Gardening and belonging: reflections on how social and therapeutic horticulture may facilitate health, wellbeing and inclusion

Emma Diamant[1] and Andrew Waterhouse[1]

A sense of belonging is a key element in enabling social inclusion through meaningful occupations. This is evident in occupational science and social and therapeutic horticulture (STH) literature. How these theories interact in practice was explored at Thrive's STH project in Battersea in London. A workshop conducted with Thrive Battersea's therapists examined how gardening may facilitate health and wellbeing through belonging. The authors reflect on themes of belonging from the workshop. The implications for occupational therapy from this apparently rich synergy of occupational science, STH and social inclusion are considered.

[1] Formerly Brunel University, Uxbridge, Middlesex.

Corresponding author: Andrew Waterhouse, Preceptee Occupational Therapist, Occupational Therapy Department, John Conolly Wing, West London Mental Health NHS Trust, Uxbridge Road, Southall, Middlesex UB1 3EU.
Email: andrew.waterhouse@wlmht.nhs.uk

Introduction

The authors completed an 8-week practice placement at Thrive's garden project in Battersea Park, London, as part of their occupational therapy degree programme. Thrive is a UK charity using social and therapeutic horticulture (STH) to enable disabled people to make positive changes to their own lives (Thrive 2008). STH is an emerging therapeutic movement, using horticulture-related activities to promote the health and wellbeing of disabled and vulnerable people (Sempik et al 2005, Fieldhouse and Sempik 2007).

Within Battersea Park, Thrive has a main garden with available indoor facilities and two satellite gardens. All these gardens are publicly accessible. Thrive Battersea's service users include people with learning disabilities, mental health challenges and physical disabilities. Thrive's group facilitators (referred to as therapists) lead regular gardening groups, aiming to enable individual performance within the group and being mindful of health conditions and circumstances. The groups have three types of participant: Thrive's therapists, service users (known as gardeners) and volunteers. The volunteers help Thrive's therapists and gardeners to perform STH activities. The gardening groups comprise participants from various age groups and abilities. Thrive Battersea provides ongoing contact between the gardeners, volunteers and therapists. Integrating service users and non-service users is a method of tackling negative attitudes to disability and also promoting social inclusion (Sayce 2000).

Thrive Battersea is an example of a 'role-emerging' practice placement, which is based outside either local authorities or the National Health Service (NHS) and does not have an on-site occupational therapist (College of Occupational Therapists 2006). The connection of occupational therapy theory to practice is essential on any placement (Alsop 2006). The role-emerging nature of this placement placed additional reflective onus on the authors to identify the links between theory and practice.

The authors observed how Thrive's gardeners connected to the spaces they worked and to the people they worked with. A sense of individual

and collective ownership of the garden space appeared inherent in the gardeners' behaviour. Talking with service users about their gardening experiences built rapport and gained an insight into their personal meanings. The individual narratives of the gardeners and the narrative history of Thrive Battersea often appeared inextricably interwoven. This relationship between the gardeners and their environment led the authors to consider how a sense of belonging at Thrive contributed to the gardeners' health, wellbeing and social inclusion. The potential synergy of belonging, social inclusion and STH theories at Thrive Battersea was examined and is considered below.

A synthesis of social inclusion, occupational science, belonging and STH literature

Many people with mental and physical health problems face social exclusion because they do not have equal access to opportunities in society, including paid employment, housing, education and leisure (Office of the Deputy Prime Minister 2004). Fostering social inclusion to enhance quality of life is a national driver on public service provision (HM Government 2007). The call to 'increase opportunities for all to participate in civic life' (HM Government 2007, p7) is particularly relevant for occupational therapy. Also key to enabling social inclusion is the ongoing negotiations between individuals and their context to develop personal and collective meaning (Bryant 2008). This iterative process can be witnessed at Thrive Battersea in the way the gardeners and society interpret the meaning and value of their STH activities. It has been suggested that occupational therapy can be at the forefront of brokering this negotiation process between an individual and his or her environment thus enabling being, becoming and health (Wilcock 2006, Harrison and Sellers 2008).

