Mental Health and Wellbeing of Unpaid Carers Through Social and Therapeutic Horticulture

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Abstract

This Churchill Fellowship report explores how therapeutic landscapes—such as community gardens, botanical spaces, and urban parks—can support the mental health and emotional recovery of unpaid carers in the UK. With over 5.7 million unpaid carers experiencing high levels of stress, social isolation, and identity disruption, there is an urgent need for holistic, accessible interventions beyond clinical settings. Drawing on site visits to more than 60 locations across Sweden, Norway, and Denmark, as well as interviews with practitioners and carer organisations, the report investigates how Scandinavian models of nature-based therapy and social and therapeutic horticulture (STH) can inform UK practice.

Findings highlight that therapeutic landscapes, when intentionally designed and embedded in care systems, offer powerful tools for stress reduction, identity repair, and community reconnection. Scandinavian programmes such as Gröna Rehab and Nacadia exemplify trauma-informed, sensory-rich environments that foster emotional safety and routine. These landscapes function not as leisure amenities, but as civic infrastructure for recovery.

The report proposes a UK-specific therapeutic horticulture programme co-designed with carers, alongside recommendations for policy integration, inclusive design, and digital access for carers in remote areas or post-caring phases. By recognising nature as a legitimate form of care infrastructure, this report advocates for systemic change—embedding greenspace as a core component of carer wellbeing support across the UK.

1. Introduction

1.1 The Mental Health Crisis Among Unpaid Carers in the UK

There are more than 5.7 million unpaid carers in the UK, providing essential support to family members or friends with chronic illness, disability, or age-related conditions (Carers UK, 2024). While caregiving can be meaningful, it is also associated with profound emotional, physical, and social costs. Among the most pressing challenges is social isolation—driven by time constraints, mobility limitations, loss of social connections, and a lack of services that prioritise carers' own wellbeing.

According to Carers UK's *Valuing Carers* (2023) and *State of Caring* (2023) reports, more than half of all carers report worsening mental health, with 82% experiencing stress or anxiety. Nearly half provide more than 50 hours of care each week, and many feel overlooked by health and social care systems. These figures point to an urgent need for tailored, accessible mental health support.

Recent research highlights that unpaid carers are also at risk of trauma, compassion fatigue, and empathic distress. Repeated exposure to suffering, medical emergencies, or aggressive behaviour can result in long-term psychological strain. Studies by Hughes et al. (2020) and Dewar et al. (2021) emphasise that emotional exhaustion among carers is both widespread and under-recognised, particularly in the context of sustained caregiving roles.

Community-based, preventative interventions—such as nature-based therapy—offer promising pathways to support carers' wellbeing without the stigma or barriers often associated with clinical services.

1.2 A Therapeutic Landscape Approach

Therapeutic landscapes—such as community gardens, sensory spaces, and urban greenspaces—hold powerful potential for supporting the mental health of unpaid carers. Grounded in interdisciplinary research across geography, psychology, landscape design, and public health, these environments provide safe, restorative experiences that reduce stress and foster identity rebuilding.

Theories like Attention Restoration (Kaplan & Kaplan, 1989), Stress Reduction (Ulrich, 1991), and Salutogenesis (Antonovsky, 1987) help explain how natural settings support emotional recovery. Nature Connectedness (Richardson et al., 2020) further suggests that sustained engagement with nature—emotionally, cognitively, and physically—can build resilience and wellbeing.

Carers, who may face identity erosion, chronic stress, or burnout, benefit from spaces that are quiet, sensory-rich, and non-clinical. These landscapes do not require explanation or performance; they offer carers gentle invitations to be present, reflect, and reconnect. For many, nature becomes a silent partner in healing—supporting dignity, autonomy, and recovery on their own terms.

This report explores how therapeutic landscapes—especially through Social and Therapeutic Horticulture (STH)—can address the hidden emotional toll of unpaid care. Through visits to more than 50 sites across Scandinavia, and through interviews with landscape practitioners and care organisations, I examine how the UK might adapt these models to better support carers' mental health.

2. Nature-Based Therapy — Background, Theories, and Application to Unpaid Carers

2.1 Defining Nature-Based Therapy

Nature-based therapy refers to a range of structured or informal practices that use natural environments to support emotional, physical, and psychological wellbeing. Common modalities include:

- **Ecotherapy**: Guided sessions in natural settings that support emotional processing.
- **Social and Therapeutic Horticulture (STH)**: Gardening activities designed to promote self-regulation, confidence, and community connection.
- **Forest Bathing (Shinrin-yoku)**: Immersive, mindful time in wooded areas to reduce stress and restore calm.
- **Therapeutic Landscape Engagement**: Intentional use of outdoor spaces (e.g., sensory gardens, allotments, riversides) for wellbeing.
- **Therapeutic Landscape Design**: The creation of spaces incorporating sensory features, accessibility, and symbolism to support mental health.

These interventions offer non-stigmatising pathways to recovery—particularly valuable for unpaid carers, who often navigate chronic stress, emotional depletion, and identity disruption. Nature connectedness—the emotional and cognitive bond with the natural world—is a measurable predictor of resilience and mental wellbeing (Richardson et al., 2020).

Frameworks from ecopsychology, Indigenous knowledge, and panpsychism further extend this view, proposing that nature is not a passive backdrop, but an active, reciprocal participant in healing. For carers facing grief or burnout, such perspectives offer alternative, dignity-affirming pathways to recovery.

2.2 Theoretical Frameworks

Nature-based therapy is underpinned by several interdisciplinary theories that clarify how environments promote emotional regulation and recovery. The most relevant to carers include (Table 1):

Framework	Key Concepts	Relevance to Carers
Attention Restoration Theory (Kaplan & Kaplan, 1989)	"Soft fascination" in natural settings restores cognitive focus	Reduces mental fatigue and hypervigilance
Stress Reduction Theory (Ulrich, 1991)	Nature exposure lowers cortisol and activates calm responses	Helps with chronic anxiety and emotional overload
Biophilia Hypothesis (Wilson, 1984)	Humans have an innate need to connect with life/nature	Supports emotional wellbeing post-isolation
Salutogenic Model (Antonovsky, 1987)	Health is promoted through meaning, coherence, and manageability	Encourages resilience and purpose
Place Attachment Theory (Low & Altman, 1992)	Emotional bonds to place strengthen identity and belonging	Helps carers rebuild identity in restorative settings
Social Support Theory (House et al., 1988)	Peer connection improves wellbeing and reduces loneliness	Validates community gardening and peer-led groups
Trauma-Informed Design	Spaces foster safety, autonomy, and emotional regulation	Critical for carers managing complex grief or PTSD
Perceived Sensory Dimensions (PSDs) (Pálsdóttir et al., 2017)	Refuge, Prospect, Social Quietness, and Serene Nature as sensory features	Enables adaptive, mood-responsive landscape use
Nature Connectedness (Richardson et al., 2020)	Emotional, spiritual, and cognitive bond with the natural world	Strongly predicts carer wellbeing and resilience

Table 1: Key Nature Based Theories

2.3 Scandinavian Models of Nature-Based Therapy

Though not always carer-specific, Nordic models offer highly transferable lessons:

- **Nacadia® Garden (Denmark)**: Offers a phased therapeutic model (Stabilisation, Processing, Preparation) designed around sensory safety and group cohesion.
- **Alnarp Rehabilitation Garden (Sweden)**: Formerly applied Supportive Environment Theory (SET) to help individuals recover identity and agency.
- **Gröna Rehab (Gothenburg, Sweden)**: Integrates mindfulness, seasonal gardening, and interdisciplinary support to help those with burnout reconnect to self and rhythm.
- **Grønn omsorg (Norway)**: Uses care farms for sensory-based routines, animal care, and food growing. Though designed for care recipients, the model has potential for carers.
- **Haverefugiet (Denmark)**: A flexible, social enterprise-run sanctuary garden supporting people with stress-related conditions through nature walks, partnerships, and gardening.
- **Simon Høegmark (Denmark)**: Pioneered the evidence base for Nature-Based Therapy (NBT), showing the psychological and social benefits of structured outdoor interventions.

2.4 Integrating Nature-Based Therapy into Carer Support Systems

Scandinavian models demonstrate that nature-based therapy can be mainstreamed into public services. Lessons for the UK include:

- **Cross-sector collaboration**: Mental health professionals, landscape architects, and voluntary groups working together.
- **Trauma-informed, co-designed spaces**: Designed to accommodate emotional complexity and cultural difference.
- **Low-barrier access**: Carers can engage without referral, diagnosis, or cost.

UK organisations such as **Thrive**, **Get Out More CIC**, and **The Eric Liddell Community** already implement elements of this work. However, there is untapped potential to formalise these approaches within carer services, particularly through:

- **Nature-based respite programmes**
- **Green care farms**
- **Peer-led therapeutic gardening groups**

Self-organised initiatives are especially valuable. They offer shared ritual, community, and mutual aid—key pillars in post-care identity rebuilding and emotional recovery.

3: Social and Therapeutic Horticulture (STH) and Greenspace Engagement: Definition and Applicability to Unpaid Carers

3.1 Key Definitions

Social and Therapeutic Horticulture (STH) refers to the structured use of gardening activities—such as planting, weeding, harvesting, and sensory interaction—as tools to promote psychological, physical, and social wellbeing. Unlike casual or recreational gardening, STH is guided by trained facilitators and designed with therapeutic outcomes in mind. For unpaid carers, STH supports emotional regulation, self-confidence, and reconnection through safe, meaningful engagement with nature.

