

Farming for Health

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PREFACE

The Community of Practice Farming for Health (CoP FFH) is a group of dynamic people who meet regularly to generate and exchange knowledge on Farming for Health. The CoP FFH succeeds in reaching and motivating a substantial part of the people involved in Farming for Health in Europe. From 6 - 9 November 2007, 115 people from 18 European countries gathered in Ghent, Belgium.

Lectures, workshops and visits alternated. This book is a collection of the key contributions to the meeting. It is a reflection of the work of both academics and practitioners, based on scientific research on, or daily experiences with, Farming for Health initiatives.

At the same time, the participants built up diverse relationships - between countries, between disciplines, between professional backgrounds, and between different degrees of involvement. Such links form the breeding ground for further initiatives within the CoP FFH, or for new ideas that evolve outside the CoP FFH.

The organisation of the event was made possible with the generous support of several sponsors. The CoP FFH is very appreciative of the financial and logistical support of the Department of Agriculture and Fisheries of the Flemish Government, the Agricultural Chamber of the Province East-Flanders and the Council of the Province of West-Flanders.

The CoP FFH also thanks ILVO (the Flemish Institute for Agricultural and Fisheries Research), the Flemish Support Centre for Green Care and the Flemish Department of Agriculture and Fisheries, who provided manpower for the organisation of the meeting in Ghent.

Finally, I appreciate the unselfish dedication of John Hegarty, Rachel Hine and Deirdre O'Connor. They corrected the broken English of the non-native speakers very patiently. And my personal thanks also go to Hilde D and Hilde W, Katrien, Koen, Ilse, Peter and Willem for their commitment.

Merelbeke, 15 May 2008

Dr. Joost Dessein
Editor

Introduction



Introduction

Googling 'Community of Practice' results in more than 1,370,000 hits. The concept raises the interest of scientists, managers, policy makers and practitioners in very diverse sectors. This book is a product of the Community of Practice Farming for Health (CoP FFH). It reflects the meeting of the CoP FFH in Ghent, Belgium, from 6-9 November 2007. This introduction consists of three parts. First we discuss the concept 'Community of Practice' and give a picture of the CoP FFH. We then describe the theme Farming for Health. Finally we give an overview of the structure of the book and the different chapters.

A Community of Practice, a mixture of doing and learning

Etienne Wenger and Jean Lave are often considered as the founders of the notion 'Community of Practice'. Their pioneering work 'Situated Learning: legitimate peripheral participation' (1991), served as a trendsetter and paved the path for innovations in the academic world as well as in business. For them, learning is not an individual activity, but a social event that occurs in the praxis of daily life.

Communities of Practice are everywhere, and we are generally involved in a number of them. In some we are core members, in others we are more at the margins. And we constantly move between core and margins as the community is evolving over time. Wenger writes:

Being alive as human beings means that we are constantly engaged in the pursuit of enterprises of all kinds, from ensuring our physical survival to seeking the most lofty pleasures. As we define these enterprises and engage in their pursuit together, we interact with each other and with the world and we tune our relations with each other and with the world accordingly. In other words we *learn*.

Over time, this collective learning results in practices that reflect both the pursuit of our enterprises and the attendant social relations. These practices are thus the property of a kind of community created over time by the sustained pursuit of a shared enterprise. It makes sense, therefore to call these kinds of communities *communities of practice*. (Wenger 1998: 45)

Hildreth and Kimble (2000: 29), referring to Manville and Foote (1996), describe a CoP as 'a group of professionals, informally bound to one another through exposure to a common class of problems, common pursuit of solutions, and thereby themselves embodying a store of knowledge'.

The outlook of such CoPs vary. Some have names, many do not. Some CoPs are quite formal in organization, others are very fluid and informal. Some last for a long time, others have a more ad hoc character. But all CoPs share three characteristics: domain, community and practice (Wenger 2004).

The domain is the area of knowledge that brings the community together, gives it its identity, and defines the key issues that members need to address. A CoP is not just a personal network, rather, it is *about* something. Its identity is defined not just by a task, as would be for a team, but by an 'area' of knowledge that needs to be explored and developed.

The community is the group of people for whom the domain is relevant. It has a boundary between the inside and the outside, and relationships between members enable them to address problems and share knowledge. These relationships among persons distinguish a community from a web site or a library.

The practice is the body of knowledge, methods, tools, stories, cases, documents which members share and develop together. A CoP is not merely a community of interest. It brings together people who are involved in *doing* something.

In short: community builds relationships that enable collective learning, domain provides a common focus, and practice anchors the learning in what people do.

The Community: CoP FFH

Wenger et al (2002) spell out seven principles for designing a CoP:

1. Design for evolution, allowing the community to develop as it grows.
2. Create an open dialogue between inside and outside perspectives.
3. Invite different levels of participation so that all members have a role to play based on their interests and commitment.
4. Provide public (eg. official events) as well as private spaces (eg. personal interactions between members).
5. Focus on the relevance of the domain of the community.
6. Combine familiarity (creating a comfort level that encourages candid discussion) and excitement (providing novelty and spontaneity among members).
7. Create a rhythm so that the pace of activities is suitable for the members.

The CoP FFH follows these seven principles of Wenger. It is an international group of researchers, policymakers and practitioners in the field of care in green environments. Of the 150 members of the CoP, 28% originate from the Netherlands, 22% from Norway, and almost 10% from Italy, Belgium and United Kingdom. The others come from 13 other European countries.

The CoP FFH is working, researching and meeting yearly to enhance the scientific and practical knowledge of Farming for Health¹. This CoP FFH has been meeting since 2004, twice in the Netherlands, once in Norway and once in Flanders (Belgium). The Netherlands, Norway and Flanders are countries or regions where Farming for Health is very well established. The locations of the gatherings of the CoP are, as such, perhaps not a coincidence. But there are many other regions where Farming for Health is well established, growing or emerging. So there is hope that in the years to come, the CoP will find new, enthusiastic host countries.

A virtual network has also been created, and can be found on the worldwide web (<http://www.farmingforhealth.org>). It intends to be a virtual meeting place where documents can be archived, discussion held, information shared and activities announced.

The Domain: Farming for Health

During the 20th century, European agricultural and horticultural sectors underwent a major period of transition. There was a radical change in farming itself and in farming's relationship with society. This development coincided with a relentless process of intensification, an increased level of specialisation and the arrival of high-tech, non-labour-intensive and capital-intensive production systems. Farming and horticulture have suffered badly over the last decade as a result of rising costs and declining profits and both sectors are faced with the need to reverse this trend to achieve lower costs and more efficiency, in the coming years.

The concept of *multifunctional agriculture* within a process of rural development may help to provide a solution for a sizeable group of farmers and market gardeners. This process may occur along the tracks of broadening, deepening or regrounding (Ploeg et al. 2002). Broadening means here developing new activities not involving the primary production of crops. Such activities enlarge the income flows of the farm enterprise, whilst they

¹ In this introduction, we use the concept Farming for Health. Other concepts used in the book are Green Care, Care Farming and Social Farming. These concepts are not fully synonymous. The authors in the respective chapters indicate what they mean when using a particular concept.

imply simultaneously the delivery of goods and services society is willing to pay for. Agri-tourism and nature and landscape management are the most common strategies. Farming for Health is also a type of broadening.

Broadening in the farming and horticultural sectors signals a changing role for farmers and a new mode of operation and culture. The undertaking's primary production is no longer regarded as the (only) yardstick of success. Furthermore, production is no longer supply-driven but demand-driven, while the product not only has value in itself (as a 'commodity') but is also value-added, when consumers gain specific experiences from the product.

In its most far-reaching way, consumers themselves are transformed. A transformation in agricultural and food systems is, for example, the attention to actions leading to a healthy lifestyle, as a contribution to a healthy body and mind (Mathijs and Sturtewagen 2005). Farming for Health illustrates this: the client not only receives care in a passive manner, but also changes through his or her engagement in the care process the farmer offers him.

FIGURE 1: THE PROGRESSION OF ECONOMIC VALUE

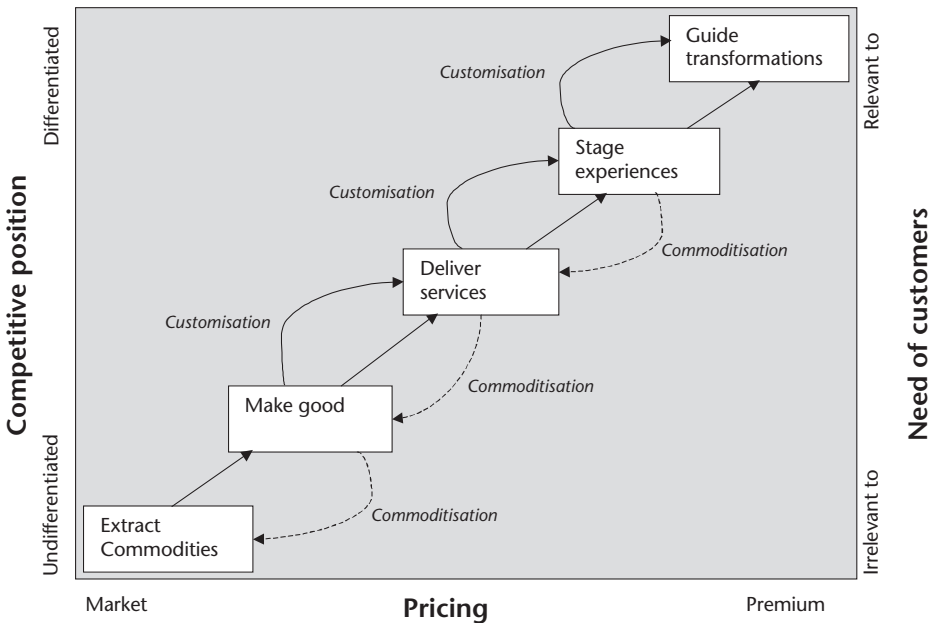


Figure 1 (Gilmore and Pine 1999: 229, reproduced in Mathijs and Sturtewagen 2005) illustrates this reasoning. The 'old agriculture' produces mainly mere commodities. They have a low price (X-axis), lead to an undifferentiated competitive position (left Y-axis) and are not not tailored to the needs of

the customer (right Y-axis). A successful future agriculture will differentiate more and gear what they offer to the needs of the customers. This leads to higher prices. Mounting the value ladder of Gilmore and Pine replaces or completes the production of goods with offering services (such as clean water and air), directing experiences (such as recreation) or guiding transformations (such as offering care).

It is important, however, that the services, experiences or transformations are sold. Value created in this way, is called 'sustainable value added' (Figge and Hahn 2005). How this value can be acknowledged by paying the service provider for what he produces is a thorny issue in most European countries. The graph shows as well a downward pressure through commoditisation - the standardisation of the offer - leading to a loss of value.

The farming and horticultural sectors are not alone in facing a major challenge. The healthcare sector as well is confronted with change, for it is calling its own reductionist, biomedical model into question. Two aspects of this are particularly relevant to Farming for Health.

- a. Described as integrated or holistic, the new methods propose that the help-seeker, as a person, is of central importance, thereby leading to 'tailor-made' care, involving factors such as care management, extramural care, context- and system-based foster care, the relevance of natural environments, and so on.
- b. The objectives of the care are subject to constant fine-tuning, which aims to achieve integration, empowerment, individuation or independent living.

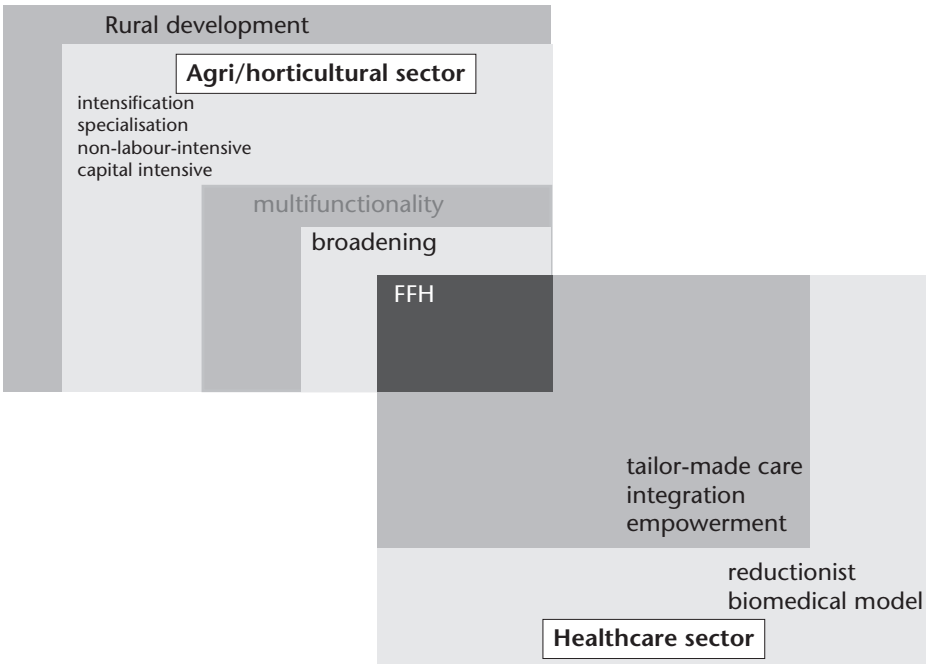
In other ways, the healthcare sector is constantly seeking to strike a right balance between effectiveness and efficiency, between quality care and practical feasibility (including financial feasibility).

As the phenomenon of care on farms is increasing and attracting more attention, the problem of definition arises. Farming for Health, Social Farming, Green Care, Care Farming, Horticultural Therapy, Agricultural Therapy, Animal Assisted Therapy, Green Exercise, these are but some of the concepts that are used.

As a working definition for future activities, and based on the abovementioned reasoning, we propose to delimit the concept Farming for Health as follows (see figure 2). Farming for Health is based on a combination of agriculture and care. The focus is both on the farming system (which includes such components as the farm enterprise itself, operational management, the farmer and the farmer's social environment) and the care sector (including for example, the help-seeker, the institution,

and the care professional). The result is a very diverse picture of care-seekers involved in on-farm activities.

FIGURE 2: FARMING FOR HEALTH AT THE INTERSECTION OF THE AGRI/HORTICULTURAL SECTOR AND THE HEALTHCARE SECTOR



Many Farming for Health initiatives will occur within the framework of broadening as a strategy of agricultural multifunctionality, within the more encompassing context of agri/horticulture and rural development (the outermost rectangle). They will occur on a viable farm, i.e. an undertaking where creation of value through agricultural activities (including, though not exclusively, primary production) is essential. Farming for Health initiatives occur within the new track in the healthcare sector, of tailor-made care, integration and empowerment.

FFH thus comprises a process (caring) within a context (a farm). This description excludes some care activities which do have a link with green environments, but that do not have a link with commercial on-farm activities. It does not exclude any therapeutic method. Animal Assisted Therapy (AAT) in the context of a farm, belongs to FFH. AAT with pets in the foyer of a mental hospital does not. Adolescents staying on a farm as a rehabilitation project, belongs to FFH. Adolescents hiking in the countryside as a rehabilitation project, don't.

The Practice: a book

A CoP is an appropriate vehicle for a theme such as Farming for Health. Indeed, the Community of Practice Farming for Health is diverse and it operates at different levels. From the social worker to the academic, from the agronomist to the psycho-therapist, the CoP unites people who might otherwise probably never meet, for the farmer doesn't visit the scientific conference, and the professor is not always tuned to the daily praxis of the care farm. But they find each other in a CoP. A CoP thus becomes an ideal engine to create momentum for other initiatives, that will eventually go their own way.

A book is a good way to generate future actions. Wenger (1998) launches the concept 'reification': taking that which is abstract and turning it into a 'congealed' form, such as a report or a book. Reification is essential for preventing fluid and informal group activity from hindering co-ordination and mutual understanding.

But this book by itself, as a concrete way of reification, is not sufficient to crank up the learning process that is essential for a CoP. Active participation, for instance in other activities of the CoP, is essential to assure that participants not just translate the reified description into embodied experience, but recontextualise its meaning. Participation and reification are related dialectically. Wenger (1998: 67) states that 'Explicit knowledge is not freed from the tacit. Formal processes are not freed from the informal. In general, viewed as reification, a more abstract formulation will require more intense and specific participation to remain meaningful, not less'.

In other words, different kinds of output are valuable in the process of generation of knowledge. No matter how diverse they are, outputs like networks, books, meetings, contacts or discussions all contribute to learning about Farming for Health.

This book consists of four parts.

The themes of the **first part** 'General topics', touch upon the essence of Farming for Health. What exactly is care? Is it only about rights? What part does the farmer play? And is policy a catalyst or an obstacle for the development of Farming for Health initiatives?

Marian Barnes situates Farming for Health within a broader discourse about care. She stresses the importance of the contextualisation of care, as she states that 'it is important to consider the institutional and social context within which people take part in such activities, the extent to which

they are negotiated practices, and the way in which they may, or may not, constitute a response that enables people to realise their aspirations and exercise control over their life'. Concepts as empowerment, 'the right to be heard' and social justice are key in her plea for enabling the care clients to give themselves direction to their lives. Alongside with a 'rights ethics', an 'ethics of care' is an important principle. Care should not be depicted as implying passivity, dependence or even oppression. Quite the reverse, the practice of care farming should be better understood as the development of caring relationships, rather than the delivery of services to passive recipients. Her analysis suggests that, whilst taking part in agricultural activities may offer the potential for both therapy and the development of useful skills, it is insufficient to focus solely on such activities themselves. It is also important to consider the context in which such opportunities are made available, the nature of the relationships between the participants, and the extent to which the users of such services are seen as co-producers of them.

Relationships are also important in the contribution of Marie-José Enders-Slegers. She deals with the issue of whether Farming for Health is about 'therapeutic farming', or about 'therapy on a farm'. The question occurs whether a farmer and his partner should be trained to be professional caregivers, to be 'therapists on their farm'. If it is supposed that it is important to provide professional care, what profession would be most suitable for the goal of Farming for Health? Would it mean that farmers or farmers' wives who are trained care givers are more effective than farmers or farmer's wives who 'just' run a farm? Referring to psychological theories that describe the importance of interpersonal relationships as providers of 'social support' by fulfilling interpersonal needs, her paper makes explicit that the quality of the relation between farmer/farmer's wife and the client is a key determinant for success. It is not the therapy method as such that matters, but the quality of the therapeutic or care alliance.

The input of the users of Farming for Health services shapes the chapter by Deirdre O'Connor. She questions the relationship between the policy process and Farming for Health, and investigates how and to what extent the opinion of the users should influence the policy process. Indeed, if Farming for Health interest groups want to influence the policy-making process, exactly whose interests will be represented? Farming for Health policy is very complex, inter alia, because of the involvement of diverse policy domains, such as agriculture, welfare, education or rural development. But, not only are there major challenges in formulating policies across the range of sectors involved, but also within particular policy domains. How much farming should be in social farming? How much social farming should be in agriculture? O'Connor uses data of the European SoFAR-project, to illustrate the diversity of policy involvement in different European countries.

Francesco Di Iacovo too deals with the complexity and variety of different forms of policy in several European countries, based on the SoFar-project. His basic assumption says that Farming for Health is a response to the 'transition from old to new regimes, a process of change that affects agriculture as well as other domains'. In that respect, Di Iacovo describes Farming for Health as a cross road for many converging tracks like multifunctional agriculture, fiscal crises of the State, individualisation and efficacy of services, and the reorganisation of services in both urban and rural contexts. He analyses several trajectories for Farming for Health and the role of different institutions. His 'pathways of change' are influenced by various actors (such as the rural development policies, the health/care policies, the farmers and the civil society), the different actions that are undertaken, the underlying regulatory model, and the possible side effects. This ultimately leads to a evolutionary path, in which Farming for Health evolves from a novelty, through a niche market position, towards changing paradigms and, eventually, new regimes.

The **second part** 'Case studies: regions' discusses Farming for Health in The Netherlands, Flanders and United Kingdom.

Dorit Haubenhof, Jan Hassink and Marjolein Elings analyse the qualities of Farming for Health in the Netherlands. First they focus on general characteristics of the care farm. Three categories are distinguished. 'General qualities related to the farm itself', in which the natural environment, the plants, the animals, as well as the space, play a part are discussed. 'General qualities related to social contacts' groups together qualities related to the fact that clients become (again) part of a community. Finally, 'Qualities related to farm activities' refer to the meaningful activities on the farm in which the client takes responsibilities according to his own capacities. Next, the authors deal with qualities of Farming for Health farms for special target groups, such as mentally challenged clients, psychiatric patients, the elderly, children, adolescents and addicted clients..

Katrien Goris, Joost Dessen, Hilde Weckhuysen and Anne Dedry give an overview of Farming for Health in Flanders. They distinguish three different models (active care farms for individual clients, active care farms for groups, and institutional farms). Based on several surveys, a sketch of the profile of the care farmers is drawn. They also give a brief overview of the different stakeholders that the Farming for Health has an impact on, such as the clients, the society, the farmers and their families. An overview of the current legislation and subsidy regulation illustrates the major role that the Flemish government has been playing since 2005 in the establishment of Farming for Health. Finally, the key role of the Flemish Support Centre for Green Care as a catalyst for Farming for Health is illustrated.

Rachel Hine gives some recent findings and implications of care farming in the United Kingdom. There is much variety in UK care farms, with differences in the extent of farming or care that they offer, the client group, the type of farm and the presence of the 'institutional' element. Based on a scoping study of 76 care farms, she illustrates this variety, considering aspects such as size, staff employed, number and background of clients, and reported health effects. A striking finding is the importance of different funding sources on which a major part of the care farmers depend. The fees charged by the care farms offer the biggest variation, ranging from free-of-charge to £100 per day. A snapshot health-benefit analysis provides some empirical data addressing psychological health and well-being effects of Farming for Health. The results show that spending time participating in care farm activities is effective in enhancing mood and improving self-esteem.

The **third part** of the book pays attention to special target groups of clients on a care farm.

Piet Driest gives an overview of a promising innovation in long term care for the elderly: small scale homes for elderly persons with dementia. He focuses on the alternative of mainstream nursing homes, and pleads for the higher quality of life that is possible in those small supported living units. The person with dementia is no longer a patient, but a resident who tries to continue with the life he has always lived. The major changes are the integrated and holistic professional requirements of staff, the drastic reduction of personnel overheads, the different setting and outlook of the houses, the central position of the person (instead of the building) and a new balance between protection and allowing freedom. Given this new approach, Driest ends with pointing at the future possibility of hosting people with Alzheimer's disease on a farm and the need for more research on this topic.

In their paper, Reina Ferwerda, Simon Oosting and Jorine Rommers show that Farming for Health farms have characteristics that fit well with the needs of children with Autistic Spectrum Disorders, such as the farmers themselves, the safe and quiet environment that a farm offers, and the presence of animals. The farmer plays an important role, as he or she serves as a link between child and parents on the one hand, and care institutions and therapists at the other. They also offer structure and consistency. The farm offers space, rhythm and peace. Also the deliberate use of farm animals is important to offer the children activities and to stimulate and motivate them.

Children with learning disabilities are the starting point in the paper of Yvon Schuler. She shows how farms can deliver a great contribution to the demand for learning in natural and outdoor environments. It is a

suitable learning environment because it is a flexible and safe context. Her examples from the Netherlands present the positive effects of combining care and educational programs on a farm. She criticizes the ‘domestication of childhood’ as it squeezes the adventure out of kids’ lives and threatens to smother the spark that otherwise animates a child with talents, dreams, and inclinations. Farms are especially suited for care for children with disabilities, where the focus is on child development as a whole. The Zaanstad pilot project near Amsterdam serves as an example.

The **final part** touches upon special topics.

John Hegarty describes how community ownership of farm land – a ‘community farmland trust’ (CFT) - could be a way to increase involvement in Farming for Health. In CFTs in the UK, land has been purchased by donations from interested people. They become shareholders in the charitable trust, collectively owning the land. Based on a survey of the stakeholders of the Fordhall Community Land Initiative, he concludes that community farmland ownership could be a way for other farms to increase their financial and social capital, and to reconnect larger numbers of people with farming and the countryside. Revitalised in this way, farms would be in a very strong position to develop care-farming and Farming for Health initiatives.

Thomas van Elsen and Yvon Schuler wonder whether and how landscape design can influence the work on care farms and the well-being of participants in social care projects. They share examples of the designing of social farms or farm surroundings for the needs of the users. Two examples from the Netherlands illustrate the variety of choices we can make to let landscape and a well-thought out farm design contribute to health programs on farms. Examples from Germany illustrate how Farming for Health can have an impact on landscape development. Van Elsen and Schuler conclude that care farms ‘use’ nature as a tool to ‘heal’ or to employ people with a handicap; they also contribute to the care for healthy nature and landscapes by the use of additional manpower and less economic pressure. It leads to a healthy agriculture, healthy people and healthy landscapes.

Katrin Oltmer and Gabe Venema attempt to tackle the delicate financial issues of the care farm business. As many farmers do not have a thorough knowledge of the costs and benefits of the care activities on their farms, investment and financing decisions on the basis of returns and cash flows are difficult to make. How much does the care farming contribute to the family farm income? Does the farm have a payback capacity in case of external financing? And how important is the issue of entrepreneurship? The authors state that the lack of an outline of the costs hampers further

professionalization of the Farming for Health sector in the Netherlands. In other words, if care farmers want to become an equal and fully accepted partner within the health care system, they should keep the quality of health care, the idealism and the enthusiasm, but continue to professionalize.

The final chapter brings the reader back to Flanders. In his fascinating book 'Geel Revisited, after centuries of mental rehabilitations' on which this chapter is based, Eugene Roosens describes the historical evolution and the present day situation of foster family care. Drawing on 108 cases, Roosens elaborates some rules of thumb for 'the Geel case'. Social integration of the guest into the family is a major characteristic, although an inner circle does exist in which the client does not partake. Another rule states that the foster parents must be in charge, and that a sharp line between 'the normal' and 'the abnormal' is drawn. The (distant) role of the In-patient Care Unit as a steady authority, together with the social integration, form two necessary components of the system. But the mutual emotional bond between the foster parents, their children and the patient, is paramount.

In the middle of the book, a photo section gives an impression of Farming for Health in Flanders. The book concludes with an overview of the different authors of the chapters.

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II. General topics



Care, deliberation and social justice

Abstract

This paper argues that it is insufficient to consider the activities of care farming, but that it is also important to address the context in which and relationships through which it is delivered. It bases this argument in a brief discussion of other circumstances in which similar activities have been available to people with mental health problems – in the context of long stay asylums and a contrasting initiative led by users of mental health services. The paper adopts a social justice perspective on the development of new initiatives to support disabled people, people with learning difficulties or mental health problems, and offers a perspective on care which is consistent with social justice objectives.

Introduction

This paper explores issues of care and social justice of relevance to the development of ‘care farming’ from a social policy perspective. In particular it focuses on ways in which interventions involving activities that are similar to those encompassed by ‘care farming’ have been provided to or engaged in by people with mental health problems. I argue that it is important to consider the institutional and social context within which people take part in such activities, the extent to which they are negotiated practices, and the way in which they may, or may not, constitute a response that enables people to realise their aspirations and exercise control over their lives. The concept of ‘empowerment’ and strategies for its realization are important in this context (Barnes and Bowl 2001). Empowerment can be linked to notions of social justice – a core concern of social policy. But it is also important to consider how we might understand ‘care’ – a concept that in some instances has been not only distinguished from but contrasted with the more rights based understandings attached to empowerment (e.g. Wood 1991). Thus another aim of this paper is to outline a way of thinking about care with implications for ways of doing ‘care farming’ that enable people to empower themselves.

A historical perspective

Few ideas about how we might deliver social welfare emerge without any antecedents. In the case of initiatives intended to enable people with mental health problems, or those with learning difficulties to take part in agricultural or horticultural work we can see examples of such activities in

the context of asylums and long stay hospitals that were the main services for such people up to the mid twentieth century. Until this time county asylums provided care for those deemed to be mentally ill away from the main centres of population. They served the purpose not only of creating an environment in which sufferers might be looked after, but also of ensuring the separation of the mad from the sane. Pauline Prior described one such asylum: 'it was deliberately planned so as to divorce its inmates from the everyday demands of mainstream metropolitan life – its outer walls and its gate lodge, in particular, functioning to emphasize a boundary which at that time was believed to exist between sanity and madness.' (Prior 1993: 25). These asylums had the characteristics of self-contained communities with all needs being met within the walls. As well as accommodation for inmates, treatment and administration blocks, they contained sports facilities, a mortuary, church, shop, canteen, library – and farm buildings.

There have been few detailed studies of life in the asylums, but one study is that conducted by Diana Gittins of Severalls Hospital in Essex (Gittins 1998). This study reviewed the period 1913-1997 and is based on an analysis of hospital documents and on interviews with people who lived and worked there during this period. Gittins quotes from workers employed by the hospital. Here one describes the work which male patients undertook on the hospital farm:

They were mostly kept in a gang. When we did the threshing and that the patients used to help on the stacks, and then help cart the corn away from the drum and things like that. They were used on the farm mostly for sort of general tasks, helping. I remember having the horse and tumbrel, and the patients would fill it up, then we'd take the horses down. Some of them were good workers, really good workers.

Some of them, yeah, some knew what they were exactly doing. Some didn't. But some of them did. It was quite hard work in them days, I mean, pitching sheaves of corn all day is pretty, pretty strenuous. I know when they used to go in at four, and we carried on in the evenings, when the cows had been milked and turfed out again, they would come back in the evenings and cart the harvest in, and I would go out and help cart the harvest. I was always out there with them. (Gittins 1998: 161-2)

This indicates that whilst patients and staff would work together on farming tasks there was a clear separation between those who came to the hospital because it was their place of work, and those for whom this was 'home' for many years, but whose daily routine was governed by the administrative and treatment regime of the institution. Gittins' account of

life in the hospital also highlights that there was a clear separation based on gender – women would not be found working in the fields, but rather in the laundry, the needle-room or carrying out housework. Work carried out by both men and women was essential to the operation of the institution and would also be a means of generating some income.

