

Consultation Document:

This document has been produced by the Therapeutic Horticulture Stakeholder Group¹ as part of its work to support the scaling up of the provision of Social & Therapeutic Horticulture. You can find out more about the Group [here](#).

We would really appreciate your feedback on this document and in particular your thoughts on the following questions:

1. How clear are the distinctions between the different 'levels' of therapeutic gardening?
2. In what ways do the differences between the levels resonate with your experience of therapeutic gardening provision?
3. Have we missed any details/information?
4. How well do the client stories adequately illustrate / explain the levels? Can you provide additional/better case studies?
5. How can we disseminate this for greatest reach/impact?

To help us to capture and collate your feedback, please complete this [survey form](#) by 9am on Monday 27th November 2023.

¹ **The Therapeutic Horticulture Stakeholder Group** was established by Natural England in March 2022 with support from The National Academy of Social Prescribing (NASP), to explore how to grow the Therapeutic Horticulture offer and to support the scaling up of Green Social Prescribing. It brings together leading organisations and professionals in this field with representation from Natural England, NASP, NHSE, academics, health care professionals, Thrive, Trellis and other organisations who support the provision of social and therapeutic horticulture. The Group is currently chaired and convened by Thrive with support from Natural England.

Background and context

The health and wellbeing benefits of gardening are well documented and include better physical health (through exercise and strengthening muscles to improve mobility); improved mental health (through a sense of purpose, hope and achievement); opportunity to connect with others (reducing feelings of isolation or exclusion); opportunity to learn new skills (increasing confidence and self-fulfilment); and increased connection to nature (which itself is documented to improve mental health).

Whilst some people can access these benefits for themselves, others may need encouragement, support or supervision to do so. We therefore see gardening activities used, with varying levels of support, across a range of health conditions and levels of mental health and in a wide range of settings. To the casual observer, the gardening activities in each of these contexts may look similar, and the term Social & Therapeutic Horticulture (STH) is often used as an umbrella term to refer to all gardening for health and wellbeing activities and this can be confusing.

Thrive, as the UK's leading provider of training in STH, defines STH as a process where trained practitioners work with plants and people to improve an individual's physical and psychological health, communication and thinking skills. What differentiates STH from other forms of gardening is how the approach has been tailored to meet the specific needs of each individual through the active role of practitioner.

This paper has been produced by the Therapeutic Horticulture Stakeholder Group to provide much needed clarity about how gardening can be used across a range of mental health needs, to assist health and social care professionals when assessing whether a gardening activity is suitable to meet the needs of the person they are working with, and providers to identify the level of need that they are able to support.

We have used the '5-levels of mental health' model, developed as part of the NHSE Green Social Prescribing test & learn site in Nottingham² (see Figure 1.) as the basis of our work because it provides a clear framework for describing mental health needs. In part one of this paper, we describe 5 types of gardening for health & wellbeing activities, each aligned to a level in the model, and see an increasing level of tailoring as need increases. We assign the term STH to levels 2 and 3, positioned alongside activities with a greater (level 4 – Horticultural therapy) or lesser (level 2 – Social gardening) degree of specificity. How gardening is beneficial to our mental health and the role of the Practitioner in achieving those benefits is described in Part 2 of this paper.

Although 5 discrete types or levels are identified, it is important to remember that mental health exists on a spectrum and the 'boundaries' between levels may not always be clear cut. An individual will move between the mental health levels as their health improves or deteriorates; the way in which gardening is used can be adapted to reflect those changes.

² Originally by GreenSpace and Nottingham and Nottinghamshire NHS Integrated Care System as part of the Green Social Prescribing Pilot. <https://notts.icb.nhs.uk/your-health/personalised-care-2/green-social-prescribing/> <https://www.youtube.com/watch?v=Z1Jw0YFVe0g>

Some providers will be able to cater for people across several mental health levels whilst others will focus on a specific level of mental health need.



