Short Report

For several years, the social and therapeutic horticulture (STH) movement has been considering its own gradual professionalisation, as a way of raising its profile and ensuring standards of training and practice. A survey of 119 STH practitioners showed that the vast majority of respondents wanted a national body and the registration of projects and/or practitioners; over half wanted a protected job title; and there was a wish for more research-based evidence. The implications of this survey for the STH movement are discussed and issues of potential interest for occupational therapists are highlighted.

'Gardening without Borders': Reflections on the Results of a Survey of Practitioners of an 'Unstructured' Profession

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Introduction

Horticulture is widely used in occupational therapy but it has also developed into a therapeutic approach in its own right, known as *social and therapeutic horticulture* (STH). This can be described as the participation, for the purpose of promoting health and wellbeing, in groups and communities whose activities are centred on horticulture and gardening (Sempik and Spurgeon 2006). STH has an increasingly valuable role to play in health and social care, but it is still an underdeveloped resource. Within statutory services it remains marginal, despite the growing research-based evidence for its effectiveness with service users facing a wide range of challenges (Sempik et al 2003, 2005).

There is currently no regulatory body to set standards for the training, conduct and performance of STH practitioners in the way that the Health Professions Council does for occupational therapists. Neither is there a national organisation to represent and lobby on behalf of STH practitioners, nor a national forum for them to discuss the future of their movement. The question of whether STH would benefit from professionalisation such as this is becoming pivotal to its development, and has been the focus of discussion at Thrive and Horticulture for All conferences during the past decade. Thrive is a national charity registered as the Society for Horticultural Therapy (www.thrive.org.uk) and Horticulture for All (HfA) is the working name of the Federation for the Promotion of Horticulture for the Disabled (www.horticultureforall.org).

A joint Thrive and HfA conference in 1997, entitled Towards a Professional Future, identified several steps that should be taken towards professionalisation. These included the creation of a national database of projects, guidelines for good practice, and a coordinated regional network for STH practitioners; the development of an STH research culture; and the wider promotion of STH within health and social care (Spurgeon 1999). Over the following 2 years, Thrive developed the database and the regional network, and STH delegates ratified guidelines for good practice at another joint Thrive and HfA conference in 1999, entitled Your Future Starts Here (Spurgeon 1999). These had been developed by a National Development Steering Group – a 35-strong committee drawn from a range of organisations – which met between 1997 and 1999 to develop the STH movement, but has not met since.

Developing the research culture and the wider promotion of STH has been a more long-term endeavour. Much has been achieved through a fruitful partnership between Thrive and Loughborough University's Centre for Child and Family Research, which has produced the largest piece of research into STH (Sempik et al 2005) and the most extensive review of STH literature (Sempik et al 2003).

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Despite these landmark achievements, however, the lack of a national structure has meant that the momentum of these earlier efforts to professionalise STH has quickly been lost. This was reflected in the title of HfA's 2005 conference, Gathering Momentum, or Gathering Dust. This conference was to be the prelude to a website-based electronic dialogue across the profession on the subject of professionalisation. Although the take-up for this dialogue was disappointing, it acted as a spur for the present survey.

STH and occupational therapy

Many occupational therapists work with STH practitioners or use horticulture in their own practice. Not only may they be interested to learn how STH practitioners view their movement and its future, but they may also recognise similarities with the emergence of occupational therapy at the start of the last century, as described by Wilcock (2001), in that the STH movement also springs from a passionate appreciation of the potency of a particular occupational form.

Indeed, the parallels are striking. The STH evidence base points to the unique qualities of the person-plant relationship and the impact of natural, green environments on individuals' occupational performance, health, wellbeing and social connectedness (Sempik et al 2003, 2005). This resonates clearly with occupational science ideas about the efficacy of harnessing mainstream environments and 'real life' occupations (Molineux and Whiteford 2006), and with contemporary agendas such as social inclusion (Office of the Deputy Prime Minister 2004).