Greenspace engagement encompasses both structured and informal interactions with natural environments—parks, sensory gardens, urban woodlands, or riversides—used to promote restoration and wellbeing. Whether through guided walks or quiet time outdoors, these spaces offer carers a reprieve from the sensory and emotional overload of caregiving.

Though distinct in approach, STH and greenspace engagement are complementary. STH involves "doing with nature," while greenspace engagement allows for "being in nature." Scandinavian sites such as Gröna Rehab (Sweden), Grønn omsorg (Norway), and Alnarp Rehabilitation Garden (Sweden) illustrate how both modalities can coexist within therapeutic landscapes—offering carers opportunities for reflection, movement, creativity, and community.

3.2 Why Horticulture? Why Greenspace? Why Carers?

Unpaid carers often experience chronic stress, isolation, and emotional depletion—needs that structured gardening and nature engagement can address in unique ways. Evidence from the UK (e.g. Thrive, 2018) shows that STH improves mood, confidence, and social connection, particularly when delivered in supportive group settings. These benefits have become even more urgent since the COVID-19 pandemic, which intensified carer stress and reduced access to support networks.

International models—including Japan's therapeutic horticulture, Dutch care farms, and Norway's Grønn omsorg—highlight the global relevance of nature-based interventions. While these programmes traditionally focus on care recipients, the same sensory environments and structured routines can support carers as they process experiences, rebuild identity, and regain emotional stability.

Unlike clinical services, nature-based approaches offer low-barrier, low-stigma entry points. These spaces provide quiet validation—requiring no justification, diagnosis, or performance. For carers overwhelmed by emotional labour, therapeutic landscapes act as gentle sanctuaries for presence, autonomy, and healing.

3.3 Theoretical Foundations in Practice

STH and greenspace engagement are grounded in experiential, multisensory theory, echoing frameworks outlined in Section 2:

- **Attention Restoration Theory** (Kaplan & Kaplan, 1989): Carers benefit from low-effort, involuntary attention in nature, helping reduce cognitive overload.
- **Stress Reduction Theory** (Ulrich, 1991): Natural settings lower cortisol and promote calm via colours, textures, and sounds—key for carers experiencing overstimulation.
- **Perceived Sensory Dimensions (PSDs)** (Pálsdóttir et al., 2017): Refuge, Nature, and Prospect are design features that allow carers to move between solitude and social connection.
- **Trauma-Informed Design**: Emphasises user autonomy, safety, and sensory predictability—essential for carers managing complex grief or long-term stress.

Crucially, these landscapes offer healing through what they don't demand. Stillness, silence, and non-verbal processing become acts of self-care. A quiet bench under a tree may offer as much therapeutic value as a facilitated session. For many carers, these moments offer the first step in reclaiming a sense of self, identity, and community.

4. Relevance of Nordic Models and Practices for the UK Context

The Nordic countries—particularly Sweden, Denmark, and Norway—offer powerful examples of how therapeutic landscapes can be embedded within public health and carer support frameworks. Rather than treating green and blue spaces as optional amenities, these countries integrate them as essential infrastructure for recovery, identity rebuilding, and mental wellbeing.

This section outlines the practical applications of these models and how they can inform the development of carer-sensitive nature-based interventions in the UK.

4.1 Therapeutic Landscapes in Practice

Programmes such as the Alnarp Rehabilitation Garden and Gröna Rehab in Sweden illustrate how structured nature-based interventions can be embedded into mainstream healthcare. Gröna Rehab, for example, delivers a 12-week programme that combines seasonal gardening, mindfulness, and psychological support—creating a sensory-rich, trauma-aware space for people recovering from stress-related illness. Although not carer-specific, the model's emphasis on identity repair and peer connection makes it highly adaptable for unpaid carers in the UK.

In Denmark, the Nacadia Therapy Garden incorporates Perceived Sensory Dimensions (PSDs) and therapeutic horticulture to offer flexible, evidence-based engagement for diverse users. The design enables both passive and active interaction—valuable for carers with fluctuating energy levels or emotional needs.

Smaller-scale models, like the garden at Vestre Kirkegård in Copenhagen, show how inclusive, low-threshold spaces can support mental health without clinical framing. These

public, sensory-informed sites could inspire similar informal applications in UK carer services, especially where formal interventions are underutilised.

4.2 Comparative Policy and Mental Health Support for Carers

Nordic countries tend to offer more integrated carer support through their welfare systems. In Sweden and Denmark, carer wellbeing is embedded into both healthcare and labour policies. Norway focuses on access to municipal services and personalised care planning. As summarised in **Appendix A**, these systems offer more consistent support for carer mental health, respite, and recognition.

Appendix B outlines how Nordic countries embed psychoeducational resources and co-produced emotional support into local services. For instance, Denmark's trial of **Compassion Cultivation Training (CCT)** for carers of individuals with mental illness demonstrates innovation in preventive support.

The shared ethos across these systems is simple: carers are not invisible. They are recognised as people in need of their own recovery, emotional validation, and community connection—principles that UK systems are only beginning to consistently adopt.

4.3 Translating Nordic Insights to the UK

Despite structural differences, several Nordic principles are highly transferable:

- **Policy Integration**: Nordic models align planning, health, and care within shared wellbeing strategies. In the UK, **Integrated Care Systems (ICSs)** could commission therapeutic horticulture and green prescribing programmes tailored to carers, especially during life transitions.
- **Therapeutic Normalisation**: Structured nature-based interventions are a routine part of recovery in Scandinavia. UK schemes could extend **green social prescribing** to include carers post-bereavement or following burnout, rather than relying solely on clinical thresholds.
- **Participatory Design**: Sweden and Norway use **Public Participation GIS (PPGIS)** to capture emotional responses to landscapes and co-design carer-sensitive spaces. Similar tools could ensure UK greenspaces reflect the lived experience of diverse carers.
- **Place-Based Adaptation**: Urban gardens, micro-greenspaces, and sensory pockets can be embedded into the UK's existing infrastructure. Even compact spaces—like **The Cloud Gardener** in Manchester—can deliver powerful outcomes through creative, trauma-informed design.

4.4 Green Care Farms: A Missed Opportunity for Carers

In Norway, **Grønn omsorg (green care farms)** support people with dementia, mental illness, or learning disabilities through structured farm-based activities. These are commissioned as public health services and integrated into municipal care frameworks.

Although primarily aimed at the cared-for, the model could easily be adapted for unpaid carers. Farms offer rhythm, sensory richness, and purposeful activity—all valuable to carers coping with emotional exhaustion, grief, or isolation. Shared models—where carers and cared-for both benefit—offer further potential.

A UK pilot could adapt **Gröna Rehab's** therapeutic framework to a rural green care context, providing both respite and recovery. While green care farms exist across the UK, they are currently underutilised for carer-specific programming.

5. Challenges and Contextual Differences

While Nordic models of therapeutic landscapes offer valuable inspiration, they cannot be transferred directly to the UK without accounting for cultural, systemic, and spatial differences. This section outlines the main challenges to adaptation and areas requiring contextual sensitivity and innovation.

5.1 Policy Landscape and Service Integration

Nordic countries benefit from integrated, publicly funded health and social care systems. Therapeutic landscapes in places like Sweden are embedded into municipal planning and are often co-funded by cross-sector partnerships. By contrast, carer support in the UK—particularly for former carers—remains fragmented. Nature-based programmes, though growing through green social prescribing, often lack structural integration or consistent funding pathways.

Carers in the UK frequently fall through service gaps, especially after the end of their caring role, when they may still need emotional and psychological support. Nature-based services for this group are limited and under-promoted. Yet examples from Oslo show how urban farms and gardens can be positioned as part of a wider care ecosystem, not just leisure assets.

5.2 Land Use and Spatial Planning

Scandinavian countries plan greenspace as part of public health infrastructure. Sweden's *allemansrätten* (right to roam) and Denmark's municipal stewardship ensure access to nature as a civic right. By contrast, the UK's planning systems often treat green infrastructure as discretionary or aesthetic rather than functional for wellbeing.

Embedding therapeutic design into UK spatial policy will require strategic partnerships with planning departments, Integrated Care Systems (ICS), and local community groups. Even small-scale interventions—like sensory trails or refuge zones in parks—could significantly expand the therapeutic landscape available to carers.

5.3 Cultural Norms and Nature Engagement

Friluftsliv (open-air life) is woven into Nordic culture, supporting year-round outdoor engagement. In the UK, nature is more often framed as leisure or therapy, rather than a normalised part of daily life. For many carers—especially in urban, low-income, or ethnically minoritised communities—green space may feel unfamiliar, unsafe, or irrelevant.

UK adaptations must reframe nature as **essential infrastructure** rather than luxury. Design should reflect diverse cultural meanings of nature and avoid assumptions that "green" is universally accessible or desirable. Community gardens like Losæter in Oslo offer a compelling model: civic, co-produced, culturally attuned.

5.4 Professional Training and Interdisciplinary Practice

Scandinavian success is partly due to interdisciplinary delivery. Programmes like Gröna Rehab are supported by therapists, horticulturists, landscape architects, and mental health professionals working in concert. In the UK, however, green care often operates in silos.

