

ASTH Practice Standards

Introduction:

These standards describe how Social and Therapeutic Horticulture (STH) practitioners go about their work and in doing so enable them to meet their commitment to upholding the ASTH Code of Ethics. This is a document to which the public, practitioners and other professionals can refer, to understand the standards and practices that a STH practitioner will apply in the course of their work.

An STH practitioner is a trained professional who engages with people using plants, activities centred on horticulture and nature connection to enable people to improve their physical health, mental health and wellbeing. Practitioners seek to bring about a tangible or experiential benefit for each client in response to their defined need(s) and goal(s), taking a holistic and person-centred approach.

Practitioners bring about benefits through three key processes, facilitating time:

- in nature,
- in meaningful activity, and
- in a positive social environment.

Maintaining these standards will help STH practitioners to:

- be a safe, effective and ethical practitioner;
- provide a high-quality, evidence-informed person-centred and inclusive service;
- meet the registration requirements of the ASTH.

The settings in which practitioners operate vary significantly, this includes large organisations, small and medium sized charities and individuals who are operating independently of organisation or self-employed. As such the responsibility of the practitioner in relation to policy and procedure can vary significantly.

- Where an STH Practitioner is **not under the umbrella of a host organisation or charity**, the STH practitioner is responsible for both the practitioner and organisation standards.
- Where a standard is the responsibility of an **employer or host organisation**, the STH practitioner has a role to work alongside their employer and fulfil their responsibilities within the policy or highlight that a policy is absent.

A list of key terms is available at the end of the document.

Standards:

Client needs: The practitioner meets individual needs, seeks information on the aspirations, needs, skills, preferences and achievements of their clients, monitors their progress, and uses this information to design and implement client-centred therapeutic sessions.

1. We have the skills and experience to understand a client's needs and work with them effectively to meet their goals.
 - 1.1 Where practicable, we will signpost a client to an appropriate practitioner if the care, treatment or other services they need are beyond our scope of practice.
 - 1.2 We will not continue to work with a client when we recognise that their needs are beyond our competence.
 - 1.3 We will, as a minimum, refer the client to their emergency contact, GP or social worker and provide support - within our capabilities - while they move to the care of this contact.
2. We will consider the needs of clients and adapt our communication to enable the client to access the service.
3. We will gain and utilise knowledge from clients and referral partners to ensure there is a clear understanding of client need and suitability for its programmes.
4. We will undertake ongoing assessment of the client and delivery context to ensure safe and effective practice at all times.
5. We do not diagnose clients or advocate externally (i.e. beyond the sphere of STH practice) for clients, except in response to an appropriate information request by another professional, or as part of a multi-disciplinary team or when responding to a safeguarding concern.
6. We conduct an initial assessment with clients and capture relevant information, typically in a written personal plan.
 - 5.1 We identify the client's needs and goals and establish a programme of activities for each individual.
 - 5.2 We consider how the personal plan can be facilitated within a group context.
7. We accept clients for who they are; we focus on what clients can do, not what they can't do, using a person-centred approach.
8. We review the client's personal plan periodically, in line with the programme design, to ensure that the service is continuing to meet the needs of the client.
9. We ensure the client has an appropriate goal(s) in line with their aims and needs. Goals are reviewed and amended, where possible with the involvement of the client.
10. We facilitate opportunities for social interaction, team working, and creating a positive social environment. Where appropriate, we try to provide opportunities for community connection and involvement.
11. We use ongoing assessment to enable the client to benefit from time in nature, time in the social environment and time being occupied, in line with the client's needs. We recognise the holistic value of the medium, even when working to achieve specifically detailed outcomes.
12. We think through and plan activities to enable maximum engagement and therapeutic benefit for the client attending, whilst recognizing the benefit of being flexible in the moment.
13. We work to ensure that clients understand the contribution that they are making and that their contribution is valued within the social environment, in order that clients have a sense of worth and achievement.
14. We actively listen to client views of the programme, to ensure they are heard and understood. We will take feedback into consideration when developing programmes.
15. We ensure that proposed horticulture activities can be completed safely by each participant; we provide clients with appropriate tools and PPE.

16. We provide clients with inductions and regular refresher training covering policy, code of conduct and safe working practices, in a format that is accessible to each client.
17. Before undertaking a programme, we will consider the skills, capabilities and experience needed to meet the requirements of the target client group. We will only deliver programmes we are suitably trained/experienced to safely undertake.
18. We develop our skills and knowledge to ensure the safety and benefit of those accessing the programme. We will keep a record of how we have identified learning needs and steps taken to ensure continuous professional development.
19. When dealing with behaviours that challenge, we will ensure we follow good practice guidance relevant to the programme and the individual client and in line with the setting/employer of the session.