Other descriptions also suggest that there was a therapeutic value for such activity, particularly when it made connections with the lives of inmates prior to admission to the asylum. Again, this is a member of staff of Severalls Hospital describing life there during the late 1940s:

I worked on the gardening staff for a year - looking after flowerbeds, roses, and cutting grass and all the things that are involved with gardening. And of course, the hospital farm was still going then. We used to take gangs of patients pea-picking, potato-picking, those sort of things. As a gardener I had several patients with me. There's one man who's still a patient there now, I think who was in the Navy with me. Yeah. And you know, I mean I sort of grew up with them. In those days, of course, a lot of the patients we got in were rural community people who had worked on farms and all that, and they enjoyed doing something they'd done all their life. And they came in, most of them ill -when they recovered, you put them back to convalescent, which is doing the things they used to do. (Gittins 1998: 162-3)

Suggestions that work in the fields, the gardens or the greenhouses of long stay psychiatric hospitals provided welcome activity for those forced to remain in such settings are made elsewhere. For example, Brian Davey, himself a user of mental health services has written:

There is no wish to romanticize the forced field labour of nineteenth-century asylum inmates, cut off from the outside world, nor the drudgery of mowing grass (dog toilets) around public sector building. However, there probably is something in the notion that gardening will often be an appropriate therapeutic activity whether for inmates or, where they have been appropriately designed garden space, for the general population. Anecdotally, a psychiatric nurse has recalled how most patients would hang around after lunch, reluctant to return to the drudgery of various repetitive industrial (so-called) therapies. The garden groups, however, would pop in, eat their food and be gone again. (Davey 1994: 190)

There were a number of reasons for the decision to close long stay psychiatric hospitals in favour of more 'community-based' modes of intervention. Developments within scientific psychiatry made it possible for clinicians to argue that there was no need to sequester patients away within institutions.

Pharmacological developments made it possible to control symptoms and thus limit the more bizarre psychiatric symptoms that caused 'normal' people to shun the mad. Economically 'care in the community' seemed a much more attractive option. But evidence had also emerged of poor treatment and sometimes abuse within the asylums and there were growing critiques of the negative effect of 'institutionalisation' on those spending many years locked up and separated from 'ordinary life'. It is certainly the case that whilst some of the activities available to patients within long stay hospital and asylums may have provided benefit to them, they had little option about whether to take part, and no say about the overall nature of care available. Inmates were the subject of others' decision making about where they should live, how they should spend their time, what they should wear and how they should be treated.

Claiming the right to be heard

By the 1980s the pace of change was gathering speed and the hospital closure programme was well under way. And during this period those who had been variously described as inmates or patients were starting to demand a say in the way in which such changes were happening. The service user or survivor movement started to grow (Barnes and Bowl 2001). In the UK such developments were influenced by people who had been part of an early *clientenbond* which emerged in the 1970s in the Netherlands. In the mid 1980s in Nottingham the first autonomous patients council in England was established and this formed the basis of the Nottingham Advocacy Group (NAG)¹. One of the first opportunities for service users to have an influence over mental health services came with the planning of the move from long stay institutions to community based services. As NAG developed both individual and collective advocacy enabled service users to have a say not only about their own treatment but also about the design of services. Service users were involved in service planning groups and influenced commissioning. They started to get involved not only in local planning and service delivery issues but also in national policy making. And in some areas they started undertaking their own research and became involved in training mental health professionals (e.g. Barnes et al. 2000, Faulkner 1997). Collective action by service users (or survivors as some described themselves) was not only about seeking changes in the mental health system, but had broader social justice objectives. It was in part about achieving recognition, the right to define their own needs and to challenge the perception of those who live with mental health problems as lacking insight, incompetent and possibly dangerous. Service users sought to challenge not only their lack of power in

1 See <http://www.brighton.ac.uk/sass/research/NAGhistory.pdf>

their relationships with mental health professionals, but also the everyday discrimination and stigmatization they experienced in their interactions with 'normal' people. 'Disempowerment' was experienced not only in relation to the mental health system, but permeates every aspect of life:

People who are seriously disadvantaged in society rarely have single problems - they have multiple interlocking problems. They do not compete on a level playing field. They suffer a 'cycle of deprivation'. Empowerment must address all their problems together if it is to be meaningful. Poverty, poor housing and the nature of the social security system put a strain on relationships and lead to widespread demoralisation. Depending on the circumstances of individuals they can lead to physical and mental ill health, criminality, addiction and the persecution of individual or collective scapegoats: racism, sexism, picking on individuals who are 'different'. Disadvantaged people usually can only afford to live in areas where there is poor air quality, low car ownership but heavy traffic and other inferior environmental conditions - particularly those which pose a danger to children and thereby add to the stress of their parents. (Davey 1999: 37)

Mental health and the environment

Brain Davey was one of the service users involved in the genesis of NAG. But he always took a rather different position from many NAG activists whose primary focus was on achieving change within mental health services, arguing that real change required people to empower themselves outside the mental health system. And because he linked issues of social, economic and environmental sustainability to the way in which mentally healthy ways of living could be achieved he focused this action around small scale economic enterprises, central to which was an allotment project. He called this initiative 'Ecoworks'. This provided an opportunity not only for people with mental health problems to engage in creative activity, but also to produce fresh food cheaply – most were on benefits and were poor. A hut on the allotment provided a space where people could meet, talk and cook food together. One aim was to enable people living in poverty in the local area also to get involved so this was not exclusively a project for people with mental health problems. But key to the Ecoworks project was that those who used mental health services controlled it. The activities of growing food, working on the land, finding ways of ensuring sustainable production were set within a context in which those who used mental health services could plan what to do and how to do it. The results of such activity were of direct benefit to them - by way of reducing the impact of poverty on their capacity to have a healthy diet, through having a place where they could experience being in control, an opportunity for social contact, and

the development of transferable skills. Thus the meaning of agricultural work in the context of Ecoworks was very different from the meaning of such work in the context of asylums.

Rights and care

Autonomous action on the part of mental health service users can be understood as a movement aiming to achieve social justice for people who have experienced an absence of control, stigmatisation and discrimination. User/survivor activists and activists within the disability movement more generally have made claims on the basis of appeals to human and civil rights. For some this has meant rejecting 'care' as something implying passivity, dependence and in some cases oppression. So is 'care' incompatible with an approach to offering support – including via activities that might be encompassed by 'care farming' – that enables people to empower themselves as they did via Ecoworks? I want to argue that this is not the case.

Many have argued that justice cannot be achieved without care because we do not start from the position of being equal, autonomous individuals (e.g. Kittay 1999, Sevenhuijsen 1998). Notions of equality and justice need to be assessed against the circumstances of people who cannot live their lives without substantial personal and other support. Thus an 'ethic of care' is necessary alongside a rights ethic to ensure social justice in conditions of vulnerability. Both Joan Tronto (1993) and Selma Sevenhuijsen (1998) consider care as a political value as well as one that underpins interdependencies in people's private lives. Tronto and Fisher offer the following definition of care:

... we suggest that caring be viewed as a species activity that includes everything that we do to maintain, continue and repair our world so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web. (cited in Tronto 1993:103).

Tronto elaborates on four moral principles of care:

- Attentiveness – to the needs and circumstances of others
- Responsibility – taking responsibility to act on this basis
- Competence - being aware of the outcomes and consequences of such actions
- Responsiveness – being aware of how the care recipient is responding to such actions.

Caring practices are constructed within relationships through processes of narrative that generate understandings of how the moral principles

of care need to be applied within particular contexts. Care-giving, from this perspective, cannot be a series of procedures that are applied in all circumstances.

Based on these principles and the definition given above it is possible to very briefly summarise the main characteristics of an ethic of care. This

- recognises human interdependence, rather than assuming autonomy;
- addresses the social and political aspects of interdependencies, as well as the interpersonal aspects;
- understands care as a practice as well as a disposition;
- recognises that the care recipient is an active participant in caring relationships;
- acknowledges that the activity of caring is defined culturally;
- is necessary to ensure social justice in conditions of vulnerability.

Because it implies a process of negotiation in particular circumstances to ensure that good care can be provided it also makes the point that care cannot be imposed. Thus this approach is consistent with a commitment to ensuring that service users can play an active part in determining the circumstances in which and means through which they can receive support. Elsewhere I have suggested that ‘deliberating with care’ is necessary to the achievement of socially just outcomes (Barnes 2006: 156-7).

Implications for Green Care or Care Farming

This analysis suggests that whilst taking part in agricultural or horticultural activities may offer the potential for both therapy and the development of useful skills, it is insufficient to focus solely on such activities themselves. It is also important to consider the context in which such opportunities are made available, the nature of the relationships between the participants and the extent to which the users of such services are seen as co-producers of them. This is particularly important when one of the factors that motivates the move to care farming is the need for diversification in order to ensure continuing economic viability within farming. If the development of care farming is to be capable of contributing to social justice for disabled people, those with mental health problems, learning difficulties or others who might be considered disadvantaged it will need to embody a number of principles. Central to these is the importance of developing care farming practices in dialogue with those who are the intended participants. Thus both the activities in which people might become engaged and terms under which their engagement is secured need to be subject to discussion and agreement. These discussions should take place with the individuals concerned in relation to their own involvement, but there would also be

value in collective discussion with disabled people's organisations and service user groups in order to draw on the collective knowledge and expertise of such groups in planning the way in which care farming schemes can be established. The practice of care farming should be better understood as the development of caring relationships, rather than the delivery of services to passive recipients. That is the ethic of care principles should be applied to the day to day practices of working with people, ensuring attentiveness to their needs, accepting responsibility to respond to them, ensuring competent engagement to achieve acceptable outcomes, and understanding how those taking part are responding to such experiences.

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Therapeutic farming or therapy on a farm?

Abstract

Nowadays more and more farmers decide to open their enterprise to offer support, care and therapy to people with special needs. The question occurs whether a farmer and his wife/partner should be trained to be professional caregivers, to be 'therapists on their farm'. It is supposed that it is important to provide professional care, but what profession is most suitable for the goal of Farming for Health? Does it mean that farmers or farmer's wives who are trained care givers are more effective than farmers or farmer's wives who 'just' run a farm? Until now, not much attention has been paid to this question: the influence of the relationship between farmer and client has not been addressed in research.

This paper argues that the quality of the relation between farmer/farmer's wife and client is a very important variable for success, just as it is with the relationship between a psychotherapist and a client and, of course, as with every other relationship. Successfully supporting clients with special needs requires good relational skills, knowledge of the client's strengths and needs, and the skills of being a professional farmer/farmer's wife. Thus, the relationship between the farmer/farmer's wife and the client will give a therapeutic element to everyday farming, independent of the 'background' of the farmer (whether he or she has been trained as a caregiver or, 'just' a farmer).

Background

Green care or 'Farming for Health' is a fast-growing field in the Western world (Hassink and van Dijk 2006). In many places, in several countries in Europe and the United States, farmers open up their farms to vulnerable groups of people to be co-workers on their farm.

On Green Care farms, the animals, the plants, the gardens, woodland areas and the landscape are used in therapeutic, recreational or work-related activities. Vulnerable groups, such as elderly people with dementia, people with psychiatric problems, people that need rehabilitation, youngsters with behavioural problems and recovering drug-users, get an opportunity to (learn to) function in a sheltered and caring environment. For some of the clients it means a first step towards their return to working society. For other clients it offers a meaningful and pleasant activity outside their home situation. There is growing scientific evidence that nature in general (Chalfont 2006, Schwarz and Rodiek 2007) and working on a farm in particular (Schols and Van der Schriek-van Meel 2006) improves the quality

of life of the clients in Farming for Health programmes. The question occurs: what factors are contributing to the positive effects? Is it nature and/or farm animals? Is it working at the farm? Is it being with other people? Is it because the orientation of the farm is production or therapy?

Working group 1 of the COST 866 Action (Green Care in Agriculture) published a report (Sempik 2007) in which a 'conceptual model for Green Care' was introduced. In the report many aspects are covered in the conceptual model. Among them the effects of the horticultural activities, of animal assisted interventions, of group processes and of the individual relationship between therapist and client.

A number of theoretical frameworks are used to get more insight into the possible functioning of the Farming for Health programmes. The biophilia hypothesis (Kellert and Wilson 1993), the attention-restoration theory, several environmental psychological and sociobiological theories (Ulrich 1983, Kaplan and Kaplan 1989), as well as health psychological and pedagogical theoretical constructs (see, for example, Hassink et al. 2006) offer hypotheses about why and how 'nature' affects wellbeing. The work of John Hegarty's (Hegarty 2007) is interesting in the light of this paper. It suggests the importance of considering 'humanistic' approaches in therapy (such as Carl Rogers' person-centred psychotherapy) because of the value they place on the nature of the relationship between therapist and client. As I shall now argue, this relationship should be placed at the core of Green Care. This is because a farm environment means much more than having contact with nature. It means an environment where people are together with other people. Every aspect of the environment, then, will influence an individual's physical, psychological and social wellbeing. Amongst these, it can be argued that the (relationship with) farmer and his wife will influence the outcome of the therapeutic programme for the client. This observation brings us to the main question of this paper. If working with vulnerable populations demands professional care, what educational background (farmer or therapist) is needed to achieve the best results with the clients?

Diversity in farms, farmers, and clients: is diversity in relationships needed?

Before we consider this in detail, it is useful to look into the actual situation in Green Care. It is well known that there are different types of farms, different farming goals and different client goals, as well as there are different types of farmers and clients. A distinction can be made between farms such as production farms, where there is an emphasis on work and financial profit, and care farms, where the emphasis is more on therapy and less on financial gain. In the case of a production farm the farmer forms merely

a working relationship with the client. His profession is farmer, the client is co-worker. In the case of a care farm (often an annex of a psychiatric hospital or nursing home) the farmer acts merely as a ‘therapist’ and forms a therapeutic relationship with the client.

Probably a ‘successful’ placement on a care farm depends partly on client-characteristics and the different goals they want to achieve, as well as on the farm- and farmer-characteristics. Maybe every single client or client group needs a different approach, needs another kind of relationship. And, as a consequence, it is likely farmers do need to develop different skills to be successful in coaching the different individuals or groups.

The range of farming goals and client goals demands a flexible, individualized, creative approach of farmers/farmers wives, that fits the needs of the client, the farmer and the farm environment. This individualized approach will be reflected in the components of the relationship between farmer and client, and will influence the (un)successfulness of the outcome of the green care program on the farm.

The importance of relationships in every day life

In every day life people have all kinds of friends and relationships. From psychological theories we know that interpersonal relationships are very important and provide ‘social support’ by fulfilling interpersonal needs (Vaux 1988). Weiss (1970) mentioned several basic needs, such as the need for attachment and emotional closeness, the need to be integrated in a social environment, the need that you can rely on others, the needs for guidance, advice and information, the need to be reassured of your worth, and the need to take care of others. Social support increases wellbeing and buffers against the stress of negative stressful events (Stroebe and Stroebe 1996, Enders-Slegers 2000). Vulnerable groups, such as elderly people with dementia, people with psychiatric problems, people that need rehabilitation, youngsters with behavioural problems and recovering drug-users often have ‘gaps’ in their social environment, due to their often long-lasting problems. Green Care farms offer clients an opportunity to meet people, to establish new relationships. Clients can form attachments, become integrated in a social environment, learn from other people, have the opportunity to care (people and/or animals) and feel valuable and reassured. The clients establish a reliable alliance with the farmer. All these relational issues will make the client feel supported.

Elings et al. (2004) concluded that it is very important for Green Care clients that the farmer is ‘a real farmer’. Clients are described as ‘co-workers’ and the farmer addresses explicitly the ‘healthy’ part of his/her personality. The

farmer then is a role model, gives advice and information and is reliable. The economic goals to be achieved on a farm make the work of the co-worker important and meaningful. The positive comments in the feedback given by the farmer will assert the self-worth of the co-worker. The co-worker is needed and socially integrated in the working society of the farm. Therefore, we can see that this working relationship is at the same time 'therapeutic' by meeting many emotional needs.

The relationship as a therapeutic tool

Much research has been done investigating the importance of the relationship between therapists and their clients. 'Which is the more important, the technique or the relationship?', is a question that has been debated for many years (Niolon 1999). Research broadly suggests that it is not the therapy method that matters as much as the quality of the therapeutic alliance (Rogers 1957 and 1961, Garfield and Bergin 1994, Singer 2006). According to Greben (1981), the relationship is the vehicle by which therapeutic change occurs. Therapy was found to be more successful in cases where the relation between client and therapist was of good quality. Such therapists were reported to be warm, friendly, open, empathic, genuine, having eye contact, listening actively, clarifying, demonstrating respect.

Similar individual characteristics are of great importance for the effectiveness of social care workers, according to Leijssen (2006). She mentions the research by Dumont (1991), in which the professional backgrounds of social workers were compared. Some untrained social workers were as effective as trained social workers, sometimes even more effective, because of their essential personal qualities. She underlines the importance of the personal characteristics of people working in care settings. The success of a therapeutic process is dependent on the development of a good working relationship: which is decided by the characteristics of the social worker. Leijssen lists objective characteristics (age, gender, values, race, cultural background, profession) and subjective characteristics (cognitive and emotional functioning, psychological health, relational skills, authenticity, self disclosure and humour) that social workers need in order to be successful in their work. She emphasizes that there is not something as 'the profile of a good social worker'. Many combinations of qualities are possible.

The relation between Green Care clients and the farming family: some personal accounts

During visits of the Community of Practice Farming for Health at Green Care farms in the Netherlands, Norway and Belgium (during yearly meetings

of the Community of Practice) we have had informal conversations with farmers and their wives, in which we asked how well they got along with their clients. From those conversations we learned that, as a rule, farmers focus on the normality of clients, on the 'healthy' parts of their personality. However, they admitted that clients have personal problems and personal preferences that also need to be taken into account. They said that it can be a delicate issue to find a balance in how to address this, and also to monitor that the client fits harmoniously into the farm environment and the farmer's family, as the following quotation shows:

Farmer's wife: I have trouble in leaving my home unguarded when he (the client) is around. I know what he has done before. I don't want him to sneak around when I am away. I lock all doors and windows. I don't know if this is the right thing to do.

Farmers suggested that a relationship with the client is built on being open, flexible and intuitive. The farmer and his wife needed to learn by all experiences, and to feel confident in how they acted with and cared for the clients. They should be good listeners, try to be authentic and should not be afraid of confronting the client, whilst also trying to have fun together. A warm relationship was desirable!

Unfamiliarity with the problems of a client sometimes complicates the relationship and causes uncertainty about how to address the client and his special problems.

Although farmers are supported by the referring organisations, during 'difficult moments' they are on their own, and can only rely on their experience and intuition.

Farmer A: Everything goes all right with a client, for a long time, and then suddenly, there is a terrible outburst. You don't know to handle it, something needs to be done immediately, and you cannot call for help to the institution. You have to act at that very moment.

Sometimes a lack in knowledge is felt. Some farmers have educated themselves with the help of literature; others (mostly farmer's wives) have already had training in the health care fields.

Farmer B: Before becoming a farmer on the family farm I wanted to be a social worker. Through family circumstances I became a farmer, instead of social worker. In some ways, I am doing both jobs now. I have always been interested in people with psychological and other problems. I have always wanted to be helpful. I have been reading a lot of books to educate myself in this field.

The farmers quoted that respect for the client was important, as was focusing on potential strengths of the clients. All mentioned that a warm relationship with the client was important in stimulating the client's development and integration in the farm environment.

Discussion and conclusions: therapeutic farming or therapy on a farm?

Care farming aims to be therapeutic, but there has been no discussion in the literature of the nature of the therapeutic relationship that the farmer has with his or her clients. This paper has argued that the relationship with the farmer is part of the beneficial process on a farm. It is suggested that a client will profit most if the relationship has certain qualities. Being himself or herself, being warm and empathic, being a good listener, respectful, open and helpful are personality traits that many farmers/farmer's wives have. However it is also clear that farmers need to know details of the problems, needs, backgrounds and behavioural challenges of their clients.

A question remains about whether care-farmers should be trained as health care professionals. Do they need formal qualifications, and knowledge of psychological and/or psychiatric problems? On the other hand, could we endanger the genuineness of farmers by educating them? These are questions that research should address. If, as has been argued here, the qualities of the relationship between client and farmer are important tools in the effectiveness of the Farming for Health programme, more attention should be paid to this issue.

More broadly, research should be carried out to reveal the training needs of farmers on Green Care farms. This research might address what specific skills are required for the support and skill-training of different client groups, and what knowledge of problems and pathology is minimally required to establish a fruitful relationship that both meets the needs of the client and the needs of the farmer and his or her family. Furthermore, research is needed to confirm the hypothesis that an important part of the healing process is due to the quality of the (therapeutic) working relationship. In view of the successfulness of existing Green Care programmes, it can be assumed that many of the farmers have a combination of skills and characteristics that make a working relationship successful, but research needs to show this.

Therapeutic farming or therapy on a farm? Therapeutic farming: yes! - with attention paid to all the healing aspects on a farm, included the relationship with the farmer. Therapy on a farm: no! Let a farmer be a farmer, provided that his or her personal characteristics, skills and knowledge are adequate and sufficient to establish a 'therapeutic' relationship with the client.

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Policies for Farming for Health – Partners or Enemies?

Abstract

This paper explores aspects of the relationship between the policy process and Farming for Health. It begins by questioning the relevance of policy for Farming for Health initiatives - given the prevalence of voluntary and bottom-up initiatives in the sector. It then considers the reasons why such initiatives are likely to exist in a policy vacuum and discusses some of the implications arising. Attempting to exert a greater influence on policy-making begs the question of whose voices will be heard in this process. Marginalised groups and those of low contractual capacity are key stakeholder groups in Farming for Health initiatives and they face significant challenges in infiltrating the policy-making process in conventional ways. Equally, those with whom they interact face challenges in ensuring that appropriate mechanisms to influence policy are developed and disseminated. One potential approach that is explored is the use of participatory photography and video techniques, which affords marginalised groups the opportunity to tell directly about their worlds through their own eyes. A final issue addressed is the relevance of rights-based approaches in ensuring that people can participate in the formulation of policies which affect them and the reciprocal duties imposed on policy makers to ensure that their voices are heard.

Introduction

The purpose of this paper is to explore some aspects of the relationship between the policy process and Farming for Health. It is a legitimate question to ask whether the policy process is a 'partner or enemy' of Farming for Health, i.e. to what extent are policies acting as a driver or a constraint on the development of the activities of the sector. However, the paper begins with a more fundamental question which is how relevant the policy arena is for many of the actors engaged in Farming for Health, given the bottom-up and voluntary nature of much of the activity. It is argued that Farming for Health currently exists in a policy vacuum and explores some of the factors that have led to this development. Redressing this situation raises another key set of questions, namely, if Farming for Health interest groups want to influence the policy-making process, exactly whose interests will be represented? This is an important issue for this sector, given that less empowered/marginalised groups and people of low contractual capacity are such key stakeholders. Most of the insights and evidence cited in this paper are based on the author's involvement with an EU-funded research initiative called the SoFar project. The aim of the project is to clarify the

concepts of ‘social/care farming’ and to promote specific EU policies to support the use of agriculture in care and social inclusion practices.¹ For the purposes of the SoFar project, social farming encompasses those farming practices that link together agriculture and social inclusion with specific reference to therapy, care/rehabilitation, education and training of less empowered people or people with low contractual capacity.

Is policy relevant to those engaged in Farming for Health?

Insights from the SoFar project, across all of the countries involved (Belgium, France, Germany, Ireland, Italy, the Netherlands, and Slovenia), point to the importance of communities and individuals in driving the engagement and development in ‘social farming’ or ‘Farming for Health’-type initiatives, often heavily influenced by individuals’ and groups’ own beliefs and value systems and built from the bottom-up (Di Iacovo 2007). In fact, one of the recurring themes among those engaged in initiatives associated with the SoFar project is how to develop appropriate standards, monitoring and quality systems without negatively impacting on the personal values and commitments which underscore many of these activities.²

In the Irish context for example, one of the defining characteristics of ‘Farming for Health’ activities is the prevalence of the religious and lay Christian communities. They have been involved in the inception and development of many of the key initiatives in Ireland. In recent years, the role of the Catholic Church in social service provision has diminished somewhat, due both to falling numbers of vocations and a shift in focus from direct service provision to more advocacy and policy-related work (Fahey 1998). Nevertheless, the presence of religious communities - often in partnership arrangements with different service providers and funders, is a key feature of many interventions in social farming in Ireland at the present time.³

So arguably, Farming for Health-type initiatives have evolved in many countries in spite of, rather than because of, a supportive policy framework. A persistent critique, frequently voiced from within the sector itself, is that committed community/voluntary effort has effectively allowed the policy-makers ‘to look the other way’ in terms of meeting their commitments to social service provision. At the same time, feedback from many actors encountered through the SoFar project suggests that there is a growing

1 Details available from http://sofar.unipi.it/index_file/socialfarming.htm

2 See http://sofar.unipi.it/index_file/europeanplatform.htm for a discussion

3 See http://sofar.unipi.it/index_file/Page1208.htm for a discussion

demand from them for a greater level of recognition and support, both from other allied sectors and from the wider society. Appropriate policy mechanisms would have much to contribute to this process in terms of raising awareness; building the evidence base regarding the benefits of social farming and facilitating networking mechanisms by which innovation and good practice could be disseminated.⁴

Is there a policy vacuum?

Noting that policy-making in all areas of public life is characterized by complexity and competing interests, O' Halpin (1992) argues that none of the dominant models of the policy-making process has sufficient explanatory power, given the range of actors and institutions involved. However, there are specificities in relation to social farming that pose particular challenges for the formulation and implementation of coherent policy. A defining feature of social farming is the range of policy domains across which it intersects – spanning agriculture, health, rural development, environment, education and social services, among others. Not only are there major challenges in formulating policies across the range of sectors involved (agriculture, health, social affairs etc.), but also within particular policy domains (such as agriculture or rural development). This leads to fundamental questions about how the role of Farming for Health within agriculture and rural development is viewed. How much agriculture should be in social farming or Farming for Health-type activities? How much social farming should be in agriculture – i.e. to what extent is it a niche activity and what does this mean for policy? (Di Iacovo 2007).

In the absence of a coherent policy framework within which such activities can be developed, insights from the SoFar project suggest that many initiatives have evolved along opportunistic lines. This is exemplified in Ireland by the plethora of training programs developed in the arena of social farming which must be 're-invented' as schemes to increase labour market participation in order to secure funds. Often in practice the project promoter or social care provider may not be interested in employment progression per se but resorts to using the only means possible to keep an initiative alive or establish a new project. Another consequence of the lack of a policy framework is the absence of a defined 'home' for social farming or Farming for Health-type initiatives. In Ireland, this has had profound implications for the funding of initiatives and has meant an overdependence on a 'patchwork' of intermittent funding sources from

⁴ See http://sofar.unipi.it/index_file/europeanplatform.htm for a discussion

both the statutory and non-statutory sectors. Consequently, many projects exist only on a pilot basis and there is no clear path to follow once the initial funding is exhausted, which explains the fragmented and ad-hoc nature of much of the social farming activity in Ireland.⁵

An additional challenge for policy-making in this arena is the more complex forms of federal/regional/decentralised forms of governance that exist in many EU states. Again, a trans-national comparison of countries involved in the SoFar project suggests that it is the smaller states (such as the Netherlands and Belgium) where regional/national networks are strongest that have been most successful in developing a level of policy coherence around Farming for Health-type activities.⁶ They are more likely to have easy access to key decision makers in different domains of policy and the requisite institutional and financial support. By contrast, more complex forms of decentralised governance, such as that which is currently underway in France, has led to less availability and greater uncertainty around the level of funding available for Farming for Health-type initiatives.⁷ In the case of Germany, the problems of policy coherence and co-ordination are amplified by the fact that the country has 16 federal states, many of which have different legal and institutional frameworks across sectors such as agriculture, social services, health and education, among others.⁸

Influencing the policy-making process – in whose interests?

Wallace (2000) describes the policy-making process as a moving pendulum swinging uncertainly between the ‘magnetic fields’ of various stakeholders, attracted by some interests, repelled by others, but rarely finding a firm resting point. The relative strength of these ‘magnetic fields’ varies across policy domains and between countries, in some cases acting as a force of attraction, in other cases a source of resistance. In terms of explaining the policy-making process in agriculture-related areas, Greer (2002) argues that the policy networks approach is now the dominant analytical paradigm and the applicability of this concept to the arena of farming of social farming activities is also receiving increasing attention (Di Iacovo 2007).

As Rhodes (1997) argues, policy networks have an important function in bringing together the interests of a variety of different actors in arenas marked by the fragmentation of policies. Using this approach, policy

5 See http://sofar.unipi.it/index_file/Page1208.htm for a discussion

6 See http://sofar.unipi.it/index_file/europeanplatform.htm for a discussion

7 See http://sofar.unipi.it/index_file/soafrance.htm for a discussion

8 See http://sofar.unipi.it/index_file/soagermany.htm for a discussion

making is seen as a 'game' in which all participants seek an advantage, using their resources to maximise their influence over outcomes, while trying to minimise their dependence on other actors. At the same time, policy networks are frequently characterised as sites for the 'fusion of ideas' and much of their stability is said to depend upon the belief and value systems which are shared by key participants (Marsh and Smith 2000). If we use Wallace's metaphor of policy-making as a pendulum process, and Farming for Health interests are attempting to influence that process, it is legitimate to ask precisely whose agenda is being progressed and whose voices do we want to be heard. This issue is of particular importance given that one of the key stakeholder groups in the Farming for Health arena comprises those who are less empowered or marginalised and people of low contractual capacity.

So, a key question that emerges is how many of the participants or 'beneficiaries' of Farming for Health activities can influence the policy-making process. While little attention has been paid to this issue within the arena of social farming/Farming for Health research, it has emerged as a major focus in other related research arenas, such as disability studies. A recurring theme in this literature is the extent to which disabled people have been excluded from pressure groups and policy/advocacy groups and marginalised within the processes and structures that influence public policy development (Barnes 1997, Kitchin 2000, Oliver 1997). Blanck (2003) argues that the lack of significant involvement of people with disabilities in policy-related research has reduced its real world relevance to people with disabilities. More fundamentally, Kitchin (2000) contends that much of the research concerning disability is invariably researcher-orientated, based around the desires and agendas of the (non-disabled) researcher and able-bodied funding agencies, rather than subject(s) of the research. Oliver (1992) argues that research has essentially failed disabled people on at least three counts. Firstly, it has failed to accurately capture and reflect the experience of disability from the perspective of disabled people themselves. Secondly, it has failed to provide information that has been useful to the policy making process and thirdly, it has failed to recognise that disability is not simply a medical or welfare issue, but a political one as well.