In practice, STH also lends itself to models of occupational therapy because of a shared appreciation of dynamic, open systems thinking. Both sets of practitioners are likely to benefit from a cross-pollination of ideas around the role of the horticultural environment in recovery and rehabilitation. Similarly, there is a shared appreciation that it is through the interaction of individuals with their environments that they are motivated, become active, maintain or restore health and wellbeing, and ultimately shape who they are (Forsyth and Kielhofner 2006).

Aim of the study

In order to inform any future discussions and to provide some impetus for progress, the authors (both of whom have been closely involved in the STH movement) carried out a survey of STH practitioners to explore their perceptions regarding the introduction of a regulatory framework for their profession. This included the formation of a national organisation, the registration of practitioners and STH projects, and requirements for standards and qualification. The study also explored practitioners' perceptions of the evidence base underpinning STH.

Method

Ethical considerations

The need for this survey emerged from the work of charitable, or third sector, STH organisations. Surveying the field of STH is regarded as a legitimate activity for promoting STH, which is provided for in the constitutions by which these organisations abide. Consequently, ethical approval was not needed or sought for this study. The sample was selected on the basis of respondents' involvement in STH (by their membership of the STH networks) and was anonymous. Potential respondents were not contacted because of their employment by the National Health Service or any other statutory organisation or agency. Information obtained related to their personal views regarding STH as a profession in itself.

Survey questions

The survey questions were prepared after scoping discussions between the researchers and representatives of the organisations described, in particular Loughborough University, HfA, and Cultivations – another STH charitable organisation (www.cultivations.co.uk). A sample of the questions is shown in Tables 1 and 2.

Table 1. A sample of survey questions regarding a national organisation, registration and a national forum

A national organisation

- Do you think that creating a nationally recognised professional body/organisation of practitioners of therapeutic horticulture would be a good thing?
- What do you think might be the benefits or drawbacks of a national organisation?

Registration and accreditation of therapeutic garden projects

- Do you think that there should be a national register of therapeutic garden projects that is available to health authorities, social services and other agencies?
- Should the registration of therapeutic garden projects be (a) voluntary, (b) compulsory or (c) don't know?
- Should registration of therapeutic garden projects be dependent on reaching a particular standard of quality? If yes, what should that standard be?

Registration and accreditation of practitioners

- Do you think that there should be a national register of practitioners?
- Should registration of practitioners be (a) voluntary, (b) compulsory or (c) don't know?
- Should registration of practitioners be dependent on reaching a minimum standard or having a specific qualification? If yes, what do you think that qualification or standard should be?

A national forum

- Do you think that there is a need for a national conference or forum to address the issues of accreditation, registration and professional standards? If no, are there any alternative ways in which you believe a recognised professional status for practitioners can be obtained?

Table 2. A sample of survey questions regarding the evidence base for STH

Evidence base
– Do you think that the published evidence supporting the benefits of therapeutic horticulture is (a) very strong, (b) strong, (c) not so strong, (d) weak or (e) very weak?
– Do you think that there are sufficient published accounts of:
(a) Descriptive studies (general)
(b) Case studies
(c) Qualitative studies, for example, interviews exploring clients' experiences
(d) Quantitative research, that is, studies showing measurable benefits of STH
(e) Studies involving single client groups, for example, those with physical disabilities?
– What other research would you like to see?

Accessing respondents

The final questionnaire was prepared as an online, web-based survey, hosted by a commercial provider (Survey Galaxy). This approach has been used successfully by one of the authors (JS) in a number of different studies (see, for example, Becker et al 2006). It produces a high response rate and the data are returned in a format (Excel spreadsheet) that allows for easy analysis and import into other applications. Here, the survey URL address was distributed via email using established STH networks and remained active between March and October 2006. It was presented to potential respondents as an opportunity to help to develop and shape the future of STH in the United Kingdom (UK).

The survey was submitted and completed by 119 respondents (46 male, 72 female, 1 no response). Seventy per cent (n = 83) had been practising STH for 5 years or more; 52% (n = 62) had been in practice for 10 years or longer; and 27% (n = 32) had a formal qualification in therapeutic horticulture. Ninety per cent were over 30 years old, and 74% were over 40 years old.