Horticulture: The practitioner selects and uses plants and horticultural activities that meet the needs of their clients, facilitating good horticultural principles and providing variety and choice.

20. We prioritise client outcomes over horticulture standards recognising that STH is centred on horticulture but doesn't have to follow traditional horticulture practice.
21. We manage the garden to be conducive to/compatible with the aims of the programme, with due consideration to whether a passive or interactive approach and garden design will be most beneficial to the client group.
22. We are experienced and knowledgeable in the area(s) of horticulture relevant to the activities we provide.
23. We develop the horticultural programme to ensure it offers a range of activities enabling choice for and tailoring to the client. When relevant, we will take into consideration how others use the space and how their activities might impact on others.
24. We carry out horticultural activities in a way that meets the identified needs of each client.
25. We select, adapt and grade tasks through programme design to enable maximum independence and involvement by clients and opportunities for progression.
26. When aligned with client goals, we identify activities to extend the client's knowledge and skills in horticulture and foster nature connectedness.
27. We plan and deliver activities in a way that demonstrates an awareness of and commitment to environmental issues and sustainable development.
28. Where possible, we will involve clients in decisions about garden design and development. We recognise the value of horticulture and creativity in the garden.

The programme: The programme has overarching aims and objectives.

We will work with our host organisation or employer to the best of our ability to ensure:

29. The organisation has a clear framework for making decisions about who is suitable for each programme. When a client is no longer suitable for the programme (or vice versa), we will communicate that to the client and to referral partners, as appropriate.
30. There is sufficient time and funding allocated to enable STH practitioners to undertake training, reflective practice and CPD.
31. Periodic evaluation is undertaken to ensure that the programme is delivering the desired outcomes.
32. Expected outcomes are clearly outlined and documented/communicated, realistic and honest.
33. Information is provided about the services and activities in an accessible format to ensure it reaches a full range of potential clients and/or their referrers and carers.
34. Written procedures are in place and understood by clients (as far as possible), staff and volunteers to deal with normal work routines and emergencies.

35. Policies are in place to appropriately respond to grievances, complaints or whistleblowing. Practitioners will comply with the procedures of the organisation

The working environment: The practitioner promotes a positive working environment by fostering respect, inclusion, and trust while ensuring the physical and emotional safety of clients.

36. Workforce (staff and volunteer) to client ratios and working methods are adequate to ensure that work is safe, effective and appropriate for each client. Clear back up plans are in place to cover staff absences and unexpected situations.
 - 34.1 To increase the likelihood of therapeutic benefit a ratio of 1:4 is typical across most STH programmes, but ratios can vary from 1:1 to 1:7 depending on the needs of the clients.
37. The organisation is responsible for ensuring that facilities meet all legal requirements and are safe for all site users.
 - 35.1 We will comply with Health and Safety policies and fulfil our responsibilities to keep ourselves and our clients safe.
38. The organisation is responsible for ensuring that data is collected, stored and processed in line with data protection legislation and the principles detailed in the Data Protection Act 2018. Due care is given to client, staff and volunteer privacy.
39. We will comply with data protection policies and practices of the host organisations or our employer.
40. The organisation is responsible for ensuring that there are suitable Safeguarding and Safer Recruitment policies, procedures and assessments in place.
 - 37.1 We will comply with safeguarding policy and procedures. If we suspect abuse or neglect, we will promptly report it.
41. We will report any poor or unsafe practice, in line with the policy of the organisation. If poor practice continues, practitioners we will report concerns to a more senior manager, trustee, the ASTH or an external body, as appropriate.

We will work with our employer or host organisation to the best of our ability to ensure:

42. There are physical resources to deliver the planned programme of activities effectively and safely in a variety of weathers and temperatures. (These include appropriate PPE, workwear and tools.)
43. Spaces are designed and improved (where possible) to meet the needs of the clients (including communication needs and consulting clients on development and changes), and reasonable adjustments are made to improve accessibility.
44. That work areas are organized and managed so that clients can work as effectively, safely and independently as possible.
45. There is a healthy team environment where colleagues communicate effectively with one another and provide the necessary support, observation and feedback.
46. The specific risks of the programme (e.g. of the client group, physical location and mixing clients with different needs, public on site) have been considered and documented.
 - 43.1 We will ensure that we are familiar with risk assessments and review them at suitable intervals, with appropriate action implemented for each work site and activity.
47. Due consideration is given to the risk of harm or abuse to the practitioner, and any identified risk is mitigated.
 - 43.2 We will comply with lone working and professional boundaries policies to reduce risk to ourselves.