To adapt these models, the UK must invest in cross-sector training, trauma-informed design skills, and partnerships between NHS trusts, local authorities, voluntary organisations, and landscape professionals. Pilot programmes could trial co-delivery frameworks to evaluate integrated outcomes.

5.5 Diversity of Carer Experience

UK carers are diverse—across ethnicity, gender, disability, age, and caregiving context. Many face intersecting barriers: inaccessible parks, cultural exclusion, stigma around help-seeking, or lack of transport. Designing therapeutic landscapes for carers must reflect this diversity through:

- **Culturally responsive co-design**
- **Trauma-informed spaces**
- **Universal design principles**
- **Support across the life course** (from young carers to those ageing in place)

A carer from Edinburgh shared:

"*I've lived here all my life but had never really seen the city until I joined a walking group. It helped me find new places, new people, and feel like myself again.*"

Such stories underline the value of low barrier, supported greenspace engagement that rebuilds connection, confidence, and identity.

5.6 Summary

Nordic models offer clear lessons in intentional design, sensory inclusion, and community integration. Yet these must be adapted with care, acknowledging the UK's fragmented services, cultural diversity, and spatial inequality. A successful UK model will embed these insights into trauma-aware, inclusive, and locally co-designed therapeutic landscapes—restorative environments that serve as infrastructure for emotional recovery and carer wellbeing.

6: UK Context and Potential Applications

The core principles of Nordic therapeutic landscapes—accessibility, intentional design, sensory richness, and social inclusion—are highly relevant to the UK. However, adapting these models requires consideration of the UK's fragmented health systems, constrained urban planning, and the diverse realities of unpaid carers. This section explores how the UK can pragmatically apply Nordic insights to build inclusive, scalable, and trauma-informed therapeutic landscapes.

6.1 Unpaid Carers in the UK: A Growing Need

The UK has over 5.7 million unpaid carers, a number rising steadily due to ageing populations and pressure on health services. Many carers report emotional exhaustion, chronic stress, and social withdrawal—often intensified after their caring role ends. These "carers in transition" fall through support gaps, no longer eligible for targeted services but still carrying the psychological legacy of caregiving.

Despite progress via the Carers Action Plan (2023) and Green Social Prescribing pilots, support remains uneven. Many carers still lack access to holistic mental health support. Structured nature-based programmes could provide a low-barrier, dignifying alternative—particularly for those who avoid or disengage from clinical services.

6.2 Learning from Nordic Therapeutic Landscape Models

Nordic case studies offer practical inspiration:

- Gröna Rehab (Sweden): Combines horticulture, mindfulness, and trauma-sensitive facilitation to rebuild rhythm and identity. Though not carer-specific, its relevance to post-caregiver recovery is clear.
- Nacadia Therapy Garden (Denmark): A research-led model aligned with healthcare institutions, offering structured yet adaptable sensory engagement. The Nature-Based Therapy (NBT) approach could integrate well into UK Integrated Care Systems (ICSs).
- Grønn omsorg (Norway): Green care farms supporting mental health through structured animal care and gardening. While currently aimed at the cared-for, these environments offer strong potential as shared or carer-dedicated respite spaces.

Each example shows that therapeutic landscapes don't require vast wilderness, but rather: intentional design, psychological safety, and co-created community use.

6.3 Translating Nordic Insights to UK Policy and Practice

To embed therapeutic landscapes in UK carer support, action is needed across five areas:

A. Policy and Commissioning Alignment

* Include therapeutic horticulture in NHS green estate planning and local authority health strategies.

* Recognise carers (current and former) as a distinct wellbeing group eligible for nature-based interventions.

B. Targeted Programme Development

* Pilot post-caring horticulture groups, grief-informed nature walks, and carer-specific sensory spaces.

* Partner with carer centres, ICSs, and voluntary groups for reach and sustainability

C. Design and Access Innovation

* Develop carer-informed greenspace design guidelines, drawing on Perceived Sensory Dimensions (PSDs).

* Prioritise small, quiet, culturally relevant spaces—especially in underserved or urban areas

D. Inclusive Engagement and Awareness

* Use Public Participation GIS (PPGIS) and creative methods to map carer experience in parks and gardens

* Build campaigns that reframe greenspace not as leisure, but as emotional infrastructure

E. Cross-Sector Training and Collaboration

* Promote trauma-informed and culturally competent training for NHS link workers, landscape architects, and carer practitioners

* Facilitate collaborative planning between carer organisations, green charities, and local authorities

6.4 Reframing Therapeutic Landscapes as Emotional Infrastructure

Therapeutic landscapes should not be framed as "nice extras"—they are essential to recovery, resilience, and reconnection. For carers, nature-based spaces can provide identity repair, social support, and gentle sensory regulation. Whether on a balcony, in a park, or through a digital garden walk, these environments invite carers into spaces that hold, not demand,

A UK model must reflect this: not replicating Scandinavian infrastructure, but reimagining therapeutic space as care infrastructure—flexible, inclusive, local, and co-produced. Such spaces have the power not only to prevent burnout, but to offer a path back to the self.

7. Methodology

This Churchill Fellowship involved a multi-method research design combining in-person fieldwork with remote qualitative engagement. The project investigated how therapeutic landscapes might support the mental health and wellbeing of unpaid carers, drawing on site visits and discussions with practitioners and carer support organisations. The research

spanned the Nordic countries of Sweden, Norway, Denmark, alongside international online contributions from Finland, Australia, Ireland and UK. Fieldwork was conducted in-person during March and April 2025, with additional remote engagement occurring between July 2024 and May 2025.

7.1 Site Selection

More than 60 sites were visited across the Nordic region, encompassing greenspace such as public parks, botanical gardens, and community gardens, and bluespace such as rivers, seafronts, and lakes. These sites were selected for their potential therapeutic qualities and relevance to carer wellbeing, even though none were explicitly designed for carers. Selection was based on the following criteria:

- Alignment with theories of therapeutic landscapes and restorative environments
- Sensory and experiential features conducive to mental wellbeing
- Accessibility to the general public
- Geographical spread and typological diversity
- Community involvement or civic integration
- Recommendations from local contacts, academic literature, and travel research

The aim was to balance high-profile urban greenspaces with lesser-known, community-led or civic-embedded sites to provide a wide comparative overview.

Photographs from the sites are in Appendix E.

7.2 Qualitative Engagement

In parallel with the site visits, qualitative conversations were conducted with practitioners, carer organisations, and community-based experts across the Nordic countries and internationally. This engagement included:

- In-person discussions during site visits
- Online meetings (e.g., Zoom/Teams)
- Follow-up email exchanges for clarification and deeper insight

While all in-person conversations occurred during March–April 2025, online engagement extended from July 2024 to May 2025. Conversations included perspectives from public sector professionals, social and therapeutic horticulture (STH) practitioners, carer advocates, and researchers. All participants were connected to unpaid carer support, directly or indirectly.

Around **15 semi-structured conversations** were conducted using a flexible interview guide. This allowed for responsive dialogue while covering consistent themes, including:

- How caring services operate within their national/local context
- Access and barriers to carer mental health support

- Integration of therapeutic landscapes or green activities into carer pathways
- Observations on stress, burnout, and recovery

Interviews were documented through detailed notetaking, expanded into field summaries shortly afterward. No audio recordings were used, prioritising a low-burden, conversational approach.

7.3 Scoring System Development

To systematically evaluate sites, two scoring frameworks were created:

- *Thematic Score (7 dimensions)*
- *Therapeutic Score (5 dimensions)*

These were grounded in established environmental psychology and geography literature and designed to capture both physical features and user-centred experiential qualities. Scores were derived from direct observation, supported by reflective notes and photography, and assigned typically within 12–24 hours of each visit.

The Thematic Score, informed by Gesler's (1992) concept of therapeutic landscapes and Kaplan & Kaplan's (1989) work on restorative environments, included:

1. Therapeutic Design – Presence of intentional features like quiet zones, sensory trails, or seating
2. Accessibility – Physical and perceptual access, wayfinding, proximity to communities
3. Nature Immersion – Density of natural elements, biodiversity, enclosure
4. Community Integration – Co-location with civic services or community-led design/use
5. Cultural or Historical Value – Connection to local identity or memory
6. Maintenance and Safety – Visual upkeep, comfort, and user security (was measured but not used in final results)
7. Restorative Qualities – Indicators of 'being away', fascination, compatibility (Kaplan & Kaplan, 1989).

The Therapeutic Score, more focused on psychological and sensory qualities, drew from Appleton's (1975) prospect-refuge theory, Ulrich's (1984) stress reduction theory, and sensory garden design (Marcus & Sachs, 2014). It assessed:

1. Sensory Accessibility – Engagement of touch, smell, sound
2. Refuge and Prospect – Balance of openness and shelter
3. Biophilic Cues – Presence of water, organic forms, seasonal interest
4. Community Presence – Evidence of local stewardship, social use

5. Restorative Potential – Overall emotional tone, sense of calm or engagement

Each dimension was scored on a 1–5 scale (1 = absent or minimal; 5 = highly evident and integrated). A full list of scoring anchors and definitions is provided in Appendix C.

