Growing Support in the Community:
Making community gardens more inclusive of people with dementia and their carers
March 2016
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1. Introduction:
Creating dementia friendly communities remains a key goal in health and social care in England. In 2015 Growing Support was commissioned by Bristol Public Health to identify and test methods to overcome the barriers to inclusion for people with dementia and their family members in community gardens. This report outlines our findings and would be useful reading for anyone interested in improving inclusion in communities for people with dementia.

We found that people living with dementia have many barriers to participating in community gardening activities: including transport / the ability to get to the garden, and concerns about joining a new group. This is consistent with wider research on barriers faced by people with dementia to joining in with community activities.

Of the 15 community gardens surveyed we also found that only 1 had supported a person with dementia previously, and none were currently involving any people with dementia in their activities. When asked about barriers to inclusion, gardens were primarily concerned with the level of supervision and support they may have to provide to ensure an enjoyable and safe experience for people with dementia.

We worked with three community gardens to build their capacity to include people with dementia and their family members. Each garden supported weekly gardening groups for people with dementia and their family members, which together reached 58 people.

We found that the following support for community gardens was key:

1. Training garden staff and volunteers on how to adapt activities to meet the needs of people with dementia.
2. Providing hands-on support to get the garden groups up and running, build momentum and to share best practice
3. Using accessible, long reach tools
4. Publicising the gardens to people with dementia or their family members and engaging local organisations who support people with dementia
5. Engaging volunteers to work alongside and support people with dementia, thereby increasing levels of participation and social interaction.

We captured observed impact and feedback after every session and carried out structured interviews with participants and stakeholders. Outcomes were found to be:

- increased social contact
- more spent time outdoors being active and connecting with nature,
- improved levels of engagement
- sense of contribution and of purpose.

Finally, the project acted as a catalyst for longer term change with 2 of the 3 community gardens supporting ongoing gardening activities for people with dementia.
2. Background

2.1 About Growing Support
Growing Support is an award-winning social enterprise tackling social isolation, loneliness and inactivity experienced by older people and people with dementia. We deliver social and therapeutic horticulture activities, training and community engagement. Our approach involves working on an outreach basis in gardens accessible to our service users, primarily in care homes.

As part of the Bristol European Green Capital 2015 year we piloted a new project, Growing Support in the Community. The aim of Growing Support in the Community was to enable more older people and people with dementia to be included in the activities of their local community gardens.

This report explores the barriers to inclusion in community gardens for people with dementia that we identified and gives practical guidance on how they can be overcome.

2.2 Need
Growing Support in the Community addresses the increased risk of loneliness and social isolation for people living with dementia and their family members:

- 1 in 10 people are lonely – the prevalence of loneliness increases with age (25%) and even further with diagnosis of dementia (39%). Loneliness is worse for your health than smoking 15 cigarettes a day.

- Involuntary social isolation, often triggered by illnesses like dementia, is associated with worse mental health and negative health outcomes, including premature mortality.

- Dementia is a growing issue in the UK; there are 850,000 people with dementia; one in six people aged 80 and over has dementia.

2.3 Evidence Base
There is a body of evidence supporting the health and wellbeing benefits of social and therapeutic horticulture for people with dementia.

Yasukawa (2009) showed that a group of patients with Alzheimer’s who participated in horticultural activity showed improvements in communication, engagement, behaviour and cognitive abilities. D’Andrea et al (2007) reported that participation in horticultural activities resulted in maintenance of memory and sense of overall wellbeing and an overall higher functional level than their control group. Luk (2011) showed that people with dementia showed a significant decrease in aggressive behaviour after participating in horticultural activity.

Gardening as a form of physical activity has been shown to improve physical health, such as maintaining and improving muscle tone and hand to eye coordination, skills which are important for maintaining independence and reducing the risk of falls. Gardening can cut
the risk of a heart attack or stroke and prolong life by as much as 30% among the 60+ age group, *British Journal of Sports Medicine*).

### 3. Consultation findings

In total we engaged with 28 community gardens and green volunteering projects and carried out surveys of 15 of these to get our baseline for current practice.

We also conducted community engagement activities to promote the availability of the gardening groups and to consult with older people and people with dementia about what they perceive to be the main barriers to getting involved in community gardens. This included engagement with 10 clubs and services for older people, people with dementia and their carers in the locality. Alongside this we gathered the views of people with dementia, their carers or support staff, who expressed an interested in attending gardening groups but did not attend.

Finally, we consulted with professionals and stakeholders interested in how community gardens can include more people with dementia.

#### 3.1 Baseline

Only one community garden (see Fig. 1) had any experience of working with people with dementia. However, at the time of the survey even this garden was not actively supporting any people with dementia.

#### 3.2 Barriers to inclusion – community gardens

The overriding majority of community gardens identified concerns about the supervision needs of people with dementia as being the main barrier to inclusion (see Fig 2) along with
the risks associated with working on an open site. Community gardens by their very nature are open sites with physical characteristics such as uneven paths, ponds or sharp tools which may be seen as posing a risk to people with dementia without adequate supervision and support.

Other key barriers noted were:

- staff and volunteers not having appropriate training to work with people with dementia
- difficulty publicising their activities to an older client group, as the majority of publicity is online and may not be accessed by older people,
- not having the time to carry out effective community engagement work

To help understand the reasons behind some of these perceived barriers we should be aware that community gardens are often volunteer-run (see Fig 3) and when there is a paid member of staff they are often part time and managing the whole garden.