Confidentiality: The act of respecting and protecting an individual's personal information by ensuring it is kept private, only accessed by those who need it, and only shared when there is a lawful or ethical justification to do so. This standard applies to all individual's personal information, not just clients.

48. We will only access or share personal information if there is a clear, justified purpose, and will not use more information than is necessary for that purpose.
49. We will share confidential information strictly on a need-to-know basis, ensuring that only those directly involved in the care or support of the individual receive it.
50. We will seek the individual's informed consent before sharing personal information, unless there is a legal obligation or serious risk to life or safety that overrides this. We can override confidentiality only when:
 - 1.1 There are safeguarding concerns – a person is at risk of abuse, neglect, or exploitation, we are required to share relevant information to protect them – even without consent.
 - 1.2 There is a risk of serious harm to self or others - if someone is at imminent risk of suicide or poses a threat to another person (e.g. violence or abuse).
 - 1.3 There is a legal requirement to share the information e.g.:
 - i. A court orders or legal proceedings requiring disclosure.
 - ii. Mandatory reporting obligations, such as reporting female genital mutilation (FGM) or notifiable diseases.
 - iii. Terrorism and serious crime - information may need to be shared with police or security services (Under Terrorism Act 2000 or Crime and Disorder Act 1998).
 - 1.4 It is necessary to protect wider public health or safety (e.g. preventing the spread of infectious disease).
 - 1.5 The client lacks capacity - an individual lacks mental capacity to give consent, decisions about sharing information must be made in their best interests, in line with current legislation.
 - 1.6 The individual is deceased - confidentiality still applies after death, but information may be disclosed if legally required or in the public interest (e.g. to support an inquest or investigation).
51. We will inform the individual about the sharing of their information without consent, unless doing so would increase the risk of harm, interfere with a legal investigation or be detrimental to their wellbeing.
52. To protect clients' rights when overriding confidentiality, we will:
 - 1.1 consider whether the purpose can be met without identifying the person.
 - 1.2 where possible, seek guidance from a Caldicott Guardian, line manager, or safeguarding lead.
 - 1.3 document the decision, rationale, and outcome clearly.
 - 1.4 inform the person where appropriate and safe to do so.
53. We understand that the duty to share information can be as important as the duty to protect client confidentiality. We know that timely, appropriate information sharing is essential for safe, effective, and coordinated care. While confidentiality is important, withholding critical information can pose risks to client safety and public health.
54. We will support clients to understand the mutual responsibility that each client has to respect the confidentiality of others.

We will work with our employer or host organisation to the best of our ability to ensure:

55. Personal information is protected through secure systems and storage, and use encrypted or protected communication methods when sharing sensitive data.

56. Access to and use of confidential information is reviewed, procedures are being followed, and any inappropriate access is addressed promptly.
57. We are trained in confidentiality and data protection, and are supported to raise concerns if we believe confidentiality is being breached improperly.

Key Terms:

- **We:** Refers to the practitioners who have registered with the ASTH.
- **Organisation:** The entity that contracts or delivers STH programmes.
 - This might be the practitioner's direct employer or an organisation which is contracting with a freelance practitioner. There are occasions where the practitioner and the organisation are synonymous.
- **Programme:** STH delivery for a defined client group, typically encompassing a number of sessions.
- **Session:** a single time-limited interaction between a practitioner and client / client group.
- **Site:** Where the STH is delivered.
- **Client:** Different organisations use different terms but here we mean the person using the service or directly benefiting from the STH service.
- **Colleagues:** Anyone who is working with the member, including staff, volunteers, support workers, carers and fellow professionals
- **Safer Recruitment:** The steps taken when recruiting volunteers and staff to ensure those you recruit into your organisation are suitable and appropriate.
- **Safeguarding:** Protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.
- **Whistleblowing:** The activity of a person, often an employee, revealing information about activity within a private or public organization that is deemed illegal, immoral, illicit, unsafe or fraudulent.
- **Personal Information:** This refers to personal identifiers (Date of Birth, Address), information about health conditions and disclosures that individuals make in the process of a session.
- **Informed Consent:** Informed consent is the process by which individuals are fully informed about how their personal and sensitive data will be collected, used, stored, and shared, and voluntarily agree to this under clear and understandable terms.

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