7.4 Data Analysis

Quantitative scoring data were analysed descriptively, comparing mean scores across sites, countries, and landscape types to identify high-performing sites and common traits. This helped illustrate both consistencies and contextual differences in therapeutic landscape design.

Qualitative data from interviews were analysed using thematic coding, identifying recurring ideas related to carer support pathways, access to nature, barriers, and emotional recovery. Field notes were reviewed and coded iteratively, with emergent themes informing the discussion chapters.

Quantitative and qualitative findings were synthesised during analysis, allowing triangulation between observational scores, practitioner insights, and theoretical frameworks. The integration of these strands enabled a robust and context-sensitive interpretation of how therapeutic landscapes could be mobilised in carer support systems.

The research and analysis were conducted through the lens of the author's academic training in geography and lived knowledge of carer support structures, which shaped both the fieldwork focus and interpretive process.

8. Results

8.1. Patterns in Therapeutic Landscape Features

Across Sweden, Norway, and Denmark, over 60 therapeutic landscapes were assessed, encompassing a variety of greenspaces (e.g., public parks, botanical gardens, community gardens) and bluespaces (riversides, coastal areas, lakeshores). While none of these spaces were explicitly designed for unpaid carers, many embodied features consistent with therapeutic landscape principles, offering insights into their potential role in carer wellbeing. Full results can be found as Appendix D. Photographs of selected sites are in Appendix E.

Key Findings:

- **Botanical Gardens and Community-Led Spaces**: Gardens such as those in Gothenburg, Aarhus and Copenhagen scored well due to their sensory engagement, immersive planting, and accessibility. Community gardens, including those in Oslo, were also notable for their ability to foster a sense of belonging and provide restorative environments.
- **Public Parks**: Some parks, like Stadsparken in Lund, were intentionally designed with therapeutic features such as sensory and reflective zones. The park's wellbeing trail, developed in collaboration with a local non-profit, encourages physical activity while connecting users to green spaces, reinforcing the therapeutic value of urban parks.

High-Performing Dimensions:

- **Nature Immersion**: Botanical gardens, such as those in Gothenburg, Uppsala, and Aarhus, provided a strong sense of "being away," important for mental restoration. The layered vegetation and immersive pathways promoted a restorative experience, critical for those seeking respite from daily stress.
- **Refuge and Prospect**: Spaces offering sheltered seating and expansive views, such as Ekebergparken in Oslo, provided a sense of calm and safety, promoting reflection and mental restoration.
- **Community Presence**: Community gardens and local parks, such as those in Gothenburg and Copenhagen, demonstrated significant community use, indicating the social infrastructure role of these spaces. They served as low-barrier spaces where local events and social interactions could take place, providing much-needed social connections for carers.
- **Sensory Accessibility**: Water features, textured planting, and seasonal changes, found in sites like Glyptoteket Courtyard Gardens in Copenhagen, contributed to multisensory engagement. These gardens provided an often-overlooked therapeutic experience, adding to the restorative potential of urban spaces.

Lower-Performing or Inconsistent Dimensions:

- **Cultural or Historical Value**: While many sites have deep cultural significance, few spaces made these elements emotionally resonant through interpretation or programming aimed at mental health or care, limiting their therapeutic reach.
- **Intentional Therapeutic Design**: Outside of specialist sites, few spaces incorporated sensory trails, meditative signage, or spaces designated for rest or reflection. Stadsparken in Lund was a notable exception, with its purpose-built wellbeing trail aimed at promoting health and relaxation.

In summary, while Nordic greenspaces are rich in therapeutic potential, this value is often under-utilised, particularly concerning the wellbeing of unpaid carers. These spaces present significant opportunities for co-design with carer organisations and health-focused programming to bridge the gap between existing infrastructure and carer support needs.

8.2 Copenhagen: Nature-Based Therapy Initiatives

In Copenhagen, the Center for Ældreliv og Innovation actively works with nature-based therapy under the programme *Nærvær i naturen* (Presence in Nature), as part of their mental health support offerings. A key component of this initiative is their dedicated therapeutic garden located at Vestre Kirkegård (West Cemetery). This garden serves as an intentional therapeutic space for mental health interventions, specifically designed for people dealing with grief, stress, and burnout.

The therapeutic garden is used as a setting for various forms of mental health interventions, ranging from individual therapy sessions to group-based therapeutic activities. It provides an environment where participants can engage with nature in a structured, supportive way, facilitating emotional recovery and wellbeing. The garden is designed to offer a safe, reflective

space that supports the healing process for individuals experiencing mental health challenges, especially those coping with grief and burnout.

8.3. Carer Support Systems in Nordic Countries

Semi-structured conversations across Norway, Sweden, Denmark, and Finland revealed both shared foundations and notable variations in carer support. This table summarises the findings, focusing on core areas: emotional support, financial accessibility, training, and cultural responsiveness. While each system has strengths, challenges persist—particularly in rural outreach, carer identity recognition, and consistency of support delivery (Table 2).

Country	Support Structure	Emotional & Mental Health Support	Financial & Practical Support	Training & Education	Cultural Responsiveness
Sweden	Integrated into municipal health and social care systems; dementia-specific teams like *Silviasystrar*; peer support built into formal services	Condition-specific support groups; mental health services prioritise stress and emotional wellbeing	Subsidies for medical/respite care; regional variation in uptake and accessibility	In-person workshops; topics include legal rights, care techniques, and stress	Personalised care planning increasing; greater recognition of cultural differences in some regions
Denmark	Municipal-led with support from civil society (e.g. churches, community orgs); services include emergency respite and bereavement support	Counselling and grief support widely available; mindfulness and community peer groups common	Grants and tax relief available; rural access can be inconsistent	Online/hybrid training integrated into public health; emphasis on emotional resilience	Growing use of culturally tailored care teams; individualised plans increasingly offered
Norway	Services coordinated via the "Carers Agreement" tool; emphasis on home-based and	Peer-led groups and counselling common; focus on community-based emotional support	Financial support available but often complex to access in rural areas	Hybrid education formats increasing; delivered through local authorities	Care plans are dynamic and adapt to carer needs over time

Country	Support Structure	Emotional & Mental Health Support	Financial & Practical Support	Training & Education	Cultural Responsiveness
	community-delivered care; flexible respite built into home care packages				
Finland	Local carer associations play central roles in coordination; public health systems offer broad coverage	Peer groups and mental health support accessible; loneliness and grief addressed explicitly	Broad financial allowances exist; rural logistics can limit access	Public health-led training with carer input; focuses on holistic wellbeing	Support is adaptive; outreach to underserved groups improving but varies by region

Table 2: The Support for Carers Across Scandinavia

8.4 Summary

The carer support systems across Norway, Sweden, Denmark, and Finland share several common elements, including robust emotional, financial, and respite support services. While each country has unique approaches, all emphasise the importance of structured care services, tailored emotional support, and accessible training programmes for carers. However, challenges persist, particularly in ensuring equitable access to services in rural areas and improving outreach to underserved carers. The integration of cultural sensitivity and personalisation within support systems reflects an evolving understanding of carers' diverse needs, highlighting the importance of adaptable care models in promoting carer wellbeing across Nordic countries.

9. Discussion

This section reflects on how therapeutic landscapes can be integrated into carer support systems, drawing from field visits, practitioner interviews, and theoretical frameworks. It identifies patterns across landscape types and contexts, highlighting how nature-based spaces support mental health recovery for unpaid carers.

9.1 What Are Therapeutic Landscapes?

Therapeutic landscapes are natural or intentionally designed environments that promote healing, reflection, and restoration. They support wellbeing through multisensory engagement—plants, water, space, and movement—and offer a crucial, non-clinical refuge for unpaid carers.

Greenspaces (e.g. gardens, parks) support physical and social reconnection, while bluespaces (e.g. rivers, lakes) often facilitate emotional recalibration and calm. These settings become part of a broader care ecosystem—not as optional extras, but as infrastructure for psychological recovery.

9.2 Nature as Civic Infrastructure

Scandinavian models—particularly Gröna Rehab—demonstrate how greenspaces can be embedded into care systems. Carers often described restorative settings as vital for emotional release and quiet reflection. Yet in the UK, these environments are underutilised.

Recognising greenspaces as civic infrastructure—not leisure—is critical. Carers need structured, accessible, and low-stigma environments to decompress, recover identity, and re-establish boundaries after intense caregiving periods.

9.3 Therapeutic Intentionality

The most effective sites intentionally incorporate healing principles into their design. Features such as sensory planting, sheltered benches, water elements, and layered vegetation create a sense of calm and agency.

Carers responded positively to environments where therapeutic intent was clear yet unobtrusive spaces that invited presence, not performance. The research supports expanding trauma-informed, biophilic design into UK greenspace strategies, especially for carer wellbeing.

9.4 Cultural Framing and Social Practice

In Scandinavia, nature engagement is culturally normalised. In contrast, UK carers often described greenspaces as inaccessible, intimidating, or emotionally irrelevant.

To address this, the UK must shift the framing of nature therapy from “nice to have” to “part of care.” Outreach campaigns, co-designed programmes, and collaborations with diverse communities are essential to break stigma and ensure cultural relevance.

9.5 Community Gardens as Carer Support Hubs

Community gardens—such as Rodeløkkens Kolonihager (Oslo) and S:t Månslyckans Koloniområde (Lund)—model how shared green spaces foster low-barrier support. They combine sensory grounding with informal peer networks and civic ownership.

