

# What Can “Garden” Do for Children: A Systematic Review of the Literature

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**Abstract**—Evidences have shown that healing gardens and gardening are playing an important role in increasing communication between sick children and nature, improving cognitive abilities and promoting psychological recovery. Total 35 records were identified in this paper and we discussed the children, gardens and activities, it should be help us better understand what garden and gardening can do for children. This paper aims at giving an overview of research covering two aspects of gardens and children namely garden usage and gardening activities experiments. We explored the areas of research by 1) integrating the studies of related children's needs; 2) synthesizing the role of gardens settings (garden usage); and 3) assessing the specific impact of gardening experiment. We suggest that future research could focus on the issue of garden design and corresponding activities to promote social support and care for children with special needs.

**Keywords**—healing garden, activities, gardening, children with special needs

## I. INTRODUCTION

Nature makes a positive contribution to human health [1–4]. “Healing landscape” concept has broader idea of environments health promoting, which integrates various elements of landscape design to create landscape environments with positive emotional guidance and is an integrated space of natural elements and activities [4, 5]. Healing garden as a form of healing landscape that can provide a spatial design with the intention of specific therapeutic effects and promote and improving the health and well-being of people with diseases [6–8]. Moreover, regularly exposure to nature has positive cognitive, social, physical and emotional effects on children [9–11], and help them promote psychological qualities, cognitive abilities and imagination and creativity therefore enhance childhood development [12, 13]. While healing garden playing an important role in increasing communication between sick children and nature, improving cognitive abilities and promoting psychological recovery [14].

Contact with nature can be achieved in a variety of ways such as viewing outdoor natural environments [15], spending recreational time in nature [16], and playing with animals in meadows [10], etc. Gardens are a kind of near-nature space in cities [17]. Visiting gardens also has the same positive benefits as contacting nature [18]. Therefore, nature contact can also be extended to the interaction between people and healing gardens: the active participation of people in the experience and the passive reception of messages coming from the environment with the five senses [17].

This paper provides a comprehensive overview between children and gardens. A rigorous and holistic search and literature assessment procedure was employed to sort out and

extract evidence from the existing literature and publications. The aim of the study was to explore how gardens can be employed to enable the benefits of nature to support the development and wellbeing of children in various settings. Various settings providing access to “near natural spaces” including gardens in hospitals and schools, parks and forest like settings were explored. Moreover, the research and application of healing gardens and activity experiences for children with cancer in the landscape design process can be further explored.

## II. MATERIALS AND METHODS

### A. Overall Search Strategy: Literature Search and Study Selection

This review search was conducted in ScienceDirect, PubMed, Web of Science, Google Scholar, EBSCO and CNKI databases. This paper followed the Preferred Reporting Items for Systematic Reviews (PRISMA) procedure to screen our records (Fig. 1). We included any studies that satisfied the following criteria: (1) relevant studies of garden. (2) the report details are accessible in the text, figures, forms or supplementary materials. (3) A multitude of studies have exhaustively investigated the effects of gardening on the dietary habits of children [19]. Thus, those studies are not considered for inclusion.

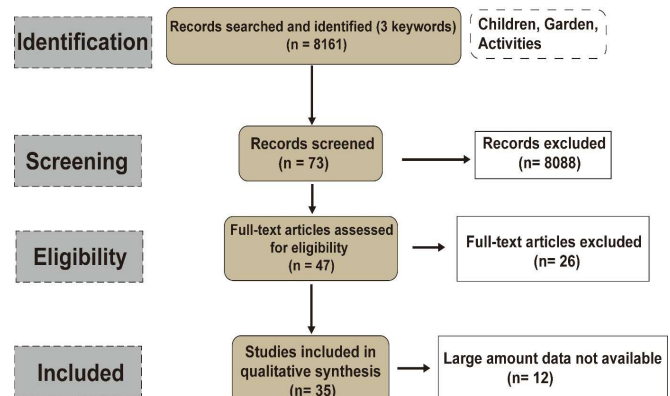


Fig. 1. PRISMA flow diagram of the steps involved in literatures collection and selection.

