

# 'Why don't we go into the

Garden designers **Mark Rendell** and **Debbie Carroll** collaborated in 2013 to research why gardens around care homes, particularly for people with dementia, were not being used more. Here's their story.



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**W**e've been on an eye-opening journey. As garden designers for care homes we came to ask some fundamental questions about our role and its impact on people with dementia. Our journey caused us to rethink our approach to garden design, casting its relationship with the wider culture of the care home in an entirely new light.

It's fair to say that, at one point last year, we seriously questioned whether a garden designer is actually needed in enabling care home staff and residents to use their gardens more, particularly for residents living with dementia. We did so during a self-funded research project with 17 care homes across England and Wales into what gets in the way of care homes using their gardens more actively.

By the end of our project we felt we needed to share some possibly uncomfortable truths with our peers in garden design, especially in relation to how we go about consulting and working with our care sector clients in the future. As a result of our research we have developed a diagnostic tool, 'The Map,' to help care homes understand the factors preventing the use of gardens and what the remedies might be.

## Background and inspiration

We both have experience in designing outdoor spaces for care and learning settings, including hospitals, hospices and schools. In 2012, Debbie was working on three dementia related design projects for gardens each of which had previously been designed in a way that turned out to be unsuccessful. Why would her designs be any more successful?

We wanted to ensure that the gardens we designed would be actively used for the longer term, ensuring they satisfied not just our clients but residents too. This was important to us, both economically and, more importantly, ethically. Our original plans for a small-scale research project with half a dozen homes were quickly overtaken by events.

We met Sylvie Silver, chief executive of the National Activities Providers Association (NAPA), who offered to canvass her contacts. We were staggered by the response: 50 care homes responded to say they would like to take part in our project. The care sector was clearly asking the same question as we were.

We scaled up our research, and recruited a representative sample of 24 care homes across England and Wales onto the project.

A key inspiration for our research methodology came from Garuth Chalfont's seminal book, *Design for nature in dementia care* (Chalfont 2008). We found it to be full of common sense and useful insights about the value of edge space and bringing nature closer to the care home as a means to maintain the well-being of residents with dementia. It also helped us to see the role of carers as facilitators to strengthen the

connection between indoors and outdoors.

The book called for more research to be carried out in understanding how people with dementia engage with the outdoor space, using a form of data gathering called Environment-Behaviour Studies:

"First I would suggest that research in dementia care might benefit from the application of insights from Environment Behaviour Studies (EBS) which seeks to understand how people and environment interact. This type of approach is more ethnographic and anthropological than the intervention studies normally used, which follow the medical model."

We adapted this method, creating a comprehensive training and information pack and diary sheets to guide the homes through how to gather the data we needed. Throughout that summer 17 of our participating homes completed diary sheets over a period of one month detailing interactions by residents with dementia with the outside space (directly or indirectly from inside).

They recorded 600 diary sheets in total and we were impressed by the quality of the observational record keeping. Some homes said that it actually helped to raise the morale of staff, reminding them just what a varied and positive role they performed.

## Observational visits

From the 17 homes, we selected a further mixed sample of seven and visited them 20 times (three visits to all but one home, where we made two visits). These visits enabled us to carry out non-participant observations to watch and record unobtrusively what was taking place in and around the gardens.

As outsiders, we were able to see practices in the homes we visited in an objective fashion, noting those that appeared contradictory, counter-productive, innovative, curious or effective. We openly shared our research aims, the questions we needed answering and we also offered a very limited amount of informal design advice. We developed a high degree of trust with these seven care homes.

On reflection, this series of visits enabled us to see what actually took place there rather than just what a home may have wanted us to see, allowing us to capture honest and factual information about the homes. We gathered a further 874 observations, bringing our total data amassed to almost 1,500 interactions with the outdoor environment.

## Home truths

It was during our first visit that we were forced to face some serious home truths about our role. The garden we were in was a little unkempt, with patches of weeds, poorly designed by current guidance and with bare patches in the beds themselves. Not an impressive or apparently well looked after space – or

### Authors' note

In the research described here we use the term 'relationship-centred' to describe care home cultures in our research study that showed a highly individual resident-focused form of care and relationship that blurred the traditional boundaries between staff and resident. This involved a high level of attention, love and concern, the type that would be in evident in family relationships.



# garden?'

so we thought from our designers' standpoint. The activities manager mentioned that the weeds were kept deliberately because they had been found to be useful. Both of us thought this was little more than an excuse and that if we could have re-designed the space we would have made such a difference.

