



# The Institute of Child Care Research

**Investigating community gardening as a form of  
rehabilitation for people with alcohol misuse  
problems in Northern Ireland: Findings from a pilot study**

Amelia Seifert  
Claire McCartan  
Dr Mark McCann  
Dr Aisling McLaughlin



## Introduction

The extensive negative impacts of alcohol misuse to the individual and to public health at a national level are extensively documented, and subsequently, reducing alcohol misuse has been identified as a global health priority (Rehm et. al., 2009). Alcohol is linked to increased mortality, to the extent that 7.6 per cent (for males) and 1.4 per cent (for females) of the global burden of disease and injury is linked to alcohol (WHO, 2011a), and the costs associated with alcohol account for approximately 1% of the GDP in all high and middle income countries (Rehm et. al., 2009). Alcohol not only negatively impacts on physical health, but is also linked to a plethora of negative events, for example mental health problems (Regier, et al., 1990) and reduced quality of life (Foster et al., 1998). As well as contributing heavily to reduced life-chances of the individual, alcohol is known to contribute to social problems within communities, such as delinquency (Shoemaker, 2009) and crime (Dingwall, 2006).

In the United Kingdom, over 1 in 20 people (6.4% of males and 1.4% females) have an alcohol use disorder (WHO, 2011b), with 24% of adults considered to be hazardous drinkers by the NHS (NHS, 2009). In the case of Northern Ireland specifically, a recent government cost assessment estimated that alcohol abuse costs the Northern Ireland region £679.8m per year, between health costs, social work, policing, court proceedings, prison costs, fires and wider economic impacts (DHSSPSNI, 2009). A comprehensive review of drinking patterns across the UK (Smith and Foxcroft, 2009) revealed that the problematic use of alcohol in Northern Ireland has more than doubled since the 1980's. This is an anomalous pattern compared to the rest of the UK, where the prevalence of alcohol abuse has remained largely constant. In Northern Ireland, the proportion of men exceeding the recommended weekly allowance increased from 10% to 28% and for women rose from 3% to 11%, making the pattern of change in men and women similar. The group most affected is the 18-24 year old bracket. Catholics appear to drink more on average than Protestants (ibid:87), which with alcoholism's known co-morbidity with deprivation suggests that this group is still suffering from the tail end of a history of economic and cultural discrimination. It is suggested that Northern Ireland's burgeoning alcohol problems over the last three decades may have roots in the cultural shift in the North since the 'troubles' began to settle (ibid), and a new era of liberalism and modernization began, fueled by the 'Celtic tiger' in the South of Ireland. This recent negative trend makes Northern Ireland particularly suitable for studies of alcohol related problems and community attitudes and interventions.

Alcohol misuse is a global problem, having a vast impact on society and public health the world over. Northern Ireland is a country with a rising rate of harmful drinking, a problem

which requires immediate attention. Research investigating cost-effective, efficient positive interventions that address the problem as a social issue as well as a health concern are paramount.

### **The case for biophilia**

Exposure to nature has been widely documented to have a positive impact on mental and physical health. Several authors in the field of environmental psychology argue that contact with the natural world is in fact crucial to mental wellbeing (Keller and Wilson, 1993). The ground for this argument draws on evolutionary psychology – urban environments and sedentary, indoor lifestyles are an exceptionally recent development on the evolutionary time scale. Subsequently, those with fragile mental health will most likely have their problems exacerbated by living in an environment to which humans are not well adapted (Khan and Keller, 2002). ‘Nature experiences’ have been shown to have a positive impact on many facets of mental health, including stress, depression and the behavioural development of children among other things (Hartig, Mang and Evans, 1991). This would suggest that nature experiences would be particularly beneficial to those who struggle to cope with their immediate social environment.

### **Eco-therapy: definitions**

There are several terms in contemporary use to refer to therapeutic activities involving the natural environment. Animal-assisted therapy refers to anything in which an interaction with animals is the locus of therapeutic activity - i.e. horse riding therapy, therapeutic livestock farming, etc. Gardening, walking in nature areas, heritage restoration, fishing, etc. could all be considered eco-therapy in the right circumstances. In their study of community gardening for people with mental ill health, Sempick et al. (2005) coined the term ‘Social and Therapeutic Horticulture’ (STH). This outlined their field of study by specifying that projects included must have both a social and horticultural element, both of which contribute to a therapeutic outcome. For the purposes of this study the term ‘Eco-therapy’ is used as an umbrella term, to include all of the above. The uniting focus of these therapies is engagement with a non-man-made environment in a social setting. Community gardening projects tend to be the most prevalent form of eco-therapy; this is generally because they are most easily managed project type, require little space and material resources, and

provide structured activities which are easily facilitated. However, this remains un-investigated in Northern Ireland.

### **Eco-therapy: background**

Eco-therapy originally was, and to some extent still is, a sub-type of occupational therapy. The first recorded public endorsement of land-based occupational therapy is widely considered to have occurred in Philadelphia in 1798, when Dr Benjamin Rush proclaimed the benefits of 'field labour' on people with mental illnesses (Davis, 1998). This was followed by the widespread use, both in America and the United Kingdom, of park like environments in private mental institutions, many with gardening facilities for the patients. The first book on horticultural therapy was published in America in the 1960s (ibid:8). The general theories behind these interventions were that productive labour was a moral good amplified by the benefits of living away from the unnatural clutter of urban life. In social psychology, there remains a theory that submitting to natural rhythms of growth is beneficial for the upset mind (Foucault, 1967). Following the conception of land-based occupational therapy in the 1960s, eco-therapy projects have been instigated around the world. According to a longitudinal examination by Sempik *et al.* (2005) the number of Social and Therapeutic Horticulture (STH) projects in the UK has been on the rise since the 1980s, peaked in 2002 and have since been flagging somewhat due to the economic downturn.

Many practical studies of the effectiveness of eco-therapy interventions have been carried out amongst people with a wide spectrum of needs, ranging from people with learning disabilities (Bruce, Hill and Mawhinny, 2008), to severe psychiatric disorders (Berget, 2006), the elderly (Milligan, Bingley and Gatrell, 2003) and recovering cancer patients (Simprich, 1993). There is much anecdotal and observational evidence for the utility of Eco-therapy, with over ninety per cent of all studies reporting health improvements across the various evidence grades in a systematic review of eco-therapy conducted recently (Annerstadt and Wharbourg, 2011). An earlier systematic review by Sempik *et al.* (2003) reviewed over 300 studies of eco-therapy for people with mental ill health. Almost all the studies suggested positive outcomes arising directly from participation in the STH projects, including but not limited to increased self-esteem, social and work skill development, literacy and numeracy, general increased sense of well-being, social interaction, development of independence and possible steps to further training or employment.

## **Eco-therapy and alcohol**

There appear to be very few studies focusing specifically on the impact of eco-therapy on people with alcohol misuse problems. People for whom alcohol is co-morbid with other mental health issues represent a larger group (*Regier, et al., 1990*), in which the alcohol abuse element may remain undetected in their diagnosis. However, according to a survey of 836 horticulture projects for vulnerable adults in the UK via the eco-therapy charity 'Thrive,' 8.9 per cent of UK STH projects work with people who have alcohol problems. Eco-therapy evidence for those with alcohol related problems suggest that they experience similar benefits to those with general mental ill health (Chalquist, 2009).

Specific studies are very sparse, but those which exist suggest that eco-therapy can contribute to the rehabilitation of alcohol abusers. A controlled trial of gardening in a prison in California, working with inmates with a history of substance abuse demonstrated a reduction in hostility, risk-taking, substance abuse and depression at release (Rice and Remy, 1998). Ethnographic data from a large residential care farm for substance abusers in Australia also suggests that nature contact had 'positively transformed the personalities' (de la Motte, 2009) of abusers, facilitating their recovery. Data from the prison study (Rice and Remy, 1998) suggest that inmates who engaged in eco-therapy returned to their baseline upon leaving the program, albeit more slowly than the control group. This mirrors the general rehabilitation findings: long term engagement with eco-therapy projects seem to provide the best results.

## **Positive community rehabilitation**

Negative behaviour patterns and poor mental health, the former a symptom and the latter a cause of alcohol abuse, are often correlated with poor quality of life (Foster et al., 1998). Eco-therapy, which is almost always based in an integrative community setting, is an example of a positive, community based intervention. The exceptionally high value and utilitarian adaptiveness of positive interventions have been demonstrated by the recent detailing of the 'Good Life Model' (GLM) of community rehabilitation. The GLM model is based on the presumption that people desire basic 'goods'; psychological states that are fundamental to well being, such as connectedness with others, productivity, mastery experiences, and mental clarity. 'Good Life' based interventions assist people in pursuing these 'goods' and thereby improving their quality of life, which subsequently reduces recidivism (Marlatt, 2005.) Eco-therapy appears to offer a myriad of opportunities to develop such goods, and the change mechanisms may be best integrated through such a model.

At present, mechanisms of change remain largely uninvestigated in the case of eco-therapy as an alcohol intervention. Systematic reviews (Sempik et al., 2003; Annerstadt and Wharbourg., 2011) reported a severe shortage of substantive quantitative research. This is due largely to the nature of eco-therapy interventions – they are small scale, with voluntary attendance, fluctuating use patterns and rarely use quantitative outcome measures. The GLM and ‘goal attainment scaling’ type measures (Sempik, 2011) may be very useful for quantitatively testing this kind of intervention. This research aims to investigate whether a trial of the GLM and related outcome measures would be feasible, and further develop a theoretical framework.

## **Aims and objectives**

Following the observation of a gap in research in the dual areas of eco-therapy and alternative alcohol interventions in Northern Ireland, this research set out to explore the scope of eco-therapy services in Northern Ireland, with the aim of assessing the potential for an extended research project testing the effectiveness of eco-therapy for people with alcohol related problems. As eco-therapy is a relatively new concept, it was expected that there are many services in their infancy, or who do not consider what they do as 'therapy'. Therefore, interviews with service providers included individuals and organisations intending on starting an eco-therapy service, in order to gather qualitative data about current and future projects.

With this in mind the aim of the project was to: Investigate existing provisions of eco-therapy opportunities in Northern Ireland with particular recourse to interventions whose service users include people with current or historical alcohol problems.

The objectives of this project were as follows:

- 1 Establish relationships with service providers;
- 2 create a database of relevant existing provisions in Northern Ireland;
- 3 conduct interviews to collect data from project providers and service users relating to the projected participation in programmes, rate of successful outcome, programme structure and practices;
- 4 conduct interviews and engage in participant observation research with service users in order to collect biographical data, establish aetiology of program involvement and experience of the programmes;
- 5 assess quantitative and qualitative data gathered in pilot study in order to determine characteristics of projects suitable for further study; and
- 6 Construct an outline for further research.

## **Methods**

### **Eligibility and identifying projects**

In order to gauge the number and type of active horticultural groups in Northern Ireland, they first had to be located and contacted. During the initial phase of establishing contacts it became evident that it may be difficult to identify horticultural projects which worked with service users specifically to help with alcohol problems. Initial conversations between a member of the research team (AS) and service providers indicated that people with current or past alcohol problems are often those who suffer from mental ill health, and the latter is more often the reason for their engagement with gardening projects. Due to the invisibility of service users with alcohol problems, and the known co-morbidity with mental health, the search criteria for therapeutic projects was expanded to encompass any groups who included service users with mental health issues. Furthermore, within the snowball contact search methodology, the search criteria was expanded slightly to include services that were not horticultural, but fit well under the rubric of eco-therapy, such as equine assisted therapy and conservation volunteering. The rationale for this decision was to ensure that potentially relevant services were documented for possible future study and knowledge dissemination resulting from this exploratory study.

### **Ethics**

The study was undertaken within the University's research governance framework and ethical approval was sought from the QUB School of Sociology, Social Policy and Social Works Research Ethics Committee (REC). The REC reviewed the study selection procedures, consent arrangements, participant information sheets, interview topic guide, confidentiality arrangements, fieldwork protocols (interviewer safety, disclosure of serious incidents, respondent distress), data handling and storage and security, ensuring that the study met acceptable ethical standards. Protocols were also developed to ensure the safety of the researcher and participants (e.g. if risk was identified). For this pilot study, ORECNI (Office for Research Ethics Committees Northern Ireland) approval was not sought due to time constraints, hence only non Health & Social Care sourced service users were invited for interview. Interview participants were all required to read and sign the consent form. Participants with learning disabilities were able to request that the consent form was read aloud to them by the interviewer and several participants took up this offer. A copy of the questionnaire sent to project leaders (or administered via telephone/in person) can be found in Appendix A.



