

**UK Association for Social and Therapeutic Horticulture (UK ASTH) Professional Development Forum
Summary Notes, 7th October 2025, 17 attendees**

Topics: Summary of work to date, Routes to Registration, Practitioner Competencies, Continuous Professional Development (CPD)

Chair: Ben Thomas, Thrive Notetaker: Emma Martindale, Trellis

Update and Intro, Ben Thomas, Thrive

Ben welcomed everyone, including Anna Baker Cresswell and Cath Manuel who are currently on a tour of Therapeutic Gardens. They plan to report back on this evening’s forum discussions to those attending the tour.

Activities to date: Ben discussed work towards the creation of the UK ASTH. See slides below showing a summary of activities to date and future steps. This includes, through input from working groups, a Code of Ethics, Practice Standards, and other activities outlined below:

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| Activities to date | Established mgt group, project plan and working arrangement between Thrive and Trellis |
| | Drafted, consulted on & amended code of ethics, standards of practice and routes to registration. |
| | Established forum of practitioners and holding twice yearly consultative forum |
| | Engaged with new professional bodies to learn from them and STH bodies around the world. |
| | Published the Code of Ethics |
| | Agreed role definition |
| | Finalised amends of Practice Standards and published |

Upcoming key activities and estimated timeline: Next steps include finishing the consultation on Competencies, and publishing these, creating policies, terms and conditions, and identifying potential risks through a risk register. The register needs to be finalised, trialed, and published, and this involves creation of a website where the register can be held. Continued work is needed to revise the entry requirements, and we will be discussing this tonight. Steps are also needed to agree CPD expectations, and the cost of joining the register - it should be financially stable but also affordable for those joining.

| | | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 |
|--------------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Upcoming Key Activities | Finish competencies draft, consult, amend and publish | ■ | | | | | | | | | | | |
| | Create required policies, T&C’s & risk register for ASTH. | | ■ | | ■ | ■ | ■ | ■ | | | | | |
| | Revise entry requirements framework based on feedback and publish | ■ | | | | | | | | | | | |
| | Establish means to publish register publicly e.g. website | | | ■ | ■ | ■ | ■ | ■ | | | | | |
| | Agree expected CPD requirements of registrants - if / how this will be monitored. | | ■ | | | | | | | | | | |
| | Test coherence of documents in the round to remove conflict / identify omissions and amend. | | | | | | ■ | ■ | | | | | |
| | Agree price of ASTH application and annual cost of registration. | | | | | ■ | | | | | | | |
| | Develop and test (c10 registrants) registration process | | | | | | | | ■ | ■ | ■ | | |
| | Market the register and process applications | | | | | | | | | | | ■ | ■ |

Routes to Registration Update, Emma Martindale, Trellis

Emma updated on the Routes to Registration which had been discussed at a previous forum (8/10/2024 – [film here](#), and current version here: [Professional Development | Trellis](#)). The Routes to Registration provide four routes to join the Register for STH practitioners, which will be held by the UK ASTH. The new version will be uploaded to the same page as soon as possible. Emma outlined minor changes to the previous version which include the addition of a route for newly qualified practitioners (Route 1A), minor editing to ensure the document is clear and concise, and the removal of the requirement of a CV to be submitted for Columns 1A and 1B. There are now four routes: 1A and 1B, 2, and 3. These are shown below, with more detail for each route shown in the document mentioned above. Emma also highlighted the additional documentation that may be required when applying to join the register.

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| Route 1A: Training in STH and newly qualified | Route 1B: Training in STH and have been practicing for more than 1 year |
| Route 2: Training in Health/Care with additional evidence of training and/or experience in Horticulture and STH | Route 3: If you do not meet the requirements for application to the register via Routes 1A/1B or Route 2, the UK ASTH will consider your application on a case-by-case basis |

Competencies, Ben Thomas, Thrive

Ben outlined the reason for the Competencies: to build a list of abilities that STH practitioners would need to be able to fulfil their responsibilities safely and effectively. These need to work in line with the Code of Ethics and Practice Standards. The draft Competencies for STH practitioners which are currently being consulted on (find document and survey here [Professional Development | Trellis](#)). The survey is still open so do send in your views, think about each section, and let us know whether you could sign up to that, and if not why not. We will then reflect on your comments and see if any changes are made before publishing a final version.

The text from Ben's presentation is included below:

- **Competencies:** A list of the abilities that STH Practitioners need to be able fulfil their responsibilities safely and effectively, in line with the ASTH Practice Standards and Code of Ethics. The list will be written in easily understandable language.
- **Why:** To guide registrants in their personal development and practice. To support decisions about suitability of prospective registrants. To guide decisions about which training courses should be included within the routes to registration. To support training providers in understanding what they need to teach.
- **Approach:** Look at other bodies documents and consider what else should be included. Look at the current draft and explore clarifications, concerns and omissions - then refine through a series of meetings.
- **Output:** A first draft of competencies for the ASTH that can be taken to the consultative forum for further review / broader agreement.