What took place on that June afternoon forced us to re-think who we were and what role we play. We saw a magical interaction take place between the activities manager and a resident who was having a difficult day with dementia. Earlier she had not recognised her daughter, but through good care, knowledge of the resident, and using what the garden already had (weeds and all), the activities manager went on to create an authentic, engaged and warm interaction.

The interaction visibly lifted the mood of the resident and engaged her in a purposeful activity, helping her to remember that she was a parent and how she had used buttercups to play with her children. We saw the imaginative use of a few buttercups and a dandelion unlock the recollection that she had children and enable her to enjoy a spell in the garden walking, watering and interacting with another resident and carer.

We felt humbled and a little ashamed about the critical thoughts we had held initially. What we couldn't deny was the positive effect on the resident and that it took place in a garden that had not had any input from a designer. In fact, if we had designed the garden, this remarkable interaction could not have been facilitated. It was a sobering thought.

We quickly realised that it wasn't about the quality of the physical space that made this interaction meaningful. It was the skills deployed by the person the resident was with in the garden. The garden provided the palette of opportunities that the facilitator drew from as she interacted with the resident. The garden was typically domestic in feel and scale; a washing line in one area, scruffy lawn underneath, bird feeders and some familiar plants like lavender, rosemary and wallflowers. This seemed to be enough.

## Crossing the threshold

To understand all the factors at play other than the design of the space we would need to widen our research. We now had even more questions to answer, including just when - or if - a garden designer fitted in at all. To find out more, we crossed the care home threshold, widening our research to include what took place inside the home. The idea was to understand what practices, procedures, internal layouts and cultural attitudes were influencing people to make active use of the garden.

So for subsequent visits, we spent as much time observing behaviours inside the home as outside. The homes selected coincidentally gave us valuable information about the different approaches to delivering care, the range of management cultures and the impact these had on attitudes towards the outside space and its inherent value to the care regime



Photo: Milestones Trust

operating there. The 20 visits clearly showed a spectrum of engagement with the outside space, previously designed or otherwise.

By observing the homes inside and out, we made connections that helped to answer the questions we had. We made suggestions during our site visits that resulted in noticeable positive changes on the part of residents. In one home in Cheshire, we noticed that the chairs of a ground floor household faced inwards, towards the large screen TV. The activities manager had mentioned how hard it had been to encourage residents to go out and we felt that the layout of the room prevented people from seeing and connecting with the garden.

We did an experiment and turned about six chairs around, into a horse-shoe shape, to face out towards the garden in front of the french doors. The next day we received an email from a member of staff:

*Just wanted to let you know we are having positive results from [the household] changing the chairs around to face the garden....Residents have been staying awake longer instead of just falling asleep in front of the TV... [They] looked at the garden and enjoyed watching the activities... Two so far have got out of their chairs and walked into the garden...Staff noted residents were happier and calmer.*

As outsiders, we were well placed to see things that didn't make sense or had become the norm for staff inside the home itself. This change and other small ones to layout and practices that we tried, made in the spirit of experimentation, had immediate and positive outcomes for the residents and the staff. They mostly cost nothing or very little and helped residents, and staff, engage with the garden they already had.

We could see that the gardens were part of a continuum of interaction that embraced the interior and exterior of the homes. Everything along that continuum had a physical and psychological impact on the way the garden was perceived and accessed.

## Analysing the data

We spent more than 300 hours analysing the data: recording, organising and sifting information and evidence looking for emerging themes and patterns. ►

The single biggest factor in creating a meaningful interaction between residents and an outside space is the person who engages with them there.

Below: The Map Diagnostic Tool



## References

Carroll D, Rendell M (2014) "Why Don't We Go Into The Garden?" *The Map Diagnostic Tool*. Step Change Design Ltd, Chalfont G (2008) *Design for nature in dementia care*, Jessica Kingsley, London.



## Key findings

### 1. It's not about spending the money on a new garden

It's about using what you already have – better and more often. Keep what you have in good condition, safe and legal. A dedicated maintenance budget should be a pre-requisite.

### 2. It's about the people

The single biggest factor in creating a meaningful interaction between residents and an outside space is the person who accompanies them, not how pretty the garden is or how many features it has.

### 3. Residents need to see the garden if you want them to engage with it

Ensure the garden can be viewed and accessed easily from all rooms that look onto the garden. Turn chairs to face outside, ensure doorways are clear and that the function of rooms adjacent to the garden is not wasted.

### 4. Activity breeds activity

People like to see activity in the garden. It draws residents to windows, thresholds and then outdoors. It stimulates conversations, interest in the garden, the weather, the surroundings and wildlife, too. Encourage staff outside and residents will follow.