Some gardens reported concerns about ‘disturbing the balance of the existing community group’ with an influx of people with high support needs. Community gardens need people to want to keep coming to volunteer at them to survive. With limited resources and a lack of awareness of the reality of including people with dementia in their activities it is perhaps understandable that some gardens were nervous about what effect adding a new client group, with perceived high needs, would have.
3.3 Barriers to inclusion – people with dementia

We consulted with people with dementia, their family members and professionals who support them and identified a wide range of barriers to inclusion in community gardens:

- Transport – several people could not get to the garden due to a lack of transport. This was usually due to:
  - their mobility issues making it difficult to get to the garden even from a short distance away
  - a longer distance journey for which public or community transport was not available
  - not having someone to go with them
- Motivation or lack of confidence joining new things.
- Limited opening times - gardens only open for a certain time on a certain day each week.
- Lack of awareness of what is available, which gardens have the capacity to support people with dementia or have appropriate facilities.
- Concerns about their needs being misunderstood or stigmatised.
- No carer or support worker to support the person with dementia at the garden
- Risk aversion – amongst care providers, carers and people with dementia
- Accessibility of gardens, including paths, toilets and having accessible tools to use
- Staffing implications in care homes and day centres – if several staff leave to support service users in a garden does this leave enough staff for everyone else?
- Carer strain and fatigue
- Costs – some community gardens may charge for services and this can be prohibitive

‘It’s beautiful here isn’t it. I live down the road and never knew this place existed.’
Mrs J, participant, Let’s Grow Community Allotment
4. Findings from capacity building

The consultation exercise identified 3 sites to work with to test out ways to overcome these barriers to inclusion for people with dementia:

- Let’s Grow Community Allotment, in Knowle
- Golden Hill Community Garden, in Bishopston
- Barton Hill Walled Garden

We took on an action research approach, adapting our support for the different situations on each site. We provided class room based training, tools, resources, publicity and community engagement activities and hands on support to get the groups up and running.

The key issues and key success factors we identified are listed below:

4.1 Engaging and raising dementia awareness with gardens

Not all gardens were open to the idea of including more people with dementia in their activities. This was for some of the practical reasons noted above and also what seemed to be due to a misunderstanding of the needs of people with dementia. We raised awareness with these gardens about people with dementia and how they could be included.

This demonstrates that there is a need for engagement and awareness work with community gardens to support them to consider including more people with dementia in their activities. If these ‘misunderstandings’ are left to the person with dementia or their carer to overcome alone it may lead to further psychological barriers to inclusion.

4.2 Identifying gardens with existing capacity

Many community gardens may in fact already have the capacity to include people with dementia. Often community gardens are set up with inclusivity as a central value and would welcome people with dementia, particularly if they come with their own support. In these cases the barriers to inclusion are more easily overcome by training and practical changes to ways of working, rather than fundamental changes to the way the garden operates.

However some community gardens expect participants to be able to garden relatively independently, with only light touch support and do not have the capacity to provide the additional support that may be required by some gardeners with dementia.

4.3 Training is key to enable community gardens to include people with dementia

Many gardens have little or no experience of working with people with dementia and are concerned about their capacity to support them. We provided 3 bespoke half day training sessions for 16 community garden staff and volunteers on dementia awareness and how to effectively engage people with dementia in the garden. The training covered:

- dementia and communication
- adapting activities to involve people with dementia
- managing risk in the garden
designing horticultural activities to achieve specific outcomes

As a result of the training 87.5% of participants felt that their knowledge about adapting activities and engaging people with dementia in the garden had improved some / a lot.

‘The Training you held in the garden as well as the ongoing materials and resources you sent on to us were particularly useful... They raised our understanding and awareness of dementia and different practical ways of working with people with dementia’

– Belinda Faulkes, Project Coordinator, Barton Hill Walled Garden

Mid-way through the project as the weather started to become colder and wetter community gardens told us that they found it difficult to know what activities to offer older people with dementia, as the usual autumn and winter activities were not accessible. In response we ran two training events on using green craft activities, such as willow weaving and felting, with people with dementia.

4.4 Accessible tools are a quick and affordable means of improving accessibility

The accessibility of the site was perceived as a barrier for many gardens, especially if they did not have raised beds. However raised beds are not the only way of making gardening activities accessible to people who may struggle to get down to ground level, or to use larger tools.

We provided each garden with a set of accessible tools, which we have tried and tested in our social and therapeutic horticulture groups for people living in residential care. These tools are long handled to reduce bending or to enable gardening from a seated position and proved vital for including people with limited mobility in the gardens activities.

‘Now we have different tools that we can use, everyone is involved in the activities, everyone can participate

Jan Perry, Allotment Coordinator, Let’s Grow Community Allotment

4.5 Community engagement and publicity is essential to raise awareness

Many community gardens mostly publicise their activities online. As only 25-35% of people over the age of 75 are online different methods of promoting the availability of community gardens may help.