These arguments have strong resonances for those involved in research, policy and advocacy work related to Farming for Health activities. For many of the beneficiaries or participants, there is a real challenge in trying to engage in the policy-making process in 'conventional' ways. There is an equally strong challenge for those with whom the beneficiaries engage to ensure that appropriate mechanisms for influencing policies are developed and disseminated. Within the SoFar project, one approach to addressing these issues which has been promoted is the use of 'participatory' photography and video methodologies which enable the beneficiaries of

social farming to tell directly about their own worlds through their own eyes. The approach used has much in common with techniques such as Photovoice which has been applied in a number of settings dealing with a range of marginalised groups (Wang 1998, Wang et al. 1998, Wang et al. 2000) including groups with intellectual difficulties (Booth and Booth 2003, Jurkowski and Paul-Ward 2007). According to Booth and Booth (2003), such participatory approaches use photography as a means of accessing other people's worlds and making those worlds accessible to others, putting people in charge of how they represent themselves and how they depict their situation. Jurkowski and Paul-Ward (2007) contend that participatory photography can be successfully employed to actively involve people with intellectual disabilities in shaping decisions that impact upon their lives. Arguably, this represents a shift in control in the 'politics of representation' from the powerful to the powerless; from the expert to the lay-person; from the professional to the beneficiary and from the observer to the observed (Booth and Booth 2003). According to Wang and Burris (1997), participatory photography techniques have three main goals, namely to encourage people to reflect on and record aspects of their own identity and experience; to enable them to find strength and common cause with like others through sharing and group discussion of photographs and to project a vision of their lives that might educate others – most notably power brokers and policy makers. Arguing that 'pictures can influence policy', Wang (1999) argues that the potential for such influence resides in the exchanges between beneficiaries, professionals and policymakers over the images of interests. However, these interactions are unlikely to come about unless there is active and strategic targeting of people who can be mobilised for change. Within the SoFar project, this work is at its early stages. Photo workshops with people with mental and physical disabilities have already taken place in France and Italy. A video documentary on initiatives within the SoFar project, in which the experiences and perspectives of beneficiaries play a central role, is currently in production and will serve as a point of discussion and debate at subsequent project meetings and fora.

A final issue related to how key stakeholders in Farming for Health-type activities can 'infiltrate' the policy-making process relates to the relevance of rights-based approaches. In the Irish context, much of the debate around this topic emanates from those involved in the disability movement and anti-poverty activism. For example, the national Combat Poverty Agency has argued consistently that rights-based approaches are fundamentally about empowering people to influence or shape institutions, policies and organisations which impact on them (Combat Poverty Agency 2003). Hunt (2002) contends that once the concept of rights is introduced into policy-making, the focus shifts from a perspective that stakeholders have needs, to one which recognises that they have entitlements that give rise to legal obligations on the part of others. However, in the context of

Farming for Health-type activities, Barnes (2008), sounds a cautionary note on rights-based approaches, noting their tendency to stress individualism rather than collectivism and the downplaying of the value and necessity of caring relationships. Nevertheless, a significant contribution of rights-based approaches is the principle that if people have a right to participate in the formulation of policies which affect them, and if this is expressed as a right that can be claimed, there are reciprocal duties on policy makers to ensure that there are ways of making their voices heard and of ways of infiltrating the policy-making process.

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Social farming: charity work, income generation - or something else?

Abstract

Social farming is both a new and an old phenomenon in Europe. It is an example of an innovative response to the transition from old to new economic regimes. This process of change affects agriculture as well as other sectors like health, care, education, and the employment sector. Social farming seems to be at a crossroads of many converging tracks such as: multifunctional agriculture; the fiscal crises of States; concerns over the individualisation and efficacy of services; and the reorganisation of local life under a sustainable organisation of services in both urban and rural contexts. This paper focuses on some areas of tension in social farming about the set of rules, the regulatory system, and the processes of change that could accompany the future evolution of social farming. The paper concludes that any set of rules could have a major impact on the organisation of care services and farm activities. As a consequence it should be carefully designed so as to activate a process of social innovation involving different public and private stakeholders.

Introduction

In Europe social farming is quickly emerging from the shadows and becoming more important in many countries (Hassink et al. 2006). Several things are contributing to this trend. In agriculture, there is the impact of the wider economy on farms, the extension of the idea of local multifunctionality, the increasing struggle for the reputation of farming and a greater importance being given to entrepreneurship and its responsibility (Van Huylenbroeck and Durand 2003).

In the health/social sectors, social farming is linked to a strong demand for innovation in service-provision, such that better individual services will be linked to greater efficiency in a changing welfare system (Barnes 2008). In remote rural areas social services are traditionally weak. Here, State fiscal crises are increasingly paying attention to innovative services that could be provided by local farmers and linked to rural development practices (Di Iacovo 2003, Shucksmith 2004, Shortall 2004). From an economic point of view, social farming can be considered as a positive externality of farms on social capital. According to this view, the outcomes of social farming are mainly public goods.

There is a general question here. Is social farming just a useful way to reorganise care services by involving farmers, or does it represent a fundamental change that will create new linkages inside the social and economic organisation of local society?

In most EU Countries social farming has, until now, been developed outside the framework of existing regulatory systems. In some cases, norms and criteria normally used for social/health sectors have been adapted to this new field. As a result the European situation seems like a puzzle. There are countries where specific regulations have been established, but there are other places where social farming is mainly run on a voluntary basis¹. In fact, there is considerable diversity of social farming across Europe in terms of its structures (whether public, private, or third -sector), orientations (main target groups), goals (such as: rehabilitation, social inclusion, labour integration, education, therapy, services) and regulations (payments, compensation, projects, alternative food markets).

Such fragmentation also reflects the different stages that social farming has reached in different places. This raises important questions. What regulatory system should accompany this growing interest in social farming? Should social farming emerge mainly as an act of charity or as a commercial activity run by farms? Are there other models? In the next paragraphs our discussion will address these questions.

Cultural environment and some next steps in the development of social farming

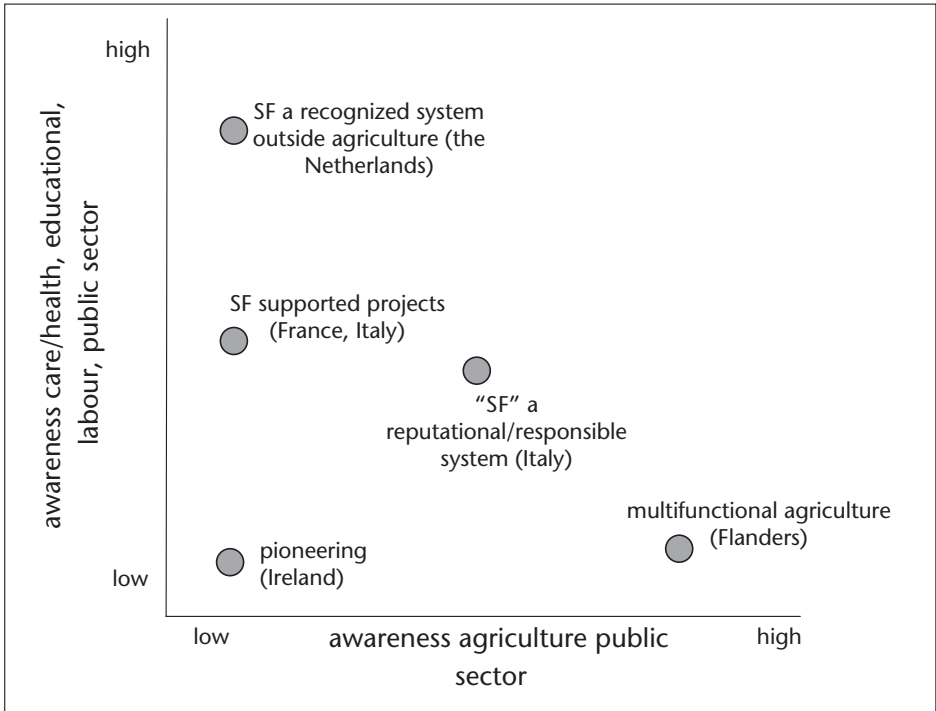
Social farming differs in each country because of local culture and the structure of health, social and education services. Concepts of human rights and social solidarity can be fundamentally different, as well as what is normally considered to be feasible and acceptable in the organisation of local services. Just to give an example, in 1980 psychiatric institutions were closed in Italy but they are still active in many EU Countries. The history of social farming projects may be peculiar to a country. What has been achieved may be specific, as may the way in which good practice is diffused. The organisation of facilities for the start up of new projects is likely to be different.

A key to the better understanding of the organisation and diffusion of social farming projects and practices could be the word 'awareness'. Awareness about social farming practices and results affects public institutions both

¹ See <http://sofar.unipi.it>

from agriculture and from other sectors (such as education, health, social, labour) that can make use of social farming, but also farmers and their associations, and again the local community. The different actors may have different awarenesses about social farming and this may affect the regulatory system that is adopted for a particular area (Figure 1).

FIGURE 1: AWARENESS OF PUBLIC ACTORS AND ORGANISATIONS OF SOCIAL FARMING (SF)



In Flanders, for example, awareness of public agricultural institutions is quite high and rules are mainly based on agricultural policies. The case is different in the Netherlands where the health and social sector is taking the lead in social farming. In other countries the awareness is very low and practices are really pioneering and isolated one from each other. There are also different situations, like Italy, where the awareness is increasing in all the actors but still it is difficult to define specific rules. Here local society is struggling in order to recognise and to define its own way of regulation based upon the reconnection of local food market circuits.

This discussion suggests five scenarios for social farming:

A pioneering situation where there is little experience of social farming. Here, action is largely voluntary and based on very strong individual

motivation. Care is carried out by conventional, public health and social care structures, and farms are mostly privately-owned. Farmers enter into social farming from a personal commitment, and there is no general awareness of social farming in the local society (in Europe there are many examples of this, such as in Ireland).

Multifunctional agriculture. There is greater experience, and the interest comes from agriculture. However, projects are largely local (whether privately- or publicly-funded). There is a low level of awareness from the public care sector but strong commitment from farmers (an example of this is the situation in Flanders).

Supported social farming projects: projects driven by a strong commitment from farmers or by the social economy (third sector) supported by local public institutions (mainly employment-related). Projects are very funding-dependent (in France, for example, many projects are supported by labour policies for the long-term unemployed).

Social farming as a recognized system: mainstream social or health public authorities recognise social farming (the situation in the Netherlands is an example of this).

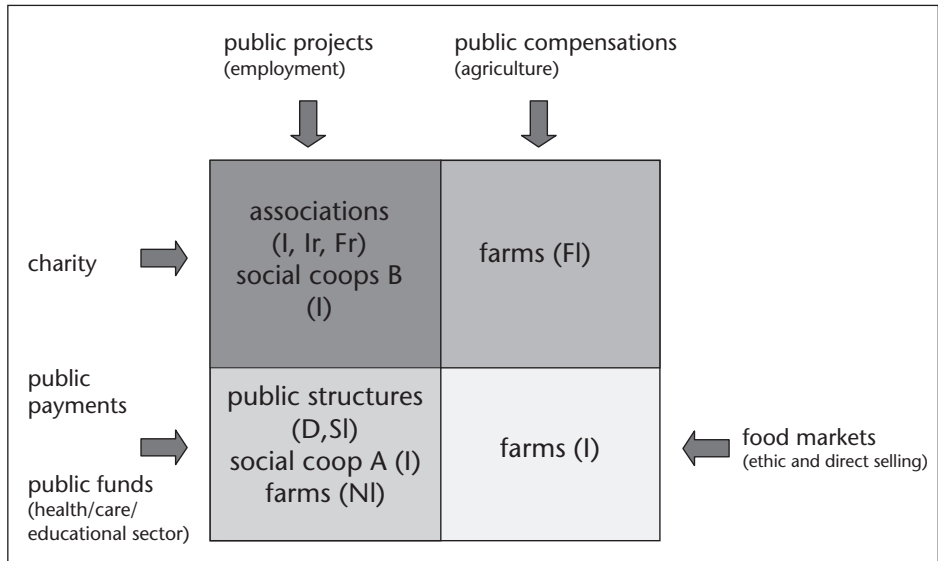
SF as a model based on reputation-enhancement. There are many social farming projects that are well-established. There is no regulatory framework but a high level of commitment from the projects, local consumers and wider society. Consumers and social-farming service-providers share a common ethic and together are starting to build new organisational structures, both social and economic (in Italy there are increasing connections among social farms and ethical consumers). A key outcome for the farmer is his increased reputation and visibility.

A cross-national analysis provides the opportunity to recognise different steps in the process of social innovation that it is linked to social farming practices and trends. But it also focuses attention on two different aspects; firstly, the actors that are willing to participate to create a facilitating environment for social farming; and, secondly, what ways they need to follow in order to work to a common purpose. When awareness and public concern about social farming start to be considered as the key to promoting the sector, then it becomes clear how important it is to improve the visibility of social farming and its recognition by a wider public. Communication will increase the awareness of a more public, private, individual and collective actors about social farming. Important aspects of this communication include: clearly-defined evidence of good practice, information and training activities, organisation and support to create networks.

Attitudes of project holders and regulatory systems

In many EU countries, regulation of social farming and the diffusion or recognition of practices will differ widely (see Figure 2).

FIGURE 2: DIFFERENT REGULATORY SYSTEMS OF SOCIAL FARMING ACROSS EUROPE (SOURCE: SOFAR)



Note: France (Fr), Italy (I), Flanders (FI), Germany (D), Slovenia (SI), The Netherlands (NI), Ireland (Ir)

Public payments from the health, care and education sectors can support and recognise services, thus providing public structures that make use of agriculture as a tool for promoting human capabilities (for example, Germany or in Slovenia in the case of public structures, or in Italy for the so called Social-Cooperative ‘type A’ companies (ones that are part of the social economy and which are paid by the State for the services provided).

Public authorities may also recognise privately-owned farms (as in the Netherlands). In other cases local projects are funded by charity organisations (as in Ireland) or supported as *public* projects (mainly by the employment sector) with the aim to facilitate inclusive work opportunities. This happens in France, in Spain and in Italy, the so called ‘social cooperative type B’ (job creation schemes) and in Flanders in the case of social-economy initiatives. In Flanders, farmers are recognised by the agricultural sector and given financial compensation for the extra effort arising from hosting people from the health/care sector.

Also a different situation can occur, where the recognition doesn't come from the State but directly from local customers who recognise and appreciate the voluntary extra effort made by farmers who are involved in social farming. As a consequence they are willing to choose their products specifically, and to buy directly from them. In that case social farming can become also a strategy for farm diversification and a way to be better recognised in a broader market (Di Iacovo 2003).

The organisation of different services on social farms belongs to the area of public goods. Therefore, questions arise regarding the best way of recognising the effort of farmers where they are involved in the provision of Green Care services/activities. This is not the case for the public sector that is clearly funded by public expenditure and where services are not paid for directly by service-users. The same situation occurs for the third sector (independent sector) when it provides services that should normally be organised by the State.

Problems may arise where inclusive work opportunities are created in which payment for the service-users' work needs to be given in order to reward and recognise what they do. One possibility for farmers is that their services could be provided without payment, where the emphasis would be on the organisation of more informal networks, such as offering the possibility to stay on a farm and to take part in the agricultural processes, or to share and to work with small groups of people. Here, where it would be considered normal for people to spend time at a health service or social services centre, they could instead spend time living at a farm. In these cases should the activity of a farmer be directly recognised by the State or not? And in that case what would be the effect of different patterns of recognition on the organisation of agricultural sector and on the services provided?

Inside the farmer's mind

The debate about social farming implies a deeper analysis of farmers' behaviour and the possible impact of diversification towards social farming on farm activities. In a word, relationships between ethics and entrepreneurship should be finalised. As already discussed, social farming implies the production of public goods. Yet enterprises are normally considered to follow an ethic of individual profit. Therefore the services provided by farmers should be paid for. But the reality is that entrepreneurial attitudes vary a lot. A farmer may act philanthropically and donate specific services to society. This is the case in many pioneering projects. But a volunteer basis for care farming cannot be considered to be economic sense if carried out on a large scale.

For the organisation and diffusion of social farming to succeed requires the definition of specific frameworks and some specific ways of recognition. From an economic point of view, this could vary from the recognition of a positive voluntary action of farmers, through the provision of compensation (like in the Flemish situation), or a diversification of on-farm activities with specific services recognised by direct payments with the organisation of a quasi-market by the way of institutional contracts (as in the Netherlands).

As well as compensation and direct payments, a third case implies a different attitude towards enterprises, where corporate social responsibility (CSR) is based on a different ethic. This ethic would link in a positive way the production of public goods, the reputation of the firm, the special features of their produce in the wider and more competitive market, and the notion of reciprocity with and from consumers who would be willing to choose products because of their ethical origin (because they were from care farms). In the last situation, farmers would be changing their attitude towards production, by considering the production of public goods, not as a cost for the farm, but more as an investment - in order to be better appreciated at the (mainly) local level. This could help them to join new networks and broaden, not only market opportunities, but also the possibility of starting new projects and increasing opportunities.

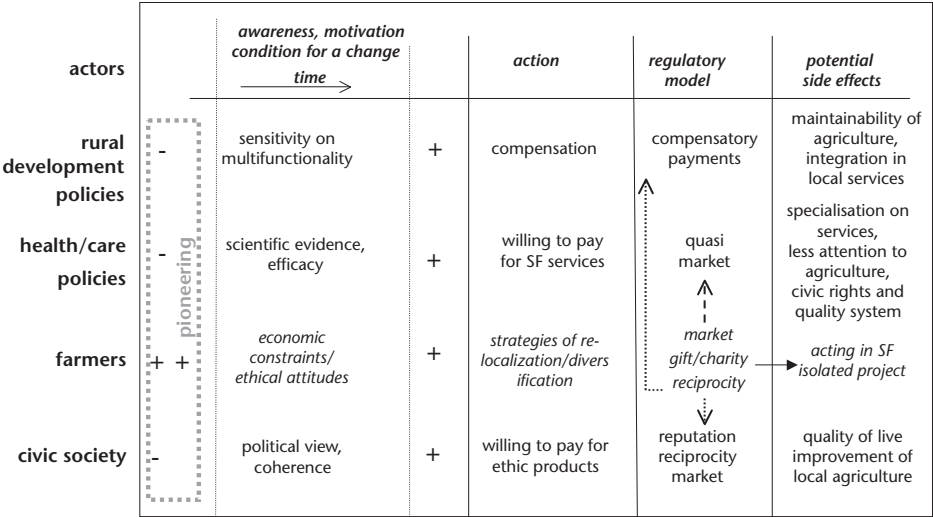
The distinction between different attitudes to care farming and the resulting farm practices and services may determine the future evolution of social farming. It may affect not only balance in the organisation of agricultural processes but also the presence of specific social activities and the content of the services provided. In the next section we will discuss this relationship between attitudes and the nature of social farming.

The evolution of stakeholders' attitudes towards social farming

Social farming is a changing world. Its evolution not only takes time but is also linked to the changing attitudes and views of the main stakeholders involved. Figure 3 presents this process of change.

The pioneering situation represents the starting point. Just a few project initiators have a high level of awareness and motivation to participate in social farming. Public stakeholders are not yet directly involved/interested. Initiatives are isolated and few in number. Project holders act on a voluntary basis and normally have philanthropic motives, or they have a strong willingness to act for the public good. The direct impact of care farmers is on service-users (who will benefit because they will be able to have more services in the area in which they live) but they farmers will also benefit (because they can have the possibility of feeling better just by gifting their services to society).

FIGURE 3: PATHWAYS OF CHANGE OF SOCIAL FARMING AWARENESS AND FARMER BEHAVIOUR



Little by little, a wider awareness of social farming will increase. For instance, the health/care sector will increase its awareness about social farming, when scientific evidence about its efficacy is produced. National, regional or local bodies can start by planning, formalising and supporting such activities. The organisation of a public ‘quasi market²’ (case1) can stimulate new farmers to enter the field, especially when they have a less intensive personal motivation (see above). Of course, in order to monitor and to evaluate their actions and results, public bodies need to establish clear rules, and introduce quality and accreditation systems.

Such regulation may have side-effects. Farmers can be asked to have qualifications and to make financial investments. They may also reduce the attention they pay to agriculture itself (especially when it is not very profitable). Such regulation also places a greater emphasis on users’ rights.

Let us consider as just one example of this, the organisation of a quasi-market for public services provided by farmers. This would demand specialisation and specific requirements (for example, quality systems, accreditation, professional skills - see below) from farms. In cases where such requirements are high and the resulting economic gain guaranteed, there might be a shift in the farm organisation and also a decrease in

² By the way of a direct payment of a per diem quota for each user involved in social farming.

the relevance of agriculture on the farm. As a result the services offered by farmers would be better organised and more formally defined. The economic engine of the farm would become more public-dependent than products- or market-dependent. But this would reduce the ability of the social farm to include users in real work activities. At the same time, most of the “informal power” of social farming might be lost and there could be a reduction in the partnership between agriculture and social services that often exists on social farms at the moment.

In other contexts (case 2), the agricultural sector may increase its attention on social farming. The discourse around multifunctional agriculture in rural development policies could increase the awareness about practices that link agriculture with social services. In this respect, policies could be implemented in order to support farm investment and/or to compensate the farmer for the extra effort involved. In such cases policies might support these extra voluntary efforts of farmers other than by giving payment for a defined service. The payment of modest compensation may facilitate the entry of new farmers into social farming and give a political signal about the public view of social farming development. In this case, particular attention should be given to the level of such compensation and to the conditions required for it. Such policies would help farmers to maintain the relevance of agriculture, and local services would be reinforced with new resources coming from agriculture.

A third case may be present when farmer motivation is met by an increasing awareness of society about a more responsible way of acting in agriculture. In this case farms whose product derives from a more socially-responsible process may appeal to consumers who have ethical concerns and who are willing to pay for ethically-characterised products. The regulatory rules here would be based on a mixture of market, reputation and reciprocity. At present, health/care policies and rural development policies hardly collaborate at all in the organisation and regulation of social care services. One could hope for the establishment of different and innovative linkages between social and economic local life. The last could be characterised by a greater responsibility by local firms about social problems, a reconnection of them to the local needs and the organisation of a more inclusive and sustainable web of links. Results and efficacy-evaluation in this third case should take into consideration how effective such a new organisation for service-users would be, as well as the impact on social capital and quality of local community life. Also, the regulatory system would need to be differently organised and based on two different levels – the first defined by public bodies responsible for services, and the other directly provided by users as well as by civic society.

In this corporate social responsibility (CSR) model, the provision of services could be also considered to be an indirect way of promoting farm products. Services would not replace farm production but could accompany it. The increased reputation of the farm could also generate growth in on-farm activities and an extra demand for workers that would stimulate the inclusion of service-users in work.

In this third case, more than in the second, new private resources can enter the arena. Ethical consumers can sustain the extra costs for agricultural resources used in providing services. But in a very win-win solution, they would also normally receive advantages by receiving fresher, and cheaper products directly bought from social farms.

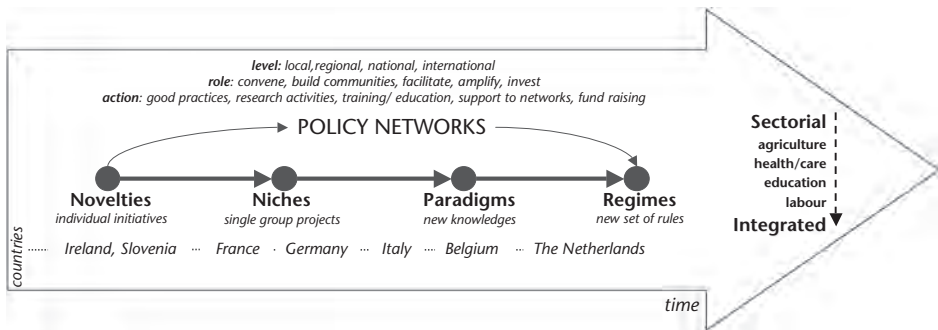
As indicated in Figure 3, the evolution of social farming in each of the above contexts necessarily reflects the organisation of the local (economic) arena and its internal dynamics. Moving from a pioneering stage to a larger organisation of social farming requires time to provoke increased awareness in the main stakeholders involved and to re-settle stakeholders' behaviour and participation.

Policy networks

Social farming is an answer to different contemporary needs of our life. From this point of view there is a growing debate about how to increase relevance, evidence and diffusion of projects and practices in Europe. It will depend on the capability of building specific pathways of change able to promote the passage from a novelty situation (where pioneer and individual projects are mainly present), to niches (where single projects groups are established, mainly at local level), to paradigms (where there is an increasing awareness of many stakeholders and the organisation of new knowledge about the phenomenon), to arrive at new regimes (where a new set of rules is established) (Figure 4) (Wiskerke and van der Ploeg 2004). In Europe the SoFar [**S**ocial **F**arming in multifunctional farming <http://sofar.unipi.it>] project has contributed towards identifying the different country stages of social farming. There are also several other initiatives (SoFar platforms, Community of Practice Farming for Health, COST Action 866 on Green Care) that are debating the ways and the actions that could facilitate the consolidation of social farming as well as of the projects themselves.

Literature on 'policy networks' may offer many points of reflection (Benson 1982, Borzel 1997, Haas 1992, Mendizabal 2006, Rodhes 1997, Sabatief 1993). Policy networks are normally established with the aim of adding new subjects around a theme, to build communities of actors, to preserve the meaning and understanding of the topic from the interference of

FIGURE 4: POLICY NETWORKS AND PATHWAYS OF CHANGE IN SOCIAL FARMING
(SOURCE: SOFAR PROJECT)



external actors before it can be clearly addressed, to promote the topic to a wider public (by the way of research, communication and information, training, examples of good practice), to facilitate the establishment of new relationships and activities related to the subject, and to attract funds and investments useful to achieve the previous aims. In this respect, the increasing evidence about social farming could be used to facilitate the organisation of policy networks, both at regional, country and EU level (Di Iacovo 2007). The main task of these networks would be to reflect on experiences in order to build the change process.

In the above respect, two more points can be made with regard to policies. As in the case of organic farming, so also in social farming, it seems to be clear that innovative approaches to farming are always organised at ground level. They are experimented with by farmers themselves, in many cases outside any formal or institutional process of research or recognition. It takes a long time for them to be fully organised and recognised but then they are able to usefully address some of the real needs of society. Policies ideally would promote fertile environments for such innovations which would facilitate fresh thinking and the initiatives of innovative enterprises. Policies should support the establishment of policy networks that are independently able to organise new pathways of change. Such innovative behaviour is vital in order to address urgent questions and needs in society. Here, the role of existing organisations will be more effective when they are able to support a constructive reflection by the stakeholders involved, more so than when they directly support specific activities and attitudes.

Conclusions

Social farming is an emerging topic at EU level which can address social issues in an innovative way. It is also a paradigm for the re-organisation of our way of thinking about how to address societal issues. It asks for inter-

disciplinary, inter-sector, and multi-dimensional behaviour by the large number of stakeholders involved. As for any new issue, it involves many kinds of tension. One of them is about the way of regulating social farming. In that respect, different possibilities are already being explored in different countries. Each of them opens up possibilities and threats.

As researchers, and actors ourselves, we should be in a strong position to understand the environmental conditions that could facilitate the establishment of specific sets of rules, as well as the potential impact of such rules on the results that are likely to be achieved. If policies for social-innovative learning are explicitly designed, and if actors are fully supported to convene discussion, then we will be in a stronger position to build communities, ideas, activities, practices and sets of rules. We will be then more able to face the transition from a old regime to a new one, as is the case of social farming in Europe.

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III. Case studies: regions



Qualities of Dutch Green Care farms – in general and for specific client groups.

Abstract

The first part of this paper sums up the general (therapeutic) qualities of (most) Green Care farms in the Netherlands. Qualities are divided into three categories: (1) qualities related to the farm itself and its surroundings; (2) qualities related to the social contacts that clients may have on the farms; and (3) qualities related to the day activities or work tasks carried out on the farms. The second part of the paper presents some examples of how Green Care farms have qualities particularly appropriate to their service-user participants, such as clients with learning disabilities, psychiatric patients, elderly people with dementia, children, adolescents, and people recovering from substance abuse. The paper ends by discussing obstacles to research in this field and makes recommendations for the future.

Introduction - Green Care farming in the Netherlands

In the Netherlands, Green Care farms are farms where agriculture and care are combined in a more or less balanced relationship. According to Hassink (2006), such farms are generally involved in agricultural activities that are combined with a supply of work, day-occupation or therapy for clients from health care and health-promoting sectors. They suit the modern health care trends of community care and (re)socialisation in which tailor-made care packages are offered that seek to (re)connect the individual client with his/her environment. Furthermore, Green Care farms are a modern example of multifunctional land-use and agriculture that suits the farmer's need to run a successful business.

The number of Green Care farms in the Netherlands has been rapidly growing within the last several years: from some 75 farms in 1998 to approximately 750 in 2007. However, the farms are not evenly spread over the whole country. Most of them are in the provinces of Gelderland and North Brabant (Hassink 2006). There is a great spectrum of client groups that may be found on Green Care farms. In the beginning these were mainly places for people with learning disabilities and psychiatric patients. Now they are multifarious locations for patients with substance-abuse problems, elderly people with or without age-related diagnoses like dementia or Alzheimer's disease, children and adolescents, and many more (see Table 1).

TABLE 1: SIZE OF DIFFERENT CLIENT GROUPS OF DUTCH GREEN CARE FARMS, SORTED BY GROUP SIZE. THIS TABLE WAS ADAPTED FROM HASSINK (2006: 75). DATA WERE GATHERED IN 2005. ALTHOUGH NOT UP-TO-DATE, THE RELATIVE SIZE OF CLIENT GROUPS TO EACH OTHER ARE STILL APPLICABLE.

	Green Care farms	Clients
Learning Disabilities	452	3,700
Psychiatric patients	221	1,322
Autism	217	898
Elderly	64	654
Adolescents	87	587
Special education	157	493
Physically challenged	138	398
Childcare	43	388
Substance abuse	80	262
Long-term unemployed	50	230
Elderly with dementia	50	220
Burn-out	39	109
Others	128	647
Total	591	9,908

Activities done by the clients on farms include agriculture, horticulture, animal husbandry, nature and landscape conservation. They can include a wide range of tasks – such as cleaning the farmyard, preparing meals and coffee, selling agricultural products in the farm shop, or assisting on a farm’s own camping ground. These may, of course, involve a wide range of responsibilities and skills. Some farms may be mainly production-orientated and earn their main income from the things they produce and sell. Others may be organised more as a health/care service than a farm, and therefore have less working pressure. The production and sale of farm products are then less important because farmers receive their main income through their clients, rather than from their agricultural production.

These differing types of Green Care farms have evolved to meet the various needs of clients. Some clients are on farms for useful or relaxing day activities, others for education or work training, some for sheltered employment, and for some it is a place to live. A more detailed description of the broad range of Dutch Green Care farms can be found in Hassink et al. (2007).

Rationale and aims of this article

Many results presented in this article have been gathered in several years of scientific research projects done by the scientists of the Research Institute Plant Research International of Wageningen University and Research Centre (especially Jan Hassink, Marjolein Elings, and many others). Therefore, our group is now able to present comprehensive information about Dutch Green Care farming. As international networking increases on both scientific and practical levels, we see it as an important task to pass our knowledge on to a broader readership and our multinational colleagues. Still, we are aware of the fact that one article alone is hardly enough to fulfil this intention. More will follow later on.

Methodology of gathering information

Varied methods were used to produce the results referred to in this article. Firstly, interviews were carried out with different stakeholders, such as farmers, clients, employees of healthcare establishments, social workers, and other people working in the healthcare sector. Secondly, we gathered information during meetings, focus-group-sessions, and other events. Thirdly, we asked people to complete various types of questionnaires, as appropriate.