Part 1: Five types of gardening for mental health

The five types of gardening (Figure 2) have been defined as:

Self-directed gardening: Gardening activities in everyday life. Aligned to Mental Health Level 0

Social Gardening: Social or community-based gardening with a supportive leader. Programme of gardening activity informed by garden needs or growing preferences. Aligned to Mental Health Level 1

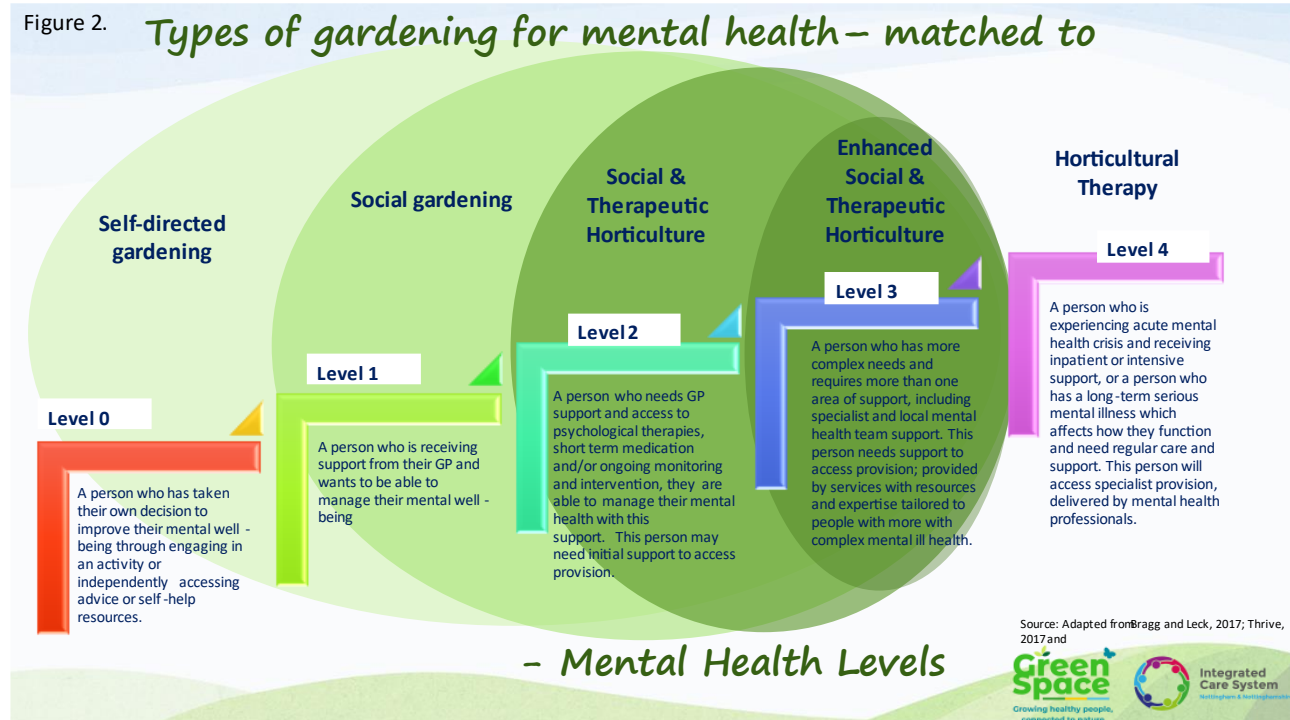
Social & Therapeutic Horticulture: Gardening within an inclusive setting, led by a trained practitioner. Programme of gardening activity informed by garden needs, tailored to individual preferences. Aligned to Mental Health Level 2

Enhanced Social & Therapeutic Horticulture: Structured and facilitated gardening activities within an inclusive setting, led by a trained practitioner. Person-centred programme of gardening activity. Aligned to Mental Health Level 3

Horticultural Therapy: Structured and facilitated gardening activities, within a restricted-access setting, led by a trained practitioner with close involvement of health or care specialist. Person-centred programme of gardening activity. Aligned to Mental Health Level 4

We have explored how these activities can be differentiated in terms of:

- **Who** it is for - the mental health, support needs and recovery pathway of the individual as described by the NHS 5-level model
- **Why** it should be used - the desired outcomes and benefits for the individual engaging in the gardening activities
- **How** the individual will engage in the gardening activities
- **What** skills, quality assurance and evaluation processes the provider will need to have in place to achieve the desired outcomes for the individual.