## Contact logistics

Given that many projects did not invest heavily in marketing or publicising their services, snowball sampling was adopted, which allowed for a more fruitful exploration of the many limited but occasionally interconnected networks or organisations involved in land based activities with a potentially therapeutic element.

A list of known eco-therapy projects was provided by Thrive who despite not publically listing Northern Irish projects had a database back-dated to 2003, which listed 12 projects. Contact was made via email with ten researchers active in social and therapeutic horticulture and related disciplines in Northern Ireland, Great Britain and the Republic of Ireland, who signposted the researchers to relevant organisations. These leads, the Thrive database, internet searches, and leads from organisations with whom the research team was already in contact with provided the starting point from which to commence snowball sampling. Organisations were contacted via phone and email and if eligible were invited to participate in the interview phase of the study.

**Table 1: Numbers of projects contacted, refused and interviewed**

Degree of contact	Frequency (% of total)
No contact made	4 (9)
Refused	3 (6)
Contact successfully made	39 (85)
via phone or email	
<i>Questionnaire completed</i>	23 (50)*
<i>Interviewed</i>	15 (32)
<i>Field visit</i>	11 (23)
<b>Total</b>	<b>46</b>
No contact or project info.	10
Not in NI/Defunct	6
Not eco-therapy	6
Non-project Organisations	10
Non-project Individuals	11
<b>Total excluded from study</b>	<b>43</b>

\*- Represents 59% of the 39 surveys administered

In total, 89 projects, organisations and individuals were identified. It was not possible to establish any contact with 10, nor to confirm whether or not they operated gardening services; a further six were involved in similar activities but did not fit the criteria for inclusion in the database (for example due to being located in the Republic of Ireland, or being defunct); six were found not to have any involvement with land-based activities on closer investigation, 10 were charities or statutory bodies who were consulted for information, and 11 were academics, politicians and other individuals interested in land-based therapeutic activities in various contexts, but were not service providers themselves. This left a total of 46 projects for inclusion in the study. Of the 46 service providers eligible for inclusion in the research, 4 proved impossible to establish contact with, and a further 3 declined to be involved with the study beyond basic listings. Representatives of 15 projects consented to be interviewed by the researchers in person, and 11 field visits were made.

### **The database**

The database contains 46 entries. The degree of completeness of the information for each entry varies depending on the level of contact established. In total, 39 pro-forma questionnaires were administered, by post or email, of which 23 were returned or administered verbally by phone or during field visits (see below), giving a response rate of 58 percent. The remaining entries were completed using information sourced from organisations' websites, for example. The database, intended as a reference tool for future research, includes organisations who offer nature-based activities other than gardening, including equine assisted therapy, and care farming.

### **Interview participants**

In total, 10 project co-ordinators, two gardening supervisors, two auxiliary staff, two independent facilitators and six participants agreed to participate and were interviewed, representing 11 projects. These 11 projects included the only three services exclusively for people with addictions, plus a sample of other types of service providers at various stages of project development. The rationale for sample selection was that the projects must be open to working with people with alcohol problems and willing to participate in the research.

## **Data Collection**

Following initial contact by phone or email, all relevant service providers were invited to take part in face to face interviews. Following the completion of the consent procedure, interviews were conducted at a private location requested by the interviewee, usually on site at the garden or in the organisations' offices, but in one case in a cafe. For two of the interviews, two project co-ordinators were interviewed at once, at their request. Subsequently, there were 16 interviews carried out during 11 field visits. The interviews were semi-structured, providing participants with the scope to steer the conversation, following the templates set out in Appendix B. Permission was requested to record interviews and if granted, interviews were recorded using a digital voice recorder.

Interviews with facilitators covered areas including project genesis, personal background, details of types of groups facilitated, details of how projects were instigated, managed and perpetuated, general ethos, funding, users routes to projects, observations on the utility of the programmes, visions and immediate plans for the future, the state of the service at present and willingness/ability to collaborate in future research. Interviews with project co-ordinators and centre staff covered areas including project genesis, personal background, details of types of groups worked with, details of the relationship of the gardening aspect of the service to the wider organization, if relevant, details of how activities are managed and perpetuated, how service users are taught, general ethos, funding, service users routes to projects, visions, observations on the utility of the programmes and immediate plans for the future, the state of the service at present and willingness/ability to collaborate in future research. Questionnaire information was collected verbally if the projects had not already returned a survey. Interviews with service users covered areas including routes to project, personal background, motivations for and levels of engagement with activities on offer, future plans and experience based observations regarding the utility of the projects to their needs.

## **Data Analysis**

All interviews were transcribed verbatim and field notes word processed. The data was managed using NVivo 9 (Version 9.2, 2010) and analysed by applying a content (thematic) analysis framework. Each member of the team read the transcripts independently at first, using the research questions to guide initial readings of the data and selecting preliminary

themes and sub-themes. This was followed by a team discussion to verify the proposed list of themes which emerged and to explore alternative explanations. The data was scrutinised, condensed and simplified, a process described by Miles and Huberman (1984) as 'data reduction.' All analytic procedures (data reduction, coding of themes, memo making, data reconstruction, development of categories, findings, conclusions, connections to existing literature, integration of concepts) were clearly documented and were open to critical evaluation by all researchers within the team. The following section presents data about the projects, and preliminary themes emerging from interviews.

### **Results 1 : Existing projects in Northern Ireland**

Table 2 shows the number of projects by the type of service they offer. Gardening facilities most often comprised part of a day centre (33%) or were community gardens (31%); however there were six medical facilities with gardens (15%) and five care farms (13%). The snowballing technique also uncovered three equine assisted therapy projects (n=8) that while being land-based were not horticultural directly.

**Table 2: Number of gardening projects by type**

<b>Types of Projects</b>	<b>Total (%)</b>
Medical / Rehabilitation centre	6 (15)
Day centre	13 (33)
Community Gardens	12 (31)
Care Farm	5 (13)
Equine Assisted Therapy	3 (8)
<b>Total</b>	<b>39</b>

Table 3 shows some characteristics of the projects. Around one third of the projects (n=11) were affiliated with a religious organisation. One quarter of the projects (n=9) agreed to facilitate others in operating a garden. Of the projects that responded to the survey, about half (n=12) had been operating less than three years, while three had been operating longer than 20 years. Projects were most often funded by Health and Social Services, charitable organisations, local councils or government funds.

The majority of projects operated on small plots of land, however some projects (notably the care farms) operated on a larger scale. From the projects that responded, the majority had less than 15 service users per week. While 20 per cent of projects said they had equal numbers of men and women attending, 66 per cent were predominantly male.

**Table 3: Project Characteristics**

	Total (%)	% of valid responses
<b>Religious affiliation</b>		
No	28 (72)	
Yes	11 (28)	
<i>Catholic</i>	2 (5)	
<i>Protestant</i>	6 (15)	
<i>Other</i>	3 (8)	
<b>Facilitation offered</b>		
No	25 (64)	76
Yes	9 (23)	26
No response	5 (13)	~~~
<b>Age of project</b>		
Less than 1 year	4 (10)	18
1 to 3 years	8 (21)	36
4-9	3 (8)	14
10-20	4 (10)	18
>20	3 (8)	14
No answer	17 (44)	~~~
<b>Funding sources*</b>		
City Council	6	15
Health and Social Services	11	28
Charitable sources	10	26
For profit	3	8
Social Enterprise Grant	4	10
Member donations	3	8
NIHE	3	8
Domiciliary Care allowance	1	3
EU	2	5
DARD	2	5

\*- Multiple choice, percentages do not sum to 100

There was large variation in the number of service users per year, with some projects having fewer than ten while others had over 100. There was a mean of 50 service users per year for the 20 projects that provided this information, an overall total of around 1,055 service users per year. The mean number of service users by project type was for Medical Centres (n=53), Day Centres (n=16), Community Gardens (n=157), Care Farms (n=44), and Equine Based

Projects (n=44). Excluding the two large projects with more than 100 service users per year, the average for Medical Centres would be n=34, and for Care Farms n=60.

**Table 4: Project Characteristics (2)**

	Total	% of valid responses
<b>Size of project (acres)</b>		
<1	8 (21)	40
1-3	3 (8)	15
4-10	2 (5)	10
10-50	3 (8)	15
50-100	1 (3)	5
>100	3 (8)	15
No answer	19 (49)	
<b>Service users per week</b>		
<15	13 (33)	62
15-30	5 (13)	24
>30	3 (8)	14
No answer	18 (46)	
<b>Service users per year</b>		
<10	2 (5)	10
10-25	8 (21)	40
25-50	3 (8)	15
50-100	5 (13)	25
>100	2 (5)	10
No answer	19 (49)	
<b>Gender Balance</b>		
Men only	2 (5)	9
More men	13 (33)	57
Even split	4 (10)	17
More women	2 (5)	9
Women Only	1 (3)	4
No answer	16 (41)	

Based on an average of 33 service users per year (calculated excluding the two projects with over 100 service users per year), and assuming the projects that didn't respond to the survey were comparable; one would expect there to be around 1,287 service users per year involved in 39 gardening projects – including the larger projects this estimate would be around 1,600.

Table 5 shows the characteristics of service users that projects stated they currently worked with.<sup>1</sup> Most commonly, projects worked with service users with drug and alcohol problems, criminal histories, or learning disabilities. It was also common to work with those on a low income, the unemployed and the homeless, and those with challenging behaviour.

**Table 5: Service user group characteristics**

Service user Group	Total
Accident/illness recovery	2
Ethnic Minorities	3
Challenging behaviour	10
Over 65s	6
Hearing impaired	6
Homeless/vulnerably housed	6
Low income	13
Multiple disabilities	8
Refugees/asylum seekers	3
Mental health needs	3
Alcohol abusers	18
Drug abusers	18
Ex-offenders	12
Hospice	2
Blind/partially sighted	4
Learning disabled	21
Major illness	4
Unemployed	10
Physical disabilities	8
Young people	1
Victims of abuse	6

Of the projects that responded to the survey, around one third had no full time staff members, while a third had 1 or 2, and a further third had 3 or more full time staff (see Table 6). Half of the projects that responded had three or more volunteers, with some having up to eighty volunteers. Half of the projects had paid and voluntary staff (n=14) while 13 per cent worked using volunteers only (n=4). About half of the projects that responded had staff with a background in social work or horticulture, while five had staff with counselling experience. About half of the projects that responded grew crops or ornamental plants as an activity, other common activities were landscaping and restoration, eleven projects offered other non-gardening activities, including forestry, woodwork, equine therapy and crafts activities.

<sup>1</sup> Based on the user group categories used on the 2003 thrive database of services in Northern Ireland

Almost half of the projects (n=10) that responded expect service users to work four or more days per week. Around a third stated service users only attended once a week (n=8). Eight projects said service users would work over 6 hours per day (40%), a further eight between three and five hours, while four (20%) said service users only worked for a couple of hours.

**Table 6: Staff and service characteristics**

	Total	% of valid responses
<b>Number of Staff Members</b>		
<b>Full time</b>		
None	7 (18)	30
1 or 2	8 (21)	35
Three or more	8 (21)	35
No answer	16 (41)	
<b>Part time</b>		
None	16 (41)	66
1 or 2	4 (10)	17
Three or more	4 (10)	17
No answer	15 (38)	
<b>Voluntary</b>		
None	7 (18)	35
1 or 2	3 (8)	15
3 to 5	7 (18)	35
6 to 80	3 (8)	15
No answer	19 (49)	
<b>Types of staffing</b>		
Mixed paid and voluntary	14 (36)	47
Paid staff	12 (31)	40
Entirely voluntary	4 (10)	13
No answer	9 (23)	
<b>Staff Qualifications*</b>		
Horticultural	13	33
Social work	11	28
Counselling	5	13
<b>Activities offered*</b>		
Food crop growing	23	59
Ornamental Plants	20	51
Restoration projects	9	23
Landscaping	13	33
Other non-gardening	11	28

\*- Multiple choice, percentages do not sum to 100

The majority of projects operated all year round. There were eight projects (21%) that required a referral from a Health & Social Care worker for the service users to participate in the project, while the others did not. Five of the projects did not have any service users



directed to them from HSC workers. Apart from HSC referrals, service users found out about the projects from advertising, charities, word of mouth, or probation services.