General qualities of Green Care farms

Commonly, a farm is located within the green and 'natural' environment of the countryside. It seems that nature has three main functions for promoting human health. It offers peace and recreation, it is a source of mental and physical strength and it is a place for individual development. These benefits seem to be because green environments can reduce stress and attention fatigue, increase physical activities and social contacts, provide better development of children, and generally promote better spiritual development (Gezondheidsraad and RMNO 2004, Pretty 2004, Van den Berg and Van den Berg 2001).

On a Green Care farm, clients do not only spend their time within a green environment, they also keep themselves actively busy with plants and animals in a group setting. According to Cobb (1976) it is highly important for human well-being to have social contacts on different levels. These social contacts can either happen between species (e.g. between humans and animals) or among humans (e.g. by caring for plants). The levels are: (1) emotional support; (2) feeling socially integrated; (3) being appreciated; (4) getting practical help; (5) receiving information; (6) having the possibility of being responsible for someone/something.

Collective activities on a farm and interactions with animals help to fulfil these human needs. Besides these qualities, there are several more that can be found on Green Care farms. For simplification, qualities of a general nature that can be found on almost every Green Care farm are separated into three categories and are presented first. They are followed by a section about qualities specific to different client groups.

Qualities of the farm itself

A farm offers peace and space and thus differs, sometimes markedly, from the surroundings clients are used to. They may come, for example, from the stressful and hectic environment of cities. A farm is, then, perhaps a place mostly unknown to clients. It is new and exciting, and this leads to a (re)stimulation of all senses. A farm has its own atmosphere that can be used to either activate or relax a client. The stereotype of a down-to-earth life, closely bound to nature, animals, and the community is here still active. Attributes like teamwork, trust, and affection still count in solving daily problems and in caring for landscape, plants, and animals.

Secondly, a farm offers space for people who need it. One can associate with other people if one wants to, but there are always places where one can go to be alone and enjoy the expanse of the countryside.

Next, as already mentioned above, a farm offers many possibilities for having contact with, interacting with, and having responsibility for nature, plants, and animals. As well as the direct contact with nature, plants, and animals, these three components also provide an indirect purpose, by being metaphors for the client's own condition and development. Rhythms of daily, seasonal, and yearly changes explain a lot about the birth, life, and death of humans (Elings et al. 2005, Hassink 2006).

Qualities related to social contact on Green Care farms

On a Green Care farm, clients become (again) part of a community. They are surrounded by many different persons.

First, there is the farmer and his/her family. He/she has the knowledge about the processes and structures of the farm. They know what has to be done - when and in what sequence. Besides that, the farmer is not only the boss and work-giver, he/she also leads a certain way of life and is a model for the clients in how to live and overcome difficulties.

Secondly, there are other clients and colleagues. Mixed client groups give individuals a broader understanding of each other's needs and can therefore be a more comprehensive experience for clients, provided that they are ready for such a challenge in regards to their problems. Many clients are, understandably enough, preoccupied with their own problems and development.

As a third point, there are contacts with other farm-related persons, such as co-workers, delivery men, buyers, veterinarians, the blacksmith, other farmers, and so on. This also trains clients' social and communicational skills.

Furthermore, the farmer can use his/her network of contacts to find future work places, training possibilities, locations to live, or sheltered work for the clients when they leave the farm.

And last but not least, there are incidental contacts with visitors, such as tourists stopping for a drink, holiday makers staying overnight at the farm's own camping site, or customers coming to a farm shop on the farm.

Qualities related to on-farm activities

First and maybe most important is the notion that clients spend their time on a Green Care farm doing things they like to do. At the same time, activities done on a farm mostly have a meaningful purpose. Potatoes are not only piled up, they are packed up for sale. Animals are not only caressed, but they are cared for. Although activities like these mean responsibility and reliability, work pressure and competitive pressure never become too much on Green Care farms. Every client can work with his/her own speed and potential. Depending on the needs of a client, activities may be diverse or steady. Some clients require the challenge of changing duties, while others prefer the rhythm and structure of repeating activities. A farm offers a very broad spectrum of possible occupations to keep a group of people busy all year long. It is taken into account that clients of Green Care farms are no 'normal' workers, but require special attention and administration. On one day, work may go easy for them, on others they may not be able to come to the farm because of a flare-up of their condition. However, there is a general notion that clients of Green Care farms should not be seen as patients with disabilities, but rather as individuals with much potential. Their possibilities and abilities come to the fore, rather than their disabilities.

Daily activities on a farm also help to bring back rhythm and structure into the clients' lives. They have a reason to get up in the morning and they will feel physically tired when they go back to bed in the evening. High energy levels are thus easily reduced because of the physical work people do on a farm.

A client does not, however, only become part of a working community on a Green Care farm. He/she also regains a status within society. His/her useful work on the farm not only helps the farm to survive, but also fulfils a meaningful purpose within the working society of a country.

Finally, work on a Green Care farm helps to develop technical skills and to gain knowledge about food, food production, animal husbandry, and nature, plants, and animals in general.

Qualities of Green Care farms for specific client groups

Generally speaking, the underpinning values of Green care farms stem from their broad spectrum of qualities. They offer peace and solitude for those in need, but also excitement and company for others. In other words, their appeal and value varies according to the specific needs of clients. We now want to illustrate this idea with examples.

As mentioned above, the group of clients with learning disabilities is the biggest client group of Green Care farms (Elings et al. 2004). The fact that a farm is managed by a 'real' farmer (as distinct from a care-worker or skills instructor) is apparently very important for this client group (Hassink 2006). He/she is a role-model for the clients and the person having 'all the know-how'. He/she shows the clients how he/she leads his/her life and does his/her work. The second, perhaps even more important quality, is that he/she runs a production-oriented business on his/her farm, not a service designed solely as a sheltered work opportunity. Clients who work there do real, meaningful work that keeps the productive circles going.

Furthermore, clients come into contact with many different people, such as farm personnel, other clients, and 'outsiders' (like visitors). This increases the social and communicational skills of the clients.

Green Care farms have different qualities that are especially important to psychiatric patients (Elings et al. 2005, Hassink et al. 2007). They offer the opportunity to learn many things about themselves, especially how to accept themselves and their disorder. Green Care farms also seem to increase the self-confidence of this client group. This is due to the pleasant and purposeful work they accomplish. Finally, there are the possibilities for mental relaxation and distraction offered by being on a farm.

Elderly people (whether or not they are suffering from dementia) are given structure and rhythm on Green Care farms (Hassink 2006). Daily activities on a farm bring back meaning and organisation to their life. Furthermore, they release memories about former situations, people they knew, animals

they had, or houses and gardens they owned. This does not only trigger their emotional response, but also trains their concentration and their capacity for remembering. The feeling of being needed is especially important for this group of clients, and can easily be accomplished by letting them care for plants and animals.

Just as Green Care farms are peace-giving to psychiatric patients, they are challenging for children and adolescents (Hassink 2006). For them, provided due attention is paid to health and safety, and adequate supervision, farms are safe places to play, train, learn, and work. They offer space for individual development, but also rhythm and structure where children can gain social skills and self-confidence. On farms they can have fun and participate in positive interactions with the farmer and his/her family, the farm animals, and other children. Through their activities, high energy levels are reduced, and children learn by doing, as it is an exciting and challenging surrounding. The 'farmer as role model' is also important for children/ adolescents. This is especially true for children/adolescents with social and behavioural problems.

Qualities of Green Care farms for people receiving help for substance abuse include a daily rhythm, work or day-activities that generate self-confidence, self-value, and responsibility. They also can gain some physical strength and abilities, develop better self-care, and acquire more regular eating and sleeping habits. Finally, clients experience a situation of being welcomed and accepted for the way they are (Elings et al. 2005).

Discussion and Conclusion

We have illustrated qualities of Green Care farms. We have looked at general qualities and also those that we believe are particularly important to specific client groups. Of course, these qualities do not apply equally to every member of a client group. And the 'general qualities' apply to the client groups as well as the 'specific qualities' we have outlined. Furthermore, these are subjective notions. Interviewees and researchers will be biased in what they see and value. For example, somebody who works mainly with animals will highlight the positive effects of animals on clients; a social worker may emphasise more on the importance of social contacts on farms; and a teacher could emphasise the qualities of the farmer as a positive role-model.

Religion, country, culture, administration, may also affect what value one sees in Green Care farms. Take, for example, the following quotation from one of our many interviews, done for one of our projects in the past.

The advantage of animals is that their interactions with each other are examples of relationships between humans. By watching the social interactions between the hen and the cockerel protecting his hens, the boys learn how to treat others properly, especially girls.

Another example comes from an employee of a healthcare institution for elderly people.

An elderly lady did not leave her home without her dog. Therefore, it was not possible for her to engage in traditional forms of day-activities, because dogs are not allowed in many health care institutions. Therefore, she decided to go to a Green Care farm and spend a few days each week there, because she was allowed to take the dog with her.

The approaches we have followed here, in identifying the qualities that make Green Care farms therapeutically effective, could be extended. Future work could usefully develop a matrix relating qualities present on Green Care farms to the actual needs of clients. Such a matrix could be done both on a client group basis and for individuals. If a useful and flexible link could be made between supply (qualities on Green Care farms) and demand (actual needs of clients), this could be of great help for science and for practice.

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Green Care in Flanders

Introduction

Green Care is not new; in fact it has existed for a very long time. In Flanders we find the oldest examples within psychiatric care. In Geel, a place of pilgrimage for people with psychiatric problems, patients have been taken in by foster families ever since the fourteenth century (see Roosens 2008, this volume). Other care facilities, such as the University Psychiatric Centre Sint-Kamillus in Bierbeek, started their own farm in the 1930s in order to be able to grow their own vegetables and fruit and to produce their own meat.

Here and there similar initiatives have cropped up over the last few decennia, mostly for people with a mental handicap and for the young. The last few years there has been a significant increase in the number of initiatives that are based on cooperation between care facilities and active agricultural and horticultural farms. These new initiatives arose from the individual commitment of some farmers or from a care organisation that were creatively looking for a more appropriate care and guidance for their clients.

The past few years, the idea of combining agriculture and care has caught on in Flanders, in the agricultural and the horticultural sector as well as in the care sector. For the farming sector, it is in line with the spirit of the times to contemplate innovations and to play along with new demands of the market and of society. For the care sector it fits in with an evolving vision on care: total care, care made to measure and a natural setting or domestic environment are brought to the fore as important anchoring principles.

Green Care models in Flanders

In general, Green Care can be described as ‘all possible fruitful combinations of an agricultural environment, with the care for a wide range of vulnerable people in society’. In Flanders, Green Care can be found in varied and combined forms: day spending, relief during the day or 24 hours a day, employment as reintegration or labour care, therapy in the shape of relaxation, development of the personality or learning social skills. It may involve a short-term or long-term stay, in a narrow or loose cooperation with the care institution... Most often they are small-scale initiatives that care for a limited number of clients.

A broad range of vulnerable groups qualifies for Green Care. The main groups are people with a mental and/or physical handicap, people with psychiatric problems, young people from youth welfare work, children,

(former) addicts, (demential) elderly persons, people with depression or burnout, underprivileged persons, the long-term unemployed and homeless people (see table 1). At this moment the largest number of initiatives is aimed at persons with a mental handicap as well as young people and persons with psychiatric problems.

TABLE 1: OVERVIEW OF THE MAIN VULNERABLE GROUPS IN GREEN CARE AND THEIR RESPECTIVE PERCENTAGES

Type of vulnerable group	Percentage
People with a mental handicap	29
Youngsters from youth welfare work	20
People with psychiatric problems	15
People with a physical handicap	11
Truants	10
(Former) addicts	7
Elderly persons	5
other	3

As far as the typology is concerned, in Flanders three main models are distinguished:

- Model 1: active care farm, individual clients**
 Via a care institution, care seekers are received on an active agricultural or horticultural farm. These are predominantly family businesses. Here the care seeker is involved in the daily work on the farm as much as possible. The farm provides care 'to measure'. The care institution is responsible for follow-up. Most often the care institution works with one farm; some institutions are developing a network of care farms that they can call upon. In a number of cases there is cooperation with animal shelters, riding schools, nature reserves, etc.
- Model 2: active care farm, groups**
 Active agricultural or horticultural farms put their infrastructure at the disposal of a care institution, but they themselves have to spend no time or limited time receiving. Supervisors from the care institution are responsible for the care of the care seekers. Here too, there can be cooperation with e.g. animal shelters, riding schools or nature reserves.

- **Model 3: institutional farm**

The care farm is started within, or is part of, a care institution. This is called an institutional farm. In Flanders they are often sheltered workplaces, labour care centres, day care centres or other partial services within the care institutions. In these initiatives, the care for the clients is more important than the business aspect. These initiatives are mostly run by employees of the institutions.

Combinations of these models may be found as well. They may be, for instance, a care institution that has its own institutional farm but cooperates with an active agricultural farm as well.

According to the most recent count by the Support Centre for Green Care in June 2007, about 260 care farms are active in Flanders. These are all active agricultural or horticultural businesses that provide care for clients as a sideline to their normal farming activities, i.e. farming takes priority over the caring aspect (model 1 and 2). Two hundred of these care farms meet the legal demands and receive a subsidy from the Agriculture and Fisheries Department of the Flemish government (see paragraph on legislation). In every region in Flanders, institutional farms or sheltered workshops with agricultural or horticultural activities exist as well (model 3), although numerically less pronounced (see table 2).

TABLE 2: NUMBER OF SOCIAL FARMS PER PROVINCE AND IN FLANDERS (JUNE 2007)

	West Flanders	East Flanders	Flemish Brabant
Care farms	66	65	36
Institutional farms and sheltered workshops	10	8	7
Other social farming projects	1	4	1

	Antwerp	Limburg	Flanders
Care farms	52	39	258
Institutional farms and sheltered workshops	8	5	38
Other social farming projects	4	2	12

In Flanders quite a few initiatives have sprung up spontaneously. These are mostly independent agricultural or horticultural farms that receive a limited number of people on a small scale. Institutional farms work on a larger scale. In comparison with our neighbouring countries, Flanders scores very well on the diversity of the target groups. Considering the great interest from the care sector as well as from the agricultural and horticultural sector, there are plenty of opportunities for growth as well.

A profile sketch of the project holders and the participants

In 2003 the Flemish Support Centre sent a questionnaire to all active and potential care farmers in Flanders for Green Care. The results of this questionnaire give a good impression of the profile of these farmers and show little difference between active care farmers and potential candidates. In 2006, another survey was held in the SoFar project. This more elaborate in-depth questionnaire was taken from a smaller but varied group of some twenty active care farmers (i.e. 10% of all care farmers). This gives a good picture of the active care farmers in Flanders, although no statistical analysis is permitted on this sample.

The results of both questionnaires are combined in this profile sketch, which refers to a number of characteristics.

Age

All ages are represented in the population of care farmers, with a majority in the middle group (between 40 and 49 years old). The care function clearly appeals mostly to farmers and horticulturalists that have been active in their business for quite a while. Recently some rather young farm managers (<30 years old) also set up a care farm in combination with the start-up of the agricultural enterprise. In this case, usually one of the partners' motivations is to work mainly with clients (for example the wife has a degree in welfare or nursery and decides not to work outside the farm if she can care for clients on the care farm).

Farm type

Businesses that are interested in the combination of agri/horticulture and care, mostly need quite some manual labour on the farm – for instance mixed farms, dairy and cattle farms, the more intensive sectors (such as ornamental horticulture or pigs) and organic farms. Most enterprises have mixed farming activities. Furthermore, many care farms are engaged in multifunctional agriculture, with broadening activities (such as agritourism or education) and deepening activities (such as on-farm selling or home processing of farm products).

Client profile

Target groups of young people, people with mental, social or physical disabilities and people with psychiatric problems are mentioned most frequently. The care for elderly people is mentioned less often, but is being considered by some as an opportunity in the future. Care for former addicted or long-term unemployed people also exists, though on a limited scale.

Number of clients

Most of the farmers have a small-scale care farm, with one to three clients. If they provide care for a larger number of clients (>10 clients, even up to 70 clients a week for one particular care farm), the assistance of pedagogical trainers paid for by a care institution is needed. About half of the care farms have clients on a very frequent basis (>4 days a week) while a large number of care farms choose to limit their care capacity to 1 or 2 days a week.

Background of care farmer

The care background of the care farmers and horticulturalists is striking. Almost half of the active care farmers and three quarters of the potential candidates have a degree in welfare (such as nursing, pedagogical trainer, social worker, education, ...) and/or former experience in this area (for example as a professional nurse, teacher, home carer or volunteer).

Gender issues

Coaching the clients is mainly a male task, taking into account that at most care farms care is essentially focusing on labour as a therapeutic element. If target groups with more care needs and less labour capacities (like elderly people) are brought into the picture, the role of farmers' wives is expected to increase. The clients are also predominantly male. This makes social farming in Flanders a particularly masculine activity!

Start of project

The majority of care farms have started their care activities very recently, over the last 5-6 years. However, some have been active for even more than 25 years. The motivation to start this social project on the farm is a particularly altruistic one: most mentioned are helping clients, getting them reintegrated in society and improving their quality of life. Other motivations to start are an increased family income and social networking.

Many farm managers did not experience any difficulties in starting up their social activities. Problems that are mentioned are a lack of own knowledge and experience, a lack of financial or professional support and

a lack of cooperation from different governments. Supporting actors during the start-up period are mainly the Support Centre for Green Care and care institutions. Government and other care farmers are also mentioned.

Economic aspects

Generally, the economic impact of social activities on the company is considered as limited to non-existent. Costs and revenues are more or less balanced on most care farms.

Most care farms have a yearly revenue from care activities of 1,000-10,000 € per year. The yearly costs vary from 100-5,000 € per year. Extreme situations like no costs, no revenues or a cost or revenue over 10,000 € per year also occur. But these numbers cannot be interpreted strictly, since a reasonably large number of care farms have no idea of costs and revenues for these activities.

Percentage of revenue from care is very limited. Most care farmers expect that the financial impact of the care activities will stay more or less the same in a 5-year period. Some care farmers expect their situation to improve because of higher revenues or lower costs.

Not every care farm invested specifically for the care activities. Accommodation for the clients, tools for the clients and adaptations of the regular farm equipment are some of the investments mentioned. The invested amount can rise up to 10,000 € but is usually below 5,000 €.

Effects on different stakeholders

The caring activities affect the different groups of stakeholders: the clients, society, the farmers themselves and their families.

The care farmers regard physical and mental benefits to be the most important effects on clients. Developing skills and improving their physical health are the most important physical effects on clients. Mentally, the effect is mainly shown as an increase in self-esteem, an increased sense of responsibility, a stronger feeling of pride and enthusiasm. Increasing social contacts and social skills as a good working attitude, being able to handle discipline and learning to collaborate are also very important effects on clients.

Society can benefit highly from social farming because the possibilities of less able people are brought to the forefront. Possibly the existing institutions could focus on caring for people with less possibilities, as clients with some possibilities can go to a care farm. Reduced costs for society, improving the image of agriculture and reducing the number of young people who fall into evil ways are also mentioned.

Social farmers mention the satisfaction and enriching new contacts as the most important effects on themselves. Some other effects are the breaking of routine and learning to put things in perspective. Even effects like getting new insights in their own company and finding calm because of the lower work pace are mentioned, as well as getting some help in the work and the financial benefit. Negative effects on the farmers themselves are the loss of time, the energy it takes to organise the work, the limitation of privacy and the required patience. Overall, the balance is found to be positive.

Getting to know an unknown group of people, usually with their own specific characteristics is the most positive effect on family members, like the farmer's children. These family members often regard it as time-consuming and limiting their privacy. Sometimes their attitude is rather negative towards these activities but that tends to change over time, as they get to know the client involved. Fear for the target group, fear for theft and fear that children might imitate negative behaviour are also mentioned by the farmers' relatives. Overall, the balance is found to be positive and enriching for the education of the children. Clients sometimes even become like relatives or friends to them.

Legal framework

Until December 2005, there was no legal framework for Green Care in Flanders, so it drew its strength mainly from volunteer work. Over the past years, the change in legislation has made it more attractive for farmers to start with a care farm. The voluntary work has shifted a bit more in the direction of a real financial compensation.

The first legal framework for care farmers in Flanders was taken up in the Rural Development Plan 2000-2006. It consisted of a subsidy to compensate for time and of investment support. Since 2007 the subsidy for care farmers has changed to a *de minimis* state support. The support for investments has remained in place.

Subsidy for care farms

Since 1 December 2005, care farms can apply for an official permission. New legislation, with a corresponding subsidy, was developed. This subsidy is principally conceived as a compensation for the time a farmer (or his/her partner or staff) spends with the guests, hindering him to work full-time on the farm.

A distinction is made between:

- providing infrastructure on the farm: if a group of clients is cared for by a pedagogical trainer (paid for by a care organisation) at the care farm, the farm only puts its infrastructure at their disposal. The subsidy for this type of care farm is 15 euros per day.
- caring for a maximum of three clients themselves: the farmer (or his/her partner or staff) is responsible for the activities, the supervision and guidance during these activities. The subsidy for this type of care farm is 40 euros per day, irrespective of the number of clients.

The following requirements apply for an agricultural or horticultural business to be regarded as an official care farm:

- cooperation with a care organisation, officially recognized by the Welfare Department, or with a counselling centre for high school students,
- farming or horticultural activities as the main or additional profession (the farmer must obtain a minimum of 35% of his income from agri/horticulture and can only have a part-time job outside),
- using the official Care Farm contract: a standard contract between care farm, care organisation and client, drawn up and provided by the administration.

The care organisation is ultimately responsible for:

- coordinating the cooperation,
- taking care of the administration involved with care farming of clients.

The budget for this subsidy comes from the Department of Agriculture. Although the Departments of Welfare and of Education helped to elaborate this new legislation, they do not contribute to its costs so far.

The main asset of this subsidy regulation is the recognition of care farmers by the Flemish government and by society. This legislation provides moral as well as financial support to farmers who wish to add social value to their business. This gives new incentives to the sector, stimulating care farming to become a fully-fledged welfare concept.

However, the legislation is not perfect yet and it still needs some adaptation. At this moment the agricultural or horticultural business must have a minimal viable size. This implies that projects with a limited agricultural component cannot be supported. The legislation is also rather strict: the standard contracts that are provided cannot be adapted to the situation and the subsidy is fixed in the sense that it does not take into account

the intensity of care and the number of clients. At this moment, only the Department of Agriculture contributes to this measure, while the Departments of Welfare and Education have no financial input. This may hamper the further development of Green Care in the future.

Investment subsidies for care farms and social workshops

Care farmers who want to make investments on their care farm to provide appropriate facilities for their clients, can get a subsidy of 40% of the amount they invest. The object of the investment could be, for example, sleeping accommodations or a canteen where they can eat their lunches. The business has to be a viable agricultural or horticultural farm, run by a capable manager and the investment has to be sound as well. The subsidy is paid by the VLIF (Flemish Agricultural Investment Fund), which is a part of the Flemish Rural Development Program.

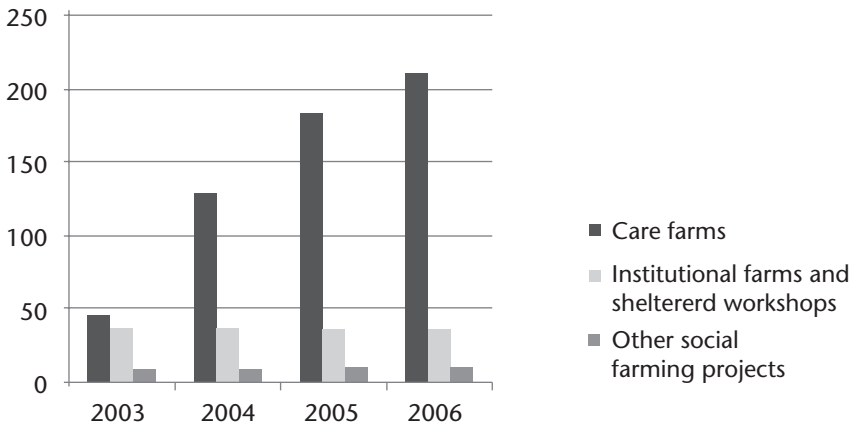
Since 2006, social workshops that have agriculture or horticulture as their activities, can also apply for these subsidies. They can get an intervention from VLIF for their investments in the agricultural infrastructure. The subsidies vary from 10% to 40% of the total amount invested.

A catalyst for Green Care: the Flemish Support Centre

In 2003 a study was conducted that examined the viability of a support centre for Green Care initiatives. In the care sector as well as in the agricultural sector, enquiries were made about the surplus value and the bottlenecks of Green Care. The possible tasks for a support centre were put into question as well.

The Flemish Support Centre for Green Care ('Steunpunt Groene Zorg') has officially existed since January 2004. Its primary goal is promoting Green Care in Flanders. Figure 1 shows the trend of Green Care initiatives that are active in the whole of Flanders. It is clear that the number of care farms has grown considerably over the past years. This clearly shows the positive effect of the incentives set up by the Support Centre for Green Care and the recent new legislation. The number of institutional farms remained constant.

FIGURE 1: EVOLUTION OF THE NUMBER OF CARE FARMS, INSTITUTIONAL FARMS AND SHELTERED WORKSHOPS, AND OTHER SOCIAL FARMING PROJECTS IN FLANDERS BETWEEN 2003 AND 2006



Care organisations, active care farms and interested farmers/horticulturalists can contact the Support Centre for:

- all information on Green Care: visits, website, newsletter, training and extension;
- contacts with interested care organisations and interested agricultural or horticultural farms;
- support of a start-up of cooperation between care organisations and farms;
- meeting active Green Care initiatives: information and demonstration days, study visits, consultation platform, study groups, working groups;
- screening of new care farms;
- first matching of clients, organisations and farms.

Behind the scenes, the Support Centre also works on:

- promotion of the Green Care concept;
- appropriate conditions for Green Care;
- preparation of policy, consulting public authorities;
- extension of national and international contacts;
- research projects;
- some form of quality system for Green Care initiatives.

Recently the Support Centre for Green Care created a quality guide for care farmers and the care organisations that cooperate with them. The aim of this guide is to visualize the quality of care farms. It describes the ideal situation on a care farm and the ideal cooperation between farm, care organization

and client. The guide contains a general description of a high quality care farm, testimonies by people involved and many practical tips.

The development of Green Care in Flanders, the growing numbers of care farmers and clients, and the recently established legislation concerning Green Care prove the value of the Support Centre. Nevertheless the Support Centre does not have a structural financing, leading to an uncertain future development.

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Care farming in the UK – recent findings and implications

Introduction

Care farming is defined as the use of commercial farms and agricultural landscapes as a base for promoting mental and physical health, through normal farming activity (Hassink 2003, Braastad 2005, NCFI (UK) 2007) and is a growing movement to provide health, social or educational benefits through farming for a wide range of people. These may include those with defined medical or social needs (e.g. psychiatric patients, those suffering from mild to moderate depression, people with learning disabilities, those with a drug history, disaffected youth or elderly people) as well as those suffering from the effects of work-related stress or ill-health arising from obesity. Care farming is therefore a partnership between farmers, health and social care providers and participants.

In the UK there is much pressure on health and social care providers, the prison and probation services and on education providers to supply successful solutions for a range of current health and social challenges such as obesity, depression, prison overcrowding, re-offending rates, disconnection from nature and the increase in number of disaffected young people. The agricultural sector in the UK has also been fraught with difficulties and set backs such as BSE, Foot and Mouth and bluetongue as well as fluctuations in markets, late subsidy payments and adverse climatic conditions (such as flooding) resulting in threats to the economic viability of farms.

The health sector and social services need additional options to compliment medical treatments and to offer more choices for rehabilitation, therapy and work training. Local authorities need more options for social care. Offender management services and the criminal justice system need further options to facilitate reintegrating offenders into society and employment. Disaffected young people need more alternatives to the traditional schooling environment. Land managers and conservation bodies need more initiatives to enable people to engage with nature and farmers need new ways to ensure the economic viability of farms, without having to leave farming.

Green Care in agriculture or ‘care farming’ could address some of these emergent health and social issues, a chance to combine care of people with the care of the land and perhaps offer a cost-effective option in areas of social rehabilitation. Care farming could keep our farmers farming by using our agricultural landscapes to provide significant health and well-

being benefits for participants. Potentially care farming could represent a win-win option for farmers, participants, health and social care providers, offender management services and education bodies alike.

In the UK at the present time, the concept of care farming is relatively new, although there is an increasing amount of interest from many sectors including farmers, health care professionals and social care providers, the prison and probation services. This paper outlines the findings from an initial scoping study carried out by the University of Essex in 2007 which i) examined the range and number of current care farming initiatives currently operating in the UK and ii) conducted a snapshot study of some of the mental health and well-being benefits that care farm participants experienced (Hine et al. 2008).

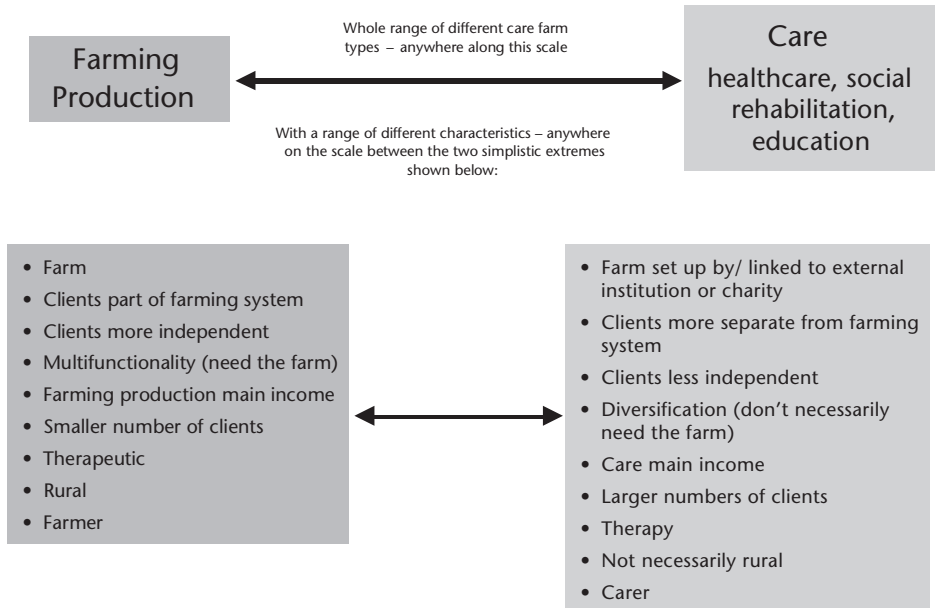
Variety in care farming

There is much variety in care farms, with differences in the extent of farming or care that they offer, the context, the client group and the type of farm. All care farms have some degree of 'farming' (crops, livestock, woodland etc.) and of 'care' (including health care, social rehabilitation, education or work training), but it is the balance of these elements and the focus that differ.