	Self-directed Gardening (L0)	Social Gardening (L1)	Social & Therapeutic Horticulture (L2)	Enhanced Social & Therapeutic Horticulture (L3)	Horticulture Therapy (L4)
Who it is for: Mental health level	<p>Level 0: A person who is well and wishes to take steps to safeguard their mental health</p> <p>This is a person who has taken their own decision to improve their mental health through a green or nature-based activity.</p>	<p>Level 1: A person who is at risk of developing mental ill health</p> <p>This is a person who is seeing their GP about their mental health or may have some support from a health worker because they are struggling with isolation, low mood and anxiety including social anxiety, mild depression or a lack of motivation, structure or routine which is having a negative impact on their mental wellbeing.</p>	<p>Level 2: A person with mild mental ill health</p> <p>This is a person who needs GP support along with access to psychological therapies, such as cognitive behavioural therapy (CBT) or counselling, short term medication and/or ongoing monitoring, and they are able to manage their mental health with this support.</p>	<p>Level 3: A person with moderate mental ill health</p> <p>This is a person who has more complex needs and requires more than one area of support, including specialists and local mental health team support.</p>	<p>Level 4: A person with severe or complex mental ill health</p> <p>This could be a person who is experiencing an acute mental health crisis which requires them to receive inpatient or intensive crisis team support, or it could be a person who has a long-term serious mental illness which affects how they function, and they need regular care and support.</p>
Support needs	<p>They will independently access advice and self-help resources as they need them and manage their own mental wellbeing without the need of additional support.</p>	<p>They need a low level of support which can be managed by their GP, sometimes with additional support and they can attend general open sessions.</p>	<p>They may need a Befriender to help them attend the first couple of sessions to settle in.</p> <p>They may need to attend specific sessions, rather than general open sessions, and while engaging in the activity, this person may need support from trained staff or volunteers</p>	<p>They may need a lot of help to engage in sessions, possibly from a support worker and/or trained staff.</p> <p>Health professionals will track and review their progress as appropriate.</p>	<p>This person might access activities within a hospital environment, such as within a hospital-based garden or therapy garden. Continuous support to attend from a carer or health professional</p>

	Self-directed Gardening (L0)	Social Gardening (L1)	Social & Therapeutic Horticulture (L2)	Enhanced Social & Therapeutic Horticulture (L3)	Horticulture Therapy (L4)
Recovery pathway	N/A	N/A	This person will work towards the recovery goals they have identified with their health care professional, and they will begin to feel the benefit to both their short term and long-term recovery, with the goal of eventually being able to access Level 1 provision.	This person will have a planned pathway out of Level 3 provision, to be agreed between the client and their support team, moving into Level 2 provision, with the possibility of re-entering Level 3 provision if necessary.	There will be a planned pathway out of this provision into Level 3 provision when this person is ready, which will be agreed between the person themselves and their support team.
Why Benefits and Outcome	<p>To maintain general good health through:</p> <ul style="list-style-type: none"> • Time spent in nature – restorative • Growing – nurturing and hope • Increased levels of exercise • Reduced chances of social isolation (if gardening in a community setting) • Opportunity to learn new skills 	<p>To maintain general health and to gain respite and stress reduction amongst people who are showing empathy and care through:</p> <ul style="list-style-type: none"> • Time spent in nature – restorative • Growing – nurturing and hope • Increased levels of exercise • Increased social interaction • Opportunity to learn new skills • Meaningful activity 	<p>To improve general health and to gain respite and stress reduction amongst people who offer support and motivation through:</p> <ul style="list-style-type: none"> • Time spent in nature – restorative • Growing – nurturing and hope • Increased levels of exercise • Increased social interaction • Learning new skills; healthy food and nutrition • Meaningful activity 	<p>To enable the experience or practice an area of recovery that an individual has identified as a priority for themselves as the expert of their own situation, through the adaptation of activities and the environment to focus the benefits of:</p> <ul style="list-style-type: none"> • Time spent in nature – restorative • Growing – nurturing and hope • Graded levels of exercises • Managed social interactions • Structured learning • Specific tasks / activity 	<p>To enable the experience or practice an area of recovery that an individual has identified as a priority for themselves as the expert of their own situation, through the adaptation of activities and the environment to focus the benefits of:</p> <ul style="list-style-type: none"> • Time spent in nature – restorative • Growing – nurturing and hope • Graded levels of exercises • Managed social interactions • Structured learning • Specific tasks / activity