**Table 7: Service user characteristics**

	<b>Total</b>	<b>% of valid responses</b>
<b>Service users attend</b>		
1 day per week	8 (21)	36
2-3 days p/w	4 (10)	18
>4 days p/w	10 (26)	45
No Answer	17 (44)	
<b>Hours attended per session/day</b>		
1 to 2	4 (10)	(20)
3 to 5	8 (21)	(40)
6 to 8	8 (21)	(40)
No answer	19 (49)	
<b>Project services operate</b>		
Less than 10 months / year	4 (10)	17
10 to 12 months / year	20 (51)	83
No answer	15 (38)	
<b>Health/Social care referrals</b>		
Must be referred	8 (21)	36
Referral or self-referral	9 (23)	41
Self-referral	5 (13)	23
No answer	17 (44)	
<b>Routes to project*</b>		
Advertising/media exposure, etc.	7	18
Word of mouth	11	28
Signposted by voluntary organization/charity	4	10
Service users from project blanket organization	5	13
Social work referrals	6	15
Mental health Referrals	1	3
Probation referrals	1	3
Education board referral	3	9
Community disability nurse	1	3

\*- Multiple choice, percentages do not sum to 100

We had earlier estimated there to be around 700 service users per year as potential participants for a larger study. Table 8 shows the number of new service users per year across the studies. According to the survey responses, around 20 per cent of the service users in a project in any given year are new service users.

Around half of the projects do not collect any information about service users' progress, while the other half collects information for their own records or on behalf of other organisations, such as health professionals. This information could potentially be used in an anonymised form for secondary data analysis.

**Table 8: Future research considerations**

	<b>Total</b>	<b>% of valid responses</b>
<b>New service users per year</b>		
<1	3 (8)	20
1-3	3 (8)	20
4-9	4 (10)	27
10-20	1 (3)	7
>20	4 (10)	27
No answer	24 (62)	
<b>Assessing service user's outcomes</b>		
None	9 (23)	50
Informal verbal	1 (3)	6
In-house	5 (13)	28
On behalf of other organisations/researchers	3 (8)	17
No answer	21 (54)	
<b>Capacity</b>		
Full	4 (10)	16
Limited spaces	5 (13)	20
Spaces	16 (41)	64
No answer	14 (36)	
<b>Expansion of service likely</b>		
Yes	11 (28)	55
Limited	2 (5)	10
No	7 (18)	35
No answer	19 (49)	
<b>Interested in future research</b>		
No	11 (28)	46
Yes	13 (33)	54
No answer	15 (38)	
<b>Future of the project</b>		
Uncertain/reduce service	2 (5)	9
Continue as is	6 (15)	27
Expand service	14 (36)	64
No answer	17 (44)	

Around two thirds of the responding projects said that they had ample capacity to take on more service users, which suggests there may be a few problems in allocating service users

to an existing project if a trial study was possible. Almost half of the projects that responded said they would not be interested in participating in a larger trial study. There were 13 projects interested in taking on new service users as part of a study, provided there was some degree of funding to support the new service users. Only two of the projects stated that they were at risk of going out of business or reducing their service.

## **Results 2: Qualitative findings**

The section reports some of the findings from the interviews with the facilitators, project staff and service users. Given the small number of interviews, these themes are not complete, however they will guide the formation of further interview schedules for a larger project.

### **Original motives and project initiation**

#### *Inspired by research*

Some of the staff members at the longer established projects talked about learning from other professionals in England about their experience of using outdoor activities as part of a therapeutic approach, and their subsequent attempts to use similar approaches.

'but it was when I went to a conference ..... and one of the workshop seminars that I went to I saw this one on em, I'm not sure it was called eco-therapy at the time.....The thing that struck me was his research demonstrated, that showed that the people who engaged in this particular aspect, erm, from all the people who had been through that Phoenix house, there was a 30% greater chance of recovery if they had engaged in the dry stone walling project, then if they hadn't.'

*(Staff, Rehab Centre)*

#### *Innate passion for the project*

*'The main reason is just we love the outdoors and we want to improve the environment'*

(Facilitator). Some facilitators' primary interest lies in nature and outdoor pursuits. This led them to begin working with community and health groups to develop eco-therapy projects. Some staff had been brought up surrounded by nature and this interest continued through to their current work. There was an over-arching desire to begin successful eco-therapy projects.

'This farm came for sale and they had no money to buy it but they went ahead and did it anyway because he felt it for the right reason and in fairness people stepped forward and put up the money initially'

*(Staff, Rehab Centre)*

### *Impetus from the community*

For some of the later projects, there was a clear wish from community and charitable groups to begin providing eco-projects. Facilitators mentioned that there were often community meetings where the idea of setting up a community garden was mentioned, or charities working with homeless people would contact groups that organised corporate 'team building' events based around crafts and outdoor work.

### *Momentum and commitment*

Several of the project workers mentioned how once the projects were up and running, they picked up speed and began operating more effectively than initially anticipated. The commitment and interest of people working with the projects was a positive indication of the ability to continue with projects.

X1: and I think they thought we would kinda start, and peter out (chuckles) But by the end of the first year we had kinda

X2: was it 200 metres?

X1:200 metres of wall

**ASI:mm...**

X1:that the guys had done. And so they were quite surprised by the commitment  
(Staff, Rehab Centre)

'When their funding came to an end, we went here, you know what, we've enough interest we could run this on our own, so we set up on our own'

(Staff, Community Garden)

### **Background of service users**

The projects provided services for users from a very broad range of backgrounds. Services which targeted specific service user types, such as rehab centres or vocational centres for those with learning disabilities had a specific remit, but often accepted service users who qualified in other categories. For instance, all of the rehab centres were willing to accept service users who were homeless, and service users of mental health day centres often also suffered with alcohol problems.

In the specific case of community gardening, service users attended commonly purely as 'participants' or 'volunteers', who, while it is recognized that they were there for the good of their mental or physical health, and did not self-identify as therapeutic users. Similarly, outside of the rehab context, service staff tended not to identify their service users as people with certain diagnoses, but rather maintained an egalitarian, inclusive approach, often with a view to working with the stigma of mental illness, as a community garden leader explains:

'It's all about, you can have a label if it's useful to you, but in the end, don't use your label if you don't want it. We all help each other, we're all on our mental health continuum, we're all equal inside of that...'

*(Staff, Community Garden)*

Because of this reluctance to separate users into diagnostic groups, inclusiveness and mixed groups were common within the community gardening scenarios. Providers such as the above reiterated the benefits of heterogeneous groups, and expounded on the rationale of supportive inclusivity which was shared by other providers interviewed:

'We try, our aim is not to specify too much, let's say we're a centre for people with depression or anxiety, um, purely because you lose, you, everybody's different anyway, but it's good to mix a whole load of people together, to have everyone's different experience also, part of the ethos of what we do is enabling each other, and supporting each other'

*(Staff, Community Garden)*

The service user groups in general were specific to the project types: care farms, day centres and vocational training facilities worked almost exclusively with people with learning disabilities; rehab centres worked with addicts, gardens and; facilitators worked with any group who was interested, though with a focus on those from difficult backgrounds.

### **Restrictions to participation**

Many projects had a primary service user group type. When responding to the questionnaire 'users' section, many providers ticked only one group, though it was an open option list, and they were instructed to tick every group they worked with. Upon further investigation by phone, it was confirmed that this was not because they would not work with other groups

(ethnic minorities, mental health, etc.) but that service users first had to qualify under their service user type mandate. However, once service users qualified, projects were in general very open to secondary issues. However, several learning disability service providers were not open to mental health patients or addicts on the grounds that they were not qualified to work with such service users. Service users of rehab services were initially required to go through medical detox elsewhere. Some projects felt they would work with most people “*unless, their clearly not able to fully participate in a safe way*” (Staff, Community Garden), particularly people with severe mental health problems, citing the need for a ratio higher than 1:1 support to participant staffing as impossible to provide with limited personnel and funds:

‘...anybody who needs 2:1 support or 1:1 support, um which can’t bring a carer or support worker with them, then we have to exclude them in so much as we wouldn’t feel it was safe for them to come and be involved, it wouldn’t be fair on them, or any of the other member...’

(Staff, Community Garden)

The other group largely excluded from many eco-therapy provisions is young people under eighteen. Many projects exclude under 18s, either because they provide adult care or training facilities or it was impractical for all staff and volunteers to undergo police checks to ensure the security of the young people. However, several gardens permitted young people provided they were accompanied by a responsible adult, and a small number ran programmes specifically for young people.

## **Client types**

### *Mental ill-health*

The most prevalent service user group was those with mental health problems, ranging from severe post-traumatic stress disorder to mild depression. Conditions worked with, included, but were not limited to brain injury, dementia, depression, anxiety, agoraphobia and ADHD/ADD. Mental health problems were very frequently noted by providers to be a dominant factor in the lives of people from other primary groups, and there was some debate as to whether mental ill health was a cause or symptom of other problems.

### *Mental Health Co-morbidity*

Links to mental ill health were made particularly frequently when service users with alcohol misuse problems were discussed by providers, *'Looking at is it, is it a drug and alcohol abuse, or is it deeper, is it a mental health problem'* (Leader, Community Garden)

'People will often come to us, when they've kind of got to a space where there dealing with the alcohol problem, and it's really hard, it's hard to know whichever came first in their life, I mean, the whole things so linked together. Um, we do have people who just basically have come here and they have a maintenance level of ten cans a night, and that's what they do. We talk to them, and they don't sound like they feel they have got a mental health concern of any kind, it's just that they've always done this, and they were having problems sleeping, so they had to drink ten cans a night'

(Leader, Community Garden)

### **The homeless and vulnerably housed**

Service users who had been homeless were the focus of one, and present in several community gardens and rehab programmes. Homelessness was another characteristic which was closely associated with mental ill health and addiction:

'em, look at, a lot of it is drug and alcohol abuse still, even though they've had a period away from the hostel, it's just, a way of life for them, and their friends and their peers all tend to have that problem as well, so they've kind linked in, the whole homeless circuit would have drug and alcohol abuse problems as well'

(Leader, Community Garden)

Gardening groups provided a point of contact for ex-homeless people who had moved into sheltered housing or back into mainstream housing. Marriage breakdown was a factor with several of the informants interviewed, both as a cause of homelessness and a result of substance abuse. Gardening facilities were a feature in several sheltered housing complexes.

## Addicts

The service users in the rehab centres were generally substance abusers, primarily alcohol, but all the centres studied accepted narcotics users and compulsive gamblers as well:

‘The whole culture in Belfast if you’re to have a hobby normally it involves drink, everything revolves around alcohol, most people’s hobbies do, even if there playing in a band, it’s still alcohol’

*(Leader, Community Garden)*

This observation is very much in keeping with the widespread acceptance and often even promotion of alcohol abuse in UK society. Many project leaders recognized the presence of service users with an untreated or undiagnosed alcohol problem within community groups, as well as in the more formal services. People with alcohol problems were the most widely represented group of substance abusers across all the projects. Project leaders in community gardens faced the problem of a lack of access to information about their service users background, so observational diagnoses was their only available tool:

‘Yes, just that we were aware of – anywhere we have worked in, the information has not been available to us as to who we were working with, but we knew from observation that most of the boys at Suffolk would abuse alcohol – to what level we don’t know but one of them definitely would have drank a lot and it was really clear to us from observation’

*(Facilitator)*

As in the case of mental health, many groups will work with alcohol users, but not exclusively, as exclusion is one of the things these community gardens are specifically working against:

‘I think, that that’s part of our group, but I don’t think we’d solely work with that group, because we would have mental health problems, people with drug and alcohol problems, we would have learning difficulty problems, sometimes we’d have all 3. Emmm....no, because I think it would exclude, just to say its drug and alcohol...em....

*(Leader, Community Garden)*



However, when questioned, almost all groups were open to working with substance misusers, though often on the grounds that they were clean or sober at the time. In fact, several group leaders and participants felt that their projects were especially well positioned to offer an inclusive service to substance misusers, based on the staff members' background with various difficult groups, and the project participants' general attitude.