### B. Literature Collection and Quality Assessment

This paper was conducted by the topic search from titles, abstracts, and keywords. The relevant literatures about “gardens” and “children” were searched through the following main themes: (Children OR young people OR kid OR adolescent OR child OR teenagers OR young\*) AND (garden OR garden\* OR healing garden OR therapeutic garden OR sensory garden OR garden environment OR

hospital garden) AND (Gardening OR garden\* OR horticultural activities OR horticultural therapy OR garden activities OR garden-related OR garden-based OR garden therapy). Assessing quality involves evaluating the degree to which potential sources of bias were introduced into individual studies during the design, implementation, and analysis phases. To ensure high-quality content, the Joanna Briggs Institute (JBI) Critical Appraisal Inventory was used to evaluate the methodological quality of the gardening experiment [20], which included randomized controlled trials and non-randomized experimental studies.

### III. RESULT AND DISCUSSION

The information extracted from the literature searched including: (1) title, authors, and year of publication; (2) research questions, design, data, study population, and sample size; and (3) the main benefits/results/effects/changes/findings of the study. The research was categorized according to the theme “Garden usage” and “Gardening experiment”. “Garden usage” included studies of user experience, satisfaction, barriers and improvements to visiting gardens and others. “Gardening experiment” included garden as an intervention, approach, tool and form of learning for education or healthy lifestyle development [21, 22].

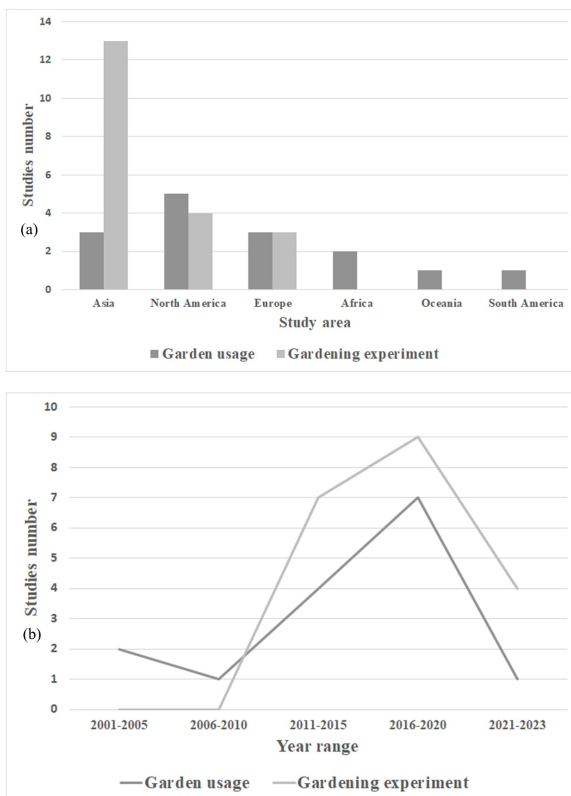


Fig. 2. (a) The studies of garden usage and gardening experiment by continent; (b) The garden usage and gardening experiment studies number of published by year (to October 2023).

A total of 35 studies were included in the analysis, of which 15 were garden usage studies (Fig. 3(1)) and 20 were gardening experiment studies (Fig. 3(2)). Fig. 2(a) shown the studies of garden usage and intervention by continent. The studies included in the analysis majority conducted in Asia (total 16 studies with 3 usage studies and 13 intervention

studies) and North America (total 9 studies with 5 usage studies and 4 intervention studies), followed by Europe (total 6 studies with 3 usage studies and 3 intervention studies). As shown in Fig. 2(b), there was an incremental trend in both types of studies between 2010 and 2020, with more studies of garden interventions than usage from 2010 onwards. This signaled a growing emphasis on gardening activities to enhance children’s interactions with nature and gain the benefits.

#### A. “Garden Usage” Studies and Different Settings

As can be seen from the use of healing gardens in children’s hospitals, medical institutions and rehabilitation centers, the majority activities in garden involve sitting, relaxing, enjoying and engaging with natural elements. The purpose and function of these gardens is to provide healing and relaxation for pediatric patients. Garden features are designed to encourage interaction with the environment by providing interesting and distracting designs, such as whimsical or surprising designs [23, 24].

Most studies of school gardens have reported on their use as outdoor teaching sites, places for physical activity and spatial vehicles for contact with nature, with activities focused mainly on gardening. Controlled trials have been conducted to explore the impact of school garden environments versus classrooms on students’ cognitive performance and attention processes [25, 26]. In addition, one study explored 20 factors related to the benefits of school gardens, including the effects of the plant factor, the activity factor and other factors, showing the specific factors that influence the benefits of activities in school gardens [27].