UK carers expressed a need for similar spaces where they could “just be,” talk informally, or work with their hands. Gardens offer rhythm and purpose, easing emotional processing and reducing isolation.

9.6 Botanical Gardens and Structured Programmes

Formal settings like botanical gardens in Gothenburg, Oslo, and Aarhus show how structured STH programmes can be adapted for carer recovery. When paired with guided walks, sensory trails, and facilitated reflection, these sites become safe entry points into nature-based therapy.

UK gardens and city farms could build on this model—offering seasonal horticultural therapy, mindfulness sessions, or grief-informed gardening for carers, especially in the post-caring phase.

9.7 Public Parks and Bluespaces

Public parks like Stadsparken (Lund) and Ørstedsparken (Copenhagen) serve as informal sanctuaries for carers seeking quiet or gentle social connection. Strategic features—like quiet zones, natural soundscapes, and open seating—make these spaces emotionally supportive.

Bluespaces, such as the Akerselva River in Oslo, offer powerful emotional recalibration. Flowing water, reflections, and rhythmic movement create a meditative atmosphere that carers described as “soothing” or “stabilising.” In the UK, these spaces are under-recognised in mental health policy and carer programming.

9.8 Summary

Therapeutic landscapes offer a rich, underutilised resource for carer wellbeing. They provide sensory relief, social connection, and emotional safety. Whether in gardens, parks, or riversides, these environments support carers not just in crisis, but in rebuilding identity and resilience.

To fully realise their potential, the UK must integrate therapeutic landscapes into carer strategies—not as peripheral wellbeing projects, but as core infrastructure for recovery and dignity.

10. Applying Findings from Scandinavia to the Mental Health and Wellbeing of Unpaid Carers in the UK

Unpaid carers in the UK—now estimated at more than 5.7 million—face substantial emotional, physical, and social pressures. This burden intensifies during times of transition, such as after the end of a caring role. Despite improvements through the Carers Action Plan and green social prescribing pilots, support remains patchy and underfunded. Scandinavian models provide not a rigid blueprint, but a flexible framework for how therapeutic landscapes—both physical and digital—could be embedded in UK carer wellbeing infrastructure.

10.1 Comparison of Contexts

Dimension	Scandinavia	UK
Policy Integration	Strong alignment across urban planning, health, and environment	Sectoral fragmentation; siloed health and social care
Public Health Framing	Nature-based therapy normalised as preventive mental health care	Green prescribing emerging but underfunded and narrow in scope
Cultural Relationship to Nature	Deep-rooted everyday engagement (e.g., friluftsliv, allemansrätten)	Often framed as leisure or wellbeing rather than essential care
Therapeutic Landscape Design	Evidence-informed, carer-sensitive environments (e.g., Alnarp, Nacadia)	Limited provision; few carer-specific spaces
Access and Inclusion	Prioritised sensory inclusion, autonomy, and emotional safety	Patchy access: barriers include geography, stigma, and digital exclusion

Table 3: Scandinavia vs The UK

Although governance and land use differ, the emotional realities of unpaid care—burnout, social disconnection, and identity erosion—are strikingly similar. This common ground highlights the urgent need for therapeutic interventions that are low-barrier, adaptable, and rooted in dignity.

10.2 Transferable Lessons and Adaptations

A. Recognise Nature as Care Infrastructure
Nordic gardens like Alnarp and Gröna Rehab treat greenspace as central to mental health. In the UK, therapeutic landscapes should be recognised as part of Integrated Care Systems (ICS), not merely add-ons.

B. Embrace Everyday Nature Engagement
Programmes in Sweden and Denmark show that small, informal greenspaces offer deep value. UK councils could co-design gardens, walking routes, or micro-restorative spots with carers—spaces grounded in rhythm, routine, and dignity.

C. Prioritise Sensory and Social Accessibility
Scandinavian sites use low-stimulation zones, natural materials, and layered vegetation to reduce sensory overwhelm. UK programmes should use tools like Perceived Sensory Dimensions (PSD) to shape spaces that feel emotionally safe.

D. Promote Co-Design and Ownership
Scandinavian programmes often involve users in shaping landscapes through Public Participation GIS (PPGIS) or participatory design. UK carers could be engaged in similar ways to build spaces that reflect their realities and hopes.

E. Expand to Digital and Hybrid Access
Digital nature experiences—including live-streamed walks, garden-building kits, and guided meditations—can ensure carers in remote or restricted settings are not excluded from therapeutic landscape benefits.

10.3 Addressing Gaps in the UK Landscape

Carer wellbeing remains inconsistently supported across the UK. In particular:

- There is no unified national strategy for carers in Northern Ireland, and delivery varies widely in England
- Post-caring support is often absent, despite high rates of grief, trauma, and disconnection
- Nature-based interventions, where they exist, rarely consider carers as a specific audience or include culturally tailored programming

Embedding therapeutic landscapes into national strategies would help address these gaps. This requires funding, workforce training, and long-term partnerships across care, nature, and community sectors.

10.4 Integration of Scandinavian Approaches

Several practical pathways exist for applying these insights in the UK:

- **Green Care Farms**: Adapt Norway's *Grønn omsorg* model to provide respite and shared experiences for carers and the cared-for
- **Post-Caring Transition Programmes**: Offer grief-informed, nature-based sessions to support identity rebuilding
- **Therapeutic Gardening in Urban Contexts**: Use spaces like The Cloud Gardener (Manchester) or community farms in London as low-threshold therapeutic hubs
- **Multi-Stakeholder Collaborations**: Funders, NHS trusts, carers' organisations, and landscape architects should co-create trauma-informed greenspace interventions

10.5 A New Vision for UK Carer Wellbeing

Scandinavia teaches us that therapeutic landscapes are not optional—they are care. In the UK, a new model should recognise:

- Carers as whole people with emotional and sensory needs
- Landscapes as tools for identity repair, connection, and joy.
- Digital nature experiences as valid, meaningful alternatives

Whether through a quiet corner of a park or a nature-based grief circle, carers need spaces to breathe, to reflect, and to reconnect—with themselves and with others.

A system that honours these needs is not just compassionate—it is just, sustainable, and urgently overdue.

11. Proposed Social and Therapeutic Horticulture Programme for Unpaid Carers in the UK

Building on insights from therapeutic landscape programmes across Sweden, Norway, and Denmark—as well as consultations with UK-based carer organisations—this section outlines a pilot therapeutic horticulture programme tailored to the needs of unpaid carers. The model is designed for both current and former carers, emphasising trauma sensitivity, hybrid accessibility, and identity recovery. A full 10-week outline is provided in Appendix F.

11.1 Aims of the Programme

• To support the emotional wellbeing and identity recovery of unpaid carers through structured, nature-based activities
• To create inclusive, sensory-rich spaces for connection, reflection, and regulation
• To offer scalable, trauma-informed models for integration into Integrated Care Systems (ICSs), green prescribing, and carer support networks

11.2 Key Programme Features

11.2.1 Structured Therapeutic Sessions

Sessions are held weekly for three hours in accessible greenspaces such as city farms, community gardens, or botanical grounds. Activities include sensory gardening, gentle movement, seasonal planting, and reflection. Tasks are designed to regulate stress, support emotional grounding, and promote confidence through shared purpose and routine.

11.2.2 Post-Caring Phase Support

A key innovation is its suitability for carers who have recently exited their caring role. The programme:
• Supports identity rebuilding through sensory routines, gardening, and seasonal reflection
• Offers informal peer support to reduce isolation and encourage connection
• Uses creative activities—such as journaling, planting, and shared rituals—to foster closure and gently explore future possibilities

11.2.3 Digital and Hybrid Options

To widen accessibility, the programme includes hybrid delivery:
• Online sessions with adapted nature-based activities for home environments
• Printable and postal resources (e.g., seeds, reflective journals, zines)
• Digital sensory prompts and grounding exercises
• Support for carers in remote or restricted settings to meaningfully participate from home

11.2.4 Co-Design and Participatory Planning

The programme is co-designed with carers, drawing on their lived experience. It reflects needs for cultural relevance, emotional safety, and physical accessibility. Facilitators include horticultural therapists, peer support workers, and trauma-informed practitioners.

11.2.5 Accessible, Seasonal Design

Design draws on Scandinavian principles of sensory variety, rhythm, and inclusion:
• Step-free access and clear pathways
• Sheltered resting areas and intuitive layout
• Seasonal planting to reflect change, renewal, and continuity
These features are intended to foster safety, orientation, and dignity.

11.3 Multi-Stakeholder Delivery Model

Successful delivery depends on collaboration between:
• Carer organisations for outreach and recruitment
• NHS link workers and ICS teams for integration and referrals
• Landscape and horticultural professionals for site access and facilitation
• Local authorities and community networks for maintenance and continuity

11.4 Evaluation and Impact Measurement

A mixed-method evaluation framework will assess outcomes across emotional, cognitive, and social domains:
• Pre/post wellbeing tools (e.g., WEMWBS)
• Journals, visual reflections, and creative outputs
• Facilitator observations of group dynamics and individual change
• 3-month follow-up interviews to assess longer-term impact

11.5 Scalability and Next Steps

Pilots will be trialled in varied contexts (urban, rural, coastal) to evaluate adaptability. Future steps include:
• Embedding into ICS green prescribing and carer wellbeing pathways
• Securing cross-sector funding (e.g., Shared Prosperity Fund, NHS Greener Estates)
• Training practitioners in trauma-informed facilitation and hybrid delivery
This programme offers carers not only respite but reconnection—to land, community, and self.