We did this through distributing publicity materials to key stakeholders (as shown in Fig 4) and face to face meetings with older people’s, dementia and carers’ groups.
‘It (the Growing Support in the Community project) literally brought us into contact with people with dementia who would not otherwise have heard about the garden’

Lucy Mitchell, Community Project Worker, Golden Hill Community Garden

4.6 Community gardens may be less well equipped to provide activities in poor weather

In general, community gardens are working with more able-bodied people who are able to continue working outside as the weather gets colder.

Several community gardens raised concerns about having accessible activities to do with older participants if the weather was too bad to work outside. In response we held workshops for staff and volunteers on gardening and green craft activities, such as felting and willow weaving, which can be completed indoors with people with dementia.

We also produced a series of resources of indoor activities (see sample at Appendix 4-5) for community gardens to try with people with dementia when the weather is too poor to work outside.

4.7 Volunteers are crucial to ensure the active involvement of people with dementia

Many of the community gardens with whom we consulted had no or very few paid staff and raised concerns over the time and skills needed to effectively supervise a group of people with dementia. In response we looked at ways that we could build the capacity of gardens’ volunteer teams to support this.

Each garden had a different model of working with volunteers which we adapted our support to fit in with.
Let’s Grow Community Allotment did not have a volunteer team who were able to support people with dementia. We provided volunteers from the Growing Support volunteer team and linked the garden with a local volunteer who had heard about the project and wanted to share his experience as a retired head gardener. In future, the garden will recruit and coordinate their own volunteers to support the garden group.

Golden Hill Community Garden had in the past tried to recruit volunteers to a supporting role for people with learning difficulties. This had not worked well as the people with learning difficulties would not necessarily attend every week and the volunteers lost interest when there was no one to support. With this in mind the garden now expects all of its volunteers to act in a supportive way to all other users of the garden, regardless of their needs. We therefore focused our efforts on building the capacity of the existing volunteer team through training, resources and ‘on the job’ support.

‘Because I don’t know anyone with dementia I wasn’t sure what to expect. But it was very useful to have some practical experience. I felt I was doing something useful. They [the participants with dementia] were happy to be there and enjoying themselves. They just needed some reassuring. I am glad I was involved.’

– James Smith, Volunteer, Let’s Grow Community Allotment

5. Outcomes

Growing Support recorded the observed impact of taking part in activities in the garden for participants with dementia. We recorded observations from the participants themselves, garden and support staff and volunteers after each session.

We also conducted structured interviews with people with dementia, volunteers and staff to measure the impact of sessions on people with dementia. A summary of some of these interviews is available as a video (http://growingsupport.co.uk/) on our website.

Below is a summary of the main benefits identified:
5.1 Making a contribution, feeling a sense of purpose

Community gardens are a great place to feel a sense of purpose and of making a contribution. They are full of opportunities for meaningful activity and interaction, with a broad range of tasks suitable for different abilities and interests.

Sessions are designed to promote a sense of purpose / having contributed by ensuring participants are included in activities which contribute to the everyday work of the garden. We also talk through what the group has achieved and how it has helped the garden towards the end of each session.

Participants reported that they enjoyed doing something useful and making a contribution.

‘we’ve done a good job there’
Mrs A, gardener at Barton Hill Walled Garden

‘A couple of the gentlemen took things home for their wives which meant a lot. Bert, he’s 90 and really looks forward to it (attending the gardening group). He takes things home from the garden for his wife. He talks about what they used the vegetables for at home. Having something to contribute as well as take it is important for our service users’
Clare Anderson, Support Worker, Bristol Community Links North

5.2 Increasing social contact:

Community gardens by their very nature often offer a lot of opportunities to have social contact with a range of people from the local community. Both Golden Hill and Let’s Grow are based on allotment sites which increases the sense of being in a community space as people walk to / from their allotments and stop for a chat.

Central to Growing Support’s approach to tackling social isolation is the amount of social contact built into the gardening sessions. Staff and volunteers were trained on how to communicate effectively with participants with dementia and the benefits that this social contact can offer.

Participants reported how much they enjoyed the chat and social contact from working together as a group.

It does not appear that they had yet made deep or lasting relationships with the group during the time we worked together. However there was some anecdotal evidence that some participants had made lasting connections with the gardens, for example Peter, a regular member of the garden group at Golden Hill attending the garden’s autumn fayre independently with his wife.
5.3 Spending time outside in nature:
Spending time outdoors and connecting with nature has proven health and wellbeing benefits. Even passive involvement with nature can reduce stress and being outside in the sunshine improves vitamin D intake. Sensory stimulation such as the smells of the garden, the touch of cool earth or the warmth of the sun can help trigger memories and reminiscence.

Attending a regular gardening club provides a great motivator to leave the house and spend some time in a green space. The activities provide a reason to stay outside longer than normal.

Participants commented that they spent more time outdoors as a result of attending the project and that this was an enjoyable aspect of being part of the group.

5.4 Improving engagement
People with dementia may experience increased feelings of apathy, social withdrawal or difficulty engaging with people or activities.

Generally speaking participants were highly engaged in all tasks, their environment and with the people around them. This was particularly evident when we had volunteers present to provide an extra level of individual support and social interaction.
Not everyone got engaged in every activity or for all of the session, but all participants engaged socially with others at some stage of every session.

