

## TH Activity Plan – Individuals Plot Gardening at Facilities

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**ACTIVITY DESCRIPTION:** Participant(s) will plan, plant & maintain their own garden plot at a residential facility.

**THERAPEUTIC GOALS:**

**Cognitive/Intellectual:** Plan the garden plantings; be aware of seasonal changes & garden requirements; recognize when to prune, harvest etc.

**Physical:** Increase & maintain physical movement doing gardening tasks of carrying, bending, planting, watering, harvesting

**Psychological/Emotional:** Feel independent & empowered; expand sense of control; reminisce & re-activate experiences & emotions from previous gardening & gardens

**Sensory:** Activate the 5 senses gardening with soil, plants & water

**Social:** Demonstrate to others that independent tasks can be undertaken at all ages & in all types of facilities using gardening as an example

**Materials**

Signage in garden (identifying name of each plot's gardener)

Soil, amendments, water

Communal garden tools: trowels, shovels, hose, water cans, pails, baskets, stakes, pruners

Variety of plants provided by facility

Gloves, wipes

**STEP-BY-STEP PROCESS:**

1. **Pre-Session Preparation:** Identify individuals who may be interested in caring for their own garden plot at the facility. Identify garden space for such plots. Medical permission to participate in physical gardening tasks is recommended.
2. Facilitator begins session by proposing to individuals that they have their own garden space or plot. Discussion of what this would entail can be a separate session or combined into the initial session.
3. Rules of the garden should be outlined & agreed upon as a group or individually including water usage, hours of operation, budgets, (not) offering edibles to others, exclusion of toxic plants & a process to resolve disputes.
4. Facilitator reviews planned plantings offering guidance if necessary for this & for garden maintenance. Facilitator engagement with individuals to be on-going; participant takes primary responsibility for their garden. Facilitator puts in place rules/boundaries/signage so that others do not interfere or meddle in the individual's assigned garden plot.
5. Support for the individual and their garden plot occurs over the growing season (& beyond) with physical accommodations made where necessary & assistance available as requested or required.

**APPLICATIONS FOR POPULATIONS:** Assigning an area or garden plot to be planted, maintained and harvested by one individual as their own can be a meaningful, purposeful therapeutic horticulture activity appropriate for most populations. For people living in residential facilities including seniors, people living with dementia, and people with intellectual or physical disabilities, being responsible for their own garden and being recognized for such can support multiple health goals across intellectual, sensory, psychological and physical domains.

Facilities may have the capacity for this, not necessarily for all individuals who would like to have and garden their own plot. This TH activity can provide purpose, inspiration and connections to a time in their lives when independent living meant having their own garden (or farm) to tend. Seniors in particular find this can provide more outdoor time, increased physical activity, and opportunities to interact with others discussing their garden/weather and problem-solving. Factors for consideration by facilitator/facility include water access (not too onerous or physically challenging for the gardener), security (theft from gardens can be off-putting and discouraging), and fair treatment for all who may request a garden plot. Where garden space is limited, options can include garden plots assigned to pairs or small groups. This may diminish the benefits of the individual taking responsibility for the garden but it may support cooperative social interactions when the garden is shared.

For individuals who have gardened in the past, their interest in growing ornamentals or vegetables can be rekindled, providing positive leisure activity and a healthy attitude towards aging. Promoting a sense of responsibility for their garden offers positive emotional and psychological benefits (unless their ownership impacts dynamics or relationships within the facility). Budgets can be planned with distinct allocations for communal vs. individual garden plots. Hours for garden access and nightly security lockdown of doors can be posted, adjusted to accommodate longer summer daylight hours and special events. Gardeners can be given a fob that provides access to their garden area during the daytime. It is recommended that there be clear sightlines for staff from indoors. Facility can invite volunteers, adults, school aged youth, and 4H clubs to visit the garden, acting as garden assistants to the individual gardener who can direct tasks to be undertaken.

**SAFETY CONSIDERATIONS:** Garden space should be accessible and free of tripping hazards, with access to water, staff support when required, and communal garden tools kept in good condition. Raised beds should be free of splinters, and not made of metal which can cause burns in hot climates. Some tools and some participants may require one on one supervision (pruners, stakes).

**NOTES OR OTHER CONSIDERATIONS:** Protocols relating to ownership and use of tools, garden hours, budgets, planting of toxic/hallucinogenic/cannabis plants, and overgrown gardens should be put in place so that all staff, individual gardeners and their families are familiar with rules.

The concept and rights of individuals to have autonomy, independence and agency should be promoted wherever possible in senior, dementia and social service sectors. The *right to live at risk*, in support of an individual's autonomy, can be managed in this setting and situation. Gardening tasks typically pose limited risk, this the responsibility of the facilitator based on assessment of each individual involved in plot gardening. The facilitator also enables people by implementing adaptive gardening techniques and accessible garden features. A variety of garden spaces should be available – raised beds at various heights, in-ground beds and containers.

Plant selection should be based on plant hardiness zones (USDA, 2023). Recommendations can be obtained from Extension staff or master gardeners. Cucumbers, pumpkins, tomatoes, peppers, marigolds, daisies, salvia, bee balm, and impatiens are some of the more popular plants that are easy to grow and maintain in these settings.

#### **REFERENCES/ RESOURCES:**

- Liu, L., Daum, C. Rincon, A.R. et al. (2022). Ageing, technology, and health: Advancing the concepts of autonomy and independence. *Healthcare Management Forum* 35(5).
- Poison Control National Capital Poison Control Center. (n.d.). Poisonous and non-poisonous plants – an illustrated list. <https://www.poison.org/articles/plant>
- U.S. Department of Agriculture (USDA). (2023). 2023 USDA plant hardiness zone map. <https://planthardiness.ars.usda.gov/>
- Young, J.M. & Everett, B. (2018). When patients choose to live at risk: What is an ethical approach to intervention? *BCMJ BC Medical Journal*, 60(6).

Edits were made for THAD purposes in 2023.

TH Activity Plan form developed by Lesley Fleming, Susan Morgan and Kathy Brechner (2012), revised in 2023.