Gardens for children in forests, public spaces and parks, serving school-age children or urban children, and corresponding organizational activities are mostly aimed at education and the cultivation of values. They allow children to integrate with nature - nature education, outdoor education, environmental education - including values such as the concept of life, aesthetic values and humanistic values [28].

#### B. “Gardening Experiment” Studies’ Aims and Outcomes

##### 1) Physical and mental rehabilitation

Rehabilitation-oriented activities are commonly gardening activities, which typically involve the maintenance and management of gardens, with programs including but not limited to digging, planting, watering, weeding, and harvesting [29]. (1) project diversification. Different gardening projects may influence the magnitude of associated health benefits. Three projects, flower arranging, planting and flower pressing, reduced salivary cortisol levels in primary school children to varying degrees and reduced stress levels in relationships, school life, personal problems and family life [30] (Fig. 3(3)). Another study found that harvesting activities were more effective in improving children’s brain activity and attention than other activities such as planting, sowing and mixing soil [31] (Fig. 3(4)); and (2) therapeutic functions from garden maintenance [32]. Gardening has important rehabilitative benefits for children with cancer in terms of improving physical function and mental health (Fig. 3(5)). Children with cancer who are potentially at risk of metabolic syndrome do not carry out high-intensity exercise to receive the beneficial effects due to

weak gross motor skills and an inability to perform strenuous exercise [33] (Fig. 3(6)). One way to avoid this risk is to engage in gardening tasks [34, 35]. Studies have shown that they can achieve comparable levels of metabolic expenditure to moderate to vigorous physical activity. What's more, gardening is one of the most common forms of contact with nature [36], positive outcomes have been achieved in addressing many issues such as depression, anxiety and behavioral disorders through contact with nature [37, 38] (Fig. 3(7)(8)). For instance, a sense of stability when observing green plants has a positive effect on blood pressure and pulse rate and can activate the immune system during gardening [39] (Fig. 3(9)). Contact with plants during activities leads to positive emotional states (Fig. 3(10)), increased emotional intelligence and social skills (Fig. 3(11)), reduced stress and can benefit the healing process of patients due to the improved immune function [40, 41].

### *2) Physical and mental health promotion*

Several studies have examined the relationship between gardening and health promotion in terms of disease prevention, the establishment of good lifestyle habits, and the promotion of healthy development, including but not limited to functional and mental health. Many studies and reviews of school gardening programs found that the majority of health outcomes related to children included two aspects: (1) the development of nutritional concepts, behaviors and habits (nutrition education) (Fig. 3(12)); and (2) the promotion of physical activity levels. The activities lead to the establishment of healthy eating concepts in the form of a curriculum, and a series of gardening activities using school gardens as a teaching tool or educational site, which can improve children's perceptions of fruit and vegetable consumption and change their physical behavior or improve physical activity by the process of horticultural activities [42–44].

In addition, lack of exposure or reduced frequency of exposure to nature might increase the mental health problems such as stress, depression, loneliness and attention disorders [37, 38, 45]. Some gardening programs in school gardens are primarily to increase the opportunities for children to be exposed to nature [46]. It can contribute to reconnecting children with nature in rehabilitation gardens with activities such as field work, sandbox play and animal [17, 47].

### *3) Physical and mental growth and development*

Growth and development-oriented gardening activities focus on the development of children's skills and personal abilities.

Gardens as experiential learning environments can provide children with direct hands-on experience to build new knowledge, develop skills and values (Fig. 3(13)), strengthen moral education, increase responsibility and appreciate nature [48, 49].

School gardens can be used as teaching tools or environments where gardening are presented in the form of lessons [50, 51]. They provide children with a curriculum experience of the process of planting, caring and managing plants through to harvesting, allowing them to understand the journey and meaning of life [52]. Biology courses activities in forest gardens satisfy children's personal development by providing a learning environment and opportunity for them to

understand and develop the relationships between organisms and develop many values [28, 53]. To achieve growth and development purposes, public children gardens in the United States offered as many as 11 types of activities and could be categorized into 10 themes, with observation and visual arts being the activities with a high number of participants, and the rest of the activities are storytelling, gardening and others [54, 55].