‘One gentleman who has dementia and says the same things on a loop. Coming along to the garden he started talking about how he used to grow onions and potatoes. He never normally goes off the loop of things that he says. He was obviously engaged and remembering things that he used to do in his garden. He chatted to lots of other people at the garden too’

Clare Angerson, Support Worker, Bristol Community Links North

‘She’s really getting stuck in with this. She doesn’t normally take part in activities, Not like this’

Jayne Belcher, Support Worker, Bristol Community Links South

5.5 Acting as a catalyst for change:
We have found that where community gardens have the willingness and capacity to engage people with dementia then a small initial intervention to equip them with the appropriate tools, resources and networks can create longer lasting change. For example:

- Bristol Community Links North have now started renting their own raised bed at Golden Hill Community Garden and take their service users to the garden on other days too, as well as attending the group set up as part of this project
- Knowle West Health Association (who run Let’s Grow Community Allotments) have recognised the need for engaging more older people and people with dementia in their activities as a result of the project. They are liaising with Age UK’s New Beginnings day centre to enable an additional group to use the garden.

‘..there will definitely be more focus on engaging with elderly people and people with dementia. This wasn’t part of the project before. It has become one of the areas of focus of the garden’

Belinda Faulkes, Project Coordinator, Barton Hill Walled Garden
6. Recommendations

6.1 Training
Community gardens benefit from training in both dementia awareness and practical strategies that can be used to actively engage people with dementia in their activities.

Dementia friends training is too limited <for community gardening> – it does not provide confidence in practical skills ’
- Participant, Growing Support in the Community Best Practice Event’, Nov 2015

‘I would really recommend that the volunteers and the staff [at community gardens] have some training on dementia awareness because it has made a real difference to us’
- Jan Perry, Allotment Coordinator, Knowle West Health Association

6.2 Purchase some accessible tools and resources
Invest in a set of accessible, long reach tools so that participants in wheelchairs, who need to garden sitting down or who would struggle to bend down to ground level can still take part. Raised beds are useful but not essential. You could also consider working in containers so that you can bring these to the right level for participants’ different needs.

‘The accessible tools you purchased were really essential’
Belinda, Project Manager, Barton Hill Walled Garden

6.3 Community gardens could benefit from a dementia lead in their team:
Identify a dementia lead in your community garden team who are aware of the needs of people with dementia and their family members / carers and how to meet them.

Engaging with people with dementia should be everybody’s responsibility. However the lead should be responsible for raising awareness and helping staff and volunteers to adapt activities to meet the needs of people with dementia.

6.4 Integrate ‘dementia groups’ into the garden’s existing routines
Ensure the group or person with dementia is encouraged to join in with all usual activities including lunch or tea breaks. This time is just as important in feeling part of the gardening community as is taking part in gardening activities.
If you have larger groups of people with dementia and their carers taking part, consider splitting this group up so that they can work in ones or twos with other garden volunteers. This prevents the people with dementia appearing separate or different and helps with social interaction as larger groups may appear less approachable and more difficult to engage with.

**6.5 Adapt the structure of activities where necessary**

Gardens should consider how they structure their activities in order for them to be accessible to people with dementia.

This does not involve creating new activities for people with dementia, rather it is better to break down existing activities into smaller, more manageable tasks than gardens may be used to. For example if the activity is potting on seedlings, people with a lower level of ability could take part by filling up pots with compost, while those with more ability could take the seedlings out of the module tray ready for repotting.

Seating should also be provided so that participants can take regular rests or garden whilst seated. Light, plastic chairs are easy to move from location to location as the group moves around the garden.

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**Fig 5: Key Principles of Adapting Activities**

1. **Environment** – where will you run the activity from? Is it physically accessible? Do you have an indoor area if the weather is bad? Consider noise levels: is a quieter area needed so people can hear and you can maintain a calm, relaxed atmosphere?

2. **Approach** – consider what approach you need to take as Facilitator, some people with more advanced dementia may benefit from you being more directive in your instructions, while others can be more actively involved in decision making about the best approach to take to a task.

3. **Task** – consider how you can make the activity more or less complex depending on the level of ability of the people taking part. Break activities down into their component parts and go through them one at a time if necessary. People may be able to understand and complete some elements of task and not others, or need you to try different methods of adaptation for different elements within a single activity. Also worth considering whether the task works best as a group or to be completed by individuals.

4. **Resource** – use accessible tools or materials to make the activity accessible. e.g. raised beds, containers or long reach tools for people who need to garden sitting down / are in wheelchairs. It can work well if you choose resources that encourage reminiscence, e.g. flowers / plants that people used to grow.
6.6 Provide supported initial visits to make the first experience as positive as possible
Some people with dementia lose confidence in going out, meeting new people or carrying out activities even if those are activities they have enjoyed in the past.

The first visit is very important to create an immediate sense of being welcome and able to contribute, so ensure that a volunteer or staff member is on hand to provide extra support and encouragement to new members.

6.7 Promote the garden in an accessible format for people with dementia and the people who support them
Gardens should promote their activities in places accessed by people with dementia or their carers such as the local GP, faith or community centre.

Build relationships with local agencies who support people with dementia such as the memory service, Age UK or Alzheimer’s society.

7. Conclusion
The Growing Support in the Community project highlights that many community gardens do not currently actively involve people with dementia, but with a little support to build their capacity this can be changed relatively quickly.