### 5. It's not about your gardening skills or the amount of equipment you have

It's about grasping the moment, being aware that there's a nice day out there going to waste. It's about enjoying being in the 'fresh air' and the unpredictable opportunities that this brings. Prepare residents for visits outside; assume that they will want to go out at some point and are ready; have unlocked doors; and have shoes and outdoor clothing to hand. Encourage all staff to take residents outside at every opportunity.

### 6. Fearful attitudes about health and safety effectively 'cap' how much your organisation will use the garden

Organisations that are excessively fearful about health and safety tend to be lower on the Map than those who are 'safely imaginative,' i.e. those who try to ensure that the resident can safely use the garden and identify when the benefits outweigh the risks. It needs an organisation to be open, honest and willing to test its assumptions about risk assessments and the purpose of health and safety.

### 7. Have an active 'open door' policy

An active open door policy results in easy access to the garden throughout the day and year. It does not include: locked doors or doors that are stuck and difficult to open, hidden by curtains or stacked chairs, need special keys to unlock, trigger a fear of setting off alarms, or that residents have to ask to have opened.

### 8. Residents like to be helpful: get them doing relevant and meaningful tasks

Relationship-centred homes remain curious about their residents, involve them in meaningful and relevant tasks that match their interests and changing abilities, and build on their natural desires to want to contribute, be valued and be helpful.

### 9. How much do you think you know about your residents?

The outside space can help identify unknown pieces of information about the resident – for example, characteristics, likes and dislikes, and mood triggers – that may not have been captured or fully understood in the indoor setting.

### 10. It's everyone's job

Relationship-centred care homes make it everyone's job to help the resident who wishes to engage with the garden to do so, either by going out or from indoors. These homes act spontaneously in this way. Our experience showed that this was not dependent on more money or staffing, but on a shift in mindset and organisational culture.

► We summarised the data on a series of sheets from which key headings and themes emerged. At this point we saw an important correlation: those homes and organisations we categorised as 'relationship-centred' (see Authors' note on p16) were using their outdoor spaces more actively.

It was clear that each care home's culture (its processes, policies and approaches) was a significant determinant in the level of engagement with the outdoors. We were able to plot our observations along a spectrum towards this 'relationship-centred' measure. Care home cultures that scored lower tended to use the garden features to help activate the space, whereas homes that scored higher were using their

staff to engage residents with the garden. Our mapping also showed that fearful attitudes motivated by health and safety considerations effectively 'capped' use of the outside space.

We developed these sheets into a diagnostic tool with more than 200 steps related to the data. The tool was broken down into various columns, including: health and safety, the organisational culture, the garden itself, and garden activities. These columns show the journey towards our measures of better care and the more active and meaningful use of the garden. We called it the 'Map'.

We didn't want to only explain 'what' needed to be done to engage residents with the outside space but importantly to show 'how' this could be done. We wanted to show the significance of culture at work. We developed the Map to enable homes to identify where they are on the cultural spectrum, understand what obstacles may lie ahead and plan a their route forward to increased use of the outdoors alongside better care and a better quality of life for residents.

## What about the role of garden designers?

But where did we as garden designer fit in? Were we redundant? During our site visits, it was plain to see that some of the most active outdoor spaces occurred in homes that did not have the most money, the most staff, or the prettiest gardens. They were using what they already had, and in many cases to great effect.

It was only at this final stage of developing the Map that we were able to see how and when a garden designer, gardeners, horticultural therapists and architects, might fit in. We could now explain why some gardens became inactive after an initial novelty period after a re-design, even when this met current guidance. We found that homes will often return to the level of activity linked to their cultural position on the spectrum before the garden was changed. The design alone will not bring about a lasting change in culture.

We added a column to the Map for 'garden designers and other specialists' to show the interventions that are appropriate and cost-effective given the care home's existing culture. This is the safety catch in the Map – the design support needs to match the current cultural approach in a home. If money is not to be wasted on designs poorly matched to the home's culture, the home has to be honest about its situation so that it ends up with a garden that will be used in the longer term.

## Conclusions

Our research identified a link between the active use of a garden and those homes demonstrating a relationship-centred approach. It also showed that designing beyond the cultural position of an organisation can risk creating a garden that may become unused. For our future work, we are developing a two-pronged approach: supporting care homes to be clearer about where they are culturally, using the Map; and enabling them to use what they already have or to clearly know when and for what a designer can be beneficial and cost effective. For designers it may require a change in approach from the traditional one-off design to providing smaller commissions as a home travels along a relationship-centred journey. ■