'Oh yeah were more than happy to work with, because we have the experience, and we're trained up to a certain level within our own jobs, that um..not...to include them's great'

*(Leader – Community Garden)*

## **Learning Disability**

Demographically, the most widely represented service user group was the learning disabled, with 21 of the 47 surveyed projects working with this group, over half a dozen of those exclusively. No projects mentioned excluding people with learning disabilities, while several large care farms, day centres and vocational programmes provided services specifically for the learning disabled.

## **Young People**

Young people under the age of 18 were generally excluded from rehabilitation centres, wards, day care establishments, vocational programmes and some community gardens. In a few cases children were welcomed provided they had responsible adults with them. However, several care farms, community gardens and equine assisted therapy programmes worked specifically with young people. One care farm which plans to start a residential centre in 2012 hoping to focus particularly on young people in trouble with the criminal justice system. The project instigator tells of his previous work:

'We done some pilot work with the Youth Justice Agency, there was no payment for that at all apart from they provided the insurance - but we had a number of people came here over 18 months to serve out their community service orders... Whenever they got going with it, it's something that they enjoyed and certainly all of them successfully served their community service orders here'

*(Staff, Care Farm)*

Groups such as YMCA afterschool services and similar sometimes made use of gardening or farming projects. One large care farm is tied directly to two schools, one for disabled children and a regular private school. However, most projects generally focused on young people from disadvantaged backgrounds, as they generally spoke of the high need amongst young people in Northern Ireland. This Equine Assisted Therapy leader explains her rationale:

'We specifically aim at disadvantaged young people because there is such a high level in this area of children that are coming from a background in perhaps the troubles, let's put it like that and the resulting issues from that which would be a lot of drug problems, alcohol problems, depression, and coming from, not necessarily that the children are presenting with that but they're coming with it from family backgrounds, that would be difficult.

*(Staff, Equine Assisted Therapy)*

## **Struggling Communities**

Many of the community projects and facilitators focused on people from disadvantaged areas. Speaking of a project in an urban area which she helped set up two food producing community gardens in two neighbouring housing estates, troubled area, a facilitator says, *'you see that's the thing about (Protestant) estate A/ (Catholic) estate B- they are unemployed and they don't really have the greatest background.'*

Projects variously targeted the unemployed, unwell, vulnerably housed and even those who were socially isolated because they lived alone. A leader of a community garden notes, *'They're mostly people who live on their own that come to the gardening group...it's socialization'*. Within Northern Ireland, any project which offers services to marginalized communities must tackle the uniquely Northern Irish community context, and recognize how this affects their service users:

'It's really hard, it's difficult in Northern Ireland because there's a lot of very insular communities out there...'

*(Staff, Community Garden)*

Several of the projects have a specifically cross-community mandate, and set out to bring service users who struggle with a history of inter-community strife together.

## Demographics

### Age

Service users ranged in age from children to dementia patients. In general, projects did not discriminate by age, except in some case to ensure that all participants were over 18 for legal reasons.

'The age ranges from 18 to whatever, we had somebody here at almost 80 years of age at one time, we don't discriminate on any grounds of age, as long as they're over 18 because obviously of child protection issues, other than that age, sex, race, orientation, religion, where they're from, it doesn't matter to us, if they need help with an addiction then this is the place for it.'

*(Staff, Rehab Centre)*

This illustrates many projects' stance on the age of participants. In general, accommodations such as chairs, adapted tools, etc. were in place to facilitate the fullest possible engagement with older people.

### Gender

The majority of services, over 60 per cent of those surveyed, had a dominantly male demographic. Two rehab centres catered exclusively to men, and two community gardens were only used by boys and men, though not intentionally –as this facilitator of a cross community working garden explains, '*Once we started work it was more the younger guys who seemed to come forward.*' Mixed gender projects tended to be at least 50/50, or leaning towards male dominance, as one community gardening leader explains:

'X: We've a balance. For a group, we have high numbers of men, men don't normally have that, but I think it's because it's a gardening group...and it's not a group you come to because you think you have a problem are your getting fixed. It's seen more as something that you're choosing to do, or something that you're wanting to learn about, but numbers for men have been high, and the regular people who come along, the core group are men.'

**AS:are there more men than women?**

X:I think so, yeah. Definitely...'

Land based activity options within wider services tended to be favoured by male service users than female, with only 14 per cent of projects reporting that they had more women than men taking part and only one project identified in this research was women only. This is a particularly interesting demographic trend and would warrant further investigation in a larger project.

### *Race, Religion, Ethnicity and Class*

The majority of service users involved in the interviews were white, British or Irish and were perceived by staff as working class. Projects were technically open to all races and ethnicities, but ethnic minorities were severely under-represented based on cursory investigations. The sectarian divide was somewhat evident, though unstated in a few projects, such as those based in informally segregated areas or affiliated with religious charities. Several centres required that service users engage in in-depth religious instruction while under-going rehabilitation treatment. Several community groups were affiliated with churches, but service users were not required to be involved with the religious aspect of the wider organisations.

Many of the gardens were in deprived areas, and even amongst rural projects, service users from troubled areas with high rates of poverty were very prevalent and often were specifically targeted. Service users tended to have background in unemployment and deprivation.

### *Groups*

Groups participating in eco-therapy tended to come from community organisations, or special support groups, such as young carers projects. Occasionally, groups such as Business in the Community would come to projects seeking volunteering work for their community days. Others groups who made use of projects or facilitators included community groups, YMCA groups, team building days, young people excluded from school, etc. Groups tended to engage for shorter periods than individuals, usually as part of a course. Groups generally came to projects with their own funding.

### **Service users Routes to Projects**

Generally speaking, most service users come to eco-therapy projects through a larger organization which provides land based activities as part of its program. Day centres, rehab facilities, and community groups for instance, recruited service users to the wider group. Once a participant in the group, or service user of the facility, people could then opt into gardening or similar activities. In almost all cases these activities were voluntary, with service users choosing to participate or not, although several rehab centres included eco-therapy activities as part of their 'therapeutic duties' which service users were obliged to take part in. Eco-therapy only projects, such as equine assisted therapy programmes and

community gardens were entirely voluntary, with service users generally seeking out the service.

### *Social Services*

The social services, including community addiction teams, education boards social and support workers individually, Health boards and charities have close ties to many service providers, most often due to the efforts of service providers who sought out and established relationships with various social services, like the facilitator and community garden leader, below:

'Well we've, we spent quite a lot of time 2009 and on, we go to community of interest meetings, so there meeting for people from , who are all providing services in the health services, meet together, so we would go to those meetings, and we would let people know what we're doing, we'd let other agencies like PRAXIS and AMH, we've meet up with them, we've talked to their workers about what we do, shown them round, basically we've made that connection, so basically these agencies know what we are, and what we do, and can offer that to their clients.'

*(Facilitator)*

In the cases of rehab centres and most day or vocational centres, service users had to have been referred by social or health services. However it was more common across the sample for social services to help to signpost people to community eco-therapy, more frequently then refereeing them directly. This community garden leader gives one example:

'... also social services have been sending me, um, not an, in any sorta, set up formally...what I have, had said to them, was look, if your guys are struggling socially and want to come out to a few outings, I could certainly meet with yah, so I, that has happened twice, where south, social workers in south Belfast and east Belfast have both contacted me...'

*(Staff, Community Garden)*

### *Health Services*

The study identified one psychiatric institution which had a garden as part of its occupational therapy facilities. A rehabilitation centre on the Southern side of a border area received referrals from health insurance companies and health services. A start up project also plans to provide specific occupational health services. Aside from this, health services again acted only to support service users or signpost them to services. The under-representation of health service links to eco-therapy projects highlights the need for service users to have a base level of physical health which several providers mentioned.

### *Self-referral*

The majority of projects relied on self-referred service users. These would be service users with or without acknowledged health or lifestyle problems, who sought out the project. These service users discovered the projects through word of mouth,

‘in Northern Ireland so much happens by word of mouth because it is such a small country’  
(Facilitator)

project visibility in the community,

‘...different members have been in the library and have been reading gardening books, and other people, and people in the community have come and approached them, so quite a few have come through that way, um, we’ve also a flyer, and I’ve talked in the library to some of their staff, about a gardening group that happens, they send folk down as well...’  
(Leader, Community Garden)

Self referred service users generally did not perceive themselves as engaging in therapy. Rather, they were attracted to the social aspect of gardening, and its utility as a life-style improvement.

### *Non-referred routes to services*

Non-signposted self-referred service users find out about projects in various ways. Projects have varying degrees of public presence, with community groups tending to recruit service users via word of mouth and other community services, and rehab centres and day care facilities less so. Websites, posters around the community, meeting interested donors on websites such as free cycle, attending natural health fairs, government events, having open days and even having temporary stalls in shopping malls were all publicity measures employed by service providers. As eco-therapy and related activities are a fairly new idea, service providers, especially those running as a social enterprise show creativity in their approach to recruiting service users, some projects have even gone as far as running stalls at health fairs and attending relevant events at Stormont to speak about their eco-therapy work. Most projects the one below use a variety of methods to reach out to potential service users, in this case as well as collaborating with volunteering organisations:

‘Yeah, self-referral, happens, em, through the website, through our website, people Google and see that they can get involved, or through something like volunteer now, or um, any of the other sorta community agencies?’

(Leader, Community Garden)

In community based projects, such as most community gardens and several of the hostels, project representatives use their position in the local community to reach out to people who they think will benefit from the project. Other service users often also help to spread the word:

'We have a community cafe called refresh, which is the hub, the hub for people, and I would call in there and, um, other members of the group would call in there and say if you're bored, if you've nothing on, do you want to pop along to the gardening group? do you want a night out of Belfast? So, when we, we bin going to the allotment, people would have seen it as a night out, just to get out of Belfast for the night, they'd come along and have a nice walk, and even if they weren't gardening they'd just come along...'

*(Leader, Community Garden)*

Informality and pitching these services as social opportunities was the key feature of community groups' recruitment strategies, while rehab centres and equine assisted therapy providers emphasised the therapeutic element of their projects.

### *Social Prescribing*

This leader of a very engaged Community Garden project, herself a well read and researched proponent of this new public health practice articulately explicated social prescribing and its application to eco-therapy:

'Social prescribing, there doing it over in, um, well there doing it here in Northern Ireland through the health service, there a thing called, what's it called, health first, or health wise- basically your GP can write you a prescription, for so many sessions in the gym, and basically you go down to the gym with that, and you get free membership, and the training and everything that involved with that, for a prescribed period of time, you can have gym time, for your health. I know the people with mental health, physical health issues have gone to their GP and been prescribed that. We here believe that the same thing is true here, we can do not just the gym work, on the running machine or whatever, but we can offer them physical activity, we can also offer them socializing, and being out in the fresh air, and all the other things of interest, things that they can bring back home again'

*(Staff, Community Garden)*

This particular group does have social prescribing style agreements in place with psychiatric shelters, youth agencies and several other organisations. The care farmer who had previously worked with those serving community sentences and the community work co-ordinate at the PBNi both explained that land-based tasks were allocated to offenders with a view to social and personal rehabilitation. Two rehab centres prescribed outdoor work which was compulsory on the grounds that it is therapeutic. This represents a form of social 'eco'

prescription in place within 'total institutions' in which the daily round of life is formally administered. Groups project providers mentioned that they felt would particularly benefit from social prescription of eco-therapy were those with various mental health issues, addicts and people suffering from being 'in a rut' due to long-term unemployment. Many of the projects spoken to by interviewers mentioned social prescription and felt that it was the next logical step in the development of eco-therapy in Northern Ireland:

'You really need to be looking at getting funding through as a tender to offer a service, and an alternative to day care or social prescribing.'

*(Staff, Community Garden)*

The awareness of existing social prescription systems in existence in Great Britain, that '*there's loads of people in England, em, doing it.*' (Leader, Community Garden) contribute to the more progressive eco-therapy providers conclusion that this is a very desirable route to their services which needs to be put in place.

### **Service users' Previous Experiences:**

Of the service users interviewed, several cited a previous positive engagement with gardening and the land, ranging from a childhood involvement through family:

'Even whenever I was a child, I was interested, cuz my granny had a big garden, so it all stems back from there.'