From previous research (Sempik et al 2005), it is estimated that there are over 900 STH projects in the UK, which employ around 2,000 full-time and 1,700 part-time staff (in all capacities, not just as practitioners). The survey sample, therefore, represents at least 3% of the total workforce in this area.

Data analysis

Descriptive statistics (means and percentages) were produced for the quantitative data collected in the survey, using the Statistical Package for the Social Sciences. The free text comments were separated and stored in an Excel spreadsheet. They were analysed thematically, and emerging themes were identified and coded.

Results

A national organisation

The great majority of the respondents (92%, or n = 110) were in favour of a national STH organisation and 76% (of all respondents) would be willing to pay an annual membership fee. Ninety per cent of the respondents felt that a national organisation would be useful when lobbying the government or other bodies, speaking with 'one voice' to represent all practitioners.

Commonly expressed views were that a national organisation would improve the professional standing of STH practitioners, promote recognition of their skills, provide a framework for standards of training, qualification and practice, and offer a channel for the dissemination of information.

Some potential drawbacks were highlighted, however, such as difficulties in funding a small organisation that represented mainly low paid workers; the possibility that the organisation could become subsumed into a larger body; increased administration and bureaucracy; and possible restrictions on practitioners' freedom. However, there was very little overt hostility to the formation of a national organisation, with only three respondents being opposed to such a move.

Registration and standards

Most respondents wanted a national STH register, with 92% (n = 109) suggesting that it should be for *projects* and the same number (n = 109) advocating a register of *practitioners*. In each case, the respondents considered that registration should be dependent on reaching a minimum standard or qualification. A number of different measures for this were suggested, including the Professional Development Certificate or Diploma in Social and Therapeutic Horticulture; Royal Horticultural Society qualifications; and a degree or a National Vocational Qualification in horticulture. The majority of the respondents suggested that any new professional body should be responsible for maintaining the register, and it was highlighted that some form of recognised standard would probably become a requirement in the near future.

A number of respondents pointed to Thrive's existing voluntary database of therapeutic garden projects and the quality assurance system that it has recently developed for such projects (*Cultivating Quality*, Thrive 2004).

Many respondents suggested that professional standing should reflect both formal qualifications and practical experience, and 61% wanted a protected job title such as 'horticultural therapist' or 'registered practitioner in social and therapeutic horticulture'. It is also interesting that there was a sizable minority (around 20%) who were in favour of *compulsory* registration of both projects and practitioners.

A national forum

Eighty per cent (n = 95) of the respondents were in favour of a national forum to discuss the professional status of STH and 69% said that they would be willing to attend such a forum. Around half (53%, n = 63) said that they would be willing to sit on a steering committee arising from such a forum.

Perceptions of research evidence

The respondents' views on the evidence base for STH are summarised in Tables 3 and 4. Clearly, the perception among the respondents (34% thought that it was 'not so strong' and almost 11% actually considered it to be 'weak') was that more research was needed, and more quantitative data in particular.

Table 3. Respondents' perception of the evidence base in general (n = 116)*

Evidence is:	Frequency	Per cent
Very strong	24	20.7
Strong	40	34.5
Not so strong	39	33.6
Weak	13	11.2

*Three people did not respond to this question.

Table 4. Respondents' views on the completeness of different types of research evidence (n = 119)

Sufficient accounts of:	Frequency*	Per cent
Descriptive studies	43	36.1
Case studies	33	27.7
Qualitative studies	33	27.7
Disability groups	23	19.3
Quantitative studies	15	12.6

*Respondents could express a view on more than one category.

Discussion

Representing the views of the STH community

As stated, the survey reports the views of around 3% of the estimated total STH workforce. Taken as a whole, the survey has several strengths. First, it has a broad base of respondents from a wide variety of organisations, including charities (29), higher and further education (14), the National Health Service (14), business (9), social enterprises (5) and social services (4). Secondly it appears to capture the views of a highly experienced group of people, who are committed and potentially active. The age demographics suggest that the respondents are likely to have made particular life choices in pursuing a 'career' in STH. For example, 27% were formally qualified in STH, at a time when such training is comparatively new and holds no particular advantages in terms of remuneration or career prospects.

