

Activity: Plant Care **Goal: Psychological/Emotional** **Populations: Dementia**

TH Activity Plan – Tending Garden Beds - Dementia

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ACTIVITY DESCRIPTION: Participants living with dementia will help tend outdoor garden beds in facility settings.

THERAPEUTIC GOALS:

Cognitive/Intellectual: Participate in gardening using the cognitive functioning level where they are at

Physical: Exercise outdoors by participating in gardening activities

Psychological/Emotional: Use personal agency gardening, with the right to live at risk; feel a sense of independence by gardening

Sensory: Enjoy sensory experiences while gardening

Social: Interact with others in the garden; practice communication skills

Materials

Garden signage (identifying entrance/exit points)

Variety of garden beds at different heights

Seating with arms, shade

Watering cans, broom, trowels

Hats, blankets

Gloves, wipes

STEP-BY-STEP PROCESS:

1. **Pre-Session Preparation:** Determine safety & security parameters for garden site, staff protocols & rules for garden activity. Functioning abilities both physical & cognitive needs to be determined for each potential participant prior to any activities (& it will vary over any period of time). Information is provided to resident's family/care partners/decision-makers about participating in gardening activities.
2. Facilitator begins session by encouraging people living with dementia to garden at the facility's outdoor secured garden space. Supervision to be done one on one or in small group. Time in the garden may involve individuals, their care partners & will vary in number on any given day.
3. On an on-going basis, the garden & its variety of beds & gardening tasks are offered to participants to enjoy passively or actively, these to include watering plants, planting flowers, filling birdhouses, pulling weeds, mixing soil, harvesting & tasting edible plants (latter with prior permission). Facilitator will identify tasks each day or throughout the sessions, supporting participants as needed. Volunteers may also assist.
4. Facility's secured garden should include a variety of garden beds to accommodate a range of physical abilities: raised beds at several heights, container gardens, vegtrugs & in-ground beds.

APPLICATIONS FOR POPULATIONS: Current philosophy and best practices for services with people living with dementia focus on each individual's abilities, supporting their level of independence and providing them agency for the right to live at risk (Young & Everett, 2018; Alzheimer's Society of Canada, 2023). Geriatric and dementia specialists along with recreation and therapeutic professionals interpret this on an individual basis (Alzheimer Society of Canada, 2024). Behavior specialists can explain to staff and family what an individual might be interested in and capable of doing, supporting participation in gardening activities. Though some risk may exist,

facilitator can orchestrate and select gardening activities that are risk adverse. Gardening can offer physical exercise, intellectual stimulation and other benefits like melatonin production. To be taken into consideration by the facilitator - on any given day, and even throughout the day, an individual's ability, emotions, aggression, or energy level can vary. For example, a participant might like to walk the garden paths in the morning, while later in the day prefer to do a garden task like planting a flower standing in place. Facilitators need to be able to pivot quickly, encouraging participation in any number of garden activities on the spot, quickly attuning to an individual's attention span and preferences.

SAFETY CONSIDERATIONS: Secured gardens are used for these types of activities and are standard at most facilities for people with memory impairment including dementia. Individual assessments need to be done to evaluate the level of risk of independent activity in a secured garden. It may be appropriate for some people living with dementia to be in the garden independently due to low risk of elopement. Protocols at many facilities may specify that people living with dementia should not be left alone or unattended in a secured garden. Sightlines from inside the facility will allow staff to monitor activity and participants and provide additional staff support if needed. Individual sensor and locating devices are used by some facilities, particularly if the garden is large, in areas not readily observable by staff.

Accessibility, safety and security are top priorities and need to be considered at all times including secured gates, removal of any potential tripping hazards, no unattended tools that can cause harm, or toxic, sharp, or thorny plants in the garden. Staff and volunteers need to be aware of chairs/tables that could be moved to the fence and used for potential elopement. When staff are doing garden maintenance extra care should be made to avoid unattended or open gates.

Prior permission needs to be obtained for participants to taste plants during a given TH session. This may be confusing on the day of, or in subsequent days as to which plants are edible, so this component should be closely supervised or eliminated depending on participants.

NOTES OR OTHER CONSIDERATIONS: Outdoor gardening activities can promote socialization with other facility residents, and intergenerational, volunteer and care partner interactions where the focus is on positive leisure activity vs restrictions on people living with dementia.

Indoor gardening tasks can also provide people living with dementia opportunities to connect with plants and others, be physically active, challenged (in a positive manner) intellectually or cognitively, and provide sensory experiences that bring joy, delight and interest.

REFERENCES/ RESOURCES:

- Alzheimer Society of Canada. (2024). The Canadian Charter of Rights for People with Dementia. <https://alzheimer.ca/en/take-action/change-minds/canadian-charter-rights-people-dementia>
- Alzheimer Society of Canada. (2023). Decision-making: Respecting individual choice. <https://alzheimer.ca/sites/default/files/documents/Conversation-About-Decision-Making-en-Alzheimer-Society.pdf>
- 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).
- 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.