Community Gardens will require training and must be prepared to adapt their activities to enable people with dementia to be involved. The project shows that people with dementia can gain a sense of having made a meaningful contribution and of community at their local garden as well as benefiting from the physical and mental health benefits that taking part brings.

*The length of time was shorter than other groups we run. We can’t do several hours of activity. We would do half an hour and then have a cup of tea and chat as part of the session. The structure of the session is different to how we would normally run it.*

- Jan Perry, Allotment Coordinator, KWHA
### Appendix 1: Example risk assessment

<table>
<thead>
<tr>
<th>IDENTIFIED RISK</th>
<th>POTENTIAL CONSEQUENCES</th>
<th>LIKELIHOOD AND OVERALL ASSESSMENT</th>
<th>MITIGATION/CONTROL MEASURES</th>
<th>RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp cutting equipment: eg. secateurs, shovel, hoe</td>
<td>Major: cuts, deep wounds, broken bones</td>
<td>Possible</td>
<td>First Aid kit and first aider available on site</td>
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<td></td>
<td></td>
<td>MEDIUM</td>
<td>Staff and volunteer to wear sturdy, close toed shoes</td>
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<td></td>
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<td></td>
<td>Volunteers made aware of risks and trained on use of tools</td>
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<td></td>
<td></td>
<td></td>
<td>Encourage use of gloves</td>
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<td></td>
<td></td>
<td>Annual maintenance of tools</td>
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<td></td>
<td></td>
<td></td>
<td>Close supervision where appropriate, e.g. someone with poor hazard awareness (see section below for more details on how to reduce risk for these individuals)</td>
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<td></td>
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<tr>
<td>Pointed gardening tools: e.g. fork</td>
<td>Major: deep wounds</td>
<td>Likely</td>
<td>First Aid kit available at site</td>
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<tr>
<td></td>
<td></td>
<td>HIGH</td>
<td>Staff and volunteer to wear sturdy, close toed shoes</td>
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<td></td>
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<td>Volunteers made aware of risks and trained on use of tools</td>
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<td>Close supervision where appropriate</td>
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<td>POTENTIAL CONSEQUENCES</td>
<td>LIKELIHOOD AND OVERALL ASSESSMENT</td>
<td>MITIGATION/CONTROL MEASURES</td>
<td>RESPONSIBLE</td>
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<tr>
<td>Trip hazards eg due to uneven ground, holes, tools left on ground</td>
<td>Major: Sprains, broken bones</td>
<td>Likely</td>
<td>Paths kept clear of trip hazards&lt;br&gt;Ensure all tools not being used are placed in a clear and visible area away from paths and walkways and laid flat on the ground with safety catches and blade covers on.&lt;br&gt;Encourage volunteers to wear sturdy shoes with grip/support&lt;br&gt;Encourage volunteers to stick to paths and walkways</td>
<td></td>
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<tr>
<td>Slippery surfaces</td>
<td>Major: Falls leading to sprains or broken bones</td>
<td>Likely</td>
<td>Assess area prior to activity starting&lt;br&gt;Keep paths and walkways swept clean&lt;br&gt;Encourage volunteers to wear suitable shoes with grip/tread on soles</td>
<td></td>
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<tr>
<td>Weather: sun, heat, cold, rain</td>
<td>Moderate: Sunstroke; dehydration, chill</td>
<td>Possible</td>
<td>Encourage volunteers to wear appropriate clothing eg hats, waterproof clothing&lt;br&gt;Provide 30+ suncream protection&lt;br&gt;Water available on site&lt;br&gt;Take breaks if working in sun / rain / cold&lt;br&gt;Work in shade if possible on hot days&lt;br&gt;Give verbal warnings&lt;br&gt;Work inside in really wet weather</td>
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<tr>
<td>IDENTIFIED RISK</td>
<td>POTENTIAL CONSEQUENCES</td>
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<tr>
<td>Falling tree branches</td>
<td>Major: broken bones; concussion</td>
<td>Rare (LOW)</td>
<td>Annual check for unsafe branches</td>
<td></td>
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<tr>
<td>Stings and bites – insects, spiders, ants, <strong>bees and tics</strong></td>
<td>Minor: swelling; pain; itching</td>
<td>Possible (LOW)</td>
<td>First aid kit and first aider available on site</td>
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<td>Eating or ingesting or otherwise coming into contact with toxic substances. <em>NB: Clients with dementia may be more likely to try to eat inedible garden resources / materials.</em></td>
<td>Major: allergic reaction</td>
<td>Possible (MEDIUM)</td>
<td>Assess activity in advance to identify substances or plants that might cause irritation or other harm</td>
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<td></td>
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<td>Encourage volunteers to wear gloves</td>
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<td>Encourage volunteers to wash hands thoroughly after activity</td>
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<td></td>
<td>Close supervision</td>
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<td></td>
<td></td>
<td></td>
<td>Pointing out hazards</td>
<td></td>
</tr>
<tr>
<td>Vehicles</td>
<td>Major: collision, injury to pedestrians/passers by from a slow-moving vehicle in the garden</td>
<td>Rare (LOW)</td>
<td>Where possible ensure there is no entry of vehicles to green space where the group is working.</td>
<td></td>
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<td>Promote road safety when crossing / working nearby roads</td>