	Self-directed Gardening (L0)	Social Gardening (L1)	Social & Therapeutic Horticulture (L2)	Enhanced Social & Therapeutic Horticulture (L3)	Horticulture Therapy (L4)
How - engagement	As and when they wish	Either ad-hoc or regular attendance Access times/days may be predetermined according to setting	Regular attendance - for a set time period or a specific programme Access times/days predetermined according to provision	Regular attendance - for a set time period or a specific programme Access times/days predetermined according to provision	Regular attendance as directed by mental health care team In patient or specialist programme
What Provider Skills	N/A	Ability to manage the garden. Ability to ensure a positive social environment. Non-judgemental and inclusive. Mental health awareness. Considerate, kind, putting people's needs before plants/garden needs. Recognising it isn't just about the gardening.	Significant gardening experience or horticulture qualification. Mental health first aid and awareness. Good facilitation skills. Conflict resolution and positive behavioural support skills. Ability to adapt horticulture to be accessible.	Significant gardening experience or horticulture qualification. Fuller experience or education in Mental health support. Understanding of the recovery model. Understanding of how to assess needs in relation to the garden and measure change using outcome measurement. Excellent group facilitation skills. Ability to develop rapport with people significantly impacted by mental ill health. Conflict resolution and positive behavioural support skills. Ability to adapt and grade horticulture to be accessible.	Significant gardening experience or horticulture qualification. Fuller experience or education in Mental health support. Understanding the recovery model. Understanding of how to assess needs in relation to the garden and measure change using outcome measurement. Excellent group facilitation skills. Ability to develop rapport with people significantly impacted by mental ill health. Coaching, or understanding of person-centred therapies. Conflict resolution and positive behavioural support skills. Ability to adapt and grade horticulture to be accessible.

	Self-directed Gardening (L0)	Social Gardening (L1)	Social & Therapeutic Horticulture (L2)	Enhanced Social & Therapeutic Horticulture (L3)	Horticulture Therapy (L4)
Quality Assurance	N/A	H&S within garden environment	Safeguarding policies and procedures. H&S within garden environment. Task-based risk assessments. Agreed process and contact to access in the case of a crisis.	Safeguarding policies and procedures. H&S within garden environment. Task-based risk assessments. Individual risk assessments. Agreed process and contact to access in the case of a crisis. Ongoing communication between the provider and referrer	Safeguarding policies and procedures. H&S within garden environment Task-based risk assessments Individual risk assessments Ongoing communication between the referrer and the provider.
Evaluation	N/A	Some outcome measurement at the project/site level, often related to funder requirements	Outcome measurement aligned to programme goals	Outcome measurement aligned to programme goals Specific measured outcomes and set goals in relation to health and need	Specific measured outcomes and progression in relation to health and need As per NHS Mental Health National Service Framework ³

³ <https://www.gov.uk/government/publications/quality-standards-for-mental-health-services> [Sept 1999 -is this still current?]