For some care farms it is the noticeable absence of a 'care' or 'institutional' element and the presence of a working, commercial farm with the farmer, farmer's family and staff that are the constituents of successful social rehabilitation for participants (Elings et al. 2004, Hassink et al. 2007). Yet the situation at other care farms may be far more 'care' and 'carer' oriented with the farming element present primarily to produce benefits for clients rather than for agricultural production.

If we consider a care farm with farming production as its primary focus at one end of a scale, and a care farm with its main focus on provision of care services at the other end of the scale, between these two extremes on the scale there are a myriad of different positions, i.e. care farms with slightly different foci, depending on the needs of participants, motivations and goals of the project and the type of farming enterprise. There are certain characteristics of care farms at the two opposite ends of our care farming scale which differ depending on the degree and balance of the element of farming production and the element of care. These are represented in a very simplified manner in Figure 1, but it must be emphasised that the differences in characteristics shown in this representation are greatly simplified in order to illustrate the extremes.

FIGURE 1. CHARACTERISTICS OF CARE FARM WITH DIFFERING FOCUS (SOURCE: HINE ET AL. 2008)



It is this diversity in care farming that is its strength, providing a multitude of different services and settings thus enabling a good range of choice for both participants and referring bodies alike.

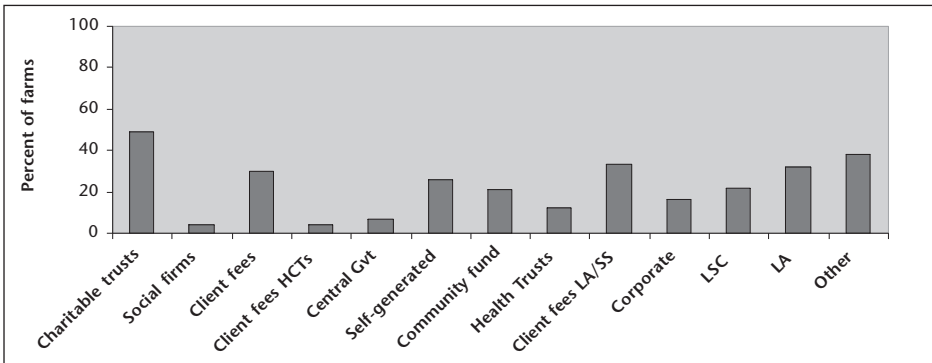
Care farming in the UK – Results of scoping study

The scoping study was undertaken for the National Care Farming Initiative (UK) by the University of Essex in order to discover the current extent and diversity of care farming in the UK (essentially who is care farming? who is benefiting and how? what are the motivations for care farming? and what are the successes and challenges?). This research forms the baseline data on which to build future research needs, help and support to farmers and implications for policy.

The survey included 76 care farms comprising 19 city farms, 16 independent farms and 41 farms linked to external institutions or charities. The size of care farms varied between 0.3 ha to 650 ha and the majority of care farms all have a mix of field enterprises and livestock. In terms of organisational structure, a third of care farms in the study are farms, 29% are a 'charity and company limited by guarantee', 25% are city farms and 22% are charities.

Although the funding sources for care farms varies extensively both between farms and between categories of care farm, nearly half of the care farms surveyed (49%) receive some funding from charitable trusts and 33% receive client fees from the local authority. Thirty eight percent of care farms receive some other funding sources including Learning and Skills Councils (LSCs), Health Care Trusts, Social Services, Big Lottery Fund and public donations (Figure 2).

FIGURE 2. FUNDING SOURCES OF CARE FARMS (SOURCE: HINE ET AL. 2008)



Note: Client fees = direct payment by clients; Client fees HCT = client fees paid by Health Care Trusts; Health Trusts = paid by Health Care Trusts other than client fees; Client fees LA/SS = client fees paid by local authorities or social services; LSC = Learning and Skills Council; LA = paid for by Local Authority - other than client fees.

A total of 355 full-time staff and 302 part-time staff are employed by the 76 care farms in the survey (657 paid staff in total) together with 741 volunteers. Care farms in the UK offer many different services including the development of basic skills (87% of farms), of work skills (70%), of social skills (65%) and some form of accredited training or education (63%).

Perhaps the biggest variation seen in the farms surveyed features the fees charged by care farms for green care services. These fees vary widely, both in terms of amount and by how they are charged (i.e. per person, per day, per group, for farm facilities etc.). Some care farms are providing services for no charge at all, whilst fees on other farms range from £25–£100 per day (most frequently around £30 per day).

The total number of care farm users in the UK is on average 5869 per week. However, there is much variation between the levels of usage at different types of care farm. As expected more people (230) attend city farms per

week, an average of 46 clients per week are seen at farms linked to external institutions or charities and an average of 29 users per week attend privately-run farms. There is also much variety in the client groups attending care farms in the UK (over 19 different groups) and most care farms provide services for a mix of client groups rather than for just one. Most (83%) of care farms cater for people with learning difficulties, half (51% of farms) provide a service for disaffected young people and half (49% of farms) cater for people with mental health needs.

The majority of care farms have clients referred to them by a range of different sources simultaneously including from social services, self-referral or from 'other' sources such as Connexions, private care providers, the prison service, Youth Offending Teams, Primary Care Trusts (PCTs), community drug teams, individuals receiving 'direct payments' (money paid by the local authority directly to a person whom it has assessed as needing care services rather than arranging the care services) and the voluntary sector. Nearly a half of farms receive clients through education authorities or other education service providers (including Further Education colleges, Pupil Referral Units, Behavioural Support Units etc).

Care farmers report that the physical benefits experienced by clients include improvements to physical health and farming skills. Mental health benefits consist of improved self-esteem, improved well-being and improvement of mood with other benefits including an increase in self-confidence, enhanced trust in other people and calmness. Examples of social benefits reported by care farmers are independence, formation of a work habit, the development of social skills and personal responsibility.

The key challenges faced by UK care farmers are largely due to funding and resources, a lack of perceived legitimacy, health and safety requirements and issues related to insurance and tax. Around 80% of care farmers reported that funding is the biggest challenge facing them, either in terms of i) sourcing funding, ii) accessing continuous and long-term funding or iii) to justify to referring bodies that Green Care services on care farms need to be fully costed and paid for.

UK care farmers were also asked to describe what they feel have been the successes of their care farms. The perceived successes varied widely between individual care farms but three broad themes emerged:

- seeing the effects of care farming on people, making a difference to people's lives,
- helping the excluded become included into society and/or work,
- positive feedback from participants, families and referring bodies alike.

Care farming in the UK – Results of snapshot health benefit analysis

The University of Essex also conducted a more in-depth analysis involving clients of different types of care farm to provide some empirical data addressing psychological health and well-being effects. This snapshot study is the first step to building up a body of robust scientific evidence to inform health and social care providers (amongst others) and to support the promotion and spread of care farming in the UK.

Seventy two participants from seven care farms around the country took part in a snapshot health benefit survey. Participants included people with mental health needs, those who were unemployed, homeless or vulnerably housed, disaffected young people, those recovering from drug and alcohol misuse, older people, offenders, ex-offenders and people recovering from accident or illness.

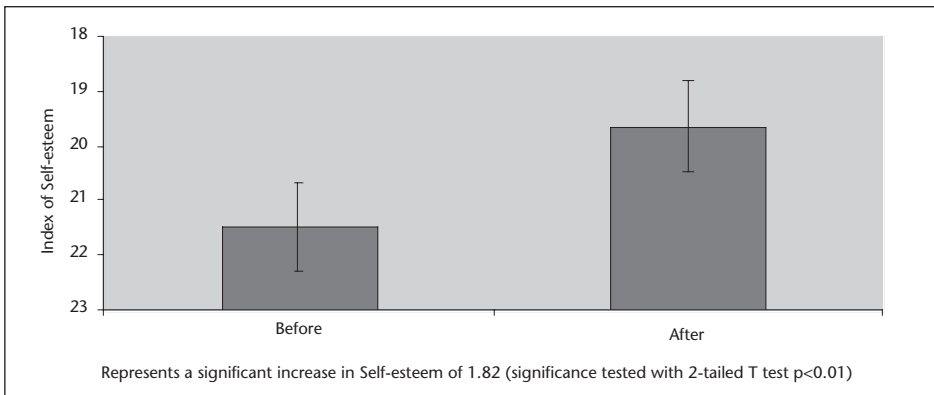
Health benefit data were collected using a composite questionnaire which was administered immediately before and immediately after participants spent time on the care farms. This allowed identification of any changes in health parameters which were a direct result of exposure to the care farm environment. The questionnaires included internationally recognised, standardised tools which measure participants' levels of self-esteem and mood, as these health parameters had been identified as positive outcomes in the existing care farming research.

Self-esteem was measured before and after the care farm session using the one-page Rosenberg Self-Esteem Scale (RSE) (Rosenberg 1989), which is a widely used measure of self-esteem in health psychology. Mood change was measured before and after the care farm session using the Profile of Mood State questionnaire (POMS) (McNair et al. 1984). This is a short form one-page version of the POMS test which has a background of successful use for mood change post-exercise. The POMS subscales measured were anger, confusion, depression, fatigue, tension and vigour. In addition, a Total Mood Disturbance (TMD) score was calculated to denote an overall assessment of emotional state. This method is regularly used as it provides an indicator of overall mood. It involves summing the POMS subscale T-scores of anger, confusion, depression, fatigue and tension and then subtracting the T-score for vigour (McNair et al. 1992).

The Rosenberg Self-Esteem Scale ranges between 10 to 40, in this study scores using the RSE ranged from a high of 10 to a low of 39 (Note - the lower the value, the higher the self-esteem). Results from the Rosenberg self-esteem tests showed there was an increase of 1.82 ($p < 0.01$) in participants' self-esteem after spending time on the care farm with 64% of participants

experiencing an improvement in their self-esteem (Figure 3). The Profile of Mood States results indicated that there were statistically significant (range between $p < 0.01$ and $p < 0.001$) improvements in all six mood factors. The Total Mood Disturbance (TMD) scores (which provide an indicator of overall mood) also revealed a highly significant ($p < 0.001$) improvement, with the majority of participants (88%) experiencing improvements in their overall mood (Figure 4).

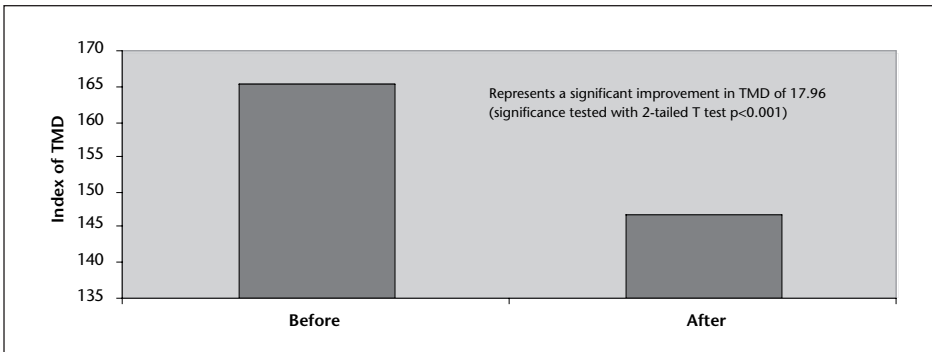
FIGURE 3: CHANGES IN PARTICIPANTS' SELF-ESTEEM AFTER SPENDING TIME ON THE CARE FARM (SOURCE: HINE ET AL. 2008)



Note: The lower the value, the higher the self-esteem

The findings from this small, snapshot study clearly show that spending time participating in care farm activities is effective in enhancing mood and improving self-esteem. Working on a care farm can significantly increase self-esteem and reduce feelings of anger, confusion, depression, tension and fatigue, whilst also enabling participants to feel more active and energetic. Care farming can therefore offer an ideal way of helping a wide variety of people to feel better.

FIGURE 4: CHANGE IN PARTICIPANTS' TOTAL MOOD DISTURBANCE AFTER SPENDING TIME ON A CARE FARM (SOURCE: HINE ET AL 2008)



Conclusions

Sharing the farm, their farming skills and knowledge with others, and being able to make a real difference to vulnerable people's lives has been the primary motivation for UK care farmers. Evidence from both Europe and the UK has demonstrated that care farming can be a win-win situation for farmers and rural communities, allowing the farm to stay economically viable, the farmer to continue in agriculture and a chance to provide a health, social rehabilitation or education service for the wider society. Care farming represents an example of multifunctional agriculture and offers a way to recognise the variety of different public goods and services our farms provide rather than simply focusing on food production, thus deriving extra value from the land. There may be good prospects for further enhancing agriculture's multifunctionality in a coordinated way that builds on past experiences in the UK (Dobbs and Pretty 2004) and care farming is part of this growing recognition that farmland can provide a range of environmental and social goods and services. Green care on farms can also be seen as a way to reconnect people to the land, and to the food produced by domestic farming.

There are at least 76 care farms in the UK at the current time, providing a range of health, social rehabilitation or educational benefits to over five thousand people a week from a range of client groups. These care farms exist largely in spite of government policy rather than because of it and increasing support for and access to a wide range of green care and care farming activities for vulnerable and excluded groups in society should produce substantial economic and public health benefits as well as reducing individual human suffering. However, for this promotion to be successful

several key issues which could be ameliorated by policy support in future, such as funding structures, recognition of legitimacy and a recognised referral procedure, need to be addressed.

Recommendations

Care farming has important policy implications for a wide range of sectors and is relevant for a range of different government departments, NGOs and the private and voluntary sectors in the UK. Table 1 outlines some sectoral recommendations and future research needs for care farming in the UK to flourish.

TABLE 1: RECOMMENDATIONS

Sector	Recommendations
Agriculture	<ul style="list-style-type: none"> • Farmers need a scientific basis for green care services, and they need development of health policies, funding streams and economical systems that make such services a predictable income. • Agricultural policy makers should promote the concept of farmland as a multifunctional resource which can provide not only food, environment and landscape features but also opportunities for health, social rehabilitation and education services through care farming.
Health and social care	<ul style="list-style-type: none"> • There is still limited acceptance of the role that care farming can play in health, from healthcare and social service providers. • Healthcare professionals generally should be encouraged to take the idea of care farming more seriously and policy-makers in health and social care should recognise the benefits of a UK wide network of care farms delivering health and social care options.
Education, training and employment	<ul style="list-style-type: none"> • Education policy-makers should support and promote the work of care farms and investigate funding regimes for participants referred by the education sector. • The benefits of meaningful work on care farms should be highlighted, supported with resources and actively promoted by all those involved in the education and employment sectors.

<p>Police, probation and offender management services</p>	<ul style="list-style-type: none"> • Police, Probation and Offender Management Services should recognise the potential of care farming to deliver both mental health and employment dividends to offenders and ex-offenders and support the growth of care farms across the UK. • Crime and social service agencies of all types should consider the therapeutic value of care farming as part of strategies to address anti-social behaviour amongst adolescents.
<p>Rural development and social inclusion</p>	<ul style="list-style-type: none"> • Agencies responsible for economies and communities in rural areas should welcome the concept of care farming, and actively promote care farming as an option for farmers and rural communities. • All agencies with responsibility for the reduction of social exclusion should recognize the potential for care farming and support the growth of care farming in the UK.
<p>Partnership working</p>	<ul style="list-style-type: none"> • Good partnership working between the care provider, the farmer and the client in order to match the client to the right farm and to tailor-make the care farm experience is necessary. Engagement of all stakeholders will therefore be of crucial importance in the development of care farming initiatives across the UK. • Care farming has implications for many sectors, suggesting the need for cross-disciplinary and sectoral strategies and action. The importance of partnership working between government departments is therefore paramount.
<p>Funding</p>	<ul style="list-style-type: none"> • The funding of care farming has been highlighted by care farmers, potential care farmers, referral agencies and the NCFI (UK) alike as the biggest challenge facing the existence and spread of care farming in the UK. Recognised and sustainable funding structures and systems are crucial for farmers to continue to offer health, social rehabilitation and educational opportunities to participants on care farms. Therefore the development of funding regimes for care farms should be considered a priority.
<p>Future research needs</p>	<ul style="list-style-type: none"> • There is a need for more robust, scientific evidence of the benefits of care farming for policy makers and service providers alike in order to validate care farms and to secure future funding. • Sound research should also provide the basis for health policies and economic systems that make it possible for such services to earn a predictable income. • Once again, this highlights the need for collaboration between academic research institutions and health and social care professionals. A cross-sectoral joined up approach to research is desirable.

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IV. Case studies: clients groups



Small group homes for elderly with dementia

Abstract

This article gives an overview of an interesting and promising innovation in the long term care for the elderly: the small scale homes for elderly with dementia. The mainstream nursing home is described and evaluated. The focus is on the alternative of the nursing home, the higher quality of life that is possible in those small supported living units and the challenges in realizing those dwellings. Finally we discuss the question if care farms could host small groups of people with dementia.

Nursing homes

In the Netherlands (as in all European countries) slightly over one percent of the population suffers from dementia, mostly Alzheimer's disease, which accounts for some 190,000 people. Approximately two third of these people are living in their own homes, being cared for by their partner, relatives, voluntary help and professional home help, usually in combination. Long term care for people with dementia should initially focus on care in the home situation, respite care, help for the partner, children and other informal helpers and only secondly focus on institutional care. Elderly people who cannot stay at home, are housed and cared for in one of the some 350 nursing homes with a total of 27,000 beds for physically ill elderly and 36,000 beds for psycho-geriatric patients. The rest of the psycho-geriatric elderly are living in residential homes for the elderly. Elderly people with only somatic, physical complaints are increasingly being cared for in their own homes. Nursing homes in the Netherlands employ 80,000 full time and 125,000 professional workers.

Long term care

Over the last ten years there have been big changes in the way that long term care is financed, organized and structured. Legislation is changing; policy is putting a strong accent on the role of the client and his freedom to choose. The mechanisms of the market then have to bring a greater efficiency and a leaner system. Giving the care budget to the client instead of to the care provider (personal budget systems) and having a system by which the budget follows the client are ways to express these market rules. The government wants the organization of long term care to be small scale, with care providers firmly rooted in communities, neighborhoods and villages. Care providers have been operating on national scale, have

become footloose and clients have lost the idea of ownership. One must not forget that all these providers originally started as local, cooperative or charity organizations. There is a need for more emphasis on the social and individual side and a lesser accent on the medical rationality. This program is laid down in the government policy statement forming the basic principles for the Christian-Labor coalition. Admittedly in spite of these policy statements the direction of these organizations is very difficult to change. Care is a complicated area with many stakeholders and many financial implications, being partly funded by both public and private money.

Nursing homes evaluated

Nursing homes were created in the nineteen fifties and sixties as special departments of regular hospitals. They specialized in housing the elderly who were being treated in the hospitals. Although during the years these departments changed their primary function from cure to care, the medical regime and medical rationality prevailed. Typical features are rooms with six or four beds, little or no privacy, a bedside table for personal belongings, long corridors, meals prepared in a central kitchen, the doctor doing his rounds at regular times and less attention focused on welfare and daily living routines.

In the nineteen nineties professionals and families alike became aware of the negative side effects of this situation, the never ending hospitalization and the fact that elderly people in nursing homes differ markedly from regular patients. During the same period normalization of the care for the handicapped and an emphasis on community care took place. The question arose whether it would be possible for the elderly not to be admitted to institutions, but instead to receive care in their own homes. Could those who need full time surveillance because they were no longer capable of managing their own life be cared for in a way that put more emphasis on daily living and on the continuation of their earlier lifestyle?

Little by little lifestyle groups have been introduced in nursing homes and some ten years ago the first small scale group homes for elderly with dementia appeared.

Small scale group homes

When dementia occurs it is important to enable the continuation of earlier life and lifestyle, the things people are used to. With dementia comes disorientation and the loss of management of one's own life. The main

impetus should be on helping to fasten this grip on one's life as much as possible, to lessen the disorientation. Important things are the daily routine that one had, or familiar objects, such as a painting that hung always in the living room. Continuity can also be enhanced by the same nurse or the same professional being present everyday. In this way preparing meals and having dinner can be used to bridge the gap that separates them from their former life. The Taylorization¹, i.e. the rationalization of labor, may be good for efficiency in the car-industry, but it is bad for long term care and for the fact that elderly people with dementia need stability and permanency.

At the same time as professionals and families were becoming aware of the negativities of large care homes, in 1995 research forecast that the numbers of people suffering from Alzheimer and other related mental disorders would grow disproportionately in the next 50 years. Particularly due to the graying of the baby-boomers, who were born in the fifteen years after WW II, who would retire between 2010 and 2020 and who, after 2025, would belong to the very old generation. Waiting lists for nursing homes are expanding, the model of the traditional nursing home based on the medical rationality is more and more questioned and the need for privacy will eliminate 3-4-bed rooms. The idea of the small group nursing home is becoming increasingly attractive for policymakers, care providers and representatives of the elderly.

Recently, some 400 places in 1500 small group homes with 9,300 habitants were set up. For both the elderly as well as for staff a number of six habitants is ideal: one professional on his/her own can supervise a group of six residents and for the elderly person a group of six is more or less the size of a family. For six persons you can cook, cooking pans are the appropriate size, cutlery come in amounts of six etc. A normal building can usually be easily adapted to accommodate six smaller individual rooms and one bigger living room with open kitchen. Frequently, four group homes are clustered together, so it is sufficient for only one professional to be on duty during the night (23.00 till 07.00 hrs), taking care of 24 persons. In this model (4 homes with each 6 persons) you need four or five professionals during the day (07.00 till 22.00) and three professionals during the evening shift.

1 Taylorization is the name given to the process accompanying Fordism whereby most work processes were scientifically studied by managers so as to find ways to break them down into highly specialized and efficient tasks while removing most of the skill and responsibility formerly exercised by the workers.

The changes

The transition from traditional nursing home to small scale group homes involves some big changes, which often makes it difficult for the various stakeholders to accept the innovation wholeheartedly.

- The work of the professional is integrated and holistic; in a nursing home there is staff for cleaning, cooking, reception, doing the shopping, laundry, activities with inhabitants, looking after the volunteers, being guest woman for the family, administration, etc. The professional in a small group home is an amalgam of all these different roles. It is a broad profile with a broad responsibility, the starting point is not so much one's own discipline, but the every-day-life of the inhabitants. People with Alzheimer are not patients, they are residents who try to continue with the life they have always lived.
- The mother organization has more or less to disappear: to make it financially possible all personnel have to be workers, who are in direct contact with the inhabitants. All so-called overhead professionals or facility professionals in the former situation have to be trained to become 'hands on bed'-personnel.
- The buildings, symbols of the traditional care providers and of the large scale institutions in the medical tradition, will more or less disappear. The small group homes can hardly be distinguished from the other houses in the street. Research clearly indicates that elderly people want their care provision delivered in their own home and if they eventually have to move out, they want to stay as close as possible to their former house and social environment. This wish can only be fulfilled with a dense scattering of small scale homes over the country instead of a concentration of larger institutions.
- Care providers will have to concentrate on their core business, that of care rather than on real estate, the property. Care organizations used to identify themselves with their real estate, the buildings were always a token of the local presence and influence of care providers. Psychologically it is not easy to do away with the presence of buildings.
- In the bigger institutions staff are always trying to minimize the risks for people with dementia; in small scale homes both personnel and inhabitants have their own responsibilities (even given the fact that one can no longer manage his own life) and inhabitants can not be avoided from all risks. There will always be an element of tension between protection and allowing someone to take risks.

The comparison between the former and the more recent care providers is undoubtedly in favor of the latter. They are already some research results that indicate that in small scale houses people with Alzheimer have a higher quality of life. Although it is often difficult to assess the quality of life of elderly people with dementia, there is much circumstantial evidence:

- decreased use of tranquilizers and other pharmaceuticals, decreased disturbed behavior. Inhabitants are less inclined to run away (wanting to go home) or wander endlessly and purposelessly around.
- decreased problems with eating and drinking. decreased occurrence of dehydration and under-nourishment.
- decreased occurrence of incontinence. Those little uncomfortable signs by which you can tell that elderly people want to go to the toilet, are easier to detect if one is responsible for a small group. Professionals report that in small scale groups they use only half of the incontinence-material, compared to the traditional nursing homes.
- There is also some evidence that indicates that the partner and other members of the family are more satisfied with the care and that for the professional the new job has a more interesting content, more responsibility, and more job satisfaction.

Finally for the small scale dwellings to become a real success the legislation and financial systems have to be more suited to these contexts. Other types of inspection and supervision and other ways of measuring quality also have to be invented.

Care farms

In the same way, care farms have had to make the same changes and have had the same responsibilities of creating their own type of supervision, broad profile of professionals and type of quality assessment. Small scale dwellings for people with dementia can learn a lot from care farms. However, it is perhaps surprising that care farms already serve a wide variety of target groups, have all kind of visitors and farmhands who profit from their stay at the farm, but up until now there are no care farms specialized in taking care of elderly people with dementia. Some farms have day-care provisions for these groups, some traditional nursing homes have their own (kind of) farm where inhabitants can spend some time, but there are still no care farms that offer permanent stay for these groups. It is difficult to say why, but the fact that elderly people with dementia need permanent supervision may

play a role. The fact that you need to engage medical or nursing help; the requirements for hotel style facilities; the complicated way of financing; the oncoming changes in the whole system of long term care; these all are factors to that may make farmers reluctant to organize green care for elderly people with Alzheimer.

Given the demographic changes of the oncoming years and the growing number of people with dementia; given the uncomfortable way in which we care for these groups in nursing homes; given the explicit wishes of the elderly and their representatives; given the (few) experiences that we have with daycare provisions and respite care; it could be very much worthwhile to start more research with elderly persons with dementia on care farms.

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Green Care farms for children with Autistic Spectrum Disorder: characteristics and concerns of farmers

Abstract

The present study, conducted at seven Green Care farms in the Netherlands, showed that Green Care farms have specific characteristics that meet the needs of children with Autistic Spectrum Disorder (ASD). Important characteristics at Green Care farms were: the character of the farmer, the safe and quiet environment and the animals. An important role is played by the farmer because (s)he offers structure and clarity to the children and tries to understand them. Farms have lots of space where children can use up their energy and, when a child needs to find somewhere quiet to retreat to, there are many suitable places. The (farm) animals are purposely used by the farmer as a resource in the social interaction with ASD-children. Farmers expressed their concerns, of which the major one related to the quality of care. They felt that quality of care was particularly important. The paper concludes that attention be given to the provision of training for care farmers to work with children with ASD.

Introduction

At Green Care farms, care is offered to people with disabilities. One of the client groups is children and youngsters with Autistic Spectrum Disorder (ASD). In the Netherlands, 300 of the total of 878 Green Care farms are open to young people with ASD (Landelijk Steunpunt Landbouw & Zorg 2006). ASDs are neuro-developmental disorders but experience suggests that all children with ASD have similar needs and that the quality of life of a child who has ASD depends on his or her environment. Children with ASD need understanding and the behavioural problems associated with the disorder can be lightened or even prevented by offering attention, structure, clarity, predictability, space and tranquility (Vermeulen 1998, Baard and Van der Elst 2006, Van der Veen-Mulders et al. 2005).

A child with ASD can pose severe challenges for the family (Baard and Van der Elst 2006, Van der Veen-Mulders et al. 2005). In most cases children visit Green Care farms as a respite for family carers and to relieve the home situation (Brakman 2005). This can be for the weekend or after school. Young people beyond school age may attend Green Care farms as a day-service, and this may have a preventive effect on behavioral problems in

young people (Brakman 2005). This means that more restrictive forms of care, such as residential care, can be prevented.

The function of animals in Animal Assisted Therapy (AAT) is described in the literature. Levinson's (1962) first description of using a dog in therapy for children stimulated much research. According to Levinson (1964), Kogan et al. (1999) and Redefers and Goodman (1989), AAT reduces the severity of symptoms of ASD. Animals can be used as transitional object (Martin and Farnum 2002). Getting a bond with animals helps children to develop a bond with humans (Martin and Farnum 2002). By interacting with animals, humans learn to carry responsibility, develop a caring attitude and behaviour, have company, get social support, safety, comfort, entertainment, and have the possibility of showing affection (Enders-Slegers 2002, Serpell 1999). In turn, the animal takes on the function of co-therapist, mediator, icebreaker and transitional object. Van Dijk and Hassink (2002) described the qualities of different kind of farm animals. This research led to our hypothesis for the present study: that (farm) animals at Green Care farms for ASD-children have functions similar to animals in AAT, although farms may also have additional values that contribute to the quality of life of children. The authors could find no previous research on the value of care-farms for children with ASD. We studied seven farms with the aim of finding key aspects of the quality of care in them for this client group.

Method

We visited seven Green Care farms and interviewed the farmers. We chose them because they offered a service to children with ASD and had animals. The farmers were selected from the website of Green Care farmers in the Netherlands (www.zorgboeren.nl). To get a wider picture, Green Care farms with different farm structures were selected from different regions in the Netherlands. Examples of these structures were: (not) having agricultural production, the kinds of farm animals present, and scale (small or big).

The interview schedule was semi-structured with open questions and contained the dimensions: farmer, client, farm and animals. The first author did the interviews and recorded them with a voice-recorder.

Transcripts were content-analyzed into clusters of keywords. The researchers added one cluster of keywords, 'Green Care farmer', to the clusters based on statements by the farmers themselves because our observations at the farms showed that, whilst the role of the farmer was important, it was hardly mentioned by the farmers themselves.

Results

We now describe the themes that appeared in the interviews, which we have named: Green Care farmers, farm and farm scale, deliberate use of animals, animal husbandry aspects and quality of care.

Green Care farmers

Green Care farmers play a key role. Green Care farmers are a link between child and parents on the one hand and care services and therapists on the other. Hence, they become a new link in the care chain. Farmers gave examples of their contributions to decision making about treatments, and moving to other services. In some cases farmers explained to parents how to deal with their child in practical daily situations. This was in addition to the sometimes intricate explanations of therapists. Some farmers supported parents in interactions with therapists and residential services.

Farmers said that parents are, according to therapists, emotionally too much involved to see things clearly. Farmers, on the other hand, are emotionally less involved and so their experience with a child is taken more seriously by therapists. One farmer said that she gives reports to therapists. This farm now receives requests to observe children and report on their state and behaviour.

The farmers said, when speaking about their working method, that they offered structure and consistency and tried to motivate the children. They were very committed. A specific day program structures time, space and activities. Not all farmers work with such a specific (structured) day program and instead children can play all the time. However, from the interviews it became clear that, when children play too long with each other, it can end up in fights. A specific day program gives structure, clearness and predictability. Therefore, children with ASD may prefer a day program. Children who are tired of (group) activities have the possibility to retreat and find somewhere quiet at the farm.

Farmer: 'What I really want for the children is that they believe in themselves and that they find their own strengths.'

