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Beyond risk: the rewards of nature

Garuth Chalfont says outdoor care environments can play a powerful therapeutic role in supporting people with dementia – but only if design and care practice issues are tackled together

We now have plenty of research evidence about the benefits of nature and going outdoors for people with dementia, but how can we implement good practice? This has been the focus of my work – as a designer, research, trainer and hands-on carer – for the past decade. Over this time I have seen mountains of interest, but only pockets of progress. What we still seem unable to achieve is regular, routine contact with nature in the lives of people who live full-time in a care environment.

In this article I want to share some of my ideas, drawing on a recent research and design project I conducted in a care home. I want to focus on two topics – garden design and going for walks – examined through the lens of risk and reward. I will also share with you some quotes from interviews conducted by Jonathan Wyatt, a masters student in Environmental Economics at York University. I arranged for Jonathan to carry out interviews with staff at the home as part of his research into the benefits of nature. I am most grateful to the staff for sharing their thoughts with Jonathan and *JDC* readers.

Garden design

My work at the 60-bed care home was the result of innovative commissioning from the PCT. The commissioner was initiating a new model of care for NHS patients with dementia and distressed behaviour, and I was invited in to facilitate environmental improvements in the outdoor physical space and in the care practice in terms of nature and activity. A key aim of my work was to adapt the existing garden spaces to better meet the wide range of needs among the residents: some had mild to moderate dementia, but others who had come directly from a hospital setting had more complex nursing-level needs.

During my initial investigation of the design in the home, I was struck by the great number of doors that opened directly into the garden. This was in stark contrast to the sheer lack of residents who actually went outside and used it. How could this be? Through getting to know residents and staff I was made aware of the difficulties of leaving the doors unlocked. This home was not designed for the continuing care of people with dementia, from mild and moderate through to people with dementia who were very distressed.

I soon learned that one particular resident (we shall call him Cecil) was leaving his part of the care

home and venturing across to explore other parts of the home. This caused major disruption as women with moderate dementia were puzzled as to who this gentleman was who climbed into their beds. As you can imagine, this did not go down well and terse phone calls about collecting *your* resident ensued. The upshot was a system whereby doors into the one large interior courtyard garden were locked at key times of the day, to either keep Cecil indoors over here, or prevent him from going indoors over there. Besides the impact this had on Cecil, I was also concerned that relations between staffing groups were compromised as a result.

The obvious design modification to suggest was some sort of reconfiguring of the garden space. But I was against a knee-jerk blocking off of one side to the other by a security fence as was recommended by some. While yes, there was a need to enclose, I did not want to reduce movement, visibility and the overall experience. What new ways of engaging with the outdoors could this challenge bring about? What was lacking in the garden that meant it was technically open to all and yet loved by none? I had struggled with such issues before, never finding the perfect solution to the sustained use of communal care home gardens. What makes sense on paper rarely translates into success in practice.

What we want is for people to be able to go outside independently. But how can we make that possible? We also want water features, exercise equipment and a swing. By now you have put your health and safety hat on and you are mentally reeling off reasons why that won't happen. We usually don't get beyond this and the momentum of good intentions and person-centred care grinds to a halt. My solution appears in detail in the *Dementia green care handbook* (see box opposite – this was a key output from the project), but essentially my view is that you need two gardens: one is 'risk-free', the other is 'risk-assumed'. The gardens don't have to be large so if you have one large garden, you could possibly divide it. The important point is to have visual access from inside looking out onto the risk-free garden. This way a resident can be outside, moving about freely on their own and staff don't need to worry. The risk-assumed garden can have all the risky bits because residents will go there with their families or with staff to enjoy things together.

In the handbook we include a picture of a pond at a nursing home in Germany. They also have a set of steps in the garden. Horrors! But actually I think we have lost all common sense in the UK. Patients need

Ladies enjoy a drink in the sunshine



to exercise their leg muscles and practise balance. 'Use it or lose it' we say, but are we willing to act on it? I have designed ponds, swings, steps and exercise equipment in care environments in the UK only to have them 'designed-out' of the scheme. This distinction between risk-free and risk-assumed gardens can now prompt a revolutionary change in design and practice.