*(Service user, Rehab)*

...to a burning passion for the environment, and a previous lifestyle which prioritized that connection:

***'Well the way I used to live, we used to live like eco-warriors as they were,***

*AS:really?*

***X:aye, like Stonehenge and Glastonbury and ...***

*AS:how so?*

***X:We done the Newbury bypass protests and stuff like that, livin, going onto the ground and um, this year I was down at Rossport for the shell to sea protest camp as well-***

The service user above was something of an anomaly amongst the service users interviewed. Land based work or recreation was a new opportunity to many service users who were presented with land-based activities in the context of care or rehabilitation. For some, the opportunity to engage in land-based activities provided by these services



represented a chance to reconnect with an activity they had enjoyed in another time of their life. For instance, as this community garden service user relates,

*'I done it (gardening) a few years, back when my ex-partners father owned a farm, and before we married,'*

*Garden)*

*(Service user, Community*

One service user commented particularly on the relationship between peoples urban background and their engagement with the environment, noting that rural people may be more likely to take less enjoyment from being outside on a garden then urban folk who many have had little contact with the natural environment at all:

***X: 'You know, they've never sampled living in the country or living like that so its, I, I notice a lot of city folk, maybe would enjoy it more so then me***

*AS: right?*

*X: You know, I'm from a country background, yeah...'*

This is an interesting point, though the opposite was also cited, and people with an acknowledged affinity for nature were (naturally) over-represented in projects:

*'... I love the outdoors, the fresh air, you know, I used to do a lot of fishing, um, I've always been an outdoor type of person, you know...so, maybe there's a connection there, you know...'*

## **Service users' Motivation**

Once one move passed the fundamental ambivalence of people towards eco-therapy in general, acknowledging, as M does that 'some people like it, some don't' here were two fundamental motivations for engaging with the projects, though they are not exclusive often overlapped. On one hand, some service users were particularly interested in the land-based activity itself, and engaging with the environment. Many service users, on the other hand, engaged in eco-therapy just as a context for social engagement or as 'something to do'.

For those who are particularly connected to the activity itself, the motivations include growing things,

*'I have an interest in gardening I suppose...growing things, I have that interest, you know, the tomato plants at XXX...'*

*(Service user, Rehab)*

Or purely the pleasure the take from the eco-therapy scenario:

*'Aye, ach it's an interest that probably stems from gardening, there's nothing as nice as going up there on a summers day, giving the XXX a hand for a coupla hours, then we go do a wee bit in our plot....it's just so relaxing and stuff, that I got into it and then, well and the gardening and stuff, so been here ever since.'*

*(Service user, Rehab)*

The reasons given both by the service users themselves, and by the project leaders, based on their observation are many and various, citing among other things eco-therapies utility as a psychological treatment a desire to improve personal physical health, the opportunity for socialization and in the cases of institutions, a break from the intensity of rehabilitation.

Those who engaged in eco-therapy with an aim to improve their own mental health gave various reasons for participating, including general mood enhancement:

*'Um, you get a bit of buzz, because you've been there, and ah, you're like on a high type thing'*

*(Service user, Rehab)*

and helping alleviate mental ill health:

***'X: I don't personally, I wouldn't take anything these days***

***AS: right?***

***X: And uh, I fight my own depression by being out here'***

Those with substance abuse histories sought out gardening projects because they felt it helped them relax and reduced their desire to use substances:

*'You know, its, I think and, it's just that its getting your mind, if you, most addicts have what I call a racing brain syndrome, where there always permanently thinking or its going too fast for you, right here it gives you time to relax'*

*(Service user, Rehab)*

*'And um, just the sorta way it calms you down, and you know, instead of, where you might took something like a substance or anything'*

*(Service user, Rehab)*

One service user explained how he found that the variety inherent in gardening was uniquely engaging and helpful for recovering substance abusers:

*'It's not very humdrum, and the same thing over and over. That's the joy of it I think. If you tend to do the one, you know, repetitive task over and over that's when your mind tens to wander back to, you know, whatever it is that's bothering you.'*

*(Service user, Rehab)*

Many service users were motivated by a desire to become more physically healthy:

*'...where if they're outside, exercising and stuff like that, it's, it's been known everywhere that exercise is far better for you then taking medication'*

*(Service user, Community*

*Garden)*

The various projects had a range of social appeals. Most generally, the chance to meet and socialize with people, and 'have the craic':

***'X:Its social, its good fun, we know the national trust all by first names...***

*AS:yeah..*

*X:...you know, we have jokes with each other, you know, you kinda look forward to going up, so you do..'*

*(Service user, Rehab)*

In the instances where the location is a small trip from the service users home or residential facility, going to the project has the appeal of a day out, or change of scene:

*'Plus sure you're out of the city, you know you can get city burnout as I call it like'*

*(Service user, Community*

*Garden)*

This is corroborated by this community garden leader;

*'People would have seen it as a night out, just to get out of Belfast for the night'*

Beyond these specific appeals, the general opportunity to contribute to the community, engage in an activity that improves self-esteem, and the various benefits which have been noted (see benefits section) all contribute to service users' motivation. Speaking specifically of the vocational appeal of working in horticulture, this young man explains why he chooses gardening over another type of supported employment:

*'AS: What's different about working outside with nature and stuff than doing other things that would keep you busy?'*

***X: I just like working outside.***

*AS: What is about being outside that's so cool?*

***X: I can't work inside, don't like it at all.'***

*(Service user, Care Farm)*

One can hazard to infer that similar motivations are present in the service users of all the specifically vocational projects.

Returning to the alcohol and substance abuse context, the opportunity, or in some cases 'therapeutic obligation' to engage in eco-therapy activities was repeatedly cited as an opportunity to get away from the intensity of rehab, and provided a more 'natural' social, emotional and physical space: ,

'It's just nice to be able to get out of that, the centre itself and do something non related to therapy for a while.'

*(Service user – Rehab)*

The frequent reiterations of this appeal suggest that horticulture, being outside of the institutional setting and outside of the normal routine appeals to service users as a de-institutionalizing institutionalized activity.

### **Activities on offer**

A range of activities or '*therapeutic duties*' (*Staff, Rehab*) were made available to the service users. Essentially, these therapeutic duties were considered to be:

'...complementary to the treatment, like yoga, art, drama, music and the organic garden, the planting of the organic...'

*(Staff, Rehab)*

The research participants spoke at length about a range of gardening duties, for example, growing vegetables or crops, preparing the ground, the facilities for growing the produce (acerage, green houses, poly tunnels, raised beds, allotments), propagation, sowing seeds, weeding and pruning. Other gardening related tasks such as landscaping (building raised beds, dry stone walling, grottos), maintenance work (clearing paths, fencing), woodland management (planting, cutting down trees), using and selling the produce (customers, preparing box delivery services, advertising the produce) and developing and advertising allotments were also discussed. Looking after farm animals, in particular equine therapy was also popular and it was generally acknowledged that these types of activities are often dictated by the seasons. Other courses (survival skills, healthy food and craft workshops) and support groups (drug and alcohol groups) were also made available as well as organised social outings. Some of the participants mentioned their volunteering activities for

organisations such as the National Trust and the benefits associated with their voluntary activities:

‘Sometimes I volunteer on the weekends so I don’t really want to go out because I’m in here and then I’m too tired to even bother go near a pub’

*(Service user, Care Farm)*

## **Barriers and Adversities**

### *Barriers*

Although some acknowledged that they “*haven’t noticed if it suits a particular type of person*”, there were barriers to participation that may be attributed to individual differences such as the service user’s physical or mental health, their stage of addiction and the degree to which they are ready for rehab,

‘It depends on the length of their addiction, because there’s people at different stages coming into rehab, and some of them are physically not fit enough to do it, and some would love to do it, and there’s others that have come in, maybe taking, ah legal high type things, or just smoking cannabis or something where there fit enough for it, it’s just that they’re paranoid...’

*(Service User, Rehab)*

The importance of having an interest in gardening was also raised with one service user (*Service User, Rehab*) suggesting that ‘*there’s people who like getting their fingers dirty, and other people who don’t.*’ A staff member of a community garden also discussed her experience of seeing people joining the programme and the value of them having an interest in gardening,

‘...Sometimes people come, and it’s literally, it’s not for them, you know? They come, they try it for a few weeks, we support them, we have chats about it, if there’s anything that can be changed. But, in the end, you’re out on a farm, you know? You’re getting dirty sometimes, it rains sometimes, and there’s a bit of physical work to do sometimes you know? So it’s not always for everybody.’

There was a general consensus that everyone is encouraged to try gardening at least once and people who tend to drop out generally do so at the start. The impact of low retention rates on the stability of the group and the associated outcomes for other members may also be detrimental.

Barriers to retention discussed included the service users desire to attend other courses, new work/employment commitments, having achieved what they wanted to get out of gardening, motivation to work on the projects (which can be reduced among service users with mental health issues), social phobias and fear of group work, the safety of the service user to themselves and others, transport to and from the project and seasonal variations in the weather:

‘People can drop out because it just isn’t for them anymore, because it’s helped them to get to a certain place in their life, where they decide what they wanna do is this next, or um, it can be that they’ve gone and got a job, and they can’t keep coming because they need to go and do the job, or they’ve found another activity that they prefer to do’  
(Staff, Community Garden)

‘They came on a bad day, or the weather, or especially in the summertime, the heat thing like,’  
(Participant, Rehab)

‘We do have a drop-out rate but I don’t considerate it that high, people who actually come in and then decide that they’re not going to stay it varies, the unfortunate thing is if you have one person leave then quite often it has a domino effect and somebody else will go, whereas if everybody is staying and they’re stable and they’re completing their treatment it’s more likely that the people won’t, we haven’t had any kind of drop outs in the last number of months, then maybe in a month you might get 2 or 3’  
(Staff, Rehab)

### *Adversities*

A plethora of adversities/project difficulties were cited by participants. A dearth of contacts to recruit facilitators, non-established links with necessary partners, not having the necessary knowledge and administrative skills to successfully run a project, dealing with the authorities (planning, roads service) and overall bureaucracy inhibiting the development or progress of the projects were difficulties that projects had to overcome:

‘I think people don’t know how to get facilitators in – I think it’s not that easy for people to think ‘who can we get in/contact’’  
(Staff, Facilitator)

‘At the moment – everything is running behind. Issues with planning, issues with funding, issues with getting a partner to do this with – we had a couple of false starts with that because I would just not have the capacity to run something like this on my own’  
(Project Initiator)

In terms of the structure of the projects, the necessity to make eco-therapy an actual part of the programme was raised, particularly in addressing participant's views of it as being optional,

'It's trying to get, eh, I suppose it's trying to develop some way of, um, how to encourage people to see the benefits of it, to, to do it. I think what we've done recently, we've changed our own program, and rather than it being, at the minute it's, very optional, if that's possible, and we're gona make it, *less* optional so in a sense what people will, on the day that we do the dry stone walling, it will be three options, and you *must* choose one of them, at the minute, the way the program works, you can do one of the three, or do nothing, and people tend to do nothing, they kinda see it as a day off, though we've changed the program around slightly so that if you're not, if you don't go dry stone walling, then there'll be therapy groups that they'll attended, um, so it's a way of trying to incorporate it more. I think up till now it's been almost seen as an aside'

(Staff- Rehab)

A distinct lack of knowledge among funders of the existence of the programmes and a lack of interest from the Health Trusts for young people with problems (drugs, alcohol) due to a preference to focus on '*institutional care for people with special needs*' (Facilitator) has resulted in a paucity of available funding. It was also suggested that the work was not generally viewed as therapeutic work and consequently, some projects were not eligible to avail of funding. Participants spoke about how funding had been cut compared to previous years and that '*things are getting cut and cutback like, more and more. So it's getting more difficult. So they really want us now to stand on our own feet,*' (Staff, Rehab). As a result a reliance on volunteers was intertwined with the lack of funding which ultimately resulted in a lack of consistency when running the projects:

"We didn't have money after April for quite a while and we basically ran on volunteers coming for nothing, and no one got paid, and everyone just ran the sessions, and we had sessions Monday and Thursdays, and we kept running those as much as we could, but sometimes we just couldn't..." (Staff, Community Garden)

"The government in Northern Ireland have a lot of money for things and I think they think there is nowhere they can give it to. But obviously there is – it's about us saying we are here. Northern Ireland is quite bad for that I think" (Facilitator)

Having to address those who were cynical about the effectiveness of 'eco-therapy' was also an issue for some of the projects. A staff member spoke about having to deal with skepticism from members of the community addiction teams and relying on a clinical psychologist to address their beliefs because "*coming from a clinical psychologist, you know? It was harder for people to, you know, rubbish, you know, given his kind of, academic background,*" (Staff, Rehab).