Most farmers had professional or personal experience in working or living with children with ASD. However, knowledge of the disorder among care farmers might be insufficient sometimes, resulting in farmers who do not react adequately to behavioral problems.

Care farm characteristics and scale

The farm offers space, rhythm and peace. On the farm, there is space to play, run around and get rid of surplus energy without bothering anybody else. There is peace because it is possible to join each other in activities, but also to withdraw to one of the many available quieter places. Of course, the number of activities on one day can be restricted to avoid over-stimulation.

Some farmers told us that the parents choose a small-scale farm because they want a stable and quiet environment for their children with the same care givers. Some farmers link valuable aspects like 'having time for' and 'paying attention to' to a small-scale farm. They believe that the children need attention. The only way to give this attention is when they have enough time for each child. Having a staffing ratio of a maximum of two children per carer makes this possible. However, some farmers saw their farm still as a small scale farm when they were supervising five or six children on their own. One farmer said that, for her, the ratio of care givers to children was more important than group size.

Most farmers had waiting lists and the number of families who want to have care at a farm is growing. Although expanding can be a financially interesting option according to farmers, most farmers do not want to expand and wish to maintain the relative small scale of the farm. Green Care farmers usually get recompense for care from the so called PGB in the Netherlands ('persoonsgebonden budget', a personal budget of the child to purchase care. The child needs to have a formal diagnosis to get this budget). Incidentally, a PGB is one of the two possibilities for care provision under the so-called law of special care costs (AWBZ, Algemene Wet Bijzondere Ziektekosten). All Dutch citizens are insured under this law for care and support for prolonged diseases, handicaps and old-age. Instead of PGB parents may choose Zorg in Natura (ZIN, care in kind: a care office arranges care at an AWBZ-acknowledged institute selected by the client), another care provision system under the AWBZ. Farmers prefer PGB since it gives them more freedom to set their own fees.

Farmer: 'Most children, that we have, can't go to a large scale farm. They get lost and confused.'

Deliberate use of animals

All farmers seemed to use the animals already present on the farm, like horses, goats, sheep, calves, chickens, rabbits, guinea pigs, dogs, etc. as a deliberate element in Green Care. They used animals to offer the children activities and to stimulate and motivate them. The activities consisted of

normal farm activities such as: caring, feeding and milking; specially-arranged activities like horse-riding, equine therapy and free activities like cuddling, and grooming animals in the farm buildings.

Green Care farmers translated situations with animals to normal life situations and vice versa. According to the farmers, animals help children to tell their story, to give social support, to gain trust, to make contact, to accomplish behavioural changes and to conquer fear. The farmers said that a child can have a favourite animal. Which animal, and of what species the animal is, varied for individual children.

Farmer: 'Vaulting is actually doing tricks on a horse. By doing vaulting exercises you can stimulate a child to conquer its own fear.'

Animal husbandry aspects

Farmers adapted all kind of things on their farms especially for the children. They chose, for example, other housing systems for their animals to make them more accessible for the children. The farmers' selection of animals was also influenced by the children. Animals should have a meaning and should to be safe for the children.

A number of farmers mentioned the risks and impact of animal diseases. The outbreak of an infectious disease has consequences for the agricultural part of the farm, but also for the care part: in case of an epidemic Green Care farms need to close temporarily or the children cannot play outside. Some Green Care farms sell their chickens in case of a possible outbreak of avian influenza.

Farmer: 'All Green Care farmers say that animal diseases, like foot and mouth disease, had a very bad effect on the children. They could not play outside and several farms were closed.'

The quality of care

Green Care farmers think that the quality of care is important. All of them thought that they offered good quality of care on their farm. They also thought that some (other!) farmers should improve the quality of care! Especially, knowledge of ASD and about how to deal with the associated behavioural problems, was thought to be important. Children with ASD need understanding. Their behavioural problems are not usually the result of unwillingness on their part but of carers not knowing how to manage them. Farmers with insufficient knowledge cannot offer adequate help with behavioural problems. According to one farmer, getting the knowledge is the

responsibility of the Green Care farmer. Therapists and care organizations will take Green Care farming more seriously when farmers offer quality care. The care offered to a child at a farm should be embedded in the regular care and treatment quality systems, according to one farmer. This helps the child and also secures financing for Green Care in the long term. Quality of care is also affected by the pressure on Green Care farms to expand. Supply and demand for places at Green Care farms are not always in balance: farmers should be able to say 'no' when parents or care organizations ask for place. Their willingness to help and their emotional commitment to their work sometimes puts pressure on farmers to say 'yes'. Expanding has economic advantages, but farmers who mentioned the advantages of a small scale farm were not willing to give up their small-scale farm for these economic advantages.

Farmer: 'I think it is your responsibility, that at the moment you say that a child is welcome, that you go and ask for assistance with regard to diagnosis and needed care.'

Discussion

Since this study is based on only seven Green Care farms, it is not possible to draw overall conclusions for all Green Care farms in The Netherlands that offer places to children with ASD. However, there are some characteristics of farms, and concerns about care farming, that may apply to many farms: the Green Care farmer, the farm and the animals.

The Green Care farmer and the farm

All farmers had a clear opinion about their way of working and how they put it into practice on their farm. But, whatever their individual way of working, they all tried to motivate their guests to believe in themselves and to stimulate their self-confidence by giving them special tasks or by letting them experience certain situations. As one of the Green Care farmers said, a Green Care farmer who works with ASD children should be patient, show empathy, be consistent, and be flexible.

According to the interviewees, the most important values of the Green Care farm are rhythm, peace and space, being small-scale and the animals. Brakman (2005) also mentions these values in her research. Examples of farm characteristics were given above.

Some farmers mentioned being small in scale as important for children with ASD because of their need for attention. Another farmer said, however, that the two characteristics did not necessarily go together: a small group

of children on a farm does not necessarily guarantee sufficient attention per child. Parents seem to choose a farm with fewer children, because their child gets confused and feels lost at a large scale care farm.

The animals

Children with ASD have problems in interacting with other people. Animals can be used to relieve the tension when the child has to interact with somebody else. Therefore animals are important for children with ASD. All farmers that were interviewed consciously used animals in the care given to the child. Some animals were already present at farms before start of Green Care activities, whilst other animals were specially purchased for the children. In some cases the children chose the animals on the farm. Hart (in Berget 2006) said that the preference for a special animal determines the attachment and accessibility to the animal. Research with companion animals has demonstrated that the stronger a child's attachment to an animal the more he or she benefits from it (Garity et al. 1989, Budge et al. 1998 in Berget 2006). The Green Care farmers all concluded that it is not the animal species or breed that makes the fit, but that it is the individual animal that fits to an individual child. So, one child with ASD can be fond of a special horse, while another child with ASD loves the rabbit most and does not care about horses. This is in disagreement with van Dijk and Hassink (2002) who claimed that it is the animal species and its characteristics that make the fit between client and animal.

One of the activities on the farm is the nursing of and contact with the animals. Animals are used to stimulate and motivate the children. Mallon (1992) and Serpell (1999) described roles of animals such as helping children to make contact, accomplish behavioural changes and conquer fear, and these are in line with roles mentioned in the present study. Moreover, animals can help to deal with situations of life such as birth, death, sexual behaviour, and the giving and receiving of affection (Mallon 1992). Activities with animals are often linked to time, and therefore give the child structure (van Dijk and Hassink 2002). Animals can also act as transitional objects. As transitional objects, children establish primary bonds with the animals; these bonds can then be transferred to humans (Martin and Farnum 2002). As such, animals can be used as icebreaker and intermediary in human-human contact for an ASD child. As noted earlier, Levinson (1962) was the first who described the role of the dog as icebreaker or co-therapist. One of the Green Care farmers was an equine therapist. In equine therapy the horse is used as co-therapist.

It can be concluded that Green Care farm animals have many other functions than just producers of food. The welfare of farm animals has

been surveyed thoroughly in regular agriculture and animal welfare is a hot issue. However, it can be questioned whether the welfare of the animals is sufficiently secured in Green Care farming (Bokkers 2006) and this merits further enquiry.

Concerns

The quality of Green Care is one of the items where green farmers are concerned of and it is mentioned by them as bottle-neck for development. Quality of care can be affected by several factors. Firstly, there are Green Care farmers with insufficient knowledge of ASD, which hinders them in dealing properly with the behavioural problems of ASD. In the worst scenario the farmer wants the child to be transferred to another farm or care institution. Instead of gaining a positive experience a child is exposed to yet another negative experience. So the child becomes the victim of the insufficient knowledge of the farmer. Secondly, there is a great demand for places at Green Care farms and the number of children leaving the Green Care farm is limited. Green Care farmers who consciously or, 'deliberately' choose to farm on small scale feel pressed to expand. They feel committed and are eager to help. Moreover, expansion is interesting from the economic point of view and expansion can become a pitfall. Expansion can cause increasing work pressure and quality of care may become difficult to guarantee.

Conclusions

Based on the results it is justified to conclude that the specific characteristics of a Green Care farm for children with Autistic Spectrum Disorder are:

- The farmer is the very important factor.
- The farm gives space, rhythm and tranquillity.
- Animals seem to help children with ASD.

Concerns are:

- Insufficient knowledge of the ASD by farmers.
- The demand for Green Care for children is high. This puts pressure on farmers to expand.
- Welfare of animals used in AAT.

Finally, and also specifically mentioned by some interviewees, it seems important to suggest that attention be given to the provision of training programs for farmers and support workers on Green Care farms. This training would aim to increase knowledge of the ASD and how children with ASD can be better supported.

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The farm as a special environment for children with learning disabilities

Abstract

Farms can deliver a great contribution to the demand for learning in natural and outdoor environments. The education out of the classroom will support many children with learning and behavioural disabilities. The farm can create a suitable learning environment because it is a flexible and safe context. The Dutch example will present the positive effects of combining care and educational programmes on a Farm. These kind of projects will support new arrangements to help children in special education, but also show the positive effect of natural environments on the development of children. Research can support this development and help to look for new programmes.

Nature experience for children

Children need the contact with nature to develop their senses, to learn, to be creative and to stay healthy. Some people like Richard Louv (2005: 7-26) directly link the lack of nature to some of the most disturbing childhood illness trends like: obesity, Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD) and depression. He calls the lack of outdoor activity 'Nature-Deficit Disorder'. Also a Kaiser Family Foundation study found that the average American child spends 44 hours per week (more than six hours a day!) staring at some kind of electronic screen and they have linked excessive television viewing to obesity, violence, and even lower intelligence in kids. The Green hour program¹ indicates that children who spend time outdoors are healthier, overall, than their indoor counterparts.

A nationwide study in the USA on obesity (2004) linked the high extent of watching TV and spending time on the computer to the rise of obesity. Wells (2000) indicates that green space in the neighbourhood increases cognitive functioning of children. Nature experience for children will help them grow and develop in many ways. Children who regularly spend unstructured time outside will²:

- play more creatively
- have lower stress levels.

1 See: <http://www.greenhour.org/section/about>

2 See: <http://www.greenhour.org/section/about>

- have more active imaginations
- become fitter and leaner
- develop stronger immune systems
- experience fewer symptoms of ADD and ADHD
- have greater respect for themselves, for others, and for the environment.

Kuo and Taylor (2004) conclude in their study that 'green outdoor settings appear to reduce ADHD symptoms in children across a wide range of individual, residential, and case characteristics'. Experiences in the Dutch research (Schuler 2008) indicate that working within natural environments can help children to overcome physical disabilities and help them to undertake activities they normally wouldn't do.

For example

One of the girls working on the farm in Zaanstad (The Netherlands) struggles with obesity. She is very big and fat for her age of twelve. She is easily tired and likes to sit down a lot and rest while the other children jump and run all around the farm. She told me she wouldn't go to gym class because she couldn't run that fast and didn't like to stay behind. Since she started at the farm she changed her attitude toward physical effort and likes to show her strength in carrying very heavy loads. She likes to climb upon the truck and the fences and she enjoys it. She runs and jumps over the ditches. She likes the farm work because she can show her strength and likes to work here because she can really help. She can carry heavy loads and helps the farmer to get all the fences of the truck. She likes to be in the countryside with the group because she can be one of the group helping the farmer. It seems as if her body isn't bothering her during these activities.

Chris Mercogliano (2007) argues that we are robbing our young people of the irreplaceable period of exploring and innocent discovery leaving them ill-equipped to face adulthood. He states that 'the 'domestication of childhood' squeezes the adventure out of kids' lives and threatens to smother the spark that animates each child with talents, dreams, and inclinations. (Mercogliano 2007: 10). He regrets that most kids' lives are subject to some form of control from dawn until dusk. Lamenting risk-averse parents, over structured school days, and a lack of playtime and solitude. Most of the childhood time is spend in school buildings, classrooms and grey, not really natural, playgrounds. School programmes mostly don't link education with learning in natural environments. Children even learn about nature by reading books and experiments in the classroom or behind the computer.

FIGURE 1: CHILDREN ON THE FARM IN WESTZAAN/THE NETHERLANDS

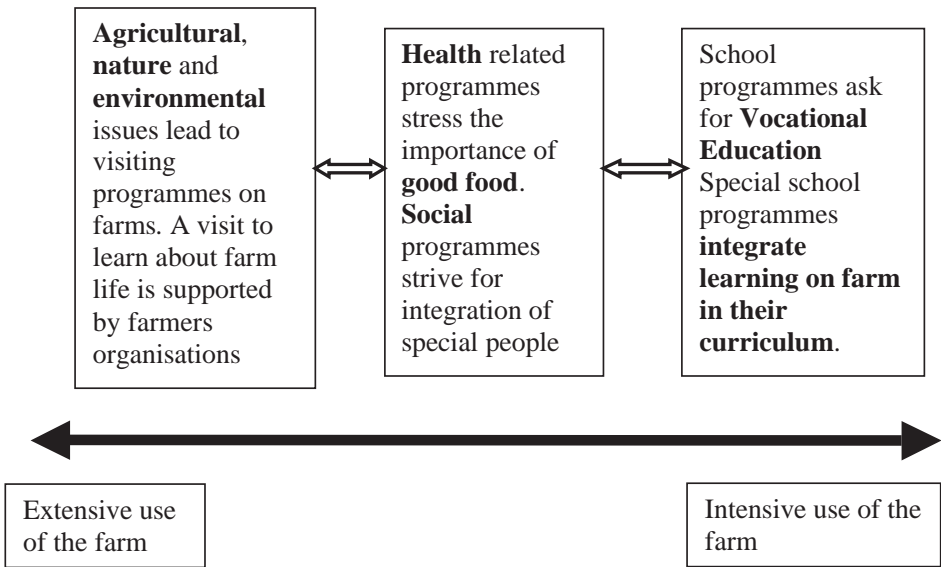


This especially is a big problem for the children with a disability who need other ways to collect information, need tangible examples and have problems sitting still. Teachers complain that it isn't easy to organise outdoor activities for children because a lot of the parents have a fear of traffic, dirt, virus carrying animals, poisonous plants etc. They therefore restrict children from playing outside. Outdoor learning therefore is not popular in most schools, but maybe this can change. We can invite children to visit a more enclosed, safe and restricted learning environment like a farm.

Farm education in general

The farm always was a good place to learn a lot of things in a tangible way. For many years farm education projects have been available, organised from various viewpoints and with different interests. Agricultural organisations and farmers will use these initiatives as an opportunity to promote their work and to show the positive sides of farm life and they also see these activities as a welcome extension of their own work. Programmes to visit farms during primary or secondary school have been introduced in Belgium, Germany, France and the United Kingdom. The growing demand for educational farms in these countries are also reflected in the attention of Educational organisation for this subject. Farmer organisations in the Netherlands started farm visits like 'klasseboeren'(class farmers). The focus

FIGURE 2: VARIOUS INTEREST IN USING THE FARM FOR CLIENTS AND OTHER CARE GROUPS



on smaller scale farming, gardening practices and animal care makes this new combination worthwhile to explore. Wolbers (1996) stresses that the growth of city farms and their function within education is very important. A city farm (also called children farm in the Netherlands) is a place where agriculture and animal husbandry are practised on a small scale. ‘Visitors are given the opportunity to become familiar with natural resource cycles. A city farm also reminds people that animals are not humans in disguise, but are unique creatures with unique needs.’ (Wolbers 1996: 4)

Farms also work together with nature and environmental organisations to inform children about nature conservation, landscape management and sustainability. In these projects children can stay from one to seven days on a farm (farm weeks). These programmes focus on learning about and experiencing the positive effects of nature. Health organisations work with farms on specific themes like healthy food and lifestyles. Like the food projects in cooperation with restaurants, cooking on farms is very popular with classes.

For educational organisations the emphasis is twofold. Firstly learning on the farm to broaden the knowledge of and experience farm life as a topic in curriculum. Secondly special programmes for those children who can’t cope with school programmes anymore. The first interest is presented by initiatives like the ‘Growing Schools Garden project’ in Eltham (UK), that demonstrates opportunities for learning outside the classroom. They also have projects on farms. In Norway a ‘Living School’ co-operative project

between the Agricultural University of Norway and the National Gardening Society took place between 1996 and 2000. The goal was to direct attention to school grounds as a learning arena and to give pupils an opportunity to experience contact with nature through the cultivation of their immediate environment. Also in Germany action has been taken by the government to promote learning on farms. In the Netherlands new initiatives by non-traditional schools have been set up, inspired by the Norwegian examples. The school farm project in Zutphen now includes four schools and three farms working together. Jolly (2003) refers to such projects in Norway. She describes how young people long for real experiences of nature. What they want to feel is that they can do something towards saving nature. So the question must be: What can schools do to enable children to experience positive ecological actions of humanity in nature as a counterweight to all the disaster reports? How can we help the children to experience nature at a deeper level and attain a better understanding of the relationships between all living beings?

Several perspectives indicate the farm is a special place and for many reasons the farm is extensively or intensively used as a learning environment. It is a safe and enclosed, controlled place to learn about animals, plants, the farm and country life. Hassink (2002: 31-34) and Powers and Powers (2006: 9) give summaries of the value that authentic learning environments can have for children. The most emphatic are:

- Increased self confidence and self esteem (overcoming fears, working within a structured programme, caring for others, broadening contacts, autonomous behaviour and taking responsibility).
- Improved teamwork and conflict resolution skills (experience respect and success, learning to cope with unexpected events, having fun working in groups).
- Appreciation of a healthy lifestyle and the agricultural and natural environment (getting tired from hard work, getting into action, learning to relax, learning about life rhythms such as birth and death).

De Vos (2000) argued several years ago

‘Well then, where better to gain first-hand experience of nature than on farms? Especially when they are set up for this purpose? The environment can be set-up to look natural and inviting. Places where children can play and explore. Basic, natural playing opportunities for children linked to such farms constitute an ideal facility. They are also full of opportunities to undertake activities. For example, opting for organic foodstuffs. Visitors will be able to taste and buy them on the spot and be appraised of sales outlets in their neighbourhood. And then there’s the care aspect: caring for’ is, after all, the central theme of a farm?’ (De Vos 2000: 4)

For children, who have difficulties to keep up with the normal pace and work attitude in school, the farm is proving to be a fantastic environment to develop. More studies on the influence of nature on child development and on the possibilities of using the farm environment as a structural basis to make these experiences happen, are needed.

Special education: participation on the farm

The second interest from education is concerned with the care of children with disabilities, where the focus is on child development as a whole. Schools are looking for other methods and learning environments to meet the requirements to help these children to develop at their own pace. One of the elements that makes a farm a good learning environment is the potential to control the space in a child friendly way and still be able to support many learning experiences in a natural environment. Older pupils can get work experience on a farm and for some younger children (in the Netherlands and Norway) it is possible to stay on a farm if school isn't attainable anymore. They can be released from their school duty and learn and work in farm projects. These forms of combined care-educational programmes are expanding. For instance in the Netherlands the 'brede school' (this is an organisation that includes school classes, healthcare, child support and day-care facilities) where forms of horticultural therapy, animal assisted therapy and special learning programmes are combined on a farm. Studies about horticultural therapy show that most activities can be done by people with disabilities. Sempik et al. (2002: 13-15) quote some research which looked at horticulture for children with mental health problems and learning disabilities. For example Sarver (1985) says 'The students gained satisfaction from seeing that they could succeed at something-growing flowers and vegetables, they also learned that success was related to 'careful execution of well-devised plants''. It is these kind of success stories that we are looking for in a new research project in the Netherlands.

Participation in the life of the farm is the intention of the Zaanstad pilot project. In Zaanstad (near Amsterdam, the Netherlands) a farm project for disabled children was set up in 2006. A school for special education (at two locations) and a farm nearby are working together to organise work visits for groups of ten to twelve children of 8-12 years old. What is unique and special to this project is the incorporation of learning on the farm into the normal school programme, i.e. working on the farm becomes part of the curriculum. The children can choose from six options and the regular dairy farm or city farm is one of them. The Norwegian example of 'Living School' and the project 'Green Chimneys' in the USA (also a therapeutic farm) have been good examples. The visit is not just a trip to a farm,

children get responsibility for parts of the farm work and they will have to learn about plants, animals and the farm in order to perform the task. However, it isn't a written course that the children will attend, like in usual educational projects. The context is leading and the good thing is that a lot can happen. Anything from the birth of a calf to a sheep fallen in the ditch can turn the daily programme around. The school and the farm are still working towards developing the programme further and ask themselves if more activities are needed. In general a work morning comprises:

- Children are transported to the farm by bus and cars. Some teachers (three to four) are farm assistants with special knowledge about farm life and nature. All children put on their work clothes and boots.
- The work is divided in three or four groups and the special day tasks are explained. The children and their coaches will start working. The children can work in the big cow stable, the calf stable, the small animals (rabbits and guinea pigs) or the ponies, goats and sheep. They will help with cleaning the stables, giving water and food to the animals, grooming some animals and taking them into the fields.
- After a short brake there always will be a collective activity. The whole group will help to repair fences, count sheep or just enjoy jumping ditches and riding along on the tractor.

In the research started by Schuler in 2007, the children describe the farm as a wonderful place to be. They learn a lot from real professionals and they feel themselves to be real farm assistants. 'If we don't do this work, the farmers have to work extra hard. We love to be on our farm'. The children get a specific bond with the farm, the animals and the farmers. The context is exiting and the teachers see the children react in a different way than they would in the school class. In group discussions with the teachers they stressed the need for observation time. A teacher says: 'We need to observe the children on the farm, because we can learn to create similar learning incentives in the school. If children can learn many skills there, we can work further on that to strengthen the experience.'

Hassink (2002 and 2006: pp. 4-5) show that a farm as a learning environment is important for:

- the sense of community (working together, a group experience on a special place),
- the possibility to experiment (needs to be creative),
- learning from a farming specialist (a farmer is a good teacher, without becoming one),
- getting respect for farm and natural life (and knowing how to use this information outside the farm).

FIGURE 3: CHILDREN ENJOYING STAYING AND LEARNING ON THE FARM



The Zaanstad research project will provide information on the benefits of such an intensive use of farm activities. In 2008, a Dutch report by Schuler 'The farm as an experience for learning and growing' will be published. This year two other school-farm associations will also join the research project. The Zaanstad case study already shows the following:

- The pupils are included in the farm work and they can chose to follow this programme the whole year around. However, because of the limited number of places not all the children can stay on the farm long enough. This will affect the impact this experience will have on them.
- The children are involved in the life processes: from lambing to the death of a calf; from harvesting to preserving of food and preparing of meals; from sowing to selling. This programme gives them a lot of insight into farming and themselves. They can really express their views on difficult topics (sometimes even better then the teachers).
- Integrating agricultural work in the school programmes can help pupils to meet the requirements of most of the school subjects in a different way. Many children need these tangible ways of learning. The teachers have to change the school programme to meet with the intensive learning process on the farm. The teachers already acknowledged they have to observe the children on the farm to learn from their learning experiences. 'To include more learning joy', as one teacher put it.

- The working association between schools and farms should be well organised and the financial systems have to be solid. Children depend on a long term accommodation, so they have to know that they can rely on their visits this or next year.

In the next year, research information will be published. The interaction with the school team and the farmers is very important, so group meetings will be included in the research project. It would also be very interesting to look at the possibilities for including horticultural and animal assisted therapy in these projects. Bruning (2002) talks about after-school work therapy in which several goals can be accomplished:

- sense of responsibility;
- attention to detail;
- ability to follow directions;
- attention to detail;
- concentration on specific tasks;
- group cooperation.

In 'Working with boys' Bruning says:

'Watching the depressed, frustrated and angry faces of boys transform into awestruck expressions of excitement at the first signs of life emerging from seed they planted, or at the thrill of discovering the first ripe tomato in their vegetable garden, exemplifies how the environment can have beneficial effect on individuals. The boys, struggling to gain sense of stability in the world around them, were able to gain sense of purpose as they learned to nurture life and create beauty in the landscape'. (Bruning 2002: 2-3)

On a farm all kind of learning experiences can be acquired. For children with disabilities, forms of therapy can be added to a school programme. Working with animals can be followed by animal assisted therapy and working with plants and the landscape can be extended by horticultural therapy. Care and education is a combined effort and children will benefit from this intensified approach.

Conclusion

There is a growing need to set up all kinds of activities on farms, because farms are seen as well controlled settings that have a flexible learning environment to offer. The farm is a place where children can experience nature, agriculture, growing of food and nursing of animals. For children with disabilities and children with mental health problems it is likely to

be even more important and needed. We have to start more research on this development in Europe. We know children with disabilities can benefit from farm visits, but how can we meet these demands in the future? What can farmers do to accommodate these special groups? Do we need more prescribed courses or is the farm work exciting enough to learn within this context? We hope to find exiting answers.

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- <http://thunder1.cudenver.edu/cye/lla/home.html> (last accessed 04-01-08)
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V. Special topics



Community farm ownership: a way to increase involvement in care-farming?

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Abstract

This paper suggests that the community ownership of farm land could be a way to increase Green Care. 'Community farmland trusts' (CFTs), are a relatively new model of farmland ownership developed in the United Kingdom. In CFTs in the UK, such as the Fordhall Community Land Initiative (FCLI), land has been purchased by donations from interested people. They become shareholders in the charitable trust, collectively owning the land.

The Fordhall Community Land Initiative has over 8000 shareholders from 24 countries who donated 1.5 million Euros to buy the farm after a public appeal highlighted the farm's imminent closure. As a consequence, the farm is now secure for the future, has a successful retail meat enterprise, runs a range of educational projects and includes Green Care/care farming elements. It is also a way for its shareholders, and others who have become 'Friends of Fordhall' and pay a regular subscription, to connect positively with farming and the countryside.

In collaboration with the tenants and board of trustees of FCLI, I carried out a survey of shareholders to understand more about the psychology of involvement in a CFT. 206 people responded. Results show that they:

1. wanted to preserve the Fordhall heritage of organic farming and involving people in farming,
2. were impressed with the enthusiasm and vision of the two young tenants of the farm,
3. had a personal desire to be connected with the farm and to feel a sense of belonging to the mission the FCLI represented,
4. wanted to visit the farm in future,
5. believed in the importance of promoting farm and countryside sustainability in farming generally.

The paper concludes that community farmland ownership, via a legal structure such as community farmland trust, could be a way for other farms to increase their financial and social capital, and to reconnect larger numbers of people with farming and the countryside. Revitalised in this way, farms would be in a very strong position to develop care-farming and Green Care initiatives.

Introduction

The international Community of Practice for Farming for Health (CoP FFH) November, 2007 conference suggested that care-farming / Green Care could be a component of multifunctional agriculture (see Dessein 2008, this volume). Yet the way a farm enterprise is organised depends on its ownership and management structure. Those who have power to make decisions about farmland use, whether as tenants or landowners, are those who will decide whether Green Care principles will be adopted.

Most farmland is owned by individuals or companies, who either farm the land themselves, pay others to do it for them, or rent the land to tenants. However, the notion that farmland can indeed be 'owned', as other commodities are owned, has been questioned on the basis that land should be for the common good, not for private profit. Martin Large, an exponent of community land trusteeship, said:

'...the value issue is how do we deal with air, the water, the land, oil, natural resources, all these which are a commons – it's not like a table or a chair which is a commodity – what's happened economically is that everything has been commodified. And land has been turned into a commodity to be bought and sold on the market. It was not always thus. Aldo Leopold said, 'we abuse the land because we regard it as a commodity belonging to us. When we see land as a community to which we belong we may be able to use it with more respect.' So what trusteeship is about is taking land off the market, through putting it into trusteeship. The land is then a permanent common asset – for both individual and community benefit.'

(M. Large, November 30, 2006, transcribed by the present author from an audio recording, included here with permission)

Green Care cannot flourish on a farm that is financially threatened and resource-poor. Community ownership, however, is a way to revitalise the farm by involving non-farmers. Their involvement brings money and skills – financial and social capital – to a farm enterprise. They might not have farming skills but they bring enthusiasm, an injection of ideas, support – and

of course, their money. Crucially for care-farming, their involvement is not motivated by financial gain. They are likely to be interested in conservation, wildlife and the countryside, human well-being and education. They are likely to be interested in investing for the longer, not the shorter term. With a revitalised farm, whose supporters are charitably motivated, care farming and allied enterprises are able to flourish.

The example of the Fordhall Community Land Initiative

Martin Large and his colleague Greg Pilley, under the auspices of the Stroud Common Wealth Community Farm Land Trust action research project¹, provided the primary impetus for Fordhall Farm, Market Drayton, UK to establish a community land trust (see Hollins and Hollins 2007: 159), which became the Fordhall Community Land Initiative (FCLI). In UK law, FCLI is an 'industrial and provident society', with charitable status. To understand the significance of this, we need to sketch Fordhall Farm's history.

Fordhall Farm is a long-established, organic farm in the English county of Shropshire that was threatened with closure and the eviction of the Hollins family who, as tenants, had farmed the land since the 1920s (for details see the Fordhall website²). During 2005-6, a team of volunteers mounted a public appeal to purchase the farm outright. Nearly £1M (1.5M euros) was raised, most of it in small shares and donations from over 8000 people ('shareholders') in 24 countries. Fordhall is now a working farm, owned by these shareholders: '8000 landlords and one farmer', as Ben Hollins has said! Ben and Charlotte Hollins, whose father had farmed organically there since the 1920s, now have a secure farm tenancy. As well as being an expanding farm enterprise, with a farm shop selling Fordhall-produced organic meat, the farm is the base and launch-pad for the charitable and educational functions of the community land trust, the Fordhall Community Land Initiative (FCLI). These include Green Care.