Continuous Professional Development (CPD), Emma Martindale, Trellis

Emma outlined various definitions for CPD, the CPD cycle, and types of CPD that STH practitioners may undertake (e.g. training, supervision, shadowing, conferences, research). We need to think about what the CPD requirements might be for an STH practitioner joining the register, making sure that registrants are not overwhelmed while keeping public wellbeing and safety in mind. Emma listed the CPD requirements for some other professions and mentioned the various ways that CPD can be recorded. She then asked the forum to discuss in groups and feedback on the questions below:

- **Question 1 – CPD Needs** - What CPD do you feel you need now? What are you interested in learning more about? What would improve your practice? What do you feel worried about not having?
- **Question 2 – Recording CPD** - What ways of recording have you used – what has worked well? Is there anything you would not want to use? Has CPD recording not been on your radar – what would help this change?

Group 1 Feedback

- Recognised CPD often involves a mix of paid and unpaid time, which affects expectations for completion.
 - Finding relevant and beneficial courses can be challenging.
 - A directory of CPD opportunities from the association would be helpful.
 - Existing providers like Trellis and Thrive were mentioned as known sources.
 - World Therapeutic Horticulture Day valued as an inspiring CPD opportunity to learn from others.
 - Importance of personal development alongside professional skills, as practice involves the “whole person.”
 - Suggested a reasonable CPD target might be around 25–30 hours per year, possibly reviewed quarterly.
 - Emphasised the benefits of in-person learning—visiting other sites or colleagues for inspiration and connection.
 - Recommended combining research, reflection, and online learning with in-person experiences.
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Group 2 Feedback

- Found shadowing or visiting other practitioners highly valuable to see varied delivery styles and reflect on their own practice.
- Visits also help maintain connection and network among practitioners who often work alone.
- Supervision discussions and case studies were seen as useful reflective tools to:
 - Articulate decision-making and methods used.
 - Step back from “doing” and focus on the rationale behind practice.
- Many participants came from health or care backgrounds and shared frustrations with past CPD systems that were:
 - Overly prescriptive, technically difficult, or failed to save progress.
- Preference for simple, accessible recording methods.

- Suggested recording CPD using photos or other media, not only written text:
 - Helps evidence hands-on, outdoor work.
 - Aids memory and reflection.
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Group 3 Feedback

- Recognised inspiration from visiting gardens or garden centres as legitimate CPD activity.
 - Discussed learning more about client needs and observing colleagues to share good practice.
 - Suggested including new practical skills such as willow weaving, pottery, or crafts with natural materials.
 - Example from charity sector:
 - Routine CPD includes mandatory online courses (first aid, safeguarding, food hygiene).
 - These ensure consistent baseline knowledge across staff.
 - Additional optional or charity-specific training offered once or twice yearly (e.g. psychology, behaviour-based learning, intensive interaction).
 - Agreed photos could be a useful part of CPD recording.
 - Acknowledged horticultural learning as ongoing—visiting new spaces encourages innovation and fresh ideas.
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Group 4 Feedback

- Reiterated value of a training directory to find suitable, interdisciplinary CPD easily.
- Noted practitioners often require a unique blend of skills across horticulture, therapy, and care.
- Horticultural training identified as an area sometimes overlooked but essential for practice.
- Discussed challenges for practitioners transitioning from other contexts (e.g. different climates, professions) and the need to refresh horticultural knowledge.
- Suggested that in future, the association might review and recognise equivalent horticultural qualifications for registration.
- Highlighted importance of learning to work with a wider range of client groups, supported by:
 - In-person experiences, visits, or placements.
 - Courses such as Mental Health First Aid.
 - Supervision to reinforce and integrate learning.
- Recommended learning from other health professionals (e.g. occupational therapists, play therapists, physiotherapists).
- Counselling and active listening skills seen as essential for client rapport.
- Mentioned interest in assistive technologies and communication tools to support clients with additional needs.

- Encouraged collaboration with universities and academia to:
 - Understand research on outcomes and impact.
 - Apply current evidence in practice.
 - Noted possible future idea: peer-recommended training list within the network.
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Group 5 Feedback

- Technical issues limited discussion time, but key points included:
 - Chartered Institute of Horticulture (STH group) runs regular garden visits offering valuable CPD.
 - Such visits allow exchange of ideas with other practitioners.
 - Free NHS training available to some practitioners is very beneficial.
 - Noted high costs of some CPD courses, making funding important.
 - Raised issue of part-time work and how CPD expectations should reflect that:
 - Possibly not strictly pro-rata but should feel proportionate and fair to working hours.
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Emma thanked everyone for their thoughtful discussions and feedback. Next steps include:

- Review feedback and ideas.
- Develop tools and resources (e.g. guidance and recording templates).
- Share initial proposals for further feedback in future sessions.

Summary and Close, Ben Thomas, Thrive

Ben thanked everyone for attending, and for their input, as did Fiona Thackeray (Trellis). Ben reminded everyone of the next forum dates: 28th of April and the 27th of October.