So I redesigned and rebuilt the garden to accommodate the need for residents to use it as and when they wished. Rather than using a fence that would feel oppressive, the garden division is a wiggly affair with trellis and picket fence integrated with existing raised beds. Thereafter, doors remained unlocked all day long. Cecil quickly got used to going outside independently, which was the aim the family and care staff had set. He was highly competent, knew the garden in all weathers and times of day, and was able to open and close the door behind himself. He could also connect with his neighbours over the fence. Many lovely exchanges occurred between the two garden spaces. Robert Frost was right – fences make good neighbours. The fencing also tended to attract hanging baskets, bird feeders and flowering vines.

Cecil was one of a handful of residents who were going outside many times a day. They kept their vitamin D levels up. They slept through the night because their sleep-wake cycle was undisturbed and their circadian rhythms were moderated by regular amounts of sunlight. They also ate well because the fresh air and exercise stimulated their metabolism. Being on their feet, going in and out kept them agile and helped maintain their balance. Falling is a problem for people who sit too much because their legs literally 'forget' what to do. Cecil actually ate on the run, his meals being a moveable feast. Which brings us to the next topic...

Going for walks

There are plenty of rewards for going outside – but it is not without risks. Sometimes a resident was brought straight back in because they 'kicked off'. At times the data showed that people actually came back feeling worse than before they went out. One woman loved being outside so much that when she was brought back in it ruined her mood for the rest of the night. One staff member said it was just a 'route march' so they could tick the box on their daily record sheet.

There are no easy answers. But for staff to experience the benefits to residents is a good starting point. In this project, staff were well aware of the benefits the residents felt about going outside, as these quotes show:

I think that people who are outside even if someone doesn't have much communication or social skills can still have a reaction to the smell of a flower, or the pollen in the air, or the breeze on your face, or the touch of a leaf on your skin. I think it's very important. You know even for someone who hasn't got great motor skills, he benefits a lot just by getting off the unit. When they do get out and they do come back, they're a lot calmer, a lot more relaxed.

I mean to me, walking outside is probably not that much of an effort. Whereas somebody with dementia, it



could be a massive task. So once they've actually done that, they feel an accomplishment within themselves.

When asked about the role the environment plays on mood, this response was typical: *We have one resident and he can be quite challenging: quite loud, outspoken. So, we'll take him outside, and we'll go walk around the garden. He acts like he doesn't like the outside, but you can tell he secretly does, he just wants to be a bit cheeky. So, we'll walk around, and come back in and I'll ask, "Did you really enjoy that?" and he'll say, "Yeah, yeah, yeah". Then I'll ask, "Do you want a cup of tea?" and he'll sit and drink a full cup of tea. Now if we hadn't taken him outside and took him for a walk, then he probably wouldn't want to sit down for long in order to have that cup of tea. He wouldn't be so calm to have a cup of tea. Something so small, and then the rest of the day it's quite nice.*

This one quote perhaps sums it up best: *If I sat inside all day, I'd be getting pretty pissed off like.*

Going for walks also related to depression: *There are some residents who do suffer from depression. One resident, you take him outside every day, it does help*

An example of sight lines from an activity kitchen to the growing areas

Staff and residents walking in the snow

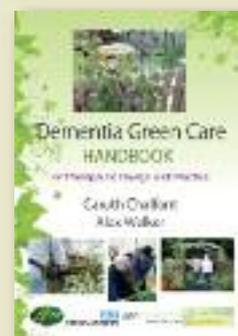


Dementia green care handbook of therapeutic design and practice

By Garuth Chalfont and Alex Walker (2013)

This handbook is one output from a design and research project carried out in two locations: a care home and a day facility. It reports on the project's work and outcomes, introduces a number of important ideas (such as risk-free and risk-assumed gardens), and includes a design guide and a list of over 50 nature-related activities suitable for people with dementia. The handbook explains in detail how outdoor environments in care settings can be used therapeutically to better support the needs of people with dementia. The project was funded by the HIEC – Health, Innovation and Education Cluster, Central Lancashire PCT. Age Concern Central Lancashire was a partner in the delivery of this project. Very special thanks to The Lodge and HICA for enabling Garuth's work.