The need for more research

Having an evidence base for one's practice is fundamental to practitioners' credibility and confidence, and hence to the issue of professionalisation. As stated, almost half the respondents thought that the evidence base for STH was either 'not so strong' or 'weak'. The dearth of hard evidence to support STH was highlighted in the review by Sempik et al (2003), and Frumkin (2004) has argued for more research using quantitative methods (such as randomised trials) to advance horticultural therapies. It is interesting to speculate on how a professional organisation might develop an STH research strategy to encompass such research, and use an evidence base to lobby policymakers and commissioners of services, as the respondents suggested it might.

Conclusion

In moving towards a national organisation, some STH practitioners have, understandably, expressed wariness of potential 'regimentation' of their work. However, a more overriding concern is that without the structure and focus to develop the huge potential of STH, the 'profession' or 'movement' may wither and die. If it cannot organise itself to act collectively and in a representative way in the highly contested and regulated arena of modern health and social care, this is likely to result in fewer STH posts and no STH career structure. This would mean that the high quality work being done already would go unrewarded, and (crucially) the valuable expertise of the more experienced STH practitioners may not be retained within this emerging profession.

Far from being at the threshold of national regulation, however, STH does not yet even have a coherent identity and there is no national forum for it even to *hear itself speak*. In this vacuum, the survey results are particularly noteworthy.

The responses suggest a desire for some kind of national structure, and the degree of consensus on issues such as the registration of projects and/or practitioners, and a protected job title, indicates that it would have a rich and lively agenda.

The experience of cooperation across the different organisations in conducting this survey has been instructive. It suggests that, with careful bridge-building, the means exist to match the new-found consensus with a broad-based national forum, which is capable of expressing that consensus and taking things forward.

It is as part of a decade of continuity of action and reflection that these findings can justifiably be viewed. An unstructured STH *movement* can now be seen as one with committed, experienced and potentially active individuals, who are willing to participate in change.

References

Becker S, Bryman A, Sempik J (2006) *Defining 'quality' in social policy research, perceptions and a framework for discussion.* Lavenham: Social Policy Association.

Forsyth K, Kielhofner G (2006) The model of human occupation: integrating theory into practice and practice into theory. In: EAS Duncan, ed. *Foundations for practice in occupational therapy.* Edinburgh: Elsevier, 69-107.

Frumkin H (2004) White coats, green plants: clinical epidemiology meets horticulture. *Acta Horticulturae, 639,* 15-25.

Molineux M, Whiteford G (2006) Occupational science: genesis, evolution and future contribution. In: EAS Duncan, ed. *Foundations for practice in occupational therapy.* Edinburgh: Elsevier, 297-312.

Office of the Deputy Prime Minister (2004) *Mental health and social exclusion – Social Exclusion Unit Report.* London: ODPM.

Sempik J, Spurgeon T (2006) Lessons learnt – Evidence from practice: The use of plants and horticulture in promoting health and well-being. In: *Proceedings of the 6th International Congress on Education in Botanic Gardens.* Richmond/Oxford: Botanic Gardens Conservation International in association with University of Oxford Botanic Garden.

Sempik J, Aldridge J, Becker S (2003) *Social and therapeutic horticulture: evidence and messages from research.* Reading/Loughborough: Thrive and Centre for Child and Family Research.

Sempik J, Aldridge J, Becker S (2005) *Health, well-being and social inclusion: therapeutic horticulture in the UK.* Bristol: The Policy Press.

Spurgeon T (1999) Growing up: towards a new profession. *Growthpoint,* April, 16-17.

Thrive (2004) *Cultivating Quality: Thrive quality assurance scheme.* Reading: Thrive.

Wilcock AA (2001) *Occupation for health, Volume 1: A journey from self health to prescription.* London: British Association and College of Occupational Therapists.