Together We Can Grow

A Report on the 1st annual ASTHP Conference held at Pershore College on Nov 2nd 2012

This report summarises the talks given by five speakers at the inaugural conference of the Association of Social and Therapeutic Horticulture Practitioners (ASTHP) – entitled 'Together We Can Grow' – held at Pershore College (part of Warwickshire College) on November 2nd 2012.

There were four morning speakers: Theresa Wedderburn (Chair of ASTHP), Prof. Joe Sempik (Nottingham University), Rachel Bragg (University of Essex), and Jon Fieldhouse (University of the West of England, Bristol). The afternoon session was lead by John Cliff (ASTHP Vice-Chair) and focused on developing a voluntary professional register for STH practitioners.

Theresa Weddeburn welcomed delegates to the conference (passing on apologies from the Scottish HTA (Trellis), the Australian HTA, and the Canadian HTA) who could not be present. She began by heralding the launch of ASTHP as a new voice for STH, a support network for its practitioners, and a means by which they could develop the greater professional recognition that they had been long waiting for. The conference was also a celebration of efforts over the last 20/30 years by other STH organisations such as Horticulture for All, Cultivations, and Thrive.

Theresa described her STH career and her training on the STH Diploma at Coventry University where it had become increasingly apparent to her that practitioners were feeling that they needed to get together, to network, and to gather ideas and evidence for STH and for their projects. This 'feeling' was shared by many and, following a meeting at Milton Keynes in May 2009 spurred on by the report of a web-based survey of STH practitioners (Fieldhouse and Sempik 2007), the seed of a national STH association was planted. That was also the point at which the hard work really started for the new ASTHP committee.

Three years on, ASTHP is a small charity with a constitution, clear aims, and a growing membership. It is supported by researchers and international colleagues. Its focus is individual practitioners rather than projects. It is not asking that everyone becomes the same or works in an identical way because ASTHP values diversity. ASTHP is looking to support the individual and increase the credibility of STH as an intervention through, amongst other things, setting up a voluntary professional register. This was the essential task for the day and a brief introduction to how delegates could play a part in this process

through the *Members Questionnaire* and ASTHP constitution in delegates' conference packs was given.

Joe Sempik gave a keynote address – 'Reflections on a personal journey through a decade of change' – which offered a personal view of the development of research and thinking in STH over the last ten years. In 2002, when he started working on the *Growing Together project*, there was little direct evidence of the effectiveness of STH and there was greater reliance on work in psychology, such as that of Rachel and Stephen Kaplan and Roger Ulrich. Whilst such work still forms the conceptual foundations of STH, there is now a great deal of observational and experimental research in STH that uses methods akin to those used in medical research. For example, in Norway, Marianne Thorsen Gonzalez has used randomised controlled trials to investigate STH and how elements of attention restoration account for the benefits (Gonzalez et al 2011). This type of research approach has enabled the evidence base for STH to become established and to grow. More research is still needed, and over the last ten years there has been much discussion around the kind of research evidence that is most likely to influence policy makers and so to enhance participation in STH. This is a complex issue – there is often no direct (nor immediate) relationship between what research shows and how policy makers respond. There have also been developments in the practice of STH and its place as a therapeutic intervention. It is now seen as a part of a range of interconnected approaches that use nature to promote recovery, rehabilitation, health and well-being. Collectively, these are known as 'green care' and STH is an established part of this. Green care networks enable and encourage ideas about research and practice to be shared and discussed and to reach a wide audience.

STH has also become firmly integrated with many aspects of 'conventional' health and social care practice. Nature-based approaches (STH, in particular) have long been associated with mental health care, and this has continued to develop. Inclusion of articles and papers about STH within occupational therapy publications on mental health has fostered this relationship. It must be remembered that much of the pioneering work in STH has been conducted by occupational therapists, and the Diploma course in STH offered by the Department of Occupational Therapy at Coventry University in conjunction with Thrive has now been running for seventeen years.

