residents, and their families with the outdoors in the way that we observed advanced care cultures were able to do.

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Traditional design support tends to follow a fairly linear and predictable pathway from an initial client brief through

conceptual explorations, plan production, and on to garden construction and planting phases. This pathway is deployed generically across both public and private projects with minor variations to the stages followed. By and large, data gathered early in the process is typically site-based with some information about the client, users, and their wishes and preferences.

Within an RCD approach, more flexibility is needed by the designer to support the culture change journey of their care setting client and to constructively challenge practices that have led to their current outside space becoming underused or deficient in some way.

RCD proposes a deeper look into the practices and customs of the designer and client partnership and in some cases creates a responsibility to challenge 'what my client wants' where the designer identifies a mismatch between the 'wish list' and the current care culture capacity to engage with any proposed features meaningfully. We identified seven typical care cultures (based on our earlier care culture map) to guide the designer through an assessment of the likely current care culture in operation at the setting and the most effective support to provide.

Key principles of relationship-centred design

1. Design support must match the current care culture of the care setting, at least until person-centred care practices are embedded.
2. The care setting must be the expert on residents' needs and capabilities in their outside space, while designers may have a role in interpreting this information to support increasingly person-centred practices, both indoors and outdoors.
3. Smaller design interventions over time may be required and are likely to be more successful than one-off, large scale makeovers.
4. The outside space must remain flexible to meet the needs, abilities, and interests of an ever-changing resident mix.
5. Both design and 'non-drawing' design interventions may be required, depending on where the care setting is on its culture change journey.

Taking a fresh look

Depending on the particular needs and circumstances of each care setting, we encourage the designer to draw on both drawing (plan) based support and also what we call 'non-drawing' design interventions that may be more effective, particularly in the early stages of a designer's involvement. This is because our role in assisting culture change can draw on the advantages of our seeing the prevailing care culture through 'fresh eyes' and so identify the subtle factors hindering greater engagement levels with the outdoors that have little to do with design and more to do with the embedded processes and routines at the setting.

For example, at a site visit during our research project, we questioned why a ground floor room that would be a perfect route to the outside space had been exclusively reserved as a one night per week cinema room, along with seats facing away from the garden and fixed in place. Our fresh eyes and feedback were able to interrupt a subtle and subconscious assumption that the room could only be used for one function.

We also challenged the off-putting signage on the main door to the garden that appeared to discourage, and confuse, residents (and staff) from using the entrance for fear of setting off alarms or transgressing the rules in operation at this setting. The tendency to put signs up everywhere can be seen as 'normal' and thus go unquestioned in many institutional settings and yet few of us have stickers or signs on our doors and windows at home.

In several other settings we have identified natural routes (and views) to the outdoors that had been blocked or were too narrow for those needing a helping hand or various mobility aids, to easily negotiate. We make the case in our handbook that if these obvious obstacles are not addressed then no amount of money spent on improving the outdoors will create any more engagement than was the case before the new garden was created. The outside specialist has a crucial role to play in pointing these things out, explaining that they reflect subtle practices and attitudes in the overall care culture that need to be addressed, and to assist them in embedding new routines and norms that actively help residents and staff to access the outdoors more easily and conveniently.

These are just some of the inexpensive, straightforward, and easily achievable 'non-drawing' design interventions that a designer may need to deploy (ahead of any

identified design support) to help the setting use their outside space more actively. Needless to say, taking a fresh look at a familiar space can be achieved by care staff and residents and their families too as part of the setting's own culture change journey.

Do designers always know best?

However, we believe that it is not just the care setting that is undertaking a culture change journey (to increase engagement outdoors for its residents) – the designer may be required to do this too when working with care setting clients. We describe a number of scenarios that we refer to as 'hidden dangers' that the designer needs to be aware of when our own designer 'culture' (the way we do things individually and across our wider sector) can interfere with, and even derail, the care setting's efforts to increase engagement outdoors and advance their own care culture practices:

1. Designer holds the setting back – the care setting is taken backwards on its culture change journey because the designer's approach to risk assessment and the role of health and safety is more generalised and fearful and rebuilds barriers that the setting has already overcome.
2. The new garden has been designed beyond the capabilities of the setting to use it – the designer failed to understand the care setting's current care culture practices and has not addressed those attitudes and beliefs that hinder going outside, risking the garden falling quickly into disuse once the novelty of it has worn off. There could also be a misguided belief on the part of either the designer or care setting that a brand new garden alone will help improve engagement levels.
3. The designer and care setting share the same fearful attitudes to engaging with the outdoors – neither of the parties is able to challenge deeply-held myths associated with the outside space, tending to see danger everywhere and risk assessing the 'things' in the space rather than the residents' abilities to engage safely with them.
4. The designer is seen as the expert – the care setting devolves responsibility for articulating its needs for the outside space to the designer, meaning that the setting is wholly dependent on the designer's skill in providing what the setting actually needs. The care setting must retain its authority in leading the process, ensuring that residents and staff are engaged as fully as possible in creating an outside space in line with their current care practices.

