CHAPTER 12

CARE FARMS AND CARE GARDENS

Horticulture as therapy in the UK

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Abstract. This paper describes the use of Social and Therapeutic Horticulture (STH) for vulnerable people in the UK. Around 20,000 clients attend STH ‘projects’ each week. Projects provide activities for people with mental health problems, learning difficulties, physical disabilities, black and ethnic minorities and many other vulnerabilities. The benefits of attending projects include a structured routine and the opportunity for social contact. The natural, outdoor setting is particularly valued and may act as a restorative environment within the context of environmental psychology.

Keywords: social horticulture; therapeutic horticulture; hospital farms

A BRIEF HISTORY

In the UK the Victorian era was associated with the building of large new asylums for the mentally ill. These frequently had farms or market gardens which supplied those institutions with fresh produce and gave the inmates an occupation. Activity was considered a useful way of keeping the inmates out of mischief and of providing them with an interesting pastime. Farm work also gave the opportunity for a variety of different activities as the following extract from the Report of the Commissioners of the Scotch Board of Lunacy of 1881 shows:

“It is impossible to dismiss the subject of asylum farms without some reference to the way in which they contribute to the mental health of the inmates by affording subjects of interest to many of them. Even among patients drawn from urban districts, there are few to whom the operations of rural life present no features of interest; while to those drawn from rural districts the horses, the oxen, the sheep, and the crops are unfailing sources of attraction. The healthy mental action which we try to evoke in a somewhat artificial manner, by furnishing the walls of the rooms in which the patients live, with artistic decoration, is naturally supplied by the farm. For one patient who will be stirred to rational reflection or conversation by such a thing as a picture, twenty of the ordinary inmates of asylums will be so stirred in connection with the prospects of the crops, the points of a horse, the illness of a cow, the lifting of the potatoes, the growth of the trees, the state of the fences, or the sale of the pigs” (Tuke 1882, p. 383-384).

Although that passage was written over one hundred years ago many of those who are familiar with the use of agriculture and horticulture for people with mental health problems would express similar sentiments today.

The old Victorian asylums were replaced by newer mental hospitals, many of which also had farms and gardens to keep the patients active and to feed the institutions. Farming was not the only outdoor activity associated with hospitals. Gardening work was seen as a way of helping people who were recovering from physical injuries to strengthen and build up damaged bones and muscles. In his book, *The Rehabilitation of the Injured*, Colson (1944) describes different gardening activities that may be used as therapy and lists specific activities to develop movement in particular joints (p. x-xvi). Gardening was used to ‘treat’ not only the physically injured but also those with mental health problems and learning difficulties. It became one of the ‘specific activities’ of occupational therapy as the discipline developed in the 1950s and ’60s and is still used today. However, the activities used in occupational therapy have tended to vary according to the availability of facilities and changing attitudes and it is not known how many occupational therapists use gardening at present.

As the care and treatment of mental patients changed and the hospital system was restructured and modernized, particularly in the late 1960s and ’70s, the hospital farms were gradually closed. Indeed, there had been some disquiet concerning the use of patients as ‘labour’, not only on farms but in other aspects of the running of the hospitals. Bickford (1963) wrote:

“That patients should do a little domestic work, to foster a feeling of community and to teach them how to care for their homes, is reasonable. What is unreasonable is the extent to which the hospital is dependent on their work. In fact, without it the hospital could not run and the mental hospital service would collapse” (Bickford 1963 in Szasz 1973, p. 193-194).

Hospital farms faded from the scene and much of the land was sold off. Some of it was used for development and it seemed that agriculture and horticulture would be irrevocably lost as activities for patients and those recovering from illness.

‘SOCIAL AND THERAPEUTIC HORTICULTURE’

Hospital farms may have disappeared but the use of horticulture and gardening as a complement to therapy, both associated with hospitals and outside, has grown. In most cases these are organized ‘projects’ to which clients or patients are referred (or join voluntarily) and which they attend regularly. They are frequently funded (to some extent) by social-services departments and health trusts but often struggle to keep financially solvent and have to find additional funding through grants, commercial activities and other ventures.

They occupy a similar niche in the provision of health and social care as the European ‘care farms’. Indeed, a small number of projects are based on farms and some city farms provide similar care. The ‘clients’ (although many projects do not use the term ‘clients’ as it tends to ‘medicalize’ their activities and prefer to call them ‘volunteers’, ‘project members’ or ‘workers’) come from many different