Case Studies and illustrations [examples from Thrive programmes]

Gardening for health activity level	Examples, case studies and illustrations
<p>Self-directed Gardening: Gardening activities in everyday life</p> <p>Level 0: A person who is well and wishes to take steps to safeguard their mental health</p>	<p>A mother of one, Abi has a diagnosis of complex PTSD and trauma-based anxiety from childhood. <i>“I didn’t grow up in a very stable home, it was like walking on eggshells, I’ve had all the therapy going and been in some dark bad places over the years and hadn’t been able to get over things my brother and I went through as children and teenagers. But being outside was my retreat; because when I spend some time in my garden, I’m stepping out of the things that have gone on, I’m not the in the past. It’s my sanctuary.”</i></p> <p>Abi has been helping Thrive develop an online Information Service called Get Gardening, providing a comprehensive series of gardening articles with a focus on health & wellbeing benefits, providing information and inspiration to start or to continue gardening when living with a long-term health condition or disability. Co-produced by people living with mental ill-health, dementia, arthritis, sight loss, learning disability, respiratory and heart diseases and other health conditions and disabilities, to allow people in their gardens to access free information on their phones or another device. <i>“The info service is very structured and it feels fully inclusive. I struggle and it’s nice to know that there are other people out there using this service”</i></p>
<p>Social Gardening: Social or community-based gardening with a supportive leader</p> <p>Level 1: A person who is at risk of developing mental ill health</p>	<p>Coming to Thrive has helped Leslie in the aftermath of intensive cancer treatment for a tumour affecting his head. After going through weeks of radiotherapy, Leslie says Thrive’s programmes have boosted him mentally, physically and emotionally. He was interested in learning about gardening and joined the Sow & Grow programme for the over-50s - a programme that brings together small groups of socially isolated older people by providing a 12-week tabletop gardening course in the Thrive Gardens. The programme introduced him to many gardening activities: <i>“It was very interesting. I met new people, most of them had their own garden and the ladies in particular knew the names of the plants and I learnt from them too.”</i> Being deemed as clinically vulnerable and in a high-risk category meant that during lockdowns Leslie was socially isolated. Coming to Thrive provided social contact that has benefited his emotional wellbeing: <i>“If it hadn’t been for this, I wouldn’t have got out anywhere. I have enjoyed every minute of it. It’s been very good; the people were all very nice”</i>. Indeed, since Leslie’s Sow & Grow group came to an end, he has met up with its other members outside of Thrive to stay in touch.</p>