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<tr>
<td>IDENTIFIED RISK</td>
<td>POTENTIAL CONSEQUENCES</td>
<td>LIKELIHOOD AND OVERALL ASSESSMENT</td>
<td>MITIGATION/CONTROL MEASURES</td>
<td>RESPONSIBLE</td>
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<tr>
<td>Inappropriate conduct towards vulnerable gardeners or their carers</td>
<td>Major: safety and wellbeing of older person compromised</td>
<td>Rare</td>
<td>Staff DBS checked&lt;br&gt; Vulnerable volunteers eg those with Dementia accompanied by carer where appropriate&lt;br&gt; Addressing inappropriate conduct with individuals or contacting the police where appropriate</td>
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<td></td>
<td></td>
<td>MEDIUM</td>
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<tr>
<td>Dogs off leash</td>
<td>Moderate: Bites, mauls</td>
<td>Unlikely</td>
<td>Request that dogs are kept on a leash during activity session&lt;br&gt; Move away from dogs off leash if necessary</td>
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<td></td>
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<td>LOW</td>
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<tr>
<td>Use of gardening equipment</td>
<td>Insignificant: Cuts, blisters, abrasions, chaffing</td>
<td>Possible</td>
<td>Safety check of equipment&lt;br&gt; Explain how to safely use equipment&lt;br&gt; Point out hazards&lt;br&gt; Encourage wearing of gloves</td>
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<td>LOW</td>
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<tr>
<td>Injury from inappropriate lifting</td>
<td>Major: Back strain</td>
<td>Possible</td>
<td>Use two people to lift heavy loads&lt;br&gt; Assess activity in advance and identify which volunteers are most able to lift&lt;br&gt; Give volunteers advice on appropriate manual handling&lt;br&gt; Do not overfill wheelbarrow</td>
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<td>MEDIUM</td>
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<td>IDENTIFIED RISK</td>
<td>POTENTIAL CONSEQUENCES</td>
<td>LIKELIHOOD AND OVERALL ASSESSMENT</td>
<td>MITIGATION/CONTROL MEASURES</td>
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<tr>
<td>Loss or theft of personal items</td>
<td>Moderate: Financial loss or inconvenience eg lost keys</td>
<td>Possible</td>
<td>Encourage volunteers to take responsibility for keeping their personal items safely stored.</td>
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<tr>
<td>Glass or other sharps in the ground</td>
<td>Moderate: Potential for cuts and scratches</td>
<td>Possible</td>
<td>Make volunteers aware of risk</td>
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<td>LOW</td>
<td>Assess area prior to starting work</td>
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<td>Encourage volunteers to wear gloves</td>
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<td>Advise volunteers to wear sturdy, enclosed shoes</td>
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<td>Dispose of any sharps appropriately</td>
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<tr>
<td>Injury / accident through use of mobility aid: Cane</td>
<td>Major: trips, slips and falls could result in broken bones / concussion as well as cuts, scratches / bruises</td>
<td>Possible</td>
<td>Ensure site where people using these aids is accessible beforehand</td>
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<td></td>
<td>Medium</td>
<td>Make aware of hazards</td>
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<td>Take regular breaks and provide seating where necessary</td>
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<td>Ensure appropriate footwear and clothing</td>
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<td>Make site as safe as possible before the session, e.g. removing trip hazards</td>
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<td>Close supervision</td>
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<td>Injury through:</td>
<td>Insignificant – major depending on severity of accident / injury, e.g. blisters – broken bones</td>
<td>Possible</td>
<td>Medium</td>
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<tr>
<td>Poor hazard awareness</td>
<td>Explain how to safely use tools and equipment.</td>
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<td>Limited comprehension of instructions</td>
<td>Support and guide in recognition of hazards</td>
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<td>Limited comprehension of social situations</td>
<td>Make all involved aware of hazards</td>
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<td>Limited / lack of concentration</td>
<td>Make site as safe as possible before the session</td>
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<td>Close supervision, especially when any sharp tools are being used</td>
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<td>Simple clear instructions of how to complete activities safely</td>
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<td></td>
<td>Repeat instructions where necessary</td>
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<td></td>
<td>Support self confidence in communication</td>
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<td></td>
<td>Short and achievable tasks</td>
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<td>Reduce external distractions</td>
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<td></td>
<td>Regularly check / monitor work to ensure safety</td>
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</table>
| Injury through spillage of hot drinks | Moderate – possible scalds or burns | Possible MEDIUM | Ensure table is steady and even where drinks are being served from
Warn people of the hazards
Have someone serving drinks in appropriate cups which will contain the heat
Don’t fill to top of cups
Warn people of the heat.
Don’t serve boiling hot |
Appendix 2: Example Information Sheet for Volunteers

