

Gardens for Care

A series of articles on gardens for people who are damaged in some way, who are coping with chronic or incurable illnesses, who are recovering from physical or mental traumas, who are dying or grieving.

These articles discover how gardens are an important part of care.

Gardeners know that gardens can be calming and working in them can raise one's spirits. But there are times when gardens are more than that; they can be a planned part of the care and treatment of people under stress.

In 2002 I was admitted to Barts Hospital for a triple heart bypass and with several cancellations, I was there for eight weeks. The reason I did not go entirely bananas was the garden. I could see it from the balcony outside my ward and when, after two weeks, they 'let me out' for a walk, the garden was the first place I went to and hugged the eucalyptus trees. Thereafter, the garden was my place of solace, alongside the 12th century church. The garden wasn't designed as part of the treatment but because it was there, it was. Another time, another operation, another hospital, I discovered that if I went into the day room I could look down onto a courtyard with plants and a sculpture of a gardener with a watering can. I spent a long time leaning on that windowsill. And I know that the courtyard garden I designed for that same hospital in the our-patients department is in constant use when it is fine, and can be looked at from chairs inside when it is not. I know it works, for people have commented on it to me without knowing that I was the designer - just another out-patient!

A year ago my father went into hospital, and struggled to get out of bed. He wanted to see 'the green grass' that was his view from his home window. To do this was important to him. He didn't see it, but he died with snowdrops in his hand. This year, my husband was in hospital for twelve weeks, and when they moved him to a ward with trees outside the window, he felt better. I took him in photographs of our garden as the season progressed from tulips to roses, and, while the ward did not allow flowers, he had a flower head most times I visited. He wanted to get home, and our garden was part of that. He did come home, and did see the garden, but died quite soon afterwards.

I know that gardens are important, but I wanted to explore more and get the professional view. There are so many gardens designed especially for beauty, serenity and for practical therapeutic use, that these articles could be much longer than they are. However, I would be pleased to hear of any other gardens, so that this website can highlight and perhaps be an advocate for this crucial role for gardens.

"The fact that there is limited but growing scientific evidence that viewing gardens can measurably reduce patient stress and improve health outcomes has been a key factor in the major resurgence in interest internationally in providing gardens in hospitals and other healthcare facilities."

(Roger S. Ulrich, PhD, Paper for conference, *Plants for People* International Exhibition Floriade 2002)

HOSPICE GARDENS: care for the dying and their families

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I know that friends who have had relatives living in hospices have all said to me that they hope it will be a nice day so that they can wheel their relative - in a chair or on the bed - outside to be in the warmth of the sunshine, to help them touch and smell the plants. This has been recognised by the Hospice movement for some time now and garden design is an integral part of new buildings, while older hospices are making gardens around the buildings.

One reason for this, says Tim Platts at Farleigh Hospice in Essex, is to make the entry to the building as friendly and kind as it can be "We want people to feel that the place they are entering will be of help to them, will be welcoming. We want to be a home not a hospital, which can often be so busy and impersonal", so a new building being added to this complex has a garden design with plants chosen for all-seasons and in soft colours. To show that "here healing dews and balms abound" (Keble, 1913, Webster]. For plants were used in the hospices of medieval times: lodgings for travellers, retreats offered by a monastic order to the sick, and dying. Synthetic drugs have now replaced the medicinal use of plants for the most part (although bees who feed from plants in New Zealand produce Manuka honey, which has an antibacterial property and is now used in dressings for wounds), but the plants remain for the senses. Recently the word sensory is often used for gardens, but are not all gardens sensory? All have relationships with some or all of the five senses: sight, scent, touch, sound, taste - the later in hospices that have kitchen gardens.

Design Brief Considerations

In discussion with designers involved with hospice gardens I have found that the brief is initially discussed with the hospice management, usually the site manager, and not with the medical staff. Indeed I was put on to Tim Platts, Support Services Manager when I phoned Farleigh Hospice. While I realise that the medical and nursing staff are working with the patients, it is important that the designers have time initially with the medical director at the briefing. If this does not happen, it puts the designer at a distance from the people for whom s/he is really working: the people using the hospice. As important if not more so is to make time to talk informally with the staff and the people they care for, and with families who visit. It is not intrusive to ask to speak to relatives or patients, to be introduced by a nurse when permission has been given. Often when a designer is working on the site at survey stage, in already existing buildings, s/he can meet people in passing when the most natural thing is to say what s/he is doing and chat. Other people than the patients and relatives use the gardens; it is of increasing importance that the nursing staff have their own space to restore their own energies and balance their own emotions in their working time. Gardens are to do with the emotional and psychological needs of people

which are equal to their physical and medical needs, if not always in hospitals, certainly in hospices.