12. Conclusion

This Churchill Fellowship has illuminated the transformative potential of nature-based approaches in supporting the mental health and wellbeing of unpaid carers. Through my fieldwork in Scandinavia, including visits to the structured therapeutic gardens of Gothenburg, the inclusive community plots of Aarhus, and the restorative woodlands of Oslo, it is evident that greenspaces, when intentionally designed and supported, transcend their role as leisure spaces—they serve as vital public health infrastructure.

In the UK, unpaid carers continue to face systemic gaps in support, particularly as services remain stretched and overwhelmed. However, the insights gained from Scandinavian practices offer a clear path forward. Therapeutic horticulture, community gardens, and regular access to nature are central to carer support in Nordic countries and present a model that can

be adapted for the UK. These nature-based interventions align with broader goals of preventative mental health care, social connection, and community resilience—all of which are essential for the holistic wellbeing of carers. For those in the post-caring phase or facing identity loss after caregiving ends, these therapeutic landscapes provide valuable support in navigating this complex transition.

Furthermore, carers in more remote areas face significant barriers to accessing these services, underscoring the need to explore hybrid or digital models of nature-based interventions. For example, virtual nature experiences, such as guided meditations or nature-inspired activities, could complement physical access to greenspaces, ensuring that carers, regardless of their location or mobility, can still benefit from the therapeutic properties of nature.

Moving forward, UK policy must:

- Recognise greenspace as a legitimate mental health intervention, integrating it into carer support strategies
- Provide funding for carer-specific nature-based programmes at the local level, ensuring that access to therapeutic environments is widespread, inclusive, and accessible to all carers, including those in remote areas or facing barriers to physical access
- Foster cross-sector collaboration between health, environmental, and carer services to create sustainable, integrated support systems that leverage the strengths of multiple sectors to benefit carers
- Acknowledge the specific needs of carers in transition and those living in remote areas, ensuring they can access appropriate support, regardless of their geographical or emotional circumstances
- Future research should focus on evaluating the long-term effects of nature-based interventions on carers' mental health, identity, recovery, and re-engagement with life. Additionally, exploring the scalability of these programmes across diverse regions and evaluating their impact on carers' sense of community and belonging will help refine their design and implementation

Above all, carers must be included not only as service users but as co-creators in the development of these landscapes and support systems. By giving carers a voice in shaping these spaces, we can ensure that their needs are met and that their value within our communities is truly recognised. Only through this collaborative approach will we be able to create healing environments that promote their wellbeing and long-term recovery.

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Appendix A: Nordic Carer Policy Comparison

This table presents a comparative overview of policies and statistics relating to unpaid carers across Sweden, Denmark, Norway, and Finland.

Aspect	Sweden	Denmark	Norway	Finland
Estimated Number of Carers	~1.3 million (~20% of adult population) (BMC Public Health, 2025)	Lower prevalence, fewer intensive carers (The Commonwealth Fund, 2014)	~800,000 (≈15% of population) (OECD, 2023)	~1.2 million involved; ~350,000 active, ~40,000 intensive (OECD, 2023)
% of Total Population	Approximately 20% (BMC Public Health, 2025)	Not specified	Approximately 15% (OECD, 2023)	Not specified
Typical Carer Profile	Majority middle-aged women, many employed (BMC Public Health, 2025)	Mostly women caring for elderly relatives (The Commonwealth Fund, 2014)	Women more in personal care; men in practical support (OECD, 2023)	Women more likely to be formal carers; many working age (OECD, 2023)
Key Support Mechanisms	Limited allowances, respite care, reduced work hours (BMC Public Health, 2025)	Care wages, paid leave, respite (The Commonwealth Fund, 2014)	Omsorgslønn, respite care, home help (OECD, 2023)	Omaishoidon tuki, respite care, support services (OECD, 2023)
Intensity of Care (Avg. Hours/Week)	Varies; linked to high burden (Springer, 2020)	Not specified	Varies; linked to high burden (Springer, 2020)	Varies; linked to high burden (Springer, 2020)
Specific Types of Respite Care	In-home and short-term residential (BMC Public Health, 2025)	Temporary residential, day care (The Commonwealth Fund, 2014)	Day programs, care facilities (OECD, 2023)	In-home respite, institutional respite (OECD, 2023)
Details of Psychosocial Support	Counselling, support groups, training (BMC Public Health, 2025)	Counselling, support groups, training (The Commonwealth Fund, 2014)	Municipal training and support (OECD, 2023)	Counselling, training, group support (OECD, 2023)

Details of Flexible Working	Right to reduce work, carers' leave (BMC Public Health, 2025)	Encouraged flexible work, leave (The Commonwealth Fund, 2014)	Flexible work, leave policy (OECD, 2023)	Flexible working options (OECD, 2023)
Financial Support Details	Limited carer allowances (BMC Public Health, 2025)	Care wages for intensive support (The Commonwealth Fund, 2014)	Omsorgslønn (care wage) (OECD, 2023)	Omaishoidon tuki (care contract) (OECD, 2023)
Recognition and Formal Status	Limited formal recognition, varies by municipality (BMC Public Health, 2025)	Some formalisation; support in terminal care (The Commonwealth Fund, 2014)	Recognised in care wage schemes (OECD, 2023)	Most formalised; structured agreements (OECD, 2023)
Definition of 'Unpaid Carer'	Person providing informal, unpaid help to someone with long-term illness/disability (BMC Public Health, 2025)	Unpaid individuals assisting with daily care, often family members (The Commonwealth Fund, 2014)	Non-professional caregivers providing ongoing care to relatives or friends (OECD, 2023)	Unpaid individuals assisting relatives/friends with significant needs due to illness/disability (OECD, 2023)
Mental Health & Wellbeing Issues	High stress, emotional burden; limited mental health services (Springer, 2020)	Emotional stress reported, especially among female carers (The Commonwealth Fund, 2014)	Burnout and depression risks; support varies by municipality (Springer, 2020)	High risk of mental strain; formal supports improving (OECD, 2023)
% of Total Population (Clarified)	Approximately 20% (BMC Public Health, 2025)	Estimated at 10–15% (The Commonwealth Fund, 2014)	Approximately 15% (OECD, 2023)	Estimated at 15–20% (OECD, 2023)
Further Detail on Financial Support	Minimal financial support; no national carer payment (BMC Public Health, 2025)	Monthly allowance (~€500); income-tested; taxed (The Commonwealth Fund, 2014)	Omsorgslønn up to NOK 100,000/year; taxable; discretionary (OECD, 2023)	Omaishoidon tuki: €400–€1000/month; taxed; contract-based (OECD, 2023)

Appendix B: Comparative Table: Unpaid Carer Mental Health Support in Selected Scandinavian Cities

Country	City	Direct Support for Carers	Mental Health Services for Carers	Notable Programs/Initiatives
Denmark	Skagen	Limited local programs: carers-supported through regional services.	General mental health services available; few carer-specific offerings.	No distinct carer programs; relies on broader North Denmark Region strategies.
	Aarhus	Includes respite care and basic counselling under national dementia-focused policies.	Integrated care models include some carer support, though not always specialised.	Alzheimer's Association offers helplines and online resources. *(JPHR, 2021)*
	Copenhagen	Comprehensive support including carer training, respite, and activity centres.	Carer mental health needs considered in regional planning; services more accessible.	Capital Region of Denmark integrates unpaid carers into broader mental health initiatives. *(Portal, LU 2023)*
Norway	Oslo	Municipalities provide basic support; programs vary by borough.	Mental health services widely available; specific carer support inconsistently applied.	National Strategy for Carers (2020–2025) promotes better support, but implementation is decentralized. *(Helsedirektoratet, 2020)*
Sweden	Uppsala	Offers respite and limited counselling through municipal programs.	Mental health services exist; carers not always reached or prioritised.	Follows national carer policies; lacks distinct local initiatives. *(Eurocarers, 2023)*

	Stockholm	Strong municipal services: respite, training, and psychological support integrated.	Early intervention and emotional support programs embedded in system.	Swedish Board of Health supports digital welfare tech and mandatory carer assessments. *(PMC, 2023)*
	Gothenburg	Similar offerings to Stockholm, but slightly fewer targeted initiatives.	Accessible mental health support; less focus on unpaid carers directly.	Regional health authorities support carers informally through integrated systems. *(WHO EuroHealth, 2023)*
	Lund	Noted access issues, especially for carers of chronically ill individuals.	Services are available, but many carers report not accessing them due to lack of awareness or tailored outreach.	Academic research highlights gaps; calls for better coordination and tailored carer mental health support. *(LU Portal, 2023)*

Appendix C: Scoring Anchors and Definitions for Site Evaluation

This appendix outlines the scoring anchors used to evaluate therapeutic landscapes visited during the Churchill Fellowship fieldwork. Two systems were developed: the Thematic Score (7 dimensions) and the Therapeutic Score (5 dimensions). Each criterion was rated on a 1 to 5 scale, with 1 = absent or minimal and 5 = highly evident and integrated.