## *C. Construction of Specialized Children's Healing Gardens*

### *1) Children's healing garden*

Cooper Marcus believes that healing gardens should have the design essentials of intelligibility, accessibility, intimacy, comfort, exploration, purpose, privacy, positive artistry and ease of maintenance. It is further suggested that "patient-specific healing gardens" should be constructed for vulnerable patients, which means an increasing refinement of the consideration of patients' needs and a clearer requirement for rehabilitation landscape design [56].

Gardens designed for children with special needs are an effective intervention and supportive approach. a sensory garden for children with ASD [57], which design is based on the premise of exposure to nature, with appropriate mitigating approaches based on the sensory issues of ASD children. It provides a calming effect for highly children while a stimulating effect for less reactive children. The use of healing gardens for positive therapeutic interventions with sick children is an effective way to improve the well-being of hospitalized children [58, 59]. For example, a program of organized rehabilitative care activities for children with disabilities was implemented in the spiral garden by professional artists, rehabilitation staff, facilitators and volunteers, site coordinators and nurses, which engages children in collective experiences and promotes peer interaction and friendship [60].

### *2) Activities in healing garden*

Activities that can encourage children to reap the benefits of being close to nature should be more further explored and studied.

Changing the format and modifying activities may suit the needs. For example, childhood patients who are unable to get out of bed or walk around, have little access to the hospital green space or to the healing garden. Creating micro-landscape-dish garden (a plant-related handicraft activity)-is one of the rehabilitative intervention that can offer hospitalized children an opportunity to connect with plants, which consists of small vegetable garden craft was created by volunteers and children using non-hazardous, sterilized materials. The results showed that the dish garden enhanced children's physical and neuropsychological health through visual distraction [61]. It is possible to use plant-related or nature-related elements to promote participation through active and passive activities.

Organizing more activities in the healing garden to get the body moving, such as regular gardening programs that allow children to get close to nature and arrange light work to grow their own plants or vegetables, during which they can weed pulling, soil turning, loosening and other maintenance activities, and experiencing the joy of harvesting when the

plants mature. This long-term continuum of activities promotes physical and psychological healing and enhances the effectiveness of treatment, healing and health care [62].

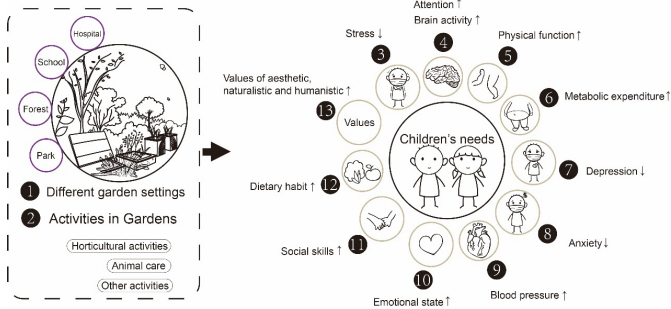


Fig. 3. Children and studies of garden usage and experiment: (1) Different settings of garden usage studies; (2) Activities of gardening experiment studies; (3) Horticultural activities (HAs) (e.g., flower arranging, planting and flower pressing) can reduce the stress of primary school children; (4) HAs (e.g., harvesting activities) and animal care can improve children's brain activity and attention; (5) Physical activity function enhanced; (6) HAs provide appropriate physical activity to promote metabolic expenditure; (7) HAs reduced depression and (8) anxiety; (9) Positive to blood pressure; (10) Good emotional state; (11) Social skills increased; (12) The effects of dietary habit; (13) The development of values (e.g., aesthetic, naturalistic and humanistic). ↑ mean positive, promote, increase, rise; ↓ mean negative, inhibit, decrease, reduce.

#### IV. CONCLUSION

In this article, we proposed and illuminated the garden settings and activities or interventions related to garden, our results show that two types of garden studies focused on different questions, one exploring garden environments, the use and effects of space; the other examining garden interventions, the health benefits of activities (includes 'rehabilitation and health promotion in physical and mental health' and 'growth and development'). Organized activities also lead people to nature contact. A breakthrough is needed to further explore the diversity of garden activities and their health benefits for children at a theoretical level to guide and plan the design suggestions for the construction of relevant specialized gardens. We suggest that future research of gardens on children could focus on the issue of garden design and corresponding activities to promote children's well-being.

#### CONFLICT OF INTEREST

The authors declare no conflict of interest.

#### AUTHOR CONTRIBUTIONS

Li Jiahong conducted the research and analyzed the data; Li Jiahong, Li Xuelian and Du Fangjuan wrote the paper; all authors had approved the final version.

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