Issues which were specific to Northern Ireland include trying to develop trust and a rapport with *'very insular communities out there,'* (Staff Interview, Community Garden), a sense that *'Ireland is about 30 years behind'* (Staff Interview, Facilitator) other areas due to the scarcity of a horticultural therapy network and the acknowledgement that it is probably easier in other parts of the UK. This was discussed particularly in relation to projects feeling that they are not treated equally in the public sector compared to care farms in other parts of the UK and that people are happy to use the facilities but don't want to pay for them. In addition, offers of £20-£25 per day were considered to be unfeasible, unless a project was also attracting funding from other sources. Nonetheless, these offers were viewed as a method of *'getting your toe in the door then you can ask for par of esteem with GB care farms,'* (Staff, Care Farm). The location of projects in Northern Ireland were also raised as an issue essentially due to the legacy of the conflict and the importance of a neutral space so that service users do not feel intimidated in any manner.

'There is also the lack of parity of esteem – any care farms I visit in England, they will get between £40-£100 per day per client. We're talking here between £20-£25 per day'  
(Staff- Care Farm)

'So many people in Northern Ireland will not be comfortable going to certain places and we have dealt with that a few times. Even though now everything has moved on, there is still a lot of people who still don't want to do certain things. Neutral ground as well. I think there are pros and cons for both. Having somewhere (that) is a neutral space where people can come and not feel intimidated, not feel that they are going to another area, is good – but if you can then set something up so that you can then get people to that area – it can be way more beneficial because they are out of their comfort zone and they are going to somewhere they wouldn't have originally gone'

(Facilitator)

For those who sell their produce, establishing a buyer network was a difficulty to overcome due to a downturn in sales of produce as a result of the current economic climate requiring the project to rethink their strategy for selling produce and renting out allotments.

Staffing issues were also a challenge due to a shortage of trained staff particularly when service users required one to one support, as was an inability among facilitators to provide input when facilitating in other places and a reliance on others to ensure the completion of the work and the use of language among facilitators.

'We don't, we don't, a lot of the language, they wouldn't understand a lot of language that you'd maybe, and I'd have to say to people like McFarland, coming in from Climate Chaos, look, can you tweak this, and use more concepts, and watch your language your using, because people won't understand that. Coming in with university talk, you know, people just wanna talk in plain, layman's terms, you know.'

(Staff, Community Garden)



Other challenges discussed included non-support from service user family members, a lack of proper equipment (footwear) among service users due to poverty, risk of Lyme disease associated with dry stone walling and having to move premises.

### *Difficulty engaging with service users*

Working with people who have alcohol problems can pose challenges. Particularly as alcohol was not always the main reason for people using services, alcohol problems became apparent during the course of the programme.

“X: the information has not been available to us as to who we were working with, but we knew from observation that most of the boys at Suffolk would abuse alcohol – to what level we don’t know but one of them definitely would have drank a lot and it was really clear to us from observation.

AS: How did you prove that?

X : He would have appeared drunk when he was there during the day. He would have smelled of alcohol and he would have had a bag with alcohol in it. He was quite open about it – it wouldn’t have tried to hide it that much. We do know that the other boys said that he drank  
(Facilitator)

### *Negative socialisation*

One of the positive elements of the programme was the social situation provided for service users. There were times when this situation could lead to problems, both in terms of antisocial behaviour towards other service users, and the tendency for success or failure to operate at a group level, rather than an individual level.

‘We found out that one or two of them maybe were to a degree slight amount of bullying, you would get the odd bully that would say stay where you are and in this particular instance he wanted to stay back and he had an influence over the rest of them so he made sure that everybody stayed back that he wouldn’t be identified as the ring leader. Ironically he’s the one that fell back to alcohol’

‘People who actually come in and then decide that they’re not going to stay it varies, the unfortunate thing is if you have one person leave then quite often it has a domino effect and somebody else will go, whereas if everybody is staying and they’re stable and they’re completing their treatment it’s more likely that the people won’t’

## **Project benefits**

### *Key skills*

Project leaders and staff spoke of key skills: communication; confidence building; leadership; and working with others. This specific language was less apparent in that of their service users.

### *Communication*

Most of the staff interviewed referred to communication skills as being a significant benefit of their programme, teaching people who may have literacy or numeracy issues, through practical skill-based learning and developing concepts around the learning acquired. Communicating with their peers and external agencies was also considered important, also acquired through the more informal atmosphere that the organisations set out to engender,

*'They are also learning a wee bit about communicating better with themselves and inside their group and also with outside bodies when they come here'*

*(Staff, Facilitator)*

Communication was seen as a main tenet of building self-esteem and personal confidence and helping to develop effective team working.

### *Confidence building*

Reference was often made to building participants' confidence through the project work,

*'It's also about confidence, people going and realising 'I can do something'. I remember I'd been a few times to the dry stone walling and each member built a section of the wall, and they were finishing off the top, and I was starting and [the service user] came and told me to clear off, 'this is MY wall, I've built this! I'm proud of this'*

*(Staff, Rehab)*

Team work was evident also from both the perspective of the service users and the staff members. The experience of building dry stone walls illustrated the team roles, participants had to organise themselves and task everyone to locate and lift different types of stone according to their physical ability with everyone working together to complete the task.

There was also reference made to a certain amount of self-discovery, some considered the therapy as giving them time to reflect on how they were feeling and taking responsibility for

what had happened in their lives, others saw it as a practical step towards employment or a new career.

### *Measuring Results*

Aside from one project which initially used the Christo Inventory for Substance-Misuse Services (CISS) (Christo et al., 2000), few of the projects interviewed used any tested assessment measures for project outcomes for the clients using their services. More informal methods of monitoring success were used including one project which employed an Sheltered Housing Aftercare Co-ordinator to track and provide appropriate support for up to two years after attending the scheme. This included encouraging the service users to stay on board with the eco-therapy project run by the housing association. The staff member who was the aftercare provider was also the garden co-ordinator, and this dual role provided a contact point for anyone who was experiencing problems and served as a referral service for those seeking advice on other services including housing and education. The Aftercare Co-ordinator gathers information on pathways post treatment which may give some indication of the project outcomes longer term.

Other projects that didn't have any formal mechanism for measuring results did include feedback questionnaires to monitor their programme. Another project relied on a testimonial from a clinical psychologist who had worked with one of the clients

'So XXX, just I didn't need to say the benefits...XXX had kind of from his personal working with XXX (client)...see what the benefits were. And coming from a clinical psychologist, you know, it was harder for people to you rubbish, you know, given his kind of academic background.'

*(Staff, Rehab)*

Projects also measured their results by anecdotal feedback received from participants and the satisfaction gained from an end product, regardless whether it was a length of dry stone wall or a crop of organic tomatoes. For those serving community service orders, all of whom completed successfully was also considered a positive result for the programme. Some participants continued their involvement with the project on completion of their programme, used for some as a means of preventing a relapse or exposing them to risk,

'So in some cases they would stay here and they would have their meals provided, heating provided etc. and a place to stay, maybe they would pay 50% of their dole for their upkeep which is a pretty good deal considering and then they can also have one-to-one counselling when needed, it's near at hand, that's all available too, they can go to their aftercare programmes, AA meetings'

*(Staff, Rehab)*

### *New Skills*

Both participants and project staff referred to practical new skills whilst on the programmes ranging from a range of gardening based techniques to more general outdoors based activities including horse riding, survival skills and animal husbandry. There were also examples of environmental education and workshops held on healthy eating. One project advocated a holistic therapeutic approach which encompassed a range of activities including yoga, music, drama, art and needlecraft alongside their organic gardening. Indeed a number of older men in their project discovered new skills,

'Some of them discover interests that they didn't know they had and gifts that they didn't know they had...even men in their 60s discover they can sew [laughs] which is really shock to them and more so to their wives'

*(Staff, Rehab)*

Examples of gardening specific skills included planting, land management, self-sufficiency and gardening skills which they could apply to their own gardens at home. One staff team also referred to the learning that nature provided in terms of learning how to relax and appreciate the world around us:

'I think nature teaches you, teaches people, the simplicity of life. Everything has its time and its place, and about the need to work, and that can be then transferred in relationships with people, we work with each other, not against each other'

*(Staff, Community Garden)*

### *Personal Development*

Some of the benefits of the different projects can be considered in terms of personal development. Participants spoke of greater self esteem, feeling enthusiastic, less shy and feeling appreciated. Their involvement in the programmes also gave them time out to reflect and created opportunities to help them deal with things better,

“I didn’t know anybody so, you know [the residential rehabilitation centre] , in early recovery was the only friends I had, and that was significant, was having company, you know, the whole lot enabled me to stand back on my feet again’

*(Service user, Rehab)*

### *Personal Satisfaction*

Clearly, people found their involvement in the programmes enjoyable and satisfying; the analysis drew out consistent themes of ‘enjoyment’, ‘attachment’, ‘pride’, ‘love of gardening’ and ‘achievement’. There was also reference made to the rewards and the value of the work they have produced. A service user explains,

‘Um, you get a bit of a buzz, because you’ve been there, and ah, you’re like on a high type thing.’

*(Service user, Rehab)*

A couple of participants reported a change in opinion in gardening, a change from something they wouldn’t have thought would have appealed to them to something that they really enjoy,

‘I teach them how to grow stuff, a lot of them are just WOW! I didn’t know that you could grow, you know, stuff in Northern Ireland, one girl said to me, I didn’t know you could grow tomatoes in NI and I went well where did you think they came from, and she said, you know, when you get them in Tesco’s, they says Spain’

*(Service user, Community Garden)*

‘I wouldn’t have though it would have appealed to me, initially, but I think it’s something I’ll carry with me, I’ve become interested and it’s hard to, XXX’s very interested in what he does you know and when you get somebody so involved in it, you can’t help but have it rub off on you, so, you know, I think it’s something I’ll carry with me’

*(Service user- Rehab)*

### *Physical wellbeing*

A number of references were made to physical health and the benefits that involvement in the programmes brought to this aspect of their lives. This was particularly relevant to those who had reported addiction problems in terms habit changing and physically doing something with their day. Developing a routine and a purpose becomes important,

‘The farm has changed my life because at least I’m doing something instead of sitting on my backside playing on my phone all day’

*(Service user, Care Farm)*

‘Not having something to do in my day, in early recovery, is quite beneficial, I suppose, in early recovery, when I left here, was to keep myself busy, and to have a structure for my day, every day, so by coming here on a Wednesday it gave me structure to my weeks’

*(Service user, Rehab)*

One participant also spoke of the intensity of rehab therapy, and by getting outside in whatever the weather to do physical exercise broke the intensity of the therapy sessions and also created something for the group to look forward to each week. For those on residential programmes, it was also described as a safe way to access the outside world, during the rehabilitation programme, because appropriate safeguards were in place within the gardening context and it also provided a weekly goal to work towards,

‘...so if there’s enough, um, safeguards put in place, and I seriously mean that, like this sort of thing, it ah, it helps people, because they look forward to the Wednesday.’

*(Service user, Rehab)*

He contended that outside exercise was better than being on medication. Another participant agrees,

‘Just working in the farm gets you more healthier’

*(Service user, Care Farm)*

Numerous references were made to sleeping better, exercise and physical health. Weight loss as a result of physical exercise and an improved diet was also reported, reference was also made of the connection between environmentally responsible food production and the

relationship this has with diet and health. One participant remembers at the start of the programme being able to work in short spells and feeling out of breath, but now,

‘Before, the sweat was pouring off me, and I was knackered, and heaving heavy breathing and stuff, but um, the way they says to me was just, do what you can do, don’t knock you pan out, or try and show off or anything...but as the weeks gone on, you could see yourself, you were getting more fitter, and people were saying you were more fitter...over the last year I’ve lost two stone and I feel a lot fitter for it.’