A main aim of the FCLI is to 're-connect people to food, the environment and most importantly farming'³. How does it do this? FCLI produces a 28-page Newsletter four times per year, which is mailed out to shareholders and 'friends' (subscribers). It has a website. It runs open days. It has regular volunteer working weekends. Its visibility in the social enterprise sector is high, with an impressive set of UK awards, including the Schumacher

1 http://www.stroudcommonwealth.org.uk/index.php?option=com_content&task=view&id=10&Itemid=13, accessed January 18, 2008

2 www.fordhallfarm.com

3 <http://www.fordhallfarm.com/Project%20home.htm>, accessed January 15, 2008

Award 2006 (for contribution to sustainability and community land ownership) and The Field Magazine's Young Rural Entrepreneur of the Year Award 2007. Part of the citation for the last-named award highlights the community ownership element⁴:

'Since establishing this unique community ownership scheme Ben and Charlotte have resurrected the farm's fortunes to place it back at the heart of the local community and economy.'

What is the significance of (community-owned) Fordhall for Green Care / care-farming? In these times of declining farm fortunes, the farm, through its public appeal for support, has been capitalised sufficiently for outright purchase, and revitalised by the input of shareholders and other volunteers. It is involving large numbers of people in farming. It is a successful organic farm, but also has a social and charitable remit. As part of this remit it has Green Care activities. In fact, it has included care-farming from its inception, offering work placements for youngsters with behavioural difficulties, volunteer opportunities for people with intellectual disabilities. A new, funded project will bring people with mental health needs on the farm, with their support staff. The project will also involve staff training for Fordhall employees and volunteers. Finally, the regular volunteer weekends provide outdoor, green exercise and companionship for upwards of 50 people on each weekend. This combination of green exercise, conservation work and social activities and friendship brings a variety of quality-of-life benefits for those who take part: an important, wider interpretation of Green Care.

The psychological and economic dynamics of community farm ownership, as exemplified by Fordhall, are worth understanding. Financially-threatened farms, like Fordhall, may be able to follow a similar route towards community ownership or, at least, involvement. Revitalised, with long-term security and with a charitable remit, farms will be much more likely to establish green-care initiatives.

It seemed to me important to understand why so many people had responded positively to the Fordhall appeal, so I decided to ask them. In partnership with FCLI, I constructed a web-based questionnaire for shareholders. Details of the questionnaire, the survey design and method and preliminary findings from 146 respondents who completed the questionnaire in its first two months of going online, are given in Hegarty (2007). Here, I present a more detailed analysis of the data on why people responded to the appeal,

4 http://www.thefield.co.uk/news/151310/Young_Rural_Entrepreneur_of_the_Year_award_2007.html, accessed January 15, 2008

based on 206 respondents, and discuss implications for others wanting to set up a community farmland trust.

Fordhall Survey Results

Descriptive statistics

206 people had submitted completed questionnaires by December 1, 2007, mostly online. They ranged in age from under 16 to over 82 years and their ages were approximately normally distributed with a mean age of 52 years. 42% were male and 58% female. The majority (96%) described their ethnicity as 'White'. 65% lived less than 3 hours travelling distance from Fordhall Farm. Their prior experience of agriculture ranged from 'considerable' (16%) to 'none' (36%).

TABLE 1: RELATIVE IMPORTANCE OF REASONS GIVEN BY SHAREHOLDERS (N=206) FOR RESPONDING TO THE FORDHALL APPEAL.⁵

- Charlotte and Ben's inspirational vision and positive attitude (90%)
- Concern about sustainability and conservation in agriculture (88%)
- The importance of organic, local food production (87%)
- Two young farmers trying their best to succeed (86%)
- To counter the growing use of green land for building and development (85%) / Towards preserving the future of farming for subsequent generations (85%) / Preserving the history of Fordhall Farm and its organic status (85%)
- The threat of eviction faced by Ben and Charlotte from their family home (77%)
- The heritage aspects of the project (72%)
- To be involved in a pioneering example of community land ownership (70%)
- To be able to visit the farm in future (64%)
- Out of general interest and a desire to support a worthwhile cause (62%)
- The work of Arthur Hollins. [Charlotte and Ben's father] (60%)
- To give yourself or someone else an involvement in agriculture they would not otherwise have had (40%)
- To own a piece of English countryside (28%)

⁵ Reasons are given in descending order of importance indicated by the weighted agreement score (in brackets after each item), calculated by giving a score of 2 to each 'very important' response, or a 1 if the individual had ticked 'quite important', expressed as a percentage of the maximum possible score. The maximum possible score to an item would be 412 (206x2) and the minimum would be zero.

Table 1 shows the sample's agreement with 15 statements identified in the pilot phase of the study as typical of people's reasons for subscribing. An 'agreement score' (shown in brackets after each item) was calculated (see Table note for details). This statistic has the merit of combining 'very important' and 'quite important' responses, and allows the reasons to be placed in rank order of overall agreement. Inspection shows that 13 statements had scores of over 60%, seven of which statements had scores of over 80%. There is, therefore, considerable agreement amongst the sample that the reasons given were important. It also shows that people's motivation was complex – different aspects of the appeal mattered to them. These reasons, it should be pointed out, relate closely to the way the plight of the farm was portrayed in the appeal. For details of this, see Hollins and Hollins (2007) and copies of the various newspaper and magazine articles on the Fordhall website⁶.

Factor analysis of reasons for responding to the appeal

The statistical technique of factor analysis helps the researcher to reduce the number of similar questions in a survey by finding groups of them that were answered similarly by respondents. Following the guidelines in Pallant (2007), and using the Statistical Package for the Social Sciences (SPSS) Version 14, I subjected the data from the 15 items in Table 2 to a principal components analysis with Oblimin rotation. As Pallant advises, five factors were appropriate from inspection of the Cattell scree plot and they accounted for 61.6% of the total variance. Other statistical assumptions were met.

TABLE 2: GROUPS OF REASONS (FACTORS) FOR RESPONDING TO THE FORDHALL FARM APPEAL.

Factor 1

- Preserving the Fordhall heritage (% variance accounted for = 27%)
- The work of Arthur Hollins (0.787)
- Preserving the history of Fordhall Farm and its organic status (0.77)
- To conserve and enhance the heritage aspects of the project – the heritage of the landscape and Fordhall's agricultural history (0.38)

Factor 2

- Charlotte and Ben (% variance = 11.4%)
- Two young farmers trying their best to succeed (0.80)
- The threat of eviction faced by Ben and Charlotte from their family home (0.74)
- Charlotte and Ben's inspirational vision and positive attitude (0.70)

⁶ <http://www.fordhallfarm.com/Press%20page.htm>, accessed January 15, 2008

⁷ Item loadings on each factor taken from the pattern matrix output of SPSS.

Factor 3

- Personal involvement (% variance = 9.60%)
- To own a piece of English countryside (0.73)
- To be involved in a pioneering example of community land ownership (0.71)
- To give yourself or someone else an involvement in agriculture they would not otherwise have had (0.71)
- Out of general interest and a desire to support a worthwhile cause (0.52)
- To conserve and enhance the heritage aspects of the project – the heritage of the landscape and Fordhall’s agricultural history (0.38)²
- Towards preserving the future of farming for subsequent generations (0.37)²

Factor 4

- To be able to visit the farm in future (% variance = 7.90%)
- To be able to visit the farm in future (0.91)

Factor 5

- Support for local, sustainable farming (% variance = 6.1%)
- Concern about sustainability and conservation in agriculture (0.87)
- The importance of organic, local food production (0.57)
- To counter the growing use of green land for building and development (0.49)
- Towards preserving the future of farming for subsequent generations (0.42)⁸

Table 2 shows the five factors that the factor analysis suggested. Conventionally, one looks at the items or survey questions that load (correlate) highly with each factor and then invents a name for the factor, as shown in Table 2.

Summarising Table 2, the five main groups of reasons (‘factors’) for supporting the Fordhall appeal were:

1. A desire to preserve the heritage that Fordhall represented, namely: the work of Charlotte and Ben’s father, Arthur Hollins; the long-standing organic status of the farm; and the landscape heritage it had.
2. The personalities of Charlotte and Ben Hollins, trying to succeed in the face of a lot of opposition; that they were faced with eviction from their family home; and their inspirational vision and positive attitude.
3. A wish for personal involvement in Fordhall Farm. This was a multi-faceted factor which included an interest in owning a piece of

⁸ These items load significantly on two factors.

English countryside, wanting to be involved in a pioneering project in community land ownership, and a wish to preserve the farm and its heritage for future generations.

4. Factor 4 was a single-item factor – the desire to visit the farm in future.
5. This factor reflected shareholders' underlying values – sustainability and conservation, local organic food production, opposition to the development of green land and a wish to preserve the future of farming for future generations.

What these statistical analyses do not convey is the richness and variety of individuals' reasons for responding, nor very much about how various aspects of the appeal interacted and linked together to make such a compelling case. However, Part 2 of the questionnaire allowed people to tell their own stories, which gave a more dynamic picture of people's motivations.

Personal stories: the qualitative data from Part 2 of the questionnaire

Part 2 of the web questionnaire gave Fordhall members the opportunity to give the reasons they responded to the appeal in their own words. We asked, 'Why did you get involved in the Fordhall appeal? (We are interested to hear your personal 'story' about what interested you about Fordhall Farm and why you.)' There was no restriction on the number of words they could use. 174 out of 206 (84%) of respondents answered this question, and their answers to this question (totalling approximately 10,000 words) give a detailed and interesting picture of how people had got involved, and why.

It is clearly difficult to do justice to the richness and variety of individual stories without reproducing many of them verbatim. I therefore present a selection, with brief commentary and analysis. Extracts are verbatim, with minimal editing. The respondent's identification number is shown for discussion purposes. It was not possible from the way the web questionnaire was set up to identify any personal details about each respondent, or find out how they responded to Part 1 of the questionnaire.

Respondent 138

I stayed at Fordhall Farm as a child and have fond memories of it and the Hollins family. When I heard on BBC Midlands Today [local news TV programme] about the plight of Ben and Charlotte Hollins I wanted to support them and to know more about their struggle to keep their family home. I wanted to be involved with helping them to save Fordhall for the future. However, my motives were not purely sentimental (well OK, they

were to a large extent); I am also an enthusiastic supporter of organic sustainable farming and am very excited by the idea of FCLI.

Respondent 138 is typical of many contributors. He or she gives a personal background that connects with the appeal, shares the emotional reactions it engendered, offers an explanation of why they wanted to help, and describes other values the individual holds.

The second example (Respondent 42) echoes a similar mix of sentiments of sympathy and support, which stem from their own interests and personal values.

Respondent 42

I read about the farm in the Society section of The Guardian [a UK national daily newspaper]. I felt it was an easy way for me to help save a precious part of the countryside and wanted to do something to help such admirable young people. I have responded to such appeals from RSPB [Royal Society for the Preservation of Birds] of which I am a member. I live happily in a town but want to know that the countryside is there, healthy and thriving, where birds and flowers can live and grow safely.

Respondent 42 has given to another wildlife charity before, was touched by the story of 'such admirable young people', lives in a town, but wants to keep a healthy countryside. I believe this is an example of the importance of a wider concept of care-farming: that farms can give people peace of mind just by knowing that they are there and being looked after.

Respondent 42's emotional response to Ben and Charlotte's personal story, is common in many contributions, such as that from Respondent 101.

Respondent 101

I was very touched by Ben and Charlotte's story and the dedication that their father had shown to the organic cause. I couldn't bear the thought that the farm would cease to exist and all that history would be lost. We read the story one Saturday morning in the Telegraph (Weekend section). The motivation and courage shown by Charlotte and Ben was a real inspiration, and the notion of adding our support and being part of a peoples movement for change, against all the odds, on an issue we felt strongly about was too good to miss. We felt we could really make a difference with our small contribution.

This contributor's sense of injustice is echoed in others – Respondent 8 'was appalled with the thought of eviction and development and very impressed by Ben and Charlotte's stand.' Respondent 75 said, 'I was enraged to think that Ben and Charlotte's lifestyle could be taken away from them and wish them all the luck in the world.' These are people for whom action – making a difference – was a strong motive.

Others saw the battle of Charlotte and Ben and their team to save their farm as almost biblical - a 'David and Goliath' struggle of Ben and Charlotte against 'big business'. Respondent 16 was 'totally gripped' by the fight. Respondent 102 saw the cause as an example of a more general and bigger issue: 'It seemed a wonderful opportunity to oppose the big companies who buy land and dominate food production and ride roughshod over families / communities who wish to continue with traditional farming lifestyles.'

Many liked the idea that Fordhall was trying to promote a broad 'green' agenda. Respondent 51 was concerned about 'reliance on 'chemical agriculture', without knowing what the long term effect of these [chemicals] might be... So to find that an ORGANIC farm was in trouble raised my 'hackles', and thus I became a shareholder.' Respondent 61 found the cause similar to his own.

Respondent 61

When I heard about Fordhall Farm, it really resonated with the work we are doing here [not specified] and I thought that with a comparatively small outlay of cash, I could be part of this too. I like to feel I'm in the vanguard of a radical reappraisal of our farming and food system, to make it environmentally, socially and economically sustainable.

Another contributor wanted to save the farm because of a 'longstanding interest in organic and sustainable farming, and in local food issues.' And Respondent 69 allied the cause with a concern for animal welfare: 'I am also keen on treating animals well and whilst I know that they will be used for their meat and eaten it is important that they are treated with respect.'

Community ownership, despite being at the core of the appeal, was explicitly mentioned by only two people, although 111 people (54%) ticked it as being 'very important' in their decision to contribute. Respondent 9 wrote, 'I thought it was a practical way of supporting sustainable development, rather than just writing about it. Thought Ben and Charlotte should be supported as should community ownership.' Respondent 16 found the idea of community ownership 'exciting and far-reaching'.

‘Wanting to visit the farm in future’ was ticked as ‘very important’ by 98 people, (38 said it was not important). Some were going to visit with friends or family, as Respondent 57.

Respondent 57

‘I bought a share on behalf of my daughter (aged 9). We all love the countryside but she is ‘animal mad’ and wants to be a ‘farmer’ when she is older!! I thought it was a great opportunity for her, at the same time supporting something (and two young people) very worthwhile. It is probably the closest we will get to farming, not being bought up with it or owning land. We will definitely visit, she would love to see the animals/nature trail and me visit the shop but we live about 3 hours away so would need to tie it in with a holiday etc.’

Regrettably, space limitations preclude more examples of people’s individual stories, which were fascinating, at times poignant, and always a privilege to have shared.

Discussion

I have tried, in this research study, to understand the motivation behind over 8000 people financially supporting an appeal to buy a run-down, organic farm in England. The analysis presented here suggests that it was due to qualities of the appeal’s message (two enthusiastic young people, about to be evicted from their family farm with a long-standing organic farming tradition by ‘big business’, who had a vision to farm organically and sustainably). Other elements – the Fordhall heritage created by Ben and Charlotte’s parents, being able to visit, saving the farm for future generations, that it would be community-owned, owning a piece of England, fighting against developers – were personal desires and interests that contributing to the appeal resonated with.

The Fordhall appeal clearly found a winning formula – its message fell on appreciative ears in many countries. However, it is important to stress that the appeal would not have succeeded without the tireless, publicity-seeking efforts of the ‘Save Fordhall Farm’ supporters who wrote countless letters requesting support from influential and famous people, and sought publicity at every opportunity (see Hollins and Hollins (2007) for detail).

How important in the appeal was the fact that Fordhall would be community-owned? Many of those who bought shares, made donations or gave interest-free loans doubtless understood that the farm would be owned by

the shareholders in a community farmland trust (and that they were not donating money for the personal use of two individuals). It was ticked as 'very important' by 111 people (54%), but it is less important overall than the other reasons we have discussed - 10th in rank order of importance (Table 2), and it was mentioned infrequently in the free-text answers. Yet the community ownership element was crucial, indeed a *sine qua non* of the whole enterprise. People would not have supported an appeal for Ben and Charlotte to buy the farm for themselves. Charlotte mentions this in their book:

'Ever since our launch some local people had found the community ownership concept difficult to get their heads around. So in every interview we had stressed and double-stressed the community involvement aspect of the project and how we would be tenants of a community land trust.' (Hollins and Hollins 2007: 253)

Community land trusts in the United Kingdom are rare, doubtless because of the considerable effort required to create them. Examples can be found on The Community Land Trust website⁹. They include:

- Stroud Community Farm¹⁰, which has 150 family members, with land leased from two charities.
- Plaw Hatch and Tablehurst Farm in Sussex¹¹ has been established for 10 years, and was described by Martin Large (personal communication, January 18, 2008) as 'the best developed community owned farm in the UK'. Owned by a trust, it has an annual turnover of £1M, and is run by a community co-operative.
- Another, UK farm, Wye Community Farm, has attracted supporters but has not yet launched an appeal¹². There are Scottish examples of community land purchase (for example, McIntosh, 2004), although these are on a much larger scale than individual farms.

Other models of community involvement in farming exist. An important one is Community Supported Agriculture (CSA). The online encyclopedia, Wikipedia, gives a good summary of its history and principles and notes that a variety of similar production and economic sub-systems are in use worldwide¹³. Relf (2006) discusses some USA examples in the context of Green Care. Further information about CSA in the United States can be

9 http://www.communitylandtrust.org.uk/index.php?option=com_frontpage&Itemid=1, accessed January 14, 2008

10 www.stroudcommunityagriculture.org

11 www.tablehurstandplawhatch.co.uk

12 <http://www.wyecomunitylandtrust.org.uk/index.htm>, accessed January 8, 2008

13 http://en.wikipedia.org/wiki/community-supported_agriculture , accessed February 28, 2008

found at the University of Massachusetts, Amherst extension program website which supports CSA¹⁴. In the UK, the Soil Association has identified at least 100 CSA initiatives in the UK, as noted in the website of Canalside Community Food (a CSA in Leamington Spa, UK)¹⁵.

Conclusions

The purchase of Fordhall Farm by 8000 or more people who responded to an international appeal for money demonstrates that there is considerable public interest and commitment towards the organic and educational values that Fordhall represents. It suggests that, given the right project, people's interest in where their food comes from and the preservation of farmland and countryside can be mobilised into financial contributions and volunteer support.

This is a model that could be repeated world-wide, to enable farmland purchase and gain the input of ordinary people into land-based management and decision making.

The aims and purposes of Green Care are entirely harmonious with community-owned farmland. As we have seen, the supporters of Fordhall are concerned not with financial gain but with supporting a farm for educational, heritage and countryside preservation. Green Care initiatives at Fordhall fit well within its broader aims as a charitable foundation.

Lessons learned from the present research about the (eco)psychological motivation of the Fordhall supporters could help others to revitalise failing farms, to give tenure and long-term security to tenant farmers, and to ensure succession of farmland into trustee ownership.

Others may consider how they can appeal to members of the general public, near to and far from an ailing farm enterprise, in order to share in the care and development of farms. Green Care fits well into community-owned farms by virtue of its fundamentally charitable orientation. An increase in the number of community-owned and influenced farms will help both to develop the Green Care agenda and reconnect significant numbers of people with small-scale, sustainable farming.

14 http://www.umassvegetable.org/food_farming_systems/csa/index.html accessed January 15, 2008

15 http://www.canalsidecommunityfood.org.uk/csa_faqs.html accessed February 28, 2008

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Designing landscapes for different client groups

Abstract

Can landscape design support and influence the work on care farms and the well-being of participants in social care projects? If so, in what manner, and how can we support this as a positive interaction between people and landscape? And also: can the contribution of users to the landscape have beneficial effects on landscapes and their quality, too? In this paper examples for the designing of social farms or farm surroundings for the needs of users are presented. Although good examples already exist, further research is needed on designing landscapes for special target groups to cope with the clients needs and activities. More cases presented show the impacts of Green Care on landscape development and how these effects might be improved in order to meet the needs of people with disabilities on the farm. This makes social farming a 'win-win'-situation, integrating functions like caring for people with disabilities *and* contributing to the development of rural landscapes.

Introduction

Farming for Health focuses on two types of interesting areas in various countries: urbanised areas where the urban population benefits directly from Farming for Health initiatives and rural areas where Farming for Health contributes to the vibrancy of villages and landscapes.

Recent research has focussed on the benefits of care farms for client groups and looks for criteria to manage and organise this new type of care. We also search for the benefits of working on a farm and in outdoor spaces for the clients/patients. Often the surroundings, the landscape and the farmyard are seen as the workplace, a tool to work with. It is commonly appreciated that the presence of aesthetic elements and biotopes in the landscape can have positive effects on clients and users – a well designed landscape may contribute to the well-being of specific groups living and/or working on a care farm. Can landscape design support and influence the work on care farms and the well-being of participants in social care projects? If so, in what manner, and how can we support this as a positive interaction between people and landscape? And also: can the contribution of users to the landscape have beneficial effects on landscapes and their quality, too?

Social Farming and landscape

Throughout Europe farming contributes to social activities in rural areas. However, social farming means more: the classical economic sectors of commercial farms, gardens or landscape maintenance enterprises are broadened by providing space for recreation, education, therapy or employment for disadvantaged people. 'Clients' may include people recovering from drug addiction, psychiatric, mental or physical diseases or handicaps, the long term unemployed, people with depression or burnout, the homeless, former prisoners, old people suffering dementia as well as young people with eating disorders and disaffected young people such as those excluded from school or young offenders. social farms are not only those farms offering help or therapy for groups of disadvantaged people in need but also farms that provide education on farming and food culture and farms that aim to let clients experience the rhythms of nature such as sheltered workshops and school farms. Social farming is an element of multifunctional agriculture and an alternative to the further reduction of expensive human labour in farming systems (Keser and van Elsen 1997, Hassink and van Dijk 2006).

Against the background of European Union agricultural reform, where in future the ecological accomplishments of farms are to be rewarded and jobs on farms are to be created outside the sphere of agricultural production activity, new potential is offered for developing farming in a multifunctional manner. Several surveys on the performance of farms with regard to landscape development show that the main factors preventing them achieving more are shortages of human resources and time, together with insufficient funding. Today cultural landscape arises no longer as a by-product of farming, not even in the organic sector, but only when people work actively in shaping and developing it. This calls for lots of helping hands – an obvious contrast to increasing tendencies towards specialisation and rationalisation in agriculture. Is 'social farming' therefore capable of uniting sustainable agriculture with the requirements of landscape development?

Designing an environment on social farms

Social Farming is growing fast in Europe. Farmers in the Netherlands are motivated to invest in this area because agriculture, health and nature projects are supported by the government. It is also very fashionable to involve city people in agricultural projects for other reasons. For instance in 2007, Amsterdam started a big programme on healthy food. Sustainability is also a big issue in all Dutch cities. A wide range of different user groups are looking for farms as a place for special programmes and activities for health, welfare, education and social inclusion (Elings and Hassink 2005). The key question is whether it is necessary to set up a new farmyard

design to accommodate the different user groups and their care or cure demands. Will farmers have to invest in the redesign of their farm or farm surroundings? In practice we see that this depends on the programmes and user groups. The two examples of social farms in the Netherlands illustrate the variety of choices we can make to let landscape contribute to the health programmes on farms. They also show the impact that landscape design can have on the clients and to help them to get in contact with nature. By designing the landscape according to the wishes and demands of special target groups on the farm we can enhance the impact of social farming or Farming for Health in practice.

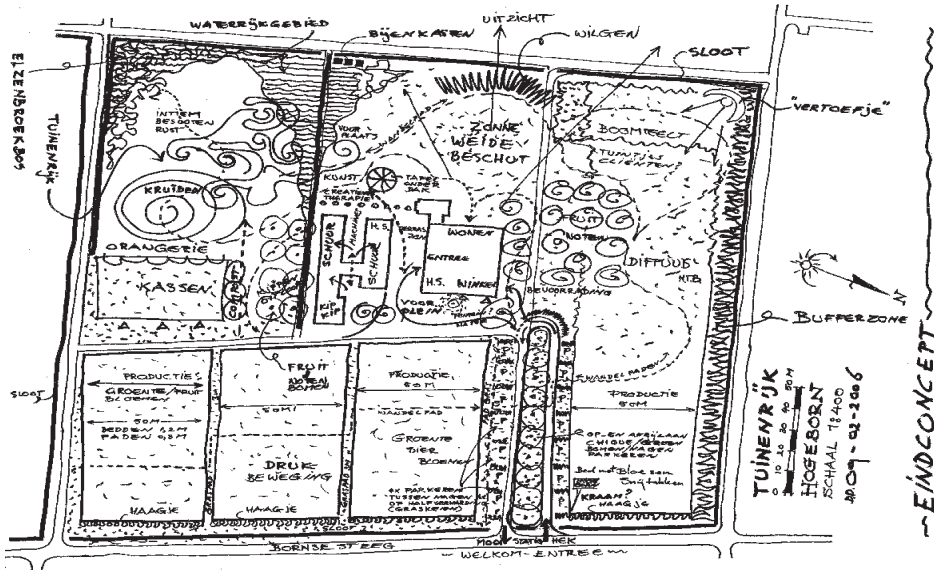
The Hoge Born in Wageningen has been working with three client groups on a 5 ha farmyard since 2004. These are people with a broad range of mental health problems (who will be living on the Farmyard from 2008 on), another group with emotional, behavioural disorders and stress related problems (mostly working as volunteers) and people with physical and mental disorders from a nearby health centre. The management of the farm project wanted to set up a mixed design for the farmyard, because they noticed different needs. The group going to live on the farm needed a separated space such as a private garden. This space could be used to relax, but also to have special activities and gardening or horticultural therapy. Other groups just enjoy working on the farm but needed a bigger space (agricultural grounds) to work on. The working groups are involved in the production of food. At the moment there are no animals on this farm but those who want to work with animals can go to another nearby farm which is only five minutes away.

So for the design of the farmyard there were three groups to please with the additional need for a beautiful farm appearance for the benefit of all visitors. For this mixed design we decided to focus on four elements:

- Divided zones with different activities for farm work, production work, garden therapy, silence and relax space, indoor work in the glasshouse, visitor area with farm shop.
- Variation in planting because not all the clients like to work in big open spaces. Sometimes clients really dislike high trees. So all of the clients could have the opportunity to find a favourite place on the farm.
- Variation in using routes through and around the farmyard. This can stimulate walking around during lunchtime and also further their interest in nature.
- Combination of field, gardens and other areas by special connecting spaces. These spaces are necessary to help different groups to meet. Not all of the groups work together. Meeting points can help people to socialise. These places were very important for the project, because the convergence of the different groups on one yard was a challenge to overcome.

The design was made by a group of workers and management of the Hoge Born supported by DieVieR counselling.

FIGURE 1: DESIGN FOR HOGE BORN



Corneliahoeve Westzaan (about 15 km North of Amsterdam): In this example we focus on a farm that works in partnership with two schools for children with emotional, behavioural disorders, autism and developmental disorders. On Wednesday and Friday mornings a group of 10-12 children visits this farm and works in groups together with the farmer and two teachers from the school. They have special tasks to perform in the barns and on the farmyard. It is a dairy farm, but for the children they also have some other animals such as three horses, some goats and sheep, rabbits and chickens. Also the two dogs and three cats get a lot of attention from the children.

The morning programme starts with changing into working clothes and putting on their boots. Then the children will choose which work they want to do and start it. After one and a half hours they take a break. Then they go into the fields together and have some fun (jumping over ditches, or riding on the tractor with the farmer) or help with special activities like counting the cows.

Becoming an educational farm for children should not be in conflict with the routine daily farm work. Although the children enter the farm schedule, they need some special spaces for their own tasks. So some changes in the farm yard had to be made to accommodate the children. One barn was

FIGURE 2: CHILDREN ON THE CORNELIA FARM (WESTZAAN/THE NETHERLANDS)



changed into a lunch area; a petting area was made where the smaller animals are kept; some new fences were erected to protect the children from running on the road and new planting elements were developed for some exciting greenness. When we observed the children's movements on the yard we noticed that they moved very freely. They work and play at the same time. They look for hiding places and nice wild looking places and green areas that are not so well kept. The farmers have left some small spaces for the children to explore. Most of the changes made are for the safety of the children and clean pathways, fences and well ordered working spaces are necessary.

Farmyard design for children should be focused on

- low risk on the farmyard (avoiding accidents),
- diversity in attraction (green, animals, plants, playground),
- variation in work places,
- using attractive plants, grass and field elements.

The University of Minnesota gives some advice¹:

- make all entrances welcoming and child-friendly,
- provide differentiation of spaces for pre-adolescent / adolescent groups, if appropriate,

¹ Sulis website <http://www.sustland.umn.edu/design/healinggardens.html> (last visited 21 January 2008)

- provide a comfortable social environment with plenty of places for parents and staff to sit and share the space with children.
- provide as many options as possible for children to interact with nature through their senses and/or hands-on activities.
- provide opportunities for planting and harvesting.
- provide a range of appropriately scaled, accessible multi-purpose settings for hands-on activity as well as for social gatherings of different types.

However, for most children the farmyard is special enough. Farmers should therefore not be afraid to have them in the yard and in most cases there is no need for major changes.

Further research is needed on designing for specific target groups. We have to look at the clients needs, mixing of groups and the activities that will take place. To learn about design of farm yards for specific groups we can learn from practice and research that has been carried out for 'healing landscapes' or designing for healthcare facilities. Cooper Marcus and Barnes (1999) have published overviews about the therapeutic benefits of special designed outdoor spaces. They emphasise that we should appraise outdoor spaces in medical settings. More and more farms will become places where special care and therapy takes place, so we have to apply design rules here as well. Ulrich (1999: 36) highlights that gardens should

'convey a sense of security. If design or locational characteristics of a garden engender feelings of insecurity or even risk, the setting will likely have stressful rather than restorative influences, and many patients, visitors and staff will avoid the space.' (Ulrich 1999: 36)

This is what we have to look for, what kind of design solutions can we give to design spaces for groups with special needs? It would be worthwhile to have more studies on this topic and to look at the structure and organisation of farm yards. Therefore we also should include studies by other sciences such as applied psychology - for instance the work of Terry Hartig in Sweden² and other health studies in relation to the influence of nature.

We also have to look at the debate between a beautiful (artificial) farmyard versus an efficient farmyard. In practice this debate coincides with the differences between health farms specially set up for health services against working farms developing health services as an additional venture. The health focussed farm will be much more involved in designing its yard because the emphasis is on therapeutic activities as a whole, whilst the

2 <http://www.ibf.uu.se/artiklar/2008/terry.html> (last visited 8 January 2008)

working farm will only redesign if it is beneficial to the new client group programme. We have to consider that a well designed yard can contribute to the beauty of the landscape.

On a large scale the surrounding landscape of a farm was 'designed' by using landscape elements like single trees, shrubs, hedgerows, ponds or stonewalls. Restoring and redesigning the large monotonous and cleared fields of today can integrate such historical ideas, in order to reach such goals of high biodiversity, an attractive image of the landscape and also an atmosphere for people living and working which contributes to their wellbeing. This makes the 'ornamented farm' quite relevant for aspects of multifunctional land use even today (Friede and van Elsen 2007).

Effects of social farming for landscape development

Landscapes of social farms

Does Green Care as such have an impact on landscape development, and how can this effect be improved?

