

# The Great Outdoors

Being outdoors brings many benefits to older and disabled people, whether living in the community or in care settings. Sunshine promotes the manufacture of vitamin D, which is essential for healthy bones. Fresh air and a change of scene encourage exercise and provide something new to think and talk about. Going out of doors also seems to be psychologically essential, at least for some people.



Ninety per cent of the 300 older people interviewed for a study in 2007 by researchers at Edinburgh University said it was very important to them to get outside their house or flat. As one put it, "It's a psychological thing about escaping from the flat. I get cabin fever and a load comes off my mind when I go out." Another: "It's my great pleasure in life: I can't bear to be indoors all day."<sup>1</sup>

Sitting or walking in natural, green surroundings is especially helpful in reducing feelings of stress, according to researchers at the University of Michigan. Last year they found that the levels of two chemicals in the saliva associated with high levels of stress dropped by as much as a quarter once participants in their study had been close to nature for 20 minutes.<sup>2</sup>

Yet many people living in care settings never experience the joy of going outdoors, even into the care setting's grounds. Researchers from University College London, who interviewed 1500 care staff, reported in 2018 that, "Many care home staff were never or almost never aware of a resident being taken out of the home for their enjoyment".<sup>3</sup> It doesn't seem beyond the bounds of possibility that this situation is linked to the high levels of depression and loneliness amongst

care setting residents – twice the rate for people of the same age living in the community. Who wouldn't feel lonely and depressed if they remained hermetically sealed day after day, communing with man-made objects – the television and institutional plastics – and never feeling the kinship of the natural world?

The failure of many care settings to enable residents to go outside chimes with my own experience of visiting countless settings over the last 20 years. One care setting in which I visited a resident two or three times a week for several summer months, was encircled by attractive lawns with trees and bushes and a small paved area with tables, in addition to a network of surfaced paths. Yet I only ever saw one resident outside – in addition to the lady I would visit, who loved going out with me to enjoy the trees and views of the sky and the occasional plane. This home had a good CQC rating and seemed to have plenty of staff.

One care setting determined to get residents outdoors if they wish to go is Hall Grange, a 40-bed service providing residential and dementia care in Croydon, South London, owned by MHA. It provides step-free access into spacious gardens furnished with seating, paved areas, flowerbeds and a large pond. Residents living with dementia enjoy step-free access to a smaller, albeit very pleasant area; both gardens enjoy views of tall trees in a seven-acre area beyond known as The Wilderness, which MHA are in the process of reconfiguring to provide more open space for their residents (and also at weekends for members of the public), with the help of a National Heritage Lottery Fund grant. Residents to whom I spoke on a visit in April much valued the opportunity to go outdoors. Sylvia Trinder, whom a serious stroke had left partially paralysed and now moves only in her self-propelled wheelchair told me, "Hall Grange was my son's first choice of care setting because of the garden. I sit outside after breakfast, after lunch and after supper until 7.30 or 7.45 every evening. I've been happy here from day one." Hall Grange's manager, Abiodun Williams, told me, "Some of our residents are mobile and can walk by themselves or with a frame or a self-propelled chair, but most would need help to go outside. Many of our activities take place in our gardens, but if an individual needed assistance



to go outdoors at any other time, we would always find a member of the team who could help them."

How can we ensure other care settings give outdoor access greater priority? Well, the Care Quality Commission (CQC) could give this area greater focus during its inspections. The Key Lines of Inquiry (KLOES) framework within which inspectors work includes the question, "What arrangements are there to ensure people have access to appropriate space in gardens and other outdoor spaces?" However, this question is one among many, and few CQC inspectors refer to responses to it in their published reports.

In our prisons, access to the outdoors is treated differently – as a right for every prisoner, rather than something a prison governor might offer at their own discretion. Prison rules for England and Wales state that prisoners should have the opportunity to be in the open air for at least an hour each day, and never less than half an hour.

The CQC could tell its inspectors to ask a more specific and challenging question, such as: "How does the service make sure that people have the opportunity of going outdoors for on average at least an hour a day?" If residents and relatives were aware of this question, they could put pressure on care settings to facilitate regular access, while local Healthwatch groups could quiz services in this area during their enter-and-view visits. But a poor response to this question would, like the existing one, be unlikely substantially to change behaviour on the part of care settings reluctant to recognise access to the outdoors as a basic human need. Sadly, it is hard to see the CQC downgrading a service which always keeps its residents indoors.

An alternative approach would be to give people living in care settings their own right to access the outdoors for a minimum average period each day,

as prisoners (who are not paying for their own incarceration) enjoy. Services would have to balance a resident's wishes (expressed by themselves or their legal representative) alongside their state of health and the weather. But they would have to explain to CQC inspectors how they had arrived at their decisions and would not be able to come up with unconvincing reasons for keeping people indoors.

**How much longer must so many older and disabled people living in Britain's care settings wait before they can experience the breeze on their face or the sound of birdsong for real – rather than on a television screen or by gazing out of the lounge window?**

## +Marion Shoard

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### References:

- <sup>1</sup> OPENspace Research Centre, School of Art, University of Edinburgh, *Experiences of Outdoor Environments*, 2008
- <sup>2</sup> Hunter, M R, Gillespie, B W & Chen S Y, 'Urban Nature Experiences Reduce Stress in the context of Daily Life Based on Salivary Biomarkers', *Frontiers in Psychology*, 4 April, 2019
- <sup>3</sup> Cooper, C et al 'Do care homes deliver person-centred care?' *PLoS ONE*, 13(3), 21 March, 2018