The converse of social inclusion, social exclusion, has often been linked with occupational alienation (Bryant 2008). Wilcock (1998) suggested occupational alienation as one of three occupational risk factors restricting the uptake of occupations beneficial to health. Social exclusion, constraining meaningful occupation, can occur when individuals' interpersonal connections are limited. Interpersonal connection is one of three dimensions of occupational alienation examined by Bryant et al (2004), using the metaphor of a glasshouse. The glasshouse separates and excludes people from society. One way to escape this glasshouse and overcome both alienation and exclusion is through 'belonging' (Bryant et al 2004). Belonging is the interpersonal connection of people to each other as they engage in occupation (Wilcock 2007). Belonging is an intrinsic part of Wilcock's (2006) occupational hypothesis of health:

> Doing, being, becoming and belonging are the means to survival and health (p209).

This hypothesis requires the elements of doing (engaging in a meaningful activity), being (having self-regard and esteem), becoming (building skills and self-efficacy) and belonging (having acceptance and interpersonal connection) to facilitate health and wellbeing.

The authors believed that using Wilcock's (2006) hypothesis, taking a focus on belonging would be a useful framework to explore the meanings embedded in Thrive Battersea's STH activities. Rebeiro (2001) suggested that the provision of belonging needs can allow the development of self-efficacy and the transition from a state of ill health to health. Similarly, Thrive Battersea's provision of belonging needs could help to facilitate their gardeners' being and becoming needs. Rebeiro (2001, p87) suggested four necessary conditions regarding belonging for a 'just right' environment:

1. Affirmation.
2. Element of choice and self-determination.
3. Provision of both private and community space.
4. Physically and emotionally safe environment.

These necessary conditions for belonging and the concept of belonging itself have parallels with the model of Sempik et al (2005) of how health and wellbeing are facilitated by STH. This model, depicted in Fig. 1, originated from the Growing Together study, which examined themes evident at STH projects in the United Kingdom.

Fig. 1. Activities, processes and outcomes in STH.*
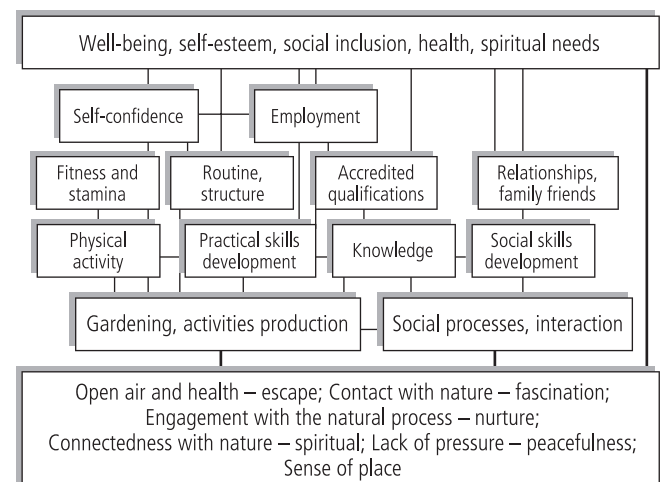
Social inclusion is identified as a key outcome, with social processes and interaction also being fundamental enablers. This echoes Rebeiro's (2001) identification of the necessity of affirming and emotionally safe environments as a prerequisite for belonging. Similarly, the assertion by Sempik et al (2005) that peacefulness and escape are important elements could relate to the need for personal space within a therapeutic setting. The observed connection between

Thrive's gardeners and their environment also relates to the concept of *fascination* described by Kaplan (1995). This sense of *being away* provided by STH has been found to be beneficial in the subjective experience of mental health service users (Fieldhouse 2003). Rebeiro's (2001) suggested belonging criteria of choice and self-determination could help to enable this process of fascination.

The potential synergies evident between belonging, social inclusion, STH phenomena and the authors' reflections regarding Thrive Battersea are thematic strands explored below.

Facilitating reflective practice

The authors facilitated a workshop involving three of Thrive Battersea's therapists, aimed at exploring connections between STH, belonging, wellbeing, and health. The implications of the work of Wilcock (2006), Sempik et al (2005) and Rebeiro (2001) identified above were examined. The workshop explored how STH may facilitate health and wellbeing through belonging. Wilcock's (2006) hypothesis was introduced and explored by personal examples. The model of STH by Sempik et al (2005) was then investigated, drawing parallels to Wilcock's (2006) theories and practice at Thrive Battersea.