Designers need to dig deeper at the care setting

We understand that culture change is not a straightforward process, either for the designer or the care setting, but it is only through facilitating this journey that we believe real and sustainable change to routines and habits that normalise going outdoors can happen. Our handbook is intended for both the designer and care setting as it reminds all parties involved in the design process of their joint responsibilities in achieving their shared aim: to enable residents, their families and staff to engage actively and meaningfully with their outside spaces, as and when they wish to.

We understand that this may appear to be a departure from the traditional role of a designer and may be outside the comfort zone of some, and so we deliberately set out to reassure them that expanding their perceptions about their role and taking a deep dive into their own subconscious beliefs and attitudes as designers (particularly in relation to risk assessment processes) is essential if they are to be an effective partner for the care setting in creating a successful outside space.

Our handbook aims to be the 'How to...' guide for designers working with care (and other institutional) settings, showing them how to incorporate this new, yet essential, information about an organisation's culture into their design practice and skills' sets. This shifts the traditional linear approach to delivering design to a relationship that can evolve and deepen over time, with support being provided through potentially smaller, more modest interventions that address a particular aspect relating to the setting's culture change journey.

What about new build care settings?

One situation where the designer (and care setting operator) may find it initially difficult to apply our RCD approach is with a new build scenario. By definition, a care culture has yet to form there (although the seeds of what it is likely to become will be held in the beliefs and attitudes that new staff bring with them, if these are not addressed promptly). In our handbook we explore how the designer can ensure that the outside space is given the attention it deserves by advocating a phased approach between the build and occupation phases. Certain garden features are likely to be 'generic' (e.g. paths, patios, and lawn areas) and can be created during the build phase.

However, other garden features are best developed over time following occupation and the emergence of the new care culture. This is a new way of working between traditional partners but ensures the needs of marketing the home and its facilities are done effectively and alongside the need to allow the residents and staff to engage actively and meaningfully with their new outdoor (and indoor) spaces.

Taking a fresh look at a familiar space can be achieved by care staff and residents and their families too as part of the setting's own culture change journey

We also strongly advocate that the design of this space follows the arrival of the resident and staff mix, with perhaps only the basic structure and layout of the outside space in place at handover. This allows the garden to evolve with the emerging and identified needs of the residents and staff, providing an ideal vehicle to commence a culture change journey that is likely to establish sustainable person-centred practices, incorporating the outside spaces, from very early on in the operation of the care setting.

Capitalising on a current window of opportunity

As we emerge from the last few challenging years there has been a noticeable increased interest in all things related to nature, wildlife, and our gardens. We welcome this development wholeheartedly as it provides a powerful motivation to spend time outdoors more often.

We believe care settings have a golden opportunity to break free of those strong forces that could easily default care practices back indoors by focusing on those deeply held attitudes and beliefs that may have previously held the setting back from interacting with the outside space more actively and meaningfully. The designer similarly has a powerful role to play as an outside catalyst to aid this culture change process by working with a wider range of possible interventions than their traditional practices would suggest, deploying both non-drawing and drawing approaches and in a much more rewarding relationship with the care setting that will ultimately lead to well used gardens for the longer term benefiting all who are able to enjoy them. ■

References

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3. **Carroll. D. & Rendell. M. *Why don't we go into the garden? The care culture map and handbook.* Southampton: Step Change Design Ltd. ISBN:9780993573705. 2016**
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Debbie Carroll and Mark Rendell

Debbie Carroll and Mark Rendell are garden design consultants at Step Change Design. Their approach is called relationship-centred design, which focuses on identifying the care culture in operation at the care setting along a spectrum of care, Debbie Carroll and Mark Rendell using their care culture map tool, and then matching appropriate design interventions to their current practices. For Mark and Debbie, the pandemic can be understood in terms of an enforced culture change process.