*(Participant, Rehab)*

## **Psychological Benefits**

### *Dealing with addiction*

As illustrated in the previous section, participants talked about the structure and goal setting that the weekly gardening programmes provided, but some participants also spoke specifically of the effect the eco-therapy had on their addictions. Staff members described people being consumed by their addiction and losing interest in everything else in their lives. Once the substance taken away, there is almost a sense of loss and a process of rediscovery is subsequently required in the rehabilitation process. One of the project leaders explains,

‘A lot of people think when they give up their substance what am I going to do with my time, there is nothing else. It’s not that there isn’t, it’s just that they’ve been so consumed by their addiction and lost interest in all other things’

*(Staff, Rehab)*

As well as the physical diversion of the outdoor activities that requires participants to be physically reconnecting with the outdoors, nature and engaging with others. Gary sums his feelings up,

‘Sometimes I volunteer on the weekends so I don’t really want to go out because I’m in here and then I’m too tired to even bother go near a pub.’

*(Service user, Care Farm)*

### *Mental health*

Several staff members talked about the benefits to mental well being of working on the projects. They mentioned the idea of gardening as a means of taking pressure off, giving service users time and space away from psychological stress. Some staff also mentioned the enjoyment of being out in the garden.

'For them it's like, to do a small little job, to work outside like, or whatever, they can be in their own mind, get their head straightened out, kinda walk away from that with kind of more, eh, relief like. Time, time to think about what goes on in their life more than anything else like.'

*(Staff, Rehab)*

Several participants also talked about being 'out of the city' and at a distance from their day to day lives. One participant at a rehab facility also mentioned the psychological benefits, stating they use their participation in gardening to substitute for the need to take medication.

X: I don't personally, I wouldn't take anything these days

AS: Right?

X: and uh, I fight my own depression by being out here'

*(Service user, Rehab)*

### *Sense of self*

Staff at several projects talked about the effect of addiction on individuals' sense of self, drawing them away from other activities that are part of day to day life and part of how people view themselves. By engaging with the project, service users can regain an interest in something or enjoyment of a hobby. Service users however, did not mention this as a benefit.

'A lot of people think when they give up their substance what am I going to do with my time, there is nothing else, it's not there isn't it's just that they've been so consumed by their addiction and lost interest in all other things and this is a way of saying there's a big world out there and there are a lot of things and you have talents in you that you didn't know you had'

*(Staff, Rehab)*



## ***Social Benefits***

### *Deinstitutionalisation*

The rewards for participants from a social perspective were discussed extensively by both staff and service users. Many participants had experienced social exclusion, from their families and their communities as a result of their addictions and those interviewed expressed this in terms of the informal structure and environment that each of the projects set out to promote. It was referred to by some as an interim, bridging environment which enabled them to get back into society. Terms such as 'equality' and 'respect' was used to describe the environment, along with the idea that it was 'good for people who don't suit office work'. The eco-therapy projects were very much seen as a 'safe' environment, with one participant stating that it created a deinstitutionalising effect in the process of re-introducing themselves back into the family, community and life they had cut themselves away from.

### *Relationship building*

One of the unforeseen consequences of the projects was the cross-community element of the work. A number of different people referred to this feature, 'ended up being cross-community'. New friendships were established with participants promising to keep in touch once the programme ended and what was described as a caring environment could then be transferred to their wider context of both family and community. A number of participants described their work as developing 'a sense of community', 'giving something to the community' and 'contributing to the community'. Clearly they felt their contribution was valued at this level.

### *Socialisation*

One important element of the project work would appear to be the fun and enjoyment to be had. Although one staff worker referred it to 'enforced socialising', there was evidence that these friendships cascaded into their lives beyond the projects. There was mention of social events and for those projects working with different levels of ability and mental health issues, there was something particularly rewarding for those involved, creating new friendships and understanding with people they would not have worked with in the past. The team work was fun and one participant spoke of standing in the pouring rain, working together and having a laugh.

### *Spiritual Benefits*

The term 'holistic' was used repeatedly and used often in the context of the natural elements of the eco-therapy programmes. The beauty, simplicity and peacefulness of the natural environment provided a back drop for what some described as a reconnecting and helping to face their problems. Nature was described as inspiring, educational and healing.

The work was also considered relaxing despite sometimes being hard, physical work. Terms used to describe the experiences include calm, peace and meditation. Several staff members talked about the relationship between natural patterns and events and the relationship to the human condition; service users can learn from nature more about themselves.

'Anyone who has been depressed (observation) we would always talk to them about winter and how the leaves go off the trees and such, then in the spring they come back. We always try and make them see about natural cycles and how you can relate to that as a person'

*(Staff, Community Garden)*

### **Continued development and future plans**

#### *Expanding scale of activities*

Several of the projects had space to expand their services and were planning to open more garden spaces, greenhouses, polytunnels for vegetable growing and greater space for farm animals such as hens for egg laying, sheep and Horses. Other projects were planning to develop parkland, and nursery garden facilities. One project with residential facilities also mentioned increasing the number of beds to expand with the scale of activities offered.

#### *Embedding eco-therapy in a wider programme*

For some projects, participating in gardening activities was the primary purpose of the project, however for several therapeutic projects gardening activities were only one part of a larger programme. The centrality of the gardening element varied from project to project, and for those where the gardening element was optional, staff mentioned that they would hope to embed the eco-therapy element within the wider programme.

'...at the minute, the way the program works, you can do one of the three, or do nothing, and people tend to do nothing, they kinda see it as a day off, though we've

changed the program around slightly so that if you're not, if you don't go dry stone walling, then there'll be therapy groups that they'll attended, um, so it's a way of trying to incorporate it more. I think up till now it's been almost seen as an aside.'

*(Staff, Rehab)*

### *Financial independence*

Some projects mentioned that they plan to expand to the stage where they can sell produce as a source of income, either by supplying restaurants, running a chip shop with project harvested potatoes, organising box deliveries with a selection of seasonal vegetables. Facilitators also talked about newer projects obtaining greater independence, both financially and in terms of skills input from the facilitators.

### *Greater emphasis on promotion*

Many of the projects talked about the importance of spending more time promoting their projects. Particularly for projects that had only recently started they thought it was important to increase awareness of what they were doing. Several staff also mentioned the ability to forge stronger link with other projects. Given the small geographic location it would be possible to coordinate and cooperate with other projects with similar interests, and finding out about these projects was part of this.

### *Increasing base of service users*

The projects with space to expand mentioned they were set to receive a greater number of referrals from Health Trusts, GPs, Occupational therapists and the WAVE trauma centre (set up to deal with Trauma relating to 'The Troubles'. This also tied in with the promotion of the project and finding out about other projects in Northern Ireland.

'What I'm in the process of doing is getting in contact with the local papers to try and run an article explaining that I'm starting off and I'm looking for volunteers to help with fundraising and making contacts with children with autism, people with autism, not necessarily children, just generally find out the different people to the work and see where it can be of most use.'

*(Staff, Equine Assisted Therapy)*

## Funding

As mentioned above in future plans, projects are keen to increase self sufficiency by selling produce grown in programmes, and in some cases organising and charging for places on courses. Only a limited number of projects charged service users to participate, although others operated non-therapeutic courses as a source of income.

### *The role of donations*

For some organisations, the cost of providing the service was met wholly by religious organisations affiliated with the programmes, or any shortfall was met by the religious groups.

‘We’re in a slightly fortunate position. In that, if we have a deficit, they cover it. So were not autonomous in the sense that we have to balance our books exactly every year. And there’s an acknowledgement within the board that we’re underfunded, we don’t over spend. So they acknowledge that, you know, we’re not wasting money.’

*(Staff, Rehab)*

### *Applications for funding*

Some organisations applied in conjunction with other projects for money to develop community gardens. Some projects are set up as social enterprises, aiming to turn a profit and start up with the assistance of grants. Eligibility for funding is dependent on the feasibility of the project; a key indicator of this is current size of the operation in terms of turnover. Once a project hits a certain ‘critical mass’ in terms of project activity it becomes eligible for larger funding streams, hence the future success of projects is to a large degree dependent on early investment and promotion to enable access to funds. While certain projects were aware of the financial aspects of funding streams, others talked more generally about the fact that funding was available without the details of how projects could gain access:

‘We can talk to people then about therapy gardens because the government in N Ireland have a lot of money for things and I think they think there is nowhere they can give it to but obviously there is – it’s about us saying we are here.’

*(Staff, Community Garden)*

The differences of opinions and knowledge of funding streams between projects suggests that, with greater integration and better working relationships between projects, information

sharing and support could facilitate more projects in gaining access to existing financial resources.

### *Shortfall in funding*

While many projects talked about future expansion and increasing funds, some projects were explicit that their current operations are limited due to restricted funding.

'We can also offer them socializing, and being out in the fresh air, and all the other things of interest, things that they can bring back home again, growing their own herbs, they could bring it and put it on their windowsill, so we'd like to do that here, but in order to do that we'd need to get proper funding to roll it out as a pilot.'

*(Staff, Community Garden)*

'X: we feel it's very important not to leave people who are vulnerable, at nine o'clock, in a non-safe area-we do have a volunteer-he works full time, so he can't pick them up to bring them to the gardening, so transport would be a big, a big barrier. MONEY. If they haven't got the money for the bus fare to come, em, sometime they wouldn't have all the equipment as well. They wouldn't have the proper footwear or they come up not dressed...

AS: So you don't provide the shoes or anything?

X: I would, but I don't have the money, and we don't have the storage space. I have some boots, but I wouldn't have enough for 30 people, if 30 people turned up on the night.'

*(Staff, Community Garden)*

### **Alcohol as a 'linked', rather than primary problem**

It is worth drawing attention to this under-running theme as it is of particular importance to any future study of eco-therapy in relation to alcohol. It was common for staff to mention that although the service users were not referred to the project because of addiction, it was obvious that many service users did have alcohol problems. This was hard to measure or quantify as the problems that lead users to the projects were complex and interlinked. Different staff members mentioned it being difficult to see at what time each problem arose, and the idea that alcohol was part of a 'history' of their problems.

Despite this lack of focus as alcohol being a problem, the projects did mention the informal beneficial effects in relation to alcohol. It was common for service users to be involved in specific therapy or counselling programmes, working in the gardens provided an opportunity

for informal opportunities to talk about and deal with problems, including drinking. This also fed into the idea that even in the absence of providing a diversion from drinking altogether, service users had tended to drink less since they started gardening.

‘we engage a lot with conversation about, how much are you drinking, and how are you feeling about it, would you like to stop...so there’s a lot of those sort of conversations will happen, just informally’

*(Staff, Community Garden)*

## **Discussion**

This report detailed a pilot study investigating community gardening as a form of rehabilitation for people with alcohol problems. The researchers made contact with around 50 organisations and individuals who either operated gardens, facilitated gardening schemes in conjunction with other organisations, or who operated other forms of eco-therapy project, including equine assisted therapy and care farming. Interviews with facilitators, project leaders, staff members and service users uncovered several important features to consider when studying community gardening in relation to problematic alcohol use, most notably alcohol misuse as a co-morbid condition operating alongside other social and mental health problems, and the fact that problematic alcohol use is often not the reason service users begin working with projects.

A total of 39 projects were found operating gardening or related eco-therapy projects, there were a further eight individuals who were involved in facilitating gardening schemes (including therapeutic schemes) who provide potential expertise and support for existing and future projects. The majority of gardening projects were gardens located within day centres, or were community gardens. There were also a smaller number of medical rehabilitation centres and residential care farms, and three equine assisted therapy projects.

The majority (80%) of projects were well established or long terms facilities, and local Health and Social Services Trusts, Charities, and local councils most often provided funds for projects. Both these factors indicate the relative stability of existing provisions for eco-therapy. A quarter of projects said they would be interested in helping others with setting up

their own projects, and several also mentioned that they would be interested in making strong links with other similar schemes in Northern Ireland.

There were several prominent themes from interviews with staff and project facilitators:

Motives & Project Initiation; Activities on offer; Barriers and adversities; Benefits of the project; Future plans; and funding considerations. Service users also corroborated information on several of these themes, as well as giving insight into the reasons why people begin working with eco-therapy projects. These themes are a useful starting point from which to develop a more in-depth ethnography of eco-therapy in Northern Ireland, and they also highlighted a number of important considerations.

Projects came into being through differing routes, the personal and organisational motivations range from simply providing land-based services, through to aiming to expand existing health service facilities. This also impacts on the client groups projects worked with, although projects stated that they were open to working with other groups even if they hadn't done so in the past.