The possible facilitation of health and wellbeing by belonging was examined by listing activities at Thrive Battersea. These appear in Table 1. The therapists then selected five activities that they considered the most relevant to explore. These were making soup, weeding, writing diaries, harvesting vegetables and belonging to Thrive. Table 2 represents a group brainstorm on aspects of belonging embedded in these activities. The therapists were then invited to reflect on their personal practice experiences of belonging.

There appeared to be a consensus that facilitating belonging was an essential aspect of their role. The therapists cited examples of how they enabled ownership of the gardening activities and participation. For example, choice and self-determination were promoted by encouraging responsibility for certain areas of the garden and in planning the daily

Table 2. Aspects of belonging in selected gardening activities

Activity	Aspects of belonging
Making soup	■ Cooking for self and others ■ Social interaction ■ Collective healthy eating ■ Belonging to those who grow their own produce
Weeding	■ Social interaction ■ Belonging to those who carry out physical work ■ Belonging to those who garden ■ Belonging to the park and the local community ■ Belonging to nature and its lifecycles
Writing diaries	■ Belonging to those with literacy skills ■ Social interaction ■ Belonging to those contributing a personal history of gardening ■ Sharing experiences of gardening and the seasons ■ Belonging to nature
Harvesting vegetables	■ Belonging to those who grow their own produce ■ Belonging to those who can see their plans coming into fruition ■ Belonging to those who garden organically ■ Belonging to those working with nature
Belonging to Thrive	■ Belonging to part of Thrive Battersea's community ■ Belonging to an 'extended family' ■ Belonging to something positive and bigger than oneself

schedule. The idea of Thrive as an 'extended family' was raised and discussed by the therapists. This cohesive sense of group is facilitated, as is the individual's need for creating a personal space.

The therapists found thinking about belonging helpful. It gave theory and structure to a process that they knew was important but which had not been previously described to them in this way. They felt that awareness of this concept would enhance their practice. All the reflections elicited in the workshop were those of therapists based on their work with service users.

Table 1. Examples of activities at Thrive Battersea

Activities	
Travelling and arriving	Learning
Drinking tea	Reviewing (gardeners)
Making tea	Eating
Making soup	Making lunch
Morning meetings	Sowing
Inspecting plants	Potting
Socialising and gossiping	Belonging to Thrive
Putting boots on	Gathering of people
Working in different locations	Gathering of tools and equipment
Weeding	Watering
Reading	Selling plants to the public
Researching	Going to flower shows
Harvesting vegetables	Writing diaries

Discussion

The workshop highlighted the richness and diversity of activities at Thrive Battersea. Themes of belonging were identified from these activities by considering the interactions inherent within them. The activities contained different layers of focus and served multiple purposes. Some aspects focused on the specific needs of the individual. Others were directed towards the benefit of the group. Some related to the enjoyment of the gardens by other park users. These activities also connected participants to a wider context of gardens and gardeners and rooted them in the environment.

Thrive's therapists gained an introduction to the concept of belonging and an appreciation of its implications for their

work. The authors' original suggestion that STH facilitates health and wellbeing through belonging was supported. Belonging was acknowledged as a powerful concept directly affecting Thrive's work with service users.

The apparent power of belonging and its necessary prerequisites support the work of Rebeiro (2001) and Wilcock (1998, 2006, 2007). The aspects of belonging identified and explored in the workshop demonstrate the importance of interpersonal connection for Thrive's gardeners. As Rebeiro (2001) suggested, providing and meeting belonging needs appeared inherent in facilitating the gardeners' being and becoming needs. The facets of belonging identified at Thrive Battersea and their connection with themes of health, wellbeing and inclusion are also echoed in the model by Sempik et al (2005).

Aspects of belonging contained in one activity are discussed below, using the output of the workshop and Rebeiro's (2001) criteria for a 'just right' environment. Weeding was chosen for further investigation because it represents a definite 'gardening' activity within the spectrum of activities occurring at Thrive Battersea. During the workshop, weeding generated rich discussion and reflection related to the importance of belonging in STH at Thrive Battersea.