This, and much other progress in and around STH has created an environment where the next logical step is its professionalisation through creation of a national STH association. Support for such a body will ensure its continued growth over the next ten years.

Rachel Bragg spoke about 'Nature, Health and the Rise of the Green Care Movement'. She gave an overview of the psychological benefits of nature – citing Wilson's (1984) biophilia hypothesis and Kaplan's (2011) Attention Restoration Theory as ways of understanding how nature can reduce stress, enhance mood, and counteract mental fatigue. She then went on to summarise a range of empirical green care studies. Rachel cited Barton and Pretty's (2010) study attempting to quantify the 'dose' of green care required to produce health benefits as an example of how interest in the therapeutic impact of contact with nature was growing. Rachel also underlined that this growing interest (on the part of the public *and*

care services) was now matched by practitioners' interest in the formation of professional bodies, both in STH and care farming. The changing patterns of service funding, such as through personal budgets, was an additional reason why 'now' was an important moment in the development of green care as a whole.

Rachel gave an overview of the umbrella term 'green care' citing studies in the fields of STH, animal-assisted interventions, care farming, facilitated green exercise, wilderness therapy, and ecotherapy. In addition to health/social care interventions with individuals Rachel also looked at the need to provide accessible green spaces as part of urban planning.

Rachel sharpened her focus on care farming – its history, evidence-base, and international links. She highlighted the diverse client populations that benefitted from this intervention such as people with mental health problems, learning difficulties, autism, substance misuse problems, and ex-service personnel; plus offenders, disaffected and excluded young people, and homeless people also.

Rachel then drew parallels between STH and care farming in the UK. Both, she said, were becoming increasingly popular with service commissioners as an intervention option for a range of 'client' groups, both have gained media attention, both contain a rich diversity of projects and approaches, both attract practitioners with a diverse range of qualifications, and both are crystallising into organised bodies of practitioners ready to debate regulation, standards, and quality assurance. On this basis Rachel emphasised that, across green care, our diversity was our strength, and that we must avoid pushing everyone into the same organisational or practice models.

In conclusion, Rachel suggested that, whilst the evidence base for linking contact with nature and health was convincing, it was not yet complete. To develop it further it was important to acknowledge a coherent body of evidence for nature-based interventions underpinned by the Green Care Conceptual Framework (Sempik et al 2010) and for the separate Green Care organisations – such as ASTHP and Care Farming UK – to work together. See: http://www.greenexercise.org/ and http://www.carefarminguk.org/

Jon Fieldhouse spoke on the theme of 'Know Your History, Shape Your Destiny', charting the history of the professionalisation of STH (going back to Thrive's Professional Development Steering Group, which ran from 1997-1999). Speaking as an occupational therapist with a mental health care background, Jon portrayed STH as still being marginal in the statutory sector, not yet fully mainstream, and an 'unknown quantity' in many ways. He identified ASTHP's task as moving towards more quality assured STH practice which would allow health and social care managers to have greater confidence in STH and engage more STH practitioners as service providers.

Whilst highlighting the tremendous distance travelled by STH in the UK, and the milestones along the way – such as Sempik et al's (2003) seminal literature review, Thrive's 'Cultivating Quality' project (2004), the web-based survey of STH practitioners (Fieldhouse and Sempik 2007), and the emergence of ASTHP since 2009 – Jon also noted that ASTHP was faced with the difficult task of balancing a number of expectations. STH practitioners wanted validation, but not regimentation. They needed an organisation that was inclusive, without being

restrictive. They sought quality assurance for their work, and re-assurance that this would not involve over-regulation. In short, ASTHP would have to be both inward-facing (supporting its members) and outward-facing (championing their interests externally). ASTHP would need to balance the wish for autonomy with the need for greater accountability. This accountability was, for the first time in STH circles, being regarded as an issue for individuals – in line with other health and social care professions. Unlike the accreditation of *projects* under Cultivating Quality, the voluntary professional register would regard STH practitioners as *personally* accountable for their professional work.