There is a diverse range of activities which fall under the banner of 'eco-therapy'. Importantly, several therapeutic approaches operate in parallel. Gardening may operate alongside land based activities such as dry stone walling and working with horses, or other activities such as craftwork and yoga. Future research will require preliminary work to conceptualise the different forms of non-traditional therapy, and comprehensively map out provision for each of these types and how they overlap.

Some of the project workers expressed quite eloquently the mechanisms by which eco-therapy can help people deal with problems. Conceptualising this against the backdrop of the research literature on theories of change, logic frameworks for rehabilitation interventions could inform the extent to which activities provide the perceived benefits, or the degree to which services could be better tailored to benefit service users.

The majority of the projects spoke positively about their future plans, aiming to expand their facilities, activities, or their client base, though financial instability was a constant worry. Several also had concrete plans for financial independence, which will bolster their ability to continue the service. Funding was an important factor relating to the future stability and expansion of the service. There was some concern surrounding how much funding was available, and whether the amount of funding was appropriate compared to that made available for similar schemes elsewhere. It also appeared that greater co-operation between organisations when making applications had advantages and is something that smaller projects – particularly those with limited support from routine funds, such as religious organisations – could benefit from.

Some schemes had only a handful of service users per year, while others with a high turnover rate due to the nature of the service worked with hundreds of service users. Based on the numbers from the 20 projects that provided an estimate, it would appear that within a year there would be a potential study sample of over 1,000 people – providing an ample pool of participants for a comprehensive ethnographic study of eco-therapy, alongside basic statistical analyses and the quantitative assessment of psychological and behavioural change.

Future research must take into consideration a number of possible barriers. Firstly, around one third of projects stated they were not interested in participating in research. It is unavoidable that some projects wouldn't want to participate, however it should be possible to collect basic information from publicly available sources. Secondly, service users of many projects only attended casually, which could be a problem when determining the level of contact required for a service user to be considered engaging in 'therapy'. Thirdly, alcohol misuse was not commonly the primary reason why people started working on gardening projects. It seems more feasible that a larger research project would have a broader scope than alcohol alone; a project looking at service users' social and health problems – of which alcohol may form a component – and how these may be ameliorated by engaging with eco-therapy would be more informative. Furthermore, looking holistically at the reasons why people engage with gardening projects is likely to provide more information about the level of alcohol problems among vulnerable and marginalised groups. Young offenders, or people with mental health difficulties may be referred to gardening projects, and may also be recruited onto research studies looking at rates of re-offending or improved mental health measures; these studies may neglect to consider the alcohol context of offending and mental



ill health. Several projects mentioned difficulties in providing services for people with severe alcohol problems, often asking them not to attend, or having to stop providing certain services. Conducting research with a marginalised group such as heavy alcohol users is also likely to pose problems. During field visits, the researchers had conversations with service users who did not want to be interviewed formally due to confidentiality concerns; although they expressed interest in finding out about the study. This preliminary report, by demonstrating how participants' data is used and presented may help reassure potential participants about how their conversations are presented. Integrating data extracts and quotations from this project into participant information sheets could firstly shed light on the purpose of the research, and - by demonstrating how research is presented - empower participants to engage with the research process with a better understanding of what their contribution brings to research reporting.

## **Conclusion**

This study set out an over-arching aim and three indicators of success. The overall aim was to engage with the eco-therapy community in Northern Ireland, build relationships with these projects and map out existing provision. While several projects did not respond within the very short timeframe of initial surveying, this study still built a fairly comprehensive picture of existing provision is in place to inform a larger study.

All projects were asked if they were interested in being publically listed with the organization Thrive, whether or not they wished to participate in the research. Contact details – along with website, activities offered etc. – have been forwarded to Thrive.

The three specific aims were: Firstly, the production of a report on the existing projects and services relating to horticulture therapy, this is detailed above in section 'Results 1 : Existing projects in Northern Ireland'. The second aim was to report on the experiences of service users, this was detailed in section 'Results 2: Qualitative findings' although this section also reports on findings from project staff interviews. Thirdly, this pilot study aimed to estimate the total number of service users who could potentially participate in a larger study. Based on figures provided by projects, there are in excess of 1,000 service users per year – allowing for a sufficient sample size from data collection within the timeframe of a 3 year Doctoral programme.

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## Appendix A: Questionnaire administered to project leaders

This questionnaire is being sent to all the eco-therapy projects in Northern Ireland. We aim to gather information for two purposes:

- To establish a database of service providers – this will ideally take the form of a website and an extension of the listings on the UK based THRIVE and Eco-Minds websites. Questions in **bold type** will be included on these public listings; other questions will be used for research only.
- To inform a feasibility study investigating eco-therapy in Northern Ireland. In this feasibility stage we need to find out the details of all existing projects so that we know about numbers, etc., and can determine how best to run a study that would test the effectiveness of eco-therapy.

**Name of Project:**

Name and position of respondent:

**Name of Project Coordinator/Manager:**

**In case we need to contact you about this questionnaire**

**Phone number:**

**Email:**

**Website:**

**Address of project office:**

**Location of land used in project activities:**

**Area of land used in acres:**

**How many people use the project per week?**

**How many people use the project over the course of a year?**

**How many new users do you take on per year?**

**Do you actively work with any of the following user groups (Tick for yes, currently, and circle boxes of users you would be willing and able to work with for listing purposes:**

Accident/Illness rehabilitation	Alcohol abusers
Ethnic Minorities - Which? _____	Drug abusers
Challenging Behavior	Ex-offenders
The Elderly	Hospice Patient
Hearing Impaired	The blind/partially sighted
Homeless/vulnerably housed	Learning disabled
Low income	Major illness
Multiple disabilities	Unemployed
Offenders	Physical disabilities
Refugees/asylum seekers	Victims of Abuse
Women only	Rehab after accident/injury
Mental Health Needs	Young people
OTHER (i.e. young carers, ex-military, etc.) PLEASE DETAIL BELOW	

**How long has this project existed?**

How is it funded?

Do participants pay a fee? If so, how much?

How do users find you? Are they referred? **If so, by whom? Do users HAVE to be referred?**

How do users that are NOT referred find you? i.e. – advertising, outreach programmes, affiliation with other organisations:

On average, how often do users attend per week?

How many hours do participants normally work on a given day?

How many users drop out per year?

What are the main reasons for users dropping out?

**Is there a specific length of program which participants are supposed to engage with, or is participation open-ended?**

How long, on average, do participants stay with the project?

**Is the project operational year round? If not, what months is it operational?**

How is it staffed? Are there paid staff and/or volunteers?

What qualifications do staff/volunteers have?

Please give a brief listing of staff and helpers so we can get an idea of numbers:

Paid full-time                  Paid part-time (anyone who only works with the eco-therapy project as PART of their job or part time)

Volunteers                      OTHER \_\_\_\_\_

**What activities do you offer?**

FOOD CROP GROWING	__ LIVESTOCK HUSBANDRY
___ ORNAMENTAL PLANT GROWING	LANDSCAPING
___ FENCING/RESTORATION	OTHER (PLEASE DETAIL BELOW)

Have you been involved with any research in the past? If so, can you give details of this?

Do you use any questionnaires, etc. to assess your new users? Do you use any standard measures, forms, etc. to measure the participants progress? Detail below:

**Can users gain accreditations while working here? If so, please provide details:**

Would you have the land resources to expand your growing/usage area?

**Is your project over-subscribed, with a waiting list, or do you have space for new users? If you do have space, what is your maximum capacity?**

What are your plans for the project in the next few years?



Are you aware of any similar projects? Please list ANY other eco-therapy providers or similar that you know of, including notes on your relationship with the other projects if you collaborate, i.e. cross referring, sharing trainers, etc.

Please use the space below to include any other information you feel is important:

## **Appendix B: Interview schedules and consent forms**

### **Semi-Structured Interview Questions For Project Leaders**

QUESTIONS THAT HAVE BEEN ANSWERED IN RESPONSES TO PREVIOUS QUESTIONS WILL JUST BE SKIPPED TO CUT DOWN ON INTERVIEW TIME

What is your job description, and what do you do here at .....

How did you come to work here? Do you have a background in horticulture/whatever it is they're doing?

Can you tell me what activities you have going on here at....

How did the project get started?

What kind of people does the project cater to?

Why is that? (find out who is excluded or included)

What kind of people would you like to work with here?

What is the dropout rate like, and why do people leave the project?

How do participants (insert however they refer to users) end up here?

What is the philosophy behind the project? What are its aims and objectives?

What do participants get out of the project?

What's the yearly pattern of activity like?

Can you tell me a bit about funding?

How has the project changed over the course of its existence?

How are activities planned, organized and managed?

Do you have an in-house measure for successful outcomes?

How useful do you think your project is for people for whom alcohol is a problem?

What organisations are you affiliated with (Thrive, eco-minds, charities, etc.)?

Do you know about any projects similar to yours?

What is the future looking like for this project? Do you have any plans?

## **Project Helper/Volunteer/Junior Staff Semi-Structured Interview Questions:**

QUESTIONS THAT HAVE BEEN ANSWERED IN RESPONSES TO PREVIOUS QUESTIONS WILL JUST BE SKIPPED TO CUT DOWN ON INTERVIEW TIME

What is your job description, and what do you do here at .....

What made you decide to help at the project?

Roughly how much time do you put in at the project?

How did you come to work here? Do you have a background in horticulture/whatever it is their doing?

Can you tell me what activities you have going on here at....

What kind of people does the project cater to?

What is the dropout rate like, and why do people leave the project?

What is the philosophy behind the project? What are its aims and objectives?

What do participants learn here?

What's the yearly pattern of activity like?

How has the project changed over the course of its existence?

How are activities planned, organized and managed?

How useful do you think your project is for people for whom alcohol is a problem?

## Participants - Semi-Structured Interview Questions

QUESTIONS THAT HAVE BEEN ANSWERED IN RESPONSES TO PREVIOUS QUESTIONS WILL JUST BE SKIPPED TO CUT DOWN ON INTERVIEW TIME

What's your name? (if participant hasn't chosen to remain anonymous)

How old are you?

Where do you live? (determine if it's supported accommodation, etc.)

How long have you been coming to the project?

How often do you come here per week?

Why do you come here?

What is your background? (illicit information on alcohol history)

How does coming here make you feel?

How much of an effect has coming here had on how you lead your daily life?

Does it help you to stay sober/cut back on drinking/other suitable phrase based on what I've been told about their background.

How does working outside at this project compare with other activities or therapies you have done?

## **PARTICIPANT INFORMATION SHEET AND CONSENT FORM**

### **Study Title:**

**Cultivating new lives - investigating eco-therapy as a form of alcohol rehabilitation in Northern Ireland – An assessment of existing provisions.**

### **Invitation Paragraph:**

We are inviting you to take part in a study looking at forms of nature-based therapy. Effective forms of community intervention can be very successful in helping people who have an assortment of challenges, including alcohol misuse. Research looking at how these kinds of projects work is very important, and it would be appreciated if you would help by telling us about your experiences. This study focuses on finding out about the different eco-therapy services that exist in Northern Ireland, and how users engage with them. Eco-therapy refers to any activity that uses nature to help people who are overcoming problems. This study will form the basis of a larger study that will investigate people's experience of using eco-therapy. This information in turn will help inform the development of interventions and rehabilitation programmes that can help people suffering from alcohol related problems.

**What is the purpose of the study?** The purpose of the study is to gather information from eco-therapy providers and participants regarding the projects they are involved with, in order to find out how the projects function and how people who run and use them feel about their engagement with the project. This a small study to get a better idea of what eco-therapy provisions already exist, and to get some idea of how the organizers and participants feel about eco-therapy. This may involve some sensitive questions, and you are under no obligation to answer any question you are uncomfortable with for any reason.

**Do I have to take part?** We would like you to take part in the research and to provide us with more information on your experience of eco-therapy, but this is not compulsory.

**What will I do if I take part?** If you are happy to participate in the research we will first ask you to read this information sheet and sign the consent form. We will then ask you some questions about your background, and your engagement with the eco-therapy project. This will be recorded on a voice recording device. There are no right answers, and we just want to hear about your personal experiences.

**What are the possible disadvantages and risks of taking part?** While you may be asked to answer questions about your personal history that has brought you to this project, all your personal information will remain confidential. We will not speak to anyone about what you tell us without your consent. The information you give us, including verbatim quotes, may be used in