Affirmation

Weeding encompasses all three identified layers of focus, benefiting the individual, Thrive and the wider environment. The concept of affirmation (Rebeiro 2001) is intrinsic to weeding. Removing weeds potentially provides instant feedback and a sense of achievement when the target area has been weeded. Gardening as a group in a public park generates affirmation on multiple levels. The individual receives affirmation from the group and the wider community, who are able to enjoy the output of their endeavours. The importance of belonging to those who can garden was considered. Parr (2008, p101) suggested that community gardening offers the potential for those stigmatised by illness to be 're-imagined as active, expert, capable and productive community members'.

Elements of choice and self-determination

Discussion of weeding during the workshop identified that it is an inherently flexible and adaptable activity. This versatility fulfils Rebeiro's (2001) belonging criteria of 'choice and self-determination'. During regular planning meetings, the therapists, gardeners and volunteers are allocated tasks based on the needs of the individual, Thrive and the garden.

Activities can be tailored to the ability and needs of the individual. The physicality of the task is one way in which weeding can be modified to meet these needs. It can be carried out individually or collaboratively. The choice of tools and method of weeding provides scope for interpretation. Adapted tools are available at Thrive, enabling all clients to weed with a degree of choice as to how they perform the task. All pathways at Thrive are level and wheelchair accessible. Some of the areas are raised and long-handled tools are available so the activity can be adapted to the person.

Provision of private and community space

Rebeiro's (2001) criteria for a 'just right' environment refer to the availability of both private and community space. Rebeiro (2001) suggested that this provision allows people to be alone, thus fulfilling their being needs, but also allows the opportunity for social interaction to meet their belonging needs.

Although Thrive's gardens are open to the public, there are areas that allow a person to be on his or her own, such as secluded areas or greenhouses. It was acknowledged that those working at Thrive can choose to work alone. Thrive Battersea has clearly identified spaces within the wider public park. Although access to these areas is open, the buildings used are off limits to the general public. These also act as private and confidential spaces. By providing these boundaries, Thrive has its own internal sense of community as well as being situated in the wider context of a public park.

Physically and emotionally safe environments

For belonging to take place successfully, the environment needs to be physically and emotionally safe (Rebeiro 2001). The private spaces discussed potentially enhance this safety. In addition, Thrive Battersea augments this by environmental modification and health and safety compliance as well as by the use of group facilitation skills. These skills include assessing individual needs, managing behavioural boundaries and encouraging team working. The therapeutic use of self contributes to creating an emotionally stable environment. This is achieved by the therapist role modelling his or her behaviour through interaction with others (Creek 2002, Parker 2006)

Conclusion

Belonging and Rebeiro's (2001) criteria for a 'just right' environment are powerful ways of viewing and unravelling the active ingredients of STH at Thrive Battersea. The interaction between person, environment and occupation can be clearly identified at Thrive Battersea. In common with other STH examples (Sempik et al 2005), the use of the environment itself through horticultural activities is integral to this interaction. The open, public setting of this particular project contains the potential for dynamic interaction between different sections of the community. The aim of the *Capabilities for inclusive practice* document (National Social Inclusion Programme 2007) has been to make social inclusion a reality by enabling practitioners to reflect on and challenge socially exclusive practice. Thrive Battersea can be viewed as a real life example of inclusive practice, where a sense of belonging reduces the barriers excluding individuals from participation.

This practice analysis suggests a rich synergy between STH, the occupational science of 'belonging' and social inclusion. Belonging to the group at Thrive Battersea seems to bestow a sense of belonging and self-worth. This practice setting also appears to provide a safe place to be and to

feel comfortable. From the glasshouse's (Bryant et al 2004) limiting space of exclusion and stigma, those with disabilities may lack opportunities to negotiate positively their relationship with social and physical environments. In the STH milieu provided by Thrive Battersea, an excluded person is given the opportunity to step out of the glasshouse and renegotiate his or her relationship with the world.

Future research: This placement provided an opportunity to work with Thrive's therapists to identify processes and connect theory to practice. Conducting research to understand the perspectives of Thrive's gardeners would be the next step in exploring the relationship between participation in STH, belonging, social inclusion and health.

Acknowledgements

Key messages
- A sense of belonging may facilitate health and wellbeing in practice.
- A rich conceptual synergy between social and therapeutic horticulture, the occupational science of belonging and social inclusion is postulated.

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