

**Exchange Workshop: Lund, Sweden**

**June 13-14, 2012**

## **Social Aspects 1**

### **Cheadle Royal Hospital: A Garden for Alzheimer Patients**

Early designed parks were heavily based on visual aesthetics grounded on the traditions of the country house park and garden. Birkenhead Park in its original layout was a place for walks with the family, meeting friends, but also providing an opportunity for the local dock workers to have time with their families away from the gin halls of the 19<sup>th</sup> century. Paxton's original plan had no areas for sports: football and cricket pitches, and playgrounds were a later addition. The original supporters of these early parks recognised the health giving values of the parks, but structured and formalized recreation was never on the original agenda. However, parks have shown a remarkable ability to morph into new uses as needs and demands of society change. In the past twenty years there has been substantial research in terms of the restorative benefits on health and well-being of green spaces. It remains unclear why parks and green spaces have not played a more central role in society.

A 'friends' group of a psychiatric hospital raised €60,000 to redevelop a derelict area for a therapy garden for the Alzheimer's unit. Located on the outskirts of Manchester, the hospital is a Grade 1 listed structure and the gardens are a rare institutional listed landscape. Protective legislation caused substantial problems and the design had to be completely amended to meet the requirements of the local planning officer...a long story, and not for now. However, the original formal path layout had to be retained and dictated the form of the garden.



The hospital looks like an English country estate with a formal entrance avenue, gardens, and parkland.

The new garden is located lower centre.

Substantial research was carried out and surprisingly there was little information available; what was available was principally from the United States. It was essential to understand who we were designing for, a substantial difference compared to more generic or universal park design. Interviews were carried out with medical staff and family members of patients that led to a design of three areas: the home garden, the orchard and the park. This reflected the types of parks and gardens the patients would be familiar: **remembrance therapy**.

Plants and features were selected for their associations and familiarity that the patients would most likely have. Plants were familiar, old fashion species rather than new varieties and introductions. They were also chosen for **sensual stimulation**: colour, scent, sound, texture, and touch.



Clematis



Hollyhock



Lilac



Foxglove

Traditional park benches were used, rather than a modern alternative or individual seats. Alzheimer patients normally prefer benches to seats. Horticultural activities are often part of the treatment regime, but other activities such as hanging up washing were proposed. This was not approved by the hospital!



Traditional Seating



English park bench



Traditional activities

Security and safety were a key issue. Paths were smooth and level as many patients have lost motor skills particularly in the later stages. Patients are also prone to wander off and the site was secured by existing low walls and new hedges. Enclosure also meant a reduced number of nursing staff needed to be with the patients, previously there was a 1:1 ratio when outside. Developing a specialist garden is complex, but the key point is to understand the needs of the user. In this case it also included the needs of the medical and ancillary staff. Of course, the story is much longer but this should give you a basic understanding of the project.



View across 'parkland'



View towards home garden



Planting volunteers