Jon reflected on what being a *profession* actually means. He noted commentators' views that any profession has an independent body of knowledge and expertise, state recognition, and self-regulation. STH has developed the first of these and was about to take the first steps towards the next two. State recognition would come with the publication of guidelines for professional behaviour and values; and self-regulation would be established through standards for training, professional skills, and other aspects of 'fitness to practice'.

To encourage delegates to seize the day and actively participate in the afternoon's vote on a voluntary professional register, Jon outlined a few reasons why 'here and now' was a great place to start. He cited the gradual ebbing of the historically dominant medicalised notion of 'health' (making space for STH as a credible therapeutic intervention), the emergence of new environments for health and social care delivery, the growth of an international green care movement, and changing service purchasing patterns.

The afternoon session focused on the first steps towards developing a voluntary professional register for STH practitioners. **John Cliff** gave a comprehensive presentation outlining the steps involved, the issues for the association and practitioners, and looked at the two main models: the simpler but more restrictive US style system and the more flexible but therefore more complicated Canadian style system.

Over the past 15 plus years the UK has been left behind by the US, Canada and now Japan in terms of 'professionalising' HT. HT in Japan is a second degree qualification and in both the US and Canada a degree is compulsory to become an HTR (Horticultural Therapist Registered) – they use the same terminology although the requirements are different. At the same time the US has simplified their system both in terms of qualifying criteria – now a relevant degree with additional training if the degree is not in HT plus a 480 hour internship; and by reducing the levels of qualification from three to one by removing the HT Master and HT Technician levels. Canada has dropped the Master level but retains the Technician level, and they operate a points-based system requiring a split between qualification and experience and requiring 7 points for technician level and 10 for full registration. More details are available from the US and Canadian Associations' websites – www.ahta.org and www.chta.ca

Following the presentation small groups of delegates were invited to discuss a list of 15 questions, the results from which would be collated and announced by the end of the afternoon. One of the key issues was whether our approach in UK should be to start with a very simple system and develop it over the years or learn from the other countries and

design a system for the future, albeit with arrangements for existing practitioners to be passported to registration subject to demonstrating appropriate skills and competency.

Of the 40 people in the room voting on the different questions, the key findings were as follows:

- 40 voted for the more flexible but more resource intensive Canadian style system, with 33 agreeing that peer review was the best approach for running such a system
- 20 voted for a graduate entry system in the longer term (with 11 against) and with the majority of those in favour suggesting that it should not be mandatory for at least 7 years
- 38 wanted to see a two tier system (with some suggesting a third tier)
- 40 wanted an option of internships for trainees (although many did not like the terminology) and 39 said they would be willing to offer these
- 32 thought a reasonable figure for assessing the registration would be £50, with a similar figure (28) wanting an annual renewal fee of £40 or less
- Based on what they had learnt at the Conference, 39 said they would consider applying for registration

The only area of contention was in terms of whether the word "professional" should be included in the register's title – there was a split vote 20:20. Some considered the term 'professional' reinforced what we (as STH practitioners) are about, but others were concerned about creating an overly rigid structure. John highlighted that it was still very early days and STH needed to demonstrate to everyone that a register is not about restricting what they do but ensuring that whatever it is, it is done according to a set of practice standards. Inevitably some colleagues will accept this more readily than others.

John suggested that it might take 2 to 3 years to develop all the arrangements, including running a pilot. Crucial to the whole process would be the involvement of members with consultation via the website, and referral of the final package to the Annual General Meeting of the Association.

Finally, delegates discussed the issue of external accreditation for the ASTHP register. This was obviously some way away but nonetheless topical for STH because – following the Health and Social Care Act 2012 – most STH practitioners would be compulsorily registered (as is the case with OTs, physiotherapists, etc). John noted that the newly renamed Professional Standards Authority for Health and Social Care are setting up arrangements to "assure" voluntary registers such as the one ASTHP are planning. If successful both ASTHP and registered practitioners would be entitled to use their quality mark.

The delegates were thanked for their participation in the very lively discussion.

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