Supporting people with dementia in our garden – information sheet for volunteers

Introduction

We encourage everyone from the community to access our garden, including people with dementia. This document gives an overview of what dementia is, how it affects people and the key principles we should all consider when working with people with dementia in the garden. Many of these principles are the same for supporting other groups in the garden and are useful for everyone to be aware of, whether or not you expect to be working directly with people with dementia.

About Dementia

Dementia is a term that is used to describe a collection of symptoms including memory loss, problems with reasoning and communication skills, and a reduction in a person’s abilities and skills in carrying out daily activities.

Dementia is a progressive condition, the person’s ability to remember, understand, communicate and reason gradually declines. This progression will vary from person to person and each will experience dementia in a different way – people may often have some of the same general symptoms, but the degree to which they affect an individual will vary.

To help you understand more about dementia and how it affects people differently please watch the following short videos:

- What is Dementia? [https://www.youtube.com/watch?v=6q-H1-XwCZA](https://www.youtube.com/watch?v=6q-H1-XwCZA)
- Understanding the impact of Dementia “The Bookcase Analogy” [https://www.youtube.com/watch?v=5SpQxD90lyE#t=33](https://www.youtube.com/watch?v=5SpQxD90lyE#t=33)

If you only remember one thing...

*Remember that dementia affects people in different ways, so don’t make assumptions about a person’s ability / understanding. Be led by them.*

For more information and online training: visit the Social Care Institute for Excellence’s dementia gateway: [http://www.scie.org.uk/dementia/](http://www.scie.org.uk/dementia/) where you will find supportive information and resources, including videos, e-learning material and downloads.

Or access face to face training locally by becoming a dementia friend: [https://www.dementiafriends.org.uk/](https://www.dementiafriends.org.uk/)
Key principles for supporting people with dementia in the garden

1. **Safety first** – some people with dementia may have poor hazard perception. Volunteers can help by giving prompts to avoid hazards or risks and stay safe in the garden. *E.g. be careful with this tool it’s sharp / watch out there’s a step coming up*

2. **It’s the process not the product that counts**: It is better that people with dementia are able to participate in the garden activity than that all the gardening tasks get finished or are completed to a high standard. Participating in purposeful activities in the garden has positive effects on people’s health and wellbeing.

3. **One task at a time**: Some residents may struggle with sequencing tasks. Break the garden activity down into small achievable parts and approach them one at a time. *E.g. dig a hole / fill with compost / squeeze the plant out of its pot / tease the roots out / place the plant in the hole / fill with compost / water in etc.*

4. “Support” don’t “do”: Some people with dementia may take longer to do things than you would. This is ok. Resist the urge to take over and if necessary try different ways of approaching or explaining the task.

5. **Engage and have fun**: Use the activity as a means of engaging the person, sharing experiences and promoting people’s successes in the garden. *E.g. point out what you have achieved in the garden today. Thank people for their contribution.*

5. **Have the resources you need to hand**: make sure you have all the tools and resources you need to do the activity so as not to interrupt the activity once it has begun. This could be part of the activity with participants or for people who have higher support needs you may want to get everything you need ready beforehand.

7. **Grade the activities to people’s abilities** – we want all people with dementia to be able to be involved in gardening activities if they want to, no matter what their physical or mental health conditions are. Where possible choose garden activities that are accessible to people’s abilities so that they are achievable. *E.g*:

   - **easy gardening tasks** include raking, filling up pots with compost, watering, dead heading, harvesting
   - **medium gardening tasks** include seed sowing, bulb planting, sieving compost, cutting back larger plants
   - **hard gardening tasks** include pruning fruit trees, making a compost bin, taking cuttings

8. **If in doubt ask**: A member of the garden team will be around to help if you need it.
Appendix 3: Example publicity

Community gardening for older people, people with dementia and their family members

Wednesday’s
1.30-3.30pm at
Golden Hill
Community
Garden

Relax and
socialise in a
beautiful garden

Join in with fun
and easy
gardening
activities (help
available)

No gardening
experience
necessary

INTERESTED?
Call Dale on: 07581281578
Email: info@growingsupport.co.uk
Drop in:
Golden Hill Community
Garden, end of Monk Rd,
Bishopston, BS78NE
Appendix 4: Example wet weather activity sheet

LEAF LAMINATES

Step 1 – Collect autumn leaves of different colours, shapes and sizes.

Step 2 – Cut two rectangles of clear sticky plastic. Make sure the rectangles are the same size (big enough to fit the leaves in).

Step 3 – Peel the backing off of one rectangle of sticky plastic. Stick the leaves to the plastic.

Step 4 – Stick the other rectangle of sticky plastic over the top of the leaves.

Step 5 – Punch two holes in the top of the laminated leaves and thread a piece of string through the holes. Hang the laminated leaves in the window.
Appendix 5: Example Green Craft Activity

MAKING A CHRISTMAS WREATH USING WILLOW

Step 1 – Take a willow stem. Move your hands up and down the stem to warm it up. This makes it easier to bend

Step 2 - Bend the stem to form a circle and tuck in the ends.

Step 3 - Weave more stems into the circle until happy with the size and shape

Step 4 – Take pieces of foliage and add them to the willow wreath. You can weave them between the willow stems or wrap them around.