A research project in Germany focused on investigating practical approaches and the nature conservation potential of farms in developing cultural landscape. Case studies were carried out on 16 selected organic farms that try to improve their impact on nature and landscape using a bottom-up approach (van Elsen et al. 2003). The farms chosen are examples of cases where farmers care for biotopes or integrate measures of nature conservation by their own choice and who are mainly motivated by intrinsic reasons. Within the project the traditional family farm was the exception and farms that also pursued social aims were the rule. A wide range of different landscape activities was implemented on the 16 farms, including care for biotopes, but also care for diversity within the fields and grasslands. Discovering that there were different farms with care activities among the group lead to further questions: Is there an impact of Green Care on the development of different landscapes? Would the landscape development have been the same without the presence of the Green Care clients?

A good example of the synergy between social agriculture and development of the natural surroundings is provided by Surcenord Farm (Alsace, France), an organic grassland farm founded in 1978 which keeps cattle. The farm is situated on about 100 ha of largely sloping land at 850-1140 m AMSL above the parish of Orbey and Weisstal in the Vosges (cf. also Köppl and van Elsen 2005). It is managed as pasture and mowed for forage. The livestock comprises 25 cows and calves, about 20 beef cattle, 10 heifers and 10 horses. The products sold are meat, wood and woodchips. In 2004, the subsidies,

which include state support for integration of the disabled, comprised 44% of turnover. Surcenord Farm forms part of a remedial educational institution with several residential homes and workshops. Fifteen young people with learning disabilities aged between 15 and 27 receive instruction and therapy (riding, art therapy and eurhythm, a moving therapy), work on the farm and undertake domestic duties. The two farmers place the land and the farm facilities at the disposal of the educators and carers. Some seven or eight of the young people at a time, always accompanied by educators, are involved in the farm work, which mainly comprises work in the cattle sheds, harvesting fodder, woodland management and landscape care as well as the maintenance of fences and traditional irrigation systems.

The managers of Surcenord Farm are working to open the landscape, which in areas has become scrubby with broom, by planned clearing. Farmer André Frommelt stressed that they are of course not trying to revert to the 'monotony' of the bare hillsides that were there at the end of the 19th century, but rather they value a 'diversity of habitats' on the land they manage and are striving to 'maintain and further develop' them. During tree-felling, individual pines, firs, rowans, junipers, dogrose and whitebeam are preserved. The fellings are used in the woodchip central-heating system which meets all the heating and hot water requirements of the living accommodation and the farm buildings, using some 3,000 cubic metres of fuel annually. The farmers are looking for opportunities to make a wider circle of people sensitive to ecological issues.

SoFar case studies

Within the EU project called SoFar (Social services in multifunctional farms – SOcial FARming) the FiBL (research institute of organic farming) is focusing on the components 'social farming – development of nature and the cultural landscape'. Several Green Care farms were investigated as case studies. A special focus was put on their multi-functionality. Some examples (Kalisch and van Elsen 2008):

Community Bingenheim is an anthroposophical institution established in 1950 situated north of Frankfurt with a school and workshops for more than 200 people with learning disabilities (WfbM – Werkstatt für behinderte Menschen). The biodynamic farm includes 12 disabled people with a supervision ratio of 1:3. On about 100 ha with 55 ha arable, cereals, forage crops and potatoes are grown. There are 40 milking cows with offspring and 5 sows producing young for fattening to be looked after.

The landscape is well structured with an average field size of 2 ha and is diverse because it is situated in the transition zone between hillside and valley. The soil around the farm is shallow and dry and pastures with low

yields are grazed. In the past there was a strong awareness of landscape work, especially as regards the concept of the farm as an 'organism', with planting of two kilometres of hedges and individual trees and care for around 5 ha of apple orchards.

Community Gut Sambach is situated in the former East Germany (Thuringia) and was established in 1991. It is smaller than Bingenheim, is independent of WfbM and integrates 24 disabled people into its agriculture with a supervision ratio between 1:3 and 1:6. The farm is biodynamic and has 530 ha of which 380 ha is arable land. Here too cereals, forage crops and potatoes are grown. There are about 150 milking cows and the offspring are raised and fattened. The pig stock consists of 200 fattening pigs and sows.

The landscape in Sambach is composed of fields up to 30 ha, tree-lined ditches and rows of trees - very old coppiced willows provide especially valuable habitat - as well as 12 ha of apple, plum and pear orchards that are grazed. In the nineties many measures such as planting of individual trees and of two hedges were financed by the city community and nature conservation trust. At present maintenance is in a bad state due to lack of money. There is no concept of landscape care. Sometimes unemployed people are hired for cutting the trees.

Richerode farm belongs to the Church Institution Hephata. About 20 disabled people are employed directly in the daily farm work with a supervision ratio of 1:7. Furthermore, 60 disabled people work in the garden, household and in vegetable processing. The organic farm works according to the Bioland regulations and is organised in the form of a WfbM (sheltered workshop for disabled people) and cultivates about 90 ha of which 50 ha are arable. Cereals, potatoes and forage crops are grown, 50 bullocks are fattened, 400 laying hens, 60 chickens, 150 ducks, 300 geese and seven sows are kept whose offspring are raised and fattened. A speciality is the potato peeling equipment that allows wholesale marketing and guarantees many jobs.

The landscape of Richerode is characterised by surrounding woodland, a stream and a main road that noisily divides the farm from the landscape. There is a lack of structural elements in the fields that are on average 7ha in size. There is no visible history such as old trees or viewpoints. The animals are kept inside and only some of the poultry is free range. The current farmer is trying to develop identity through landscape work and sees this as a task for the future.

The landscape in all three study farms has changed in general since the start of the activities. The three farmers were interviewed about their attitudes towards landscape, agriculture and work with disabled clients. They rank landscape

issues differently. One of them spent much of his enthusiasm, time, energy and money to realise his ideal: an organised, beautiful and harmonious farmyard. Another farmer sees landscape as something which is a given: the care and maintenance needs support from workers and finance from outside the farm. The third farmer intends to take up landscape work in the future. Although he has lived on his farm for 15 years, his interest in the topic seems to be new and as a result of the unsatisfactory state of the landscape. Because his disabled co-workers are able to operate the farm machinery he makes a particular effort to include measures for landscape development that eases their work and makes it more efficient. As an example he aims to make the fields rectangular. So far there is no concept of landscape design on the farm as a whole, except for individual plans for house-building. The financing from outside enables or at least accelerates these measures. Agricultural production and landscape work compete for area, time and labour. Sufficiently qualified workers are needed for guiding disabled co-workers in landscape work.

Landscape work to design landscape on social farms

From a theoretical point of view landscape work on farms with disabled people can be synergetic. It provides plenty of diverse manual work that can be combined with the daily routine work especially in winter or other times when there is not much agricultural work to do. The strong communities supporting the farms are not so dependent on profit in comparison to the ordinary family farm. Through integration of disabled people the need to produce high yields is lower. Landscape work could be used as an advertisement for the institution and to promote the farm. The philosophy of the community and identification with the location can thus be supported. The disadvantage lies in the additional need for resources that are barely sufficient. But luckily new forms of financing can be found in leasing landscape elements and the work to city people. In the Netherlands we can find some of these financial constructions like the organisation Triple P³ that has the approval of the Ministry of Agriculture to facilitate auctions of small landscape elements to private investors. This project is a huge success. The farmers get financial help to maintain the farm landscape.

Within the SoFar-project landscape seminars were carried out on farms. On Richerode Farm more than 40 people working on the farm, but also interested people from outside the farm took part (figure 3). After introductory statements, basic information from the farmer and the scientists' proposals,

3 See <http://www.groenegoededoelen.nl/>

FIGURE 3: LANDSCAPE SEMINAR INCLUDING PEOPLE WITH DISABILITIES ON RICHERODE FARM



the ideas of all people present were collected and discussed. Key questions at the workshop were: how can the landscape be improved to meet the needs of the disabled people on the farm? how can places for recreation and sensual perception be designed? and how can shelter be provided against the road nearby with its heavy traffic? Also questions on how to improve conditions for wildlife and biodiversity were added. Many clients of the farm were invited to express their needs and wishes by drawing future visions of the landscape and its biotopes in a participatory way (figure 4). The contents and quality of the proposals of course depended on the ability of the different people to concentrate on the questions and ability to express themselves. Anyway it became obvious that the problem of the road with lots of traffic right in front of the farm buildings is at the top of the topics remaining unresolved. But a solution for sheltering the path to the nearby village, by planting shrubs, was a solution at least for a part of this problem that met the expectations of clients. After the seminar the planning process of tangible measures to improve biodiversity on the farm has also continued. Integrating the clients into the process has given them the feeling of being part of the process. They were able to express their needs and wishes to be integrated in further activities.

Outlook

To summarize the multifunctionality perspective of the care farm approach, care farms ‘use’ nature as a tool to ‘heal’ or to employ handicapped people; and they use ‘natural processes’ (like animal-client interactions,

FIGURE 4: PROPOSALS FOR LANDSCAPE DEVELOPMENT BY PARTICIPANTS OF THE SEMINAR (RICHERODE FARM)



natural rhythms in horticulture). Moreover, care farms can also contribute to the care for healthy nature and landscapes: by additional manpower (clients) and less economic pressure (additional income). That makes social farming a 'win-win'-situation, integrating functions like caring for people with disabilities *and* contributing to the development of rural landscapes.

By setting up new programmes such as for children for example and by monitoring the design needs we can help make farms exciting places for special people and also contribute to the sustainability of country life. By connecting design research to programmes which have already started (like the SoFar examples mentioned) we easily can gather data. This could be a new task for the Farming for Health community-of-practice.

Landscape care needs many helping hands. Social farming allows the use of hedgerows for dietary fodder, and it allows extensive care for biotopes and provides experiences for children on school farms (van Elsen and Kalisch 2007). Green Care in agriculture or 'social farming' might lead to new perspectives for healthy agriculture, healthy people and healthy landscapes in Europe.

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Business development in care-farming in the Netherlands

On the right track and heading for further professionalisation

Abstract

In the Netherlands, care farming is a rapidly growing sector in multifunctional agriculture and it is characterised by diversity. The Dutch Ministry of Agriculture wants to get insight into the investment behaviour of farmers with care farm activities and the ways in which the development of these activities is financed. It shows that the revenues from care farming are rather easy to assess. In order to get a picture of the income from care farming, also the costs need be known. Most farmers, however, do not have knowledge about the cost side. Investment and financing decisions on the basis of returns and cash flow are therefore difficult to make. The sector is therefore advised to develop a concept for calculating the cost of production for care farming. Along with improving the knowledge of economic data, there is also a need to further develop the entrepreneurial competences of care farmers.

Introduction

In the Netherlands, care farming on family farms is a rapidly developing branch of multifunctional agriculture. According to the National Support Centre for Green Care (Steunpunt Landbouw en Zorg 2008), the number of care farms in the Netherlands has increased from 75 in 1998 to around 800 in 2007 and there are more farms that intend to start up care farming in the future.

The Dutch Ministry of Agriculture, Nature and Food Quality is interested in the business development and the investment behaviour of farmers who diversify their farms with care farming. Questions that have come up are whether business development is aimed at growth of the agricultural activity or at growth of the care farming activity. Other questions consider the relationship between the origin and the use of the profit earned on the farm, and the motives on the one hand and the obstacles on the other hand to further invest in care farming. The objective of this research is therefore to get an insight into the investment behaviour of care farmers and into the ways in which the development of care farming is financed (Oltmer et al. 2007).

The reason why the Ministry of Agriculture is interested in this matter concerns the vitality and viability of rural areas (Ministerie van LNV 2004). The combination of agriculture and care contributes to the diversification of farms and it is supposed to provide new sources of income for farmers

and to create employment in rural areas. Furthermore, it reintegrates agriculture into society and hence has a positive impact on the image of agriculture (Driest 1997, Hassink and Van Dijk 2006). In other words, the Ministry of Agriculture wants to assess the extent to which care farming can contribute to family farm income, such that farms stay viable and continue contributing to the rural economy.

The research is based on information from the Dutch Agricultural Census (*De Landbouwtelling*), on existing literature and internet resources, and on interviews with advisors, financiers, care farmers and other experts in the sector.

The chapter is organised as follows. The next section describes the diversity of care farms in the Netherlands. The third section describes how care farming generally develops on Dutch family farms. Section 4 gives a picture of the most important ways to obtain revenues from care farming and gives an idea of the calculation of the cost of production. Section 5 considers the importance of entrepreneurship of care farmers. Section 6 closes this chapter with some conclusions and recommendations.

Care farming in the Netherlands

Care farms in the Netherlands can be divided into two major groups. The first group of farms are the traditional family farms that want to generate additional income by diversification with care farming. The focus of these farms stays on the agricultural activity, at least in the first years after care farming has been started up. This is the group of farms which is the subject of this study. The second group of farms are those that have been started up as care farms in the first place, in many cases by health care institutions or by people that used to work in the health care sector. In this case, care has a central position from the beginning. The agricultural activities serve more as therapeutic activities, although they may also generate financial output in the long run. Aside from the classification of care farms into these two groups, the care farming sector in the Netherlands is characterised by a wide diversity (Elings and Hassink 2006). This has arisen for a number of reasons.

Firstly, there are several different target groups the farms may focus on. Examples are mentally challenged people, people with psychiatric needs, people who used to be addicted to drugs or alcohol, long-term unemployed people, elderly people (with or without dementia), ex-prisoners, people (particularly children) with an autism spectrum disorder, young people with learning disabilities and children.

Secondly, care farming takes place on different types of farms of different sizes. The majority of farms with care farming are cattle farms, including dairy farms and other farms with grazing animals. Most of the farms with

care farming are smaller than 70 nge¹. It can be assumed that the importance of the traditional agricultural activities of these farms is decreasing and that care farming is already more, or at least as, important as the agricultural activities. However, there are also farms with care farming larger than 150 nge, which still have a positive outlook for the traditional agricultural activities (table 1).

TABLE 1: NUMBER OF FARMS WITH CARE FARMING BY FARM TYPE AND SIZE, 2007

	Small farms (< 70 nge)	Medium farm (70-150 nge)	Large farms (> 150 nge)	Total
Dairy farms	63	117	14	194
Other grazing cattle farms	114	20	5	139
Mixed farms	58	18	5	81
Horticultural farms	45	11	17	73
Arable farms	19	7	3	29
Pig and poultry farms	13	9	4	26
Total	312	182	48	542

Source: CBS (2007)

* The data differ from the data by the National Support Centre for Green Care, since they only include farms that are registered as an agricultural holding. The National Support Centre also includes other institutions with care farm activities.

Thirdly, and related to the former point, the farms differ in their main focus being on either care farming or the agricultural activity and in the way in which care farming is integrated into the agricultural activity. Some examples: children and young people consider the farmer as an important

1 nge = 'Nederlandse grootte eenheid', a Dutch Size Unit for measuring the economic size of an agricultural holding (1 nge = 1,400 euro) (LEI 2008). All animals and crops have a certain amount of nge's, such as:

1 dairy cow = 1.2 nge

1 grazing beef cattle = 0.15 nge

100 laying hens = 0.25 nge

1 ha grassland = 1 nge

1 ha tomatoes (cultivated under glass) = 150 nge

For example, a farm of 100 nge may be

a dairy farm with: 60 ha grassland, 70 dairy cows, 30 heifers and 40 beef cattle

a pig/arable farm with: 90 ha wheat, 80 sows, 200 fattening pigs, 300 piglets.

A horticultural farms with: 1 ha spinach, 1 ha leek, 1 ha carrots, 0.5 ha cauliflower, 0.5 ha raspberry, 0.5 ha strawberry, 0.2 cucumber (under glass), 0.2 tomatoes (under glass).

role model. For these target groups, the farmer needs to stay a farmer who runs a proper agricultural enterprise in the first place. For the re-integration of ex-prisoners or former drug addicts, it is important that the clients find a well-structured working environment, in which they are fully accepted and in which their work contributes to the output of the farm. To be precise, they need to experience that their work really 'matters'. For elderly people, a nice and peaceful surrounding in a rural environment may be the most important aspect (Hassink et al. 2007, Pullen 2006).

Fourthly, the size of the care farm activity varies between the farms. The number of clients hosted by a farm may range from one to even 40-50, depending on structure and type of the farm and on the target groups on which the farm is focussing (Elings and Hassink 2006).

Considering the large variety of different forms and types of care farms, it is difficult to set up a proper definition of a care farm. Many institutions and organisations make use of the positive image of the name 'care farm', although the farming activities on these businesses are far from being the core activity. Other people consider only farms belonging to the first group, the traditional family farms, as a 'proper' care farm. But, is it actually important to know what a 'proper' care farm is? Not, if one considers the diversification of rural areas in general, since it is not important *who* contributes to the viability of these areas, traditional farmers or other people who set up a business. However, if one considers the diversification of agricultural farms, only the first group of care farms have to be taken into account. The remainder of this article focuses mainly on this group of care farms.

Business development of care farming

Care farming is in most cases initiated by the farmer's wife, who often has work experience in health care. Important motives are idealism and personal interest in a particular target group. Along with these social motives, the care farm activity is also supposed to contribute to farm income. It has to be pointed out that the revenues generated by the care farm activity are the rewards for the health care service offered and not a means to keep up an unprofitable farm. The agricultural activities should at least be self-sufficient (Pullen 2006). Yet, the revenues of care farming may be used to support the agricultural activities if these activities are seen to have additional therapeutic value for the care farm activities. An example would be the building of a free stall barn for beef cattle in which the clients could enjoy the contact with animals (Ginkel 2006).

If the farmer's partner who currently works outside the farm intends to start up care farming, agricultural advisors often recommend that they assess

whether care farming would yield as much revenue as being employed somewhere else (Pullen 2006, Swienink 2006). However, normally speaking work in the agricultural sector is not approached in this way. The farmer himself neither compares his hourly wages with the potential earnings outside agriculture or with the potential revenues he would obtain from selling the farm. He often just assesses whether, 'at the end of the day' there is enough money to make a living. With regard to starting up care farming, considerations about the advantages of working at home on the farm, such as 'being your own boss' and possibility of combining work and family, are therefore at least as important as deliberations about potential earnings.

Once the decision is made to start up care farming, it is recognized that the development of this activity is a gradual process. In the beginning, small groups of clients just join typical family life, which does not require any major investment. Small investments are mostly financed by own resources. Only when groups of clients become bigger are major investments needed, for example the provision of separate canteens or sanitary facilities.

If major investments in favour of the care farm activity have to be taken, the farmer should consider the effects of this investment on farm results: what are the expected revenues, what are the costs and what remains after costs have been subtracted from revenues? The revenues generated by care farm activities are generally well known, for example from official health care charges. In contrast to this, there is little insight into the costs and the cost of production of care farming. The following paragraph deals with the aspects of revenues and costs.

Ways of generating revenues and the cost price

There are different forms in which Dutch care farms receive the revenues for the care they offer, depending on the way in which they organise care farming. Table 2 shows the most important forms.

In 2007, most of the care farms in the Netherlands are independent farms that either cooperate with a health care institution (35%) or that receive their revenues through the personal budget of clients (PGB) (45%). Around 80 care farms (11%) are part of a health care institution and 43 farms (5%) have their own license of the Exceptional Medical Expenses Act (AWBZ-license). Many farms actually combine different forms of receiving revenues. The farms in Table 2 are classified according to the form they use most.

TABLE 2: FORMS OF RECEIVING REVENUES IN DUTCH CARE FARMING, 2001 AND 2007

	2001		2007		Δ 2001-2007
	#	%	#	%	%
Part of health care institution	77	24	83	11	+ 8
Own AWBZ-license*	16	5	43	5	+ 169
Independent farm, cooperating with health care institution	145	45	279	35	+ 92
Independent farm, revenues through PGB**	45	14	352	45	+ 682
Others	39	12	30	4	- 23
Total	322	100	787	100	144

Source: Steunpunt Landbouw en Zorg (2008), calculations LEI

* AWBZ (Algemeen Wet Bijzondere Ziektekosten): Exceptional Medical Expenses Act

** PGB (PersoonsGebonden Budget): Personal budget of clients

Considering the strong growth of the PGB, as well in absolute as in relative numbers, this form of generating revenues seems to be the most popular one among care farmers. One reason for this lies in the fact that, due to higher flexibility, net revenues may be higher than those which apply in cooperation with a health care institution. The high flexibility of the PGB implies a higher self determination concerning the choice of the clients, but also a higher responsibility concerning the utilisation of the available places for care on the farm.

Although still relatively small, the number of farms with an own AWBZ-license is growing rapidly. These care farms have more or less the same status as other health care institution, which means that they can be considered as independent health care institution. These farms are usually larger, with more places for clients than the average care farm. Business development for these farms is mainly concentrated on the development of the care farm activity. Care farms with an own AWBZ-license are often considered as being very progressive care farms. This assumption is not always correct. There are also very progressive farms that purposely avoid obtaining an own AWBZ-license, since it reduces the freedom of choice concerning clients and it increases administrative burdens.

In general, there is no 'best' way of obtaining revenues for care farming. It rather depends on the preferences of the farmer. He or she chooses what suits best to his or her farm (Pullen 2006).

Annual revenues

A picture of the revenues is rather easy to obtain. Depending on the target groups, i.e. the severity of the client's disorder, and the form by which care farming is organised (see table 2), the farmer receives a certain amount of money per client per day and can hence estimate the expected revenues. This amount of money varies between 40 and 70 euro per client per day (Hassink et al. 2007).

Annual revenues can be calculated according to the following formula:

$$\text{Annual revenues} = (n \times d \times w) \times c$$

Where,

n = number of clients

d = number of days per week the client(s) stay on the farm

w = number of weeks per year the farm welcomes the client(s)

[($n \times d \times w$) is also called the occupation rate.]

c = amount of money the farmer receives per client per day

Table 3 shows two examples to illustrate the annual revenues of two fictitious care farms.

TABLE 3: TWO ILLUSTRATIONS OF ANNUAL REVENUES (EURO)* FROM CARE FARMING

	Farm 1: Small care farming branch, focus on agricultural branch	Farm 2: Large care farming branch, focus on care farming
Number of clients	2	15
Number of days per week	3	5
Number of weeks per year	40	45
Payment per client per day	40	55
Total annual revenues (euro)	9,600	185,625

* The two examples do not include subsidies.

Annual costs

In general, care farmers are more or less well informed about the annual revenues they can earn with the care farm activity. There are, however, few insights into the costs of care farming (Pullen 2006, Roumen 2006,

Swienink 2006). Without knowledge of the costs, it is also difficult for the farmers to get a picture of the economic position of the care farm activity within the whole farm. Subsequently, it is difficult to get a proper idea about the contribution of care farming to family farm income and about the payback capacity in the context of external financing. Therefore, lending institutions mostly take the value of the whole farm as a basis for their financing assessment, under the assumption that care farming will indeed be started and will generate revenues (Roumen 2006, Yntema 2006).

Hassink and Trip (2000) and Roest (2007) investigated a limited number of farms in order to get a better idea about economic data, such as revenues, costs and income. Furthermore, agricultural advisors propose a concept in order to get a better idea of the economic consequences of starting up or expanding care farming (LTO Noord Advies 2006).

Costs of care farming are composed of fixed costs and variable costs. The fixed costs arise from the investments that have been made in purpose of care farming. They consist of interest costs, depreciation, maintenance and insurance. Obviously, the fixed costs will be higher on farms with a large care farming branch than on farms with a small care farming branch. Variable costs increase with the number of clients and they consists of the costs for gas/water/electricity, food, recruitment of clients, administration, telephone/e-mail, travelling, own labour (e.g. farmer's wife), salary for external personnel. Table 4 illustrates investments, fixed and variable costs and the cost of production for our two fictitious farms. By dividing the sum of these costs by the occupancy rate, the cost of production can be obtained. The illustrations are rough numbers and may be much more differentiated for specific farms.

TABLE 4: TWO ILLUSTRATIONS OF INVESTMENTS, ANNUAL FIXED AND VARIABLE COSTS (EURO) OF CARE FARMING

	Farm 1: Small care farming branch, focus on agricultural branch	Farm 2: Large care farming branch, focus on care farming
<i>Investments</i>		
Canteen	0	20,000
Sanitary	0	15,000
Furniture	200	5,000
Tools/clothes	300	2,500
Adaptations*	1,000	20,000
Additional activities**	500	10,000
Total investments	2,000	72,500

<i>Annual fixed costs</i>		
Interest on investments (4%)	80	2,900
Depreciation***	200	7,250
Insurance	100	1,000
Maintenance	100	2,000
Total fixed costs	480	13,150
<i>Annual variable costs</i>		
Gas/water/electricity	200	1,500
Food	2,500	34,000
Recruitment of clients	10	1,000
Administration	10	1,000
Salary external personnel	0	35,000
Telephone/email	50	500
<i>Subtotal variable costs</i>	<i>3,400</i>	<i>73,000</i>
Own labour (e.g. farmer's wife)****	14,400	36,000
Total variable costs	17,800	109,000
TOTAL costs (incl. own labour)	18,280	122,150
TOTAL costs (excl. own labour)	3,880	86,150
Occupancy rate	240	3,375
Cost of production (euro, incl. own labour)	100	36

* adaptation in the agricultural production processes

** non-productive activities, such as sheep, rabbits, kitchen garden etc.

*** straight-line depreciation over 10 years

**** assumption: 20 euro/hour

Table 4 shows that the cost price is lower on the farm with the large care farming branch. Obviously, there are also economies of scale in care farming.

Table 5 illustrates the income from care farming for our two fictitious farms.

TABLE 5: TWO ILLUSTRATIONS OF INCOME (EURO) FROM CARE FARMING

	Farm 1: Small care farming branch, focus on agricultural branch	Farm 2: Large care farming branch, focus on care farming
Revenues (euro)	9,600	185,625
<i>Own labour included</i>		
Costs	18,280	122,150
Income	- 8,680	63,475
<i>Own labour excluded</i>		
Costs	3,880	99,475
Income	5,720	86,150

Table 5 shows that income is negative on Farm 1 if full costs for own labour are included in the cost calculation. However, as has been pointed out above, farmers usually do not include own labour in the cost calculation of their farm, but they regard income (how high it may be) as a reward of their own labour and own capital.

The importance of entrepreneurship

Along with other economic aspects, entrepreneurship is an important issue in multifunctional agriculture and hence also in care farming. Entrepreneurship implies the capability to strategically determine the position of the farm. This has two aspects. On the one hand, there is the position of the farm in the market, taking into account technology and consumer demand. On the other hand, there is the position of the farmer within his or her own business considering the farmer's preferences and character (Ploeg and Spiering 1999). It has to be pointed out that entrepreneurship is different from 'skills' and 'management'. 'Skills' imply the ability to perform the technological processes necessary to run a farm, the workmanship. 'Management' implies the ability to optimise the processes on the farm. An entrepreneur creates the circumstances under which the 'workman' and the 'manager' operate, taking into account the demands and preferences of the consumers and society as a whole (Verstegen and Lans 2006).

Concerning care farming, entrepreneurship implies that the farmer needs to be aware of his or her own qualities and the qualities and characteristics of the farm and its surroundings. More practically, the farmers need to think about which target group and type of care best suits the characteristics of

the farm and the farmer. He or she has to assess the surplus value of the farm for the clients in comparison to other care farms. In other words, how can the farmer differentiate his or her own care farm activities from other care farms.

It is not only the clients who want to see a clear picture of the care farm's characteristics and values. Also lending institutions are starting to take a critical look at the motivation of the farmer for starting up care farming and at the suitability of the farm for offering care farming (Yntema 2006). Starting care farming without a clear concept, just following the trend since it seems to be a good opportunity to generate extra income, is no longer sufficient. It should be clear in the beginning why a farmer focuses on a particular target group and type of care. What is the extra value the farmer can offer to the clients and why is his or her farm suitable for the particular target group and type of care? There are already a number of organisations, operating on regional and local level, that coach the farmers during their considerations on whether to start care farming. They assist the farmers in finding the most suitable form of care farming for their particular farm. Some examples of these organisations are the National Support Centre for Green Care, *Buitenkans*, *Landzijde* and *LTO Noord Advies* (Pullen 2006, Roumen 2006, Stokrum 2006, Swienink 2006).

Conclusions and recommendations

Concerning professionalisation, care farming in the Netherlands is on the right track. Initial evidence of this development is the possibility for care farms to obtain their own AWBZ-license and the introduction of a quality mark for care farms.

However, the lack of a clear cost structure can hamper further professionalization. A solution would be the development of a widely accepted method for the calculation of the cost of production for care farming, such that the total costs of a farm could be allocated between the care farm activity and the agricultural activity. A solid economic foundation of care farming is a sound basis for investment decisions, for negotiations with lending institutions and for negotiations with other institutions of the health care system about health care budgets.

Further professionalisation also includes the development of entrepreneurship, which implies that farmers need to be aware of the position of their farm in the market and of their own positions within the farm.

If care farmers want to become equal and fully accepted partners within the health care system, they should 'keep what is good and continue to

professionalise'. 'What is good' refers to the quality of health care, the idealism and the enthusiasm of the people involved in care farming. It has to make clear that a professionalisation of care farming should not occur at the expense of humanity.

The development of entrepreneurship and insights into economic data, such as costs, could be facilitated by so-called study clubs, which are a widely accepted tool for knowledge transfer in Dutch agriculture. In study clubs, care farmers exchange experiences and can be made conscious of their entrepreneurial competences and the economic consequences of the choices they make concerning business development.

Furthermore, there is a need for monitoring information about income possibilities of care farming at national level. Currently, a lack of this information hampers monitoring. The availability of such monitoring would also support the assessment of the economic effects of care farming outside the agricultural sector, such as employment in rural areas or the rural economy as a whole.

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GEEL REVISITED

After centuries of mental rehabilitation

Introduction

Geel (pop. 34,000) is well known throughout Flanders. In popular discourse Geel is associated with mental illness and the care for the mentally ill. That mentally ill people live with 'normal' families and go as they please generally stuns outsiders. The latter clearly feel uncomfortable with the mentally ill and resort to humour when addressing the issue. There are a lot of jokes about Geel.

The image of Geel in the rest of the world is in sharp contrast with this Flemish stereotype. In professional circles abroad, Geel is virtually considered a monument of mankind, a unique institution. Over the years, lots of psychiatrists, psychologists, health managers and politicians from numerous countries have visited Geel, and still do so, looking for firsthand information. There have been visitors from as far a field as Australia, Brazil, Thailand, Japan and China. In 2000, more than 300 professionals from various countries attended an international congress on Geel, held in celebration of its 700th anniversary. In 2005, 500 professionals participated in the International Congress on Balanced Care. Geel was mentioned as best practice in the 2002 WHO report.

CBS made a short film on Geel for its blockbuster programme *60 Minutes* (March 31, 2002) and thus introduced Geel to roughly 11 million people worldwide. In 2003, the psychiatrist Raj Persaud dedicated an entire episode of the programme 'Travels of the Mind' to Geel. It was aired on BBC World Service.

As Geel's system of community care has organically