1. Thematic Score Dimensions (7 total)

Dimension	Definition	Scoring Anchors
Therapeutic Design (TD)	Presence of intentional therapeutic features (e.g., seating, sensory paths, signage)	1 = No design features; 3 = Some intentional features (e.g., benches, planting areas); 5 = Clearly designed for therapeutic use (e.g., sensory trail, enclosed seating, signage)
Accessibility	Physical and perceptual access, proximity to users	1 = Difficult to find or access; 3 = Partially accessible (e.g., steep paths, unclear entry); 5 = Fully accessible (clear paths, signage, ramps, good location)
Nature Immersion (NI)	Presence and richness of natural elements, enclosure, biodiversity	1 = Sparse vegetation or paved; 3 = Some natural elements; 5 = Deep immersion, biodiversity, layers of vegetation
Community Integration (CI)	Presence of civic use, co-location with community services or events	1 = Isolated space, little public use; 3 = Some civic use nearby; 5 = Co-located with schools, libraries, community centres, or used for events
Cultural or Historical Value (C/HV)	Connection to identity, memory, cultural meaning	1 = None evident; 3 = Some historical/art elements; 5 = Clear cultural resonance or interpreted heritage
Restorative Qualities (RQ)	Feelings of “being away,” calm, fascination, compatibility (per ART)1	1 = No restorative value; 3 = Some calm or escape; 5 = Strong sense of restoration and emotional resonance

2. Therapeutic Score Dimensions (5 total)

Dimension	Definition	Scoring Anchors
Sensory Accessibility (SA)	Engagement of multiple senses (touch, smell, sight, sound)	1 = No sensory features; 3 = Some (e.g., floral beds, bird song); 5 = Rich multi-sensory experience (e.g., fragrant herbs, water, textured surfaces)
Refuge and Prospect (R&P)	Balance of enclosure (safety) and openness (views)	1 = Overexposed or overly enclosed; 3 = Some variation; 5 = Excellent balance of shelter and outlook
Biophilic Cues (BC)	Organic forms, seasonal change, water, wildlife	1 = Built or sterile environment; 3 = Some greenery or seasonal interest; 5 = Strong presence of life, growth, water, and natural forms
Community Presence (CP)	Indications of social use, local stewardship, or co-creation	1 = No signs of use or ownership; 3 = Some benches or informal use; 5 = Clearly loved, co-managed, visibly used by locals
Restorative Potential (RP)	Emotional tone, sense of peace, beauty, healing	1 = Harsh, noisy, overstimulating; 3 = Some calming aspects; 5 = Strong emotional resonance, space for healing and presence

Appendix D: Full Results

Thematic Results

City	Site Name	TD	Access	NI	CI	C/HV	RQ
Stockholm	Kungsträdgården	4	5	3	4	5	4
Stockholm	Humlegården	4	4	4	3	4	4
Stockholm	Skeppsholmen	4	4	5	3	5	5
Stockholm	Museiparken	3	5	2	4	5	3
Stockholm	Berzelii Park	4	5	3	3	4	4
Gothenburg	Slottsskogen	5	5	5	5	4	5
Gothenburg	Trädgårdsföreningen	5	5	4	4	5	5
Gothenburg	Gothenburg Botanical Garden	5	5	5	4	5	5
Gothenburg	Gröna Rehab	4	4	4	3	4	5
Gothenburg	Känn Trädgården	5	4	5	4	4	5
Uppsala	Stadsträdgården	4	5	4	3	4	4
Uppsala	Uppsala Botanical Garden	5	5	5	4	5	5
Uppsala	Veteranparken	4	4	3	3	4	4
Uppsala	Engelska Parken	4	4	4	4	4	4
Uppsala	Biskopsgatan (Rune stones)	3	4	3	3	5	3
Lund	Lund Botanical Garden	5	5	5	4	5	5
Lund	Stadsparken	4	5	4	4	4	4
Lund	Sankt Hans backar	5	4	5	3	4	5
Lund	Rinnebäcksravinen	5	4	5	3	4	5
Lund	Bantorget	3	4	3	3	4	3
Lund	Rose Garden Tunaparken	4	4	4	3	4	4
Lund	Täppan koloniområde	5	4	5	5	4	5
Lund	Sankt Jörgens Park	4	4	4	3	4	4
Lund	Campus Gardens	4	5	4	4	4	4
Lund	Lundagård	5	5	4	5	5	5
Oslo	Akerselva River	4	5	5	4	4	5
Oslo	Oslo Fjord	5	4	5	3	5	5
Oslo	Botanical Garden (Botanisk hage)	5	5	5	4	5	5
Oslo	Oldemors hage	5	5	5	5	5	5
Oslo	Vigelandsparken	4	5	4	5	5	4
Oslo	Ekebergparken	4	5	5	4	5	4
Oslo	Frogner Park	3	5	4	5	4	3
Oslo	Kronprinsesse Märthas plass	3	5	3	5	4	3
Oslo	Geitmyra Culinary Center for Children	5	4	4	5	3	5
Oslo	Rodeløkkens Kolonihager	4	5	4	5	3	4
Oslo	Linderud Community Garden	4	5	4	5	3	4
Copenhagen	Ørstedsparken	3	5	3	4	5	4
Copenhagen	King's Garden (Kongens Have)	3	5	2	4	5	4

Copenhagen	Søerne	4	5	5	5	3	4
Copenhagen	Fælledparken	5	5	5	5	5	5
Copenhagen	Sansehaven	4	5	3	5	3	5
Copenhagen	Holmens Kirkegård	4	4	2	3	5	4
Copenhagen	Rosenhaven	3	5	3	3	4	4
Copenhagen	Østre Anlæg	3	5	4	3	3	3
Copenhagen	Kastellet	4	5	5	5	5	3
Aarhus	University Park, Aarhus	4	5	5	4	3	4
Aarhus	Mølleparken	2	5	2	3	3	3
Aarhus	Greenshare Community Garden	5	4	5	5	2	5
Aarhus	Musikhusparken (currently closed)	1	1	1	1	3	1
Aarhus	Forstbotanisk Have	5	4	5	3	3	5
Aarhus	Donbækhaven	3	5	3	2	2	3
Aarhus	Mindeparken	4	5	4	5	5	5
Aarhus	Rømerhaven	2	5	3	2	3	3
Aarhus	Haveforeningen Skovlunden 1933	5	4	5	5	3	5
Aarhus	The Infinite Bridge	3	4	5	2	2	5
Aarhus	Rådhusparken	3	5	3	2	5	3
Skagen	Byparken	2	5	2	3	2	3
Skagen	Skagen Bymuseum Garden	3	5	2	3	5	3
Skagen	Anchers Hus Garden	5	4	4	2	5	5
Skagen	Grenen Dunes and Coastal Area	5	2	5	1	2	5

Therapeutic Results

City	Site Name	SA	RP	BC	CI	RPt
Copenhagen	Søerne	4	4	5	5	4
Copenhagen	Fælledparken	5	5	5	5	5
Copenhagen	Sansehaven (Garden of the Senses)	5	5	5	5	5
Copenhagen	Holmens Kirkegård	4	5	4	4	4
Copenhagen	Rosenhaven	4	5	5	4	4
Copenhagen	Østre Anlæg	4	3	4	4	3
Copenhagen	Kastellet	4	5	4	5	4
Copenhagen	Ørstedsparken	4	4	4	5	4
Copenhagen	King's Garden (Kongens Have)	3	4	4	5	3
Copenhagen	Botanisk Have (Copenhagen Botanical Garden)	5	4	5	5	4
Copenhagen	Glyptoteket Garden	4	3	3	3	3
Copenhagen	Glyptoteket Inner Courtyard Garden (Indoor tropical garden)	5	5	5	3	5
Copenhagen	Assistens Kirkegård	5	4	5	4	5
Copenhagen	Hans Tavsens Park	3	3	3	4	3
Aarhus	University Park	4	5	4	4	4
Aarhus	Mølleparken	3	4	4	4	3
Aarhus	Greenshare Community Garden	5	4	5	5	5
Aarhus	Musikhusparken	4	5	3	5	4
Aarhus	Forstbotanisk Have	5	5	5	4	5
Aarhus	Donbækhaven	4	4	4	3	4
Aarhus	Mindeparken	4	5	4	4	4
Aarhus	Rømerhaven	5	5	5	4	5
Aarhus	Haveforeningen Skovlunden 1933	4	4	5	4	4
Aarhus	The Infinite Bridge	4	4	4	4	4
Aarhus	Rådhusparken	3	4	3	4	3
Aarhus	Byparken	4	5	4	5	4
Skagen	Skagen Bymuseum Garden	3	5	4	5	3
Skagen	Anchers Hus Garden	4	4	4	4	4
Skagen	Grenen Dunes and Coastal Area	5	5	5	4	5
Skagen	Anchers Hus Garden	4	3	3	2	5
Skagen	Grenen Dunes and Coastal Area	2	2	5	2	3
Stockholm	Kungsträdgården	4	3	4	5	3
Stockholm	Humlegården	4	5	5	4	4
Stockholm	Kungsträdgården	5	4	5	4	5
Stockholm	Humlegården	4	3	4	3	3
Stockholm	Kungsträdgården	3	4	4	4	3
Stockholm	Humlegården	5	5	5	5	5
Stockholm	Kungsträdgården	5	4	5	5	5
Stockholm	Humlegården	5	5	5	5	5
Gothenburg	Gröna Rehab	5	5	5	3	5
Uppsala	Uppsala Botanical Garden	5	5	5	5	5
Uppsala	Veteranparken	3	3	3	3	3
Uppsala	Engelska Parken	4	5	4	3	4