The handbook is available to download for free from www.chalfontdesign.com.





Residents involved in everyday jobs in the garden

him with that depression. Because it makes that depression vanish for a while. It puts him in a good mood for the rest of the day. If for whatever reason he can't get outside, for health reasons or the weather or whatever, he is depressed for the rest of the day. And, all he wants to do is go to his bedroom and stay in his bedroom and do nothing, which isn't good really.

The environment also had a therapeutic, even medicinal effect: *I know definitely that we were able to decrease peoples' medications quite a bit, just by the fact that we've got outstanding care. I'm not saying they have cured anyone. But, yeah.*

Staff members were aware of the benefits to themselves: *I feel like I've accomplished something good for that day. Even through the activity, if I only got one little tiny smile from him, if I saw him plant a seed once, or if I saw him close his eyes once and breathe in the fresh air. It only takes a little tiny thing, a moment like that, in order to feel proud of yourself that you've made a difference to their day by doing an activity outside with them.*

Another important aspect of being outside that is relevant to dementia involves attention span: *Their attention span is quite short I've found, so taking them outside is continuous because it's constantly changing where you are. It's relative isn't it? I mean you go up a street and get a bit agitated, you go down another street. So, it does work very well.*

This notion of the outdoors as being 'continuous' in a way that can keep a person engaged is about the continuity of space (as opposed to four walls indoors). Walking through the outside world, there is no beginning and no end. Certainly unlike a picture or even a book, whichever way he turns there is constant change, and the story unfolds through the drama of his movement.

And finally, going for walks in the neighbourhood can help reduce stigma: *Well, I heard that the perspective with people who had dementia was keep them inside and don't take them outside. Just let them sit in the house. If you take them out, then they'll embarrass themselves, and then they'll feel guilty for doing that. And, I just think that's a load of rubbish. I mean people want to go outside. Once they're outside they're happy. A*



lot of people actually come up and say, "Ah! You're doing such a great job". People... will actually come up to us and they're like, "How're you doing?" and they'll talk to us. If one of our residents says, "Oh how're you?" to a little child, you know with his mum, the mum will stand and chat for a bit. It is nice.

Epilogue

When I left there was plenty of good practice around the home, people were being routinely taken outdoors, into the garden and off to the shops. Families were involved in further improvements and in helping to maintain the gardens. Residents were helping sand and paint the garden furniture. There was agreement on the basic principles we developed together, and fruit was ripening on the young trees. Sorted? Well, not exactly...

I went back to visit and I met one of the new nurses and asked her how she found the garden. She replied: "I keep the door locked now. I can't concentrate on my job if residents are wandering around outside."

My heart sank. I exchanged a knowing glance with the team leader, a woman whose caring efforts involving residents in the garden had been brilliant, and who I had always been able to count on in any situation to understand and to advocate for the true needs of the person with dementia. Cecil needs to walk constantly and loves the freedom of going in and out as he pleases. Locked doors would increase his anxiety. He would feel punished and not know what he has done wrong. Luckily that was not to be the case. The home's policy is to encourage people to go outside for all the benefits stated above. So even if it is difficult at times for a new staff member to adjust their thinking, it is possible to adapt to this new way of doing things. But experienced staff must help their newer colleagues to see the vision. It is about risk, and taking risks for the benefit of residents. It is a rare place that is able to achieve this balance of risk and reward. But it is worth the struggle to be able to set an example for others to follow.

Conclusion

With all the good intentions throughout the country in many very good care homes, there are still stumbling blocks, but you know them well. Instead of focusing on the problems, I have introduced you to ideas that work. Tackling head-on these two issues – garden design and going for walks – has its rewards: improving the quality of the service, job satisfaction for staff, happy involved families and improving the health and wellbeing of residents. n