Step 5 – Add any other decoration of your choice (ribbon, berries, cones etc)

Step 6 – Tie a piece of ribbon or string to the back of the wreath so it can be hung up.
Appendix 6: Barriers to inclusion and potential solutions identified by community garden and health professionals

Improving inclusion for people with dementia in community gardens event, 10/11/15. Notes from group discussions

1. What are the barriers to inclusion in community gardens for people with dementia?

**ORANGE TABLE:**

- Don’t like gardening, not done it before
- Transport – for either the carer / service user
- Lack of places to go ‘locally’ – will I belong?
- Lack of understanding of benefits by carers
- Lack of confidence joining new things
- Lack of awareness of what’s available and who has capacity and facilities
- Location – is neighbourhood community minded?
- Not part of care package – focus on medical matters
- Want to be part of a gardening group not a ‘dementia group’ – stigma
- Don’t want to join a support group, want to make a contribution

**YELLOW TABLE:**

- Finding out about the groups in the first place – digital exclusion
- Groups not knowing how to include people –
  o what kinds of support?
  o Knowing how to deliver support
  o Not having the skills to support themselves
  o Organisations don’t have support themselves
- Resources / lack of resources – problem with finding volunteers with the skills to support people with dementia
- Barriers to sourcing support for organisations without this organisational support, people with dementia won’t access groups – vicious cycle.
- Staff may not have time / capacity to support service users with exploring their interests in gardening (residential, care setting)
- Primary care staff might not know about voluntary sector groups
  o Poor links between different groups / organisations / sectors
  o Short funding means groups may have finished by the time staff have found out about them – high turnover of projects is a problem
- Lack of opportunities for networking outside of dementia services
- Lack of transport to get to groups
- No carer to support them at groups
- From a risk perspective – organisations are too scared to support people with dementia. Environmental risks in gardens – paths, compost loos, uneven ground
- Dementia affects people in such a varied way – how can you create an environment that allows for inclusion of all people with all their variety of needs, such as delusions and hallucinations?
- Dementia friends training is too limited – does not provide confidence in practical skills
- How much can you expect a volunteer to do?
**BLUE TABLE**

- Appropriate clothing / footwear
- Risk aversion – amongst care providers / carers / people with dementia
- Getting there – transport / having someone to go with
- Motivation of people with dementia to attend activities
- Institutional / cultural barriers of organisations supporting people with dementia
- Fear of unknown
- Weather – if it’s not sunny people won’t go out.
- Lack of self confidence
- Physical characteristics of dementia – altered perception. Hearing loss
- Accessibility and accessible tools
- Duggan study; people with dementia thinking they do go out already – is it right or wrong to correct this?
- Staffing implications in care homes / day centres – if several staff leave to support service users in a garden does this leave enough staff in the home / centre for everyone else?
- Lack of dementia awareness in the community

**GREEN TABLE:**

- Lack of awareness from other people – everything flows from this, e.g. tolerance, stronger support network, willingness and awareness of need to adapt
- Fear – believe in it
- Training needed to know how to support people with dementia
- Overprotectiveness from others – risk awareness
- Lack of tolerance
- Lack of someone to go with
- Vulnerability
- Communication style
- Lack of awareness of changes
- Carer strain and fatigue
- Costs
- Transport
- Accessible venue and toilet facilities
- Cultural background
- Invisibility
- Lack of confidence

2. **What can I do to improve inclusion for people with dementia in my role?**

**ORANGE TABLE:**

- Standards for community gardens
- Self assessment. Give confidence to garden and referrer.
- Online training
- Ongoing evaluation
- Commission more group / peer support work for people with dementia involving gardening – Bristol Aging Better (BAB)
- Promote the benefits of community gardening through BAB
- Access dementia awareness training and incorporate in work

**YELLOW TABLE:**

- Work collectively – we will have more power this way.
- Good communication and information sharing through existing portals, e.g. Wellaware
- Using funding to pay for awareness training and focused training for organisations - This can be for volunteers / Staff etc
  - Workshops on working with people with dementia to ensure greater inclusion
  - This doesn’t have to just be for voluntary sector but could be extended and not so short term
- Signpost people with dementia to dementia navigators. Continue to foster links / alliances – promote navigators and tell them about projects
- Make sure that info is up to date, e.g. use Wellaware correctly! Out of date info means people may easily disengage. Organisations need to maintain that responsibility
- Making information available to potential volunteers – retaining volunteers through supervision, support, training and understanding their motivations
- Social prescribing
- Feeding upwards the need for funding for resources – make our voices heard!

**BLUE TABLE:**

- Take 1 dementia referral and include in an existing group, rather than a dementia specific group – Therapeutic Work in Gardening in Swindon (TWIGS)
- Get TWIG volunteers on a dementia training and identify a dementia lead in the volunteer team
- Raiding awareness of what’s available – Dementia Wellbeing Service
- Who will do the supervision / buddying? Identifying who can support people - Dementia Wellbeing Service
- Engaging GP’s and promoting what’s available, e.g. posters in surgeries
- Promoting the idea of going out in all weathers
- Sending different staff out so that they can see the benefits for themselves – Bristol Community Links South
- Ensure referrals are appropriate – it should always be the person with dementia’s interest / idea, rather than their support workers.
- Using different forms of media – e.g. Growing Support’s videos, to try and convince people with dementia to give it a try

**GREEN TABLE:**

- Safe environment
  - Loops, escape routes
  - Non-toxic materials
  - Dementia friendly: colours, texture, smell, sounds
  - Positively enhanced experience
  - Welcome
  - Feel safe
  - Holistic
  - Special
• Open days:
  o Increase relatives’ confidence
  o Increase community awareness
  o Taster days, take away plants
• Community events, e.g. hands-on in residential complex
• Increasing awareness in community
  o Healthy eating
  o Creative routes, e.g. medical school training
• Intergenerational, e.g. schools, community
• Transport – look at what is available already to maximise effective use