Uppsala	Biskopsgatan (Rune stones)	3	3	3	3	3
Lund	Lund Botanical Garden	5	5	5	5	5
Lund	Stadsparken	5	5	4	5	5
Lund	Sankt Hans backar	4	5	5	2	4
Lund	Rinnebäcksravinen	5	5	5	2	5
Lund	Bantorget	3	2	2	3	2
Lund	Rose Garden Tunaparken	4	3	3	4	3
Lund	Täppan koloniområde	5	4	5	5	5
Lund	Sankt Jörgens Park	4	4	3	3	3
Lund	Campus Gardens	5	4	4	4	4
Lund	Lundagård	4	3	4	5	4
Oslo	Akerselva River	4	5	5	4	5
Oslo	Oslo Fjord	5	4	5	3	5
Oslo	Botanical Garden (Botanisk hage)	5	5	5	4	5
Oslo	Oldemors hage	5	5	5	5	5
Oslo	Vigelandsparken	4	5	4	5	4
Oslo	Ekebergparken	4	5	5	4	4

Appendix F: Proposed STH Programme

Introduction

Unpaid carers often experience prolonged stress, isolation, and reduced access to restorative environments. This pilot programme offers a structured, nature-based intervention inspired by Scandinavian models of greenspace integration, social care collaboration, and therapeutic landscape design.

Grounded in evidence from in-person site visits across Sweden, Denmark, and Norway, this UK-adapted model blends horticultural therapy, environmental psychology, and carer co-production. It supports carers' mental health through weekly immersive sessions in accessible greenspaces, underpinned by therapeutic intentionality, emotional safety, and peer connection.

Programme Overview

• Duration: 10 weeks
• Session Length: 3 hours weekly (live, with optional asynchronous follow-ups)
• Delivery Format:
  o In-Person: Local greenspaces (community gardens, botanic grounds, city farms)
  o Online: Live Zoom sessions with guided activities and peer sharing
• Participants: Unpaid carers referred via carer organisations, GPs, or self-referral
• Facilitators: Trained horticultural therapists, peer support workers, and trauma-informed practitioners
• Free to attend; prioritised for unpaid carers experiencing stress, burnout, or post-caring transition

Core Principles:

• Nature as civic infrastructure
• Everyday access to greenspace (including home-based or nearby nature)
• Therapeutic intentionality in design
• Cultural framing of nature as norm (inspired by friluftsliv)
• Safety, dignity, and emotional regulation
• Co-designed, flexible, trauma-informed approach
• Inclusivity through hybrid participation: enabling carers with mobility, location, or time constraints to engage meaningfully from home

Online Participation Features

• Weekly live video sessions (mirroring in-person activities)
• Printable and digital nature activity packs
• Recorded sensory practices (e.g. breathwork, guided walks)
• Optional breakout spaces for peer connection
• Encouraged use of nearby nature (windowsills, balconies, local parks)
• Tech support and onboarding for digital confidence
• Postal option: journals, seeds, and zine sent to online participants

Programme Structure

Section 1: Grounding and Sensory Awareness (Weeks 1–3)
Settling into nature, building trust, and activating sensory calm.

• Week 1: Sensory Connection & Orientation
  - Welcome circle and overview
  - Guided sensory walk or tactile garden exploration
  - Personal journal creation
  - Inspired by: Gröna Rehab, Kann Sensory Garden, Lund sensory trail design

• Week 2: Stress Recovery in Calming Environments
  - Outdoor breathwork or indoor visualisation
  - Planting calming herbs (e.g. lavender, lemon balm)
  - Exploring personal stress triggers and calming strategies
  - Informed by: Biophilic design and contemplative landscape theory

• Week 3: Attention Restoration & Nature-Based Mindfulness
  - Slow observation (drawing, colour walks)
  - Gentle garden tasks (watering, composting)
  - Introduction to attention restoration theory
  - Based on: Scandinavian micro-restoration and “everyday nature” design

Section 2: Deepening Connection & Sense of Place (Weeks 4–7)
Exploring emotional safety, biophilia, and spatial awareness in greenspace.

• Week 4: Biophilic Creativity & Nature Art
  - Terrarium making, nature mandalas, or collage
  - Emotional responses to texture, form, and material
  - Inspired by: Nature-rich urban aesthetics in Copenhagen and Oslo

• Week 5: Prospect and Refuge – Safety in Nature
  - Exploration of open vs. enclosed areas
  - Co-designing personal 'refuge zones'
  - Emotional mapping of space and comfort
  - Informed by: Prospect-Refuge theory and forest-edge design in Aarhus

• Week 6: Open Landscapes
  - Wildflower or meadow planting
  - Focus on sunlight, horizons, and expansive views
  - Body-awareness journaling outdoors
  - Inspired by: Scandinavian open-landscape therapeutic walks, emphasising sun, space, and sensory awareness

• Week 7: Woodland Immersion & Seasonal Grounding
  - Forest bathing or woodland-themed meditation
  - Seasonal crafts (bark, cones, essential oils)
  - Reflection on change, cycles, and self-care
  - Drawn from: Nordic woodland culture and seasonal rituals

Section 3: Connection, Purpose & Integration (Weeks 8–10)
Building belonging, contribution, and post-programme continuity.

• Week 8: Community in Greenspace
  - Group project (e.g. pollinator garden, herb spiral)
  - Reflect on greenspaces as shared civic resources
  - Modelled after: Aarhus municipal gardening projects

• Week 9: Calm and Connection Through Shared Activity
  - Preparing herbal teas or snacks from the garden
  - Group reflection circle
  - Optional guest visit from a former carer or peer facilitator
  - Inspired by: Scandinavian fika culture and rhythms of informal support

• Week 10: Celebration, Closure & Future Pathways
  - Creating memory markers (painted stones, bouquets, letters to self)
  - Sharing experiences and intentions
  - Signposting to green care networks and carer groups
  - Guided by: Gröna Rehab's closure rituals and continuity planning

Optional Add-ons and Tools

• Wellbeing Tracker: Digital or printed version for pre/mid/post programme reflection
• Nature Toolkit Zine:
  - 5-minute grounding practices
  - Daily "micro-nature" invitations
  - Quotes and reflections from Nordic practitioners
• Peer Pods: Optional small groups for connection between sessions (WhatsApp, Zoom, phone)
• Follow-Up Sessions: Monthly online check-ins for continuity
• Evaluation: Feedback surveys, reflective exercises, and optional wellbeing self-assessments to inform development

Summary

This pilot programme demonstrates a practical, scalable, and relational approach to supporting unpaid carers in the UK. Drawing on the Nordic example of greenspaces as public health tools, it offers not only respite but reconnection — to land, to others, and to self.

Appendix F: Site Photographs

Gothenburg

Trädgårdsföreningen

Göteborgs botaniska trädgård

Gröna Rehab (Hanna Berko and F Brown)

Känn trädgården

Kungsparken 1

Kungsparken 2

Stockholm

Kungsträdgården

Cherry Blossom Walk

Berzelii Park

Tree Tour

Uppsala

Veteransparken

The Tropical Greenhouse

Lund

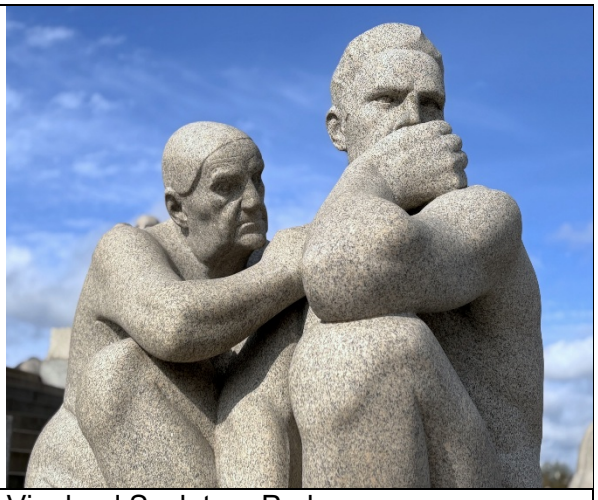
Lund botaniska trädgård

Lung and Heart Walk

	
Stadsparken	Sankt Månslyckan

Oslo

	
Botanisk hage	Akerselva

	
Oslo Fjord	Vigeland Sculpture Park

Skagen

Skagens Museum

Grenen

Ancher Hus

Ancher Hus - Vegetables

Aarhus

Greenhouse Aarhus Botanical Gardens

Aarhus Botanical Garden

Pier2 Haven 1

Pier2 Haven 2

Forstbotanisk Have

Rømerhaven

Marselisborg Slotspark

Sailing – Rooftop Garden

Copenhagen

Copenhagen Botanical Garden

Sensory Garden Magneten

Glyptoteket Winter Garden

Glyptoteket Outside Garden

Ørstedsparken

Tivoli Garden

Nørrebroparken

Nyhavn

Rosenhaven

Assistens Cemetery