The brief is to create an atmosphere in a space where people feel safe, secure, able to cope. A garden is a space away from the medical paraphernalia of the ward or private room, from the frequent, though necessary, medical observations. A chance to even forget for a moment what is to come. The gardens must offer private spaces, meeting spaces for family and friends. They must offer paths for people who can walk or are in wheelchairs to move from one area to another, creating a small journey, a physical achievement. A journey in fresh air. Spaces then which need to be surrounded not with walls but with plants - in the ground, covering the walls, on trellis and arches.

The garden therefore has to have plants: plants which can be touched, releasing a scent perhaps, making contact with a living element. Plants which can be seen from inside, for those who cannot be moved. Colour is important to people, as demonstrated in the work of Hitchmough and Dunnett at Sheffield University, UK. Leaf colour, which also suggests that it is flowers which are important in achieving this

The brief is therefore mostly about plants, about creating views and pictures for the people who will here with them: people who will die, people who will grieve and people who care for both. This what makes the brief different from any others.

Design Studies

New hospices can have all these designed alongside the building designs. This is so in Maggie's Centres, and in the work of Olivia Kirk who works as a partner in the architectural practise KKE Architects which specialises in hospice design. Olivia has several principles she applies to her designs. She thinks it important to have stopping points: spaces where group of people can gather, and ensures that each window has a pleasant view. She will agree with the client whether the planting is to be complicated or simple;, and bears in mind the number of people - staff and/or volunteers - that will be available to maintain the gardens. She uses Everedge for grass areas to make a clear finish, and she will make a walk where wheelchair paths are in the same materials as elsewhere for coherence. "I try not to make the paths look like runways, making passing places, and curving the path".

" Gardens have a huge impact on the way people feel especially in the difficult circumstances of illness and loss which the hospices deal with every day. Quality of life is the watchword of the hospice movement, and the view of a beautiful garden from a lovely bedroom is another form of therapy for the patient, their visitors and the staff ...these (garden) spaces are not sweeping landscapes... but intimate, useful spaces, beautiful spaces in scale with the people who enjoy them" KKE Architects

One of her recent projects was for St Giles Hospice where she has designed five different gardens. The Viewing Room, where families can see the body of their relation opens onto



a garden which is secluded with water and grasses, and slightly masked from everywhere else. This is for family members to retreat to; where they cannot be seen by anyone outside the family.

The Viewing Garden

There is a Memorial Garden where family and friends can sit and remember if they do not want to be inside the building. A Nurses' Garden is a similar retreat for the staff, while there is a kitchen garden made to be looked on from the inside with a labyrinth of box hedging and gravel with both herbs and vegetables. A working gardens for produce for the meal-makers. An entrance reception garden completes the five gardens, all within a unifying landscape.



The Memorial, contemplative, Garden



The Nurses' Garden



Wildflower Boundary

Olivia's designs are contemporary to go with the building designs, as here at St Margaret's Hospice (left), where plant species are minimal and maintenance simple. All of the rooms have separate spaces outside where beds can be wheeled into the air, with planted screens. The designs all round the building are unified into the contemporary idea.



Farleigh Hospice, Essex, on the other hand, has different spaces in different styles. designed at different times by several designers. "we have had our gardens made at differ times as the funding has come in" says Tim Platts , the Support Services Manager, " so

they now need linking up". While they do have a minimalist garden, and a gravel garden with grasses and high rocks with water, there are also gardens with large planting groups. A garden with raised beds and flowers has permanent seating, while a pergola, just planted, leads to an established tropical garden. Tim Platts has just commissioned Rachel Read to design a sweep of planting on a steep slope to be seen from the windows of the rooms to link the other garden spaces and make the path alongside the current grass slope much more interesting, and to create integration with the previously designed areas. "We also want to plant some trees to make a greener higher background. The problem, though, is funding" he says. He is pessimistic after this current commissions as to whether there will be any more funding for gardens in the Hospice movement in the future. "However, it won't stop us trying!"