Gardening for health activity level	Examples, case studies and illustrations
<p>Social & Therapeutic Horticulture: Gardening within an inclusive setting, led by a trained practitioner. Programme of gardening activity informed by garden needs, tailored to individual preferences</p> <p>Level 2: A person with mild mental ill health</p>	<p>Randall was a Structural Engineer with a busy career when, in 2018, he was diagnosed with sepsis. Although he won the overall battle, Randall lost one of his legs to the life-threatening condition. After the amputation, Randall spent an entire year hidden inside with no outside contact, and in 2020, after 6 operations, lost his other leg to circulation problems. <i>“I had a great life; I enjoyed my job but [losing my legs] was really hard for me. Some people get depression. Gardening stopped depression getting to me”</i>. Randall joined Thrive’s Sow & Grow programme in Birmingham. Each session is tailored to clients’ needs ensuring people like Randall, who rely heavily on using a wheelchair, can take part using sitting down gardening techniques especially planned for them. Randall’s life-changing turning point was understanding that, just like before losing his legs, he could be busy again. Gardening even makes Randall feel closer to his mother and attending Thrive makes him feel motivated to wake up after exhausting dialysis sessions. <i>“It helps me realise that there is always an opportunity to keep busy. I am enjoying my life now. Now I can be the happy person I always wanted to be.”</i></p>
<p>Enhanced Social & Therapeutic Horticulture: Structured and facilitated gardening activities within an inclusive setting, led by a trained practitioner. Person-centred programme of gardening activity</p> <p>Level 3: A person with moderate mental ill health</p>	<p>Since childhood, Tony has lived with severe and complex OCD, depression and anxiety that completely took over life. <i>“I wouldn’t sleep at night because I was constantly worrying about dripping taps. I’d go check and check and check because I just thought the worst would happen”</i>. His intrusive obsessions and somewhat controlling thoughts around cleanliness, had left him feeling reliant on medication and lengthy visits to psychologists, something he no longer wanted to depend on. He enrolled onto Thrive’s Growing Out programme for adults experiencing mental ill health. Despite concerns that with Tony’s experiences of OCD around cleanliness, being surrounded by so much soil and dirt could have been a trigger, Thrive’s STH Practitioners worked with Tony to face his challenges and empower him to use horticulture to manage and escape invasive thoughts. Tony began to realise the positive impact that the garden was having on his mental health and with his newfound freedom, he’s now been able to find further avenues to maintain his mental health and wellbeing, including enjoying a dog walk. <i>“I couldn’t believe in a million years that I’d be picking up dog poo. [And] there’s no point to having a dog if you won’t let it lick your face. I don’t care now. It’s worth it”</i></p>

Gardening for health activity level	Examples, case studies and illustrations
<p>Horticultural Therapy: Structured and facilitated gardening activities, within a restricted-access setting, led by a trained practitioner with close involvement of health or care specialist. Person-centred programme of gardening activity</p> <p>Level 4: A person with severe or complex mental ill health</p>	<p>Example from a secure unit</p>

Part 2: What makes gardening beneficial for mental health?

The benefits of gardening for health and wellbeing, identified in research, come from three active processes:

- time in nature
- time being active and occupied
- time in a positive social environment.

Although these processes work separately, and potentially all have equal value, they are often interdependent and mutually supportive (e.g. the social environment and relationships built within it benefits from taking place within a garden). When used as part of a therapeutic intervention or programme (Levels 2, 3 and 4), within these processes you also have i) a relationship between a practitioner and the individual and ii) the nurturing of plants and wildlife.

The skill of the STH practitioner is to adapt the three processes to suit the needs of the individual attending the programme. For example: break times are as much a therapeutic activity as doing gardening, and spending time noticing and being immersed in nature is also therapeutic; this means that the practitioner must manage both the garden and the therapeutic context/programme.

The garden forms an integral part of the therapeutic process and, unlike some other occupational therapy activities, the 'result' is important because it is alive: if the plants don't grow well it will not produce the same outcomes for health and wellbeing. All of this develops a unique style and approach to horticulture as different as heritage gardening is to nursery production.

This multi-modal approach can work for a significant range of people, with different people benefiting from different processes. It offers holistic development which is important to the experience but with its multiple processes has the capacity to be more directed towards specific outcomes for each client.

Across the UK, and in other parts of the world, much development in the use of gardens and gardening for health has been organic and community based. This has meant that many programmes also support other reciprocal agendas such as heritage gardening, conservation and environmental outcomes as well as food box schemes and many others.

A properly applied programme of STH can be used:

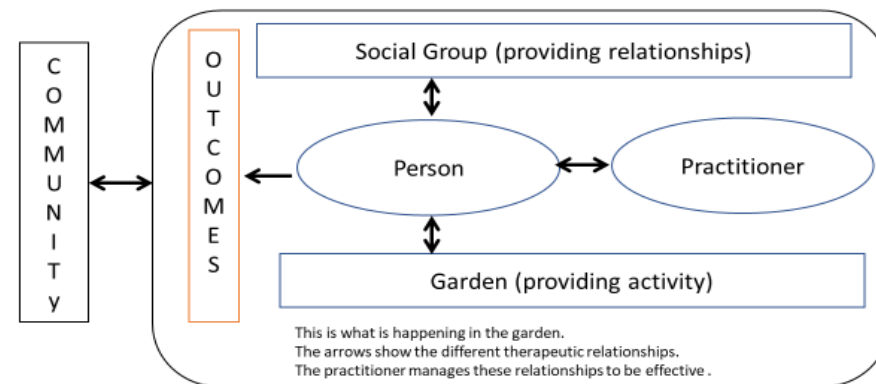
- i) as part of a rehabilitation process, to help people recover and 'find their feet again' after an illness or a difficult time in their lives
- ii) to help people recover from a wide range of health conditions
- iii) to help slow down the deterioration in a degenerative illness
- iv) to learn new skills, which could lead to employment or becoming more active in their community
- v) to improve quality of life and support healthier lifestyles.

The role of the Practitioner

The model below identifies the different relationships within STH, with the Practitioner managing and guiding all of them; although these relationships exist in all the models, the way in which the role operates differs across them.

The relationships include:

- The building of rapport between practitioner and each person attending the programme
- The guidance or management of the person in relation to the garden (understanding their nature connectedness or affinity for nature to engage them in areas of gardening familiar, aspirational or comfortable to them)
- The guidance or management of the person in relation to the gardening activities ensuring that they are accessible (access issues in STH are physical, sensorial, cognitive and also emotional) and achievable
- The guidance or management of the person's relationship with the other members of the social environment (the group they are gardening with but also potentially other people, volunteers, other team members, members of the public, etc.)
- The support, guidance and potentially management of the person in relation to their individual outcomes
- The guidance and management of the whole programme in relation to the community (this can be because of other reciprocal agendas or work areas and also critically to ensure the benefits and outcomes achieved in the garden have value and significance for each person in their life within the community).



With an understanding of the needs of the group and individual within it, the practitioner can balance the active processes accordingly. For example, at level 4 (Horticultural Therapy) time in nature is likely to be significantly more valuable, offering attention restoration and improving mood. With acute symptoms, activity and occupation needs to be carefully selected and adapted to suit each individual so as not to frustrate or cause stress through

performance pressure or realisation of inability. The social environment needs more careful management and may not be such an active process towards outcomes for all and the practitioner will need to lead and be more autocratic in their style.

At level 2, occupation and activity to support people to feel as if they can have choice, control, develop routine, meaning and purpose may be more valuable than time in nature alone. The social environment may become more actively valuable in supporting outcomes. In line with the recovery model supporting the person in rebuilding relationships, trust in others and self-management if they have been at level 3 or 4. Here the practitioner will more likely adopt a facilitative and democratic approach to their role.

A vocational focus could have potential value in some Mental health contexts, for example it could be a more valuable model type in adolescent and children's mental health. Here the practitioner has outcomes beyond health to manage: the attainment of vocational outcomes which could include horticulture certificates or work ready learning outcomes. Again, activity and occupation may become more valuable and balancing the session schedule towards this is needed to achieve desired outcomes.

Authors and Contributors

The authors and key contributors of this document are:

Kathryn Rossiter, CEO, Thrive and Chair of the Therapeutic Horticulture Stakeholder Group

Damien Newman, Training, Education & Consultancy Team Manager, Thrive

Becs Baumber, Partnerships & Development Manager, Thrive

Dr Rachel Bragg, Rachel Bragg Consultancy, independent consultant and green care advocate

Caroline Emmerson, Principal Adviser, Health and Environment, Natural England

Dr Michele Howarth, Senior Engagement Fellow, Edge Hill University

Dr Carly Wood, Lecturer in Sport & Exercise Science, Essex University

Dr Richard Claxton, GP and founder of the Gardening4Health directory

Jennifer Bailey, Mental health lead Green Social Prescribing - Nottinghamshire Healthcare NHS Trust