North Devon Hospice has developed its gardens over several years with the same designer, Colin Porter, so has had no problems with linking up the work of different designers. Colin trained at Kew and won Horticulture Week's 'Gardener of the Year 2009.

"when I arrived 4 years ago, there was a 6 acre garden; a sloping site. There were nettles and brambles

everywhere, a long stretch of lawn and two undeveloped ponds which patients were unable to access. So that's where I started". Funds were raised and Colin designed paths to the ponds in two sweeps with seating areas which divided the garden and planted large groups of plants, for the cost of £20,000. Following this came an ornamental kitchen garden with greenhouse and potager, next to a terrace cafe to offer residents not only fresh vegetables, fruit and herbs but horticultural therapy. It is run by volunteers and providing new plants for the garden and produce for the hospice. Among the propagated dahlias are fruit bushes, asparagus beds, raspberries and other soft fruit and apple trees.



Here again there is a Retreat Garden, next to the chapel, designed for peace and tranquility with the sound of water, stone and plants. This was developed with the palliative care team, who worked with Colin's desire to bring a spiritual feeling to this garden and throughout the grounds. There are Autumn and winter borders, a rose garden and a kitchen garden. There is also a cherry orchard," This is in a recovered field. We have 25

local cherries propagated by East Devonshire nurserymen, half dwarf and half standards. I want people to walk or ride between and under trees which have both flowers and fruit colors, creating a relationship between people and landscapes." , which is one of Colin's main design principles. He has designed a Physic Garden featuring medicinal herbs and plants. which has just opened this September. Plants already in the garden provide material for the aroma therapists.

Colin is as sensitive to the deep human needs of the users and is gratified that the award from Horticultural week last year cited him as proving to be " a crucial ally to the hospice trustees in both creative and cultural terms." This garden is the result of several; years development under one designer working together with the nurses and pastoral care team, thus making the reaction of the patients and families part of the work, not just the building management team. Its design has allowed it to become the first hospice to open its gardens to the general public under the National Gardens Scheme in July and early September.

These example of hospice garden design have shown that the care staff are aware how much difference the surroundings can make to the people who enter their care. How it is still important that funding for gardens is as necessary as funding for medical systems and palliative care. I have written my own experiences of how plants can affect us. For myself, I would design pathways of 'touch' plants: lavender, yes but also *Stipa tenuissima*, *Artemisia* 'Powis Castle', *Salvia patens*, *Stachys byzantina*, mints and thymes, mounds of close-flowered hebes, and low box hedges. I could caress them, as most would offer a scent when touched, and in a hot summer, these scents together would give me the fragrance of Crete Greece or Italy. I would want silver birches, trees with leaves rustling in a breeze which turns those leaves to silver, and which would cast dappled shadows on me and on the ground. I would want the gentle sound of water beside moss-covered rocks and ferns and maples in the shade. I would want to eat fresh tiny tomatoes and strawberries straight from the plants, and listen to and smile with my friends, This would be paradise indeed.

We will all, I think, want at the last to be in presence of the people we love best, to see, hear or be touched by them; but perhaps plants and beautifully designed gardens with their sensory elements can, alongside the drugs and nursing care, ease the way to that moment.?

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LINKS:

Olivia Kirk: Designer for the low allergen garden for the University of Worcester which won silver-gilt at Chelsea 2010, now re-located to the National Pollen & Aerobiology Research Unit at the University: www.kkearchitects.co.uk

Farleigh Hospice: www.farleigh.org

Colin Porter: Winner of Horticultural Week Gardener of the Year 2009
www.colinporterlandscapes.co.uk

North Devon Hospice: www.northdevonhospice.org.uk

For the work of Roger S. Ulrich, Ph.D. go to:

<http://greenplantsforgreenbuildings.org/attachments/contentmanagers/25/HealthSettingsUlrich.pdf>

which has a long list of further reading reports, and to:

<http://medicine.tamhsc.edu/research/centers/health-systems-design.html>

For research papers of James Hitchmough on plants and people go to:
http://www.shef.ac.uk/landscape/staff_minisites/james/publications.html

For information on the work of Nigel Dunnett, go to:
<http://www.sheffield.ac.uk/landscape/staff/profiles/ndunnett>

and

Healing Gardens: Therapeutic Benefits and Design Recommendations (Wiley Series in Healthcare and Senior Living Design) by Clare Cooper Marcus and Marni Barnes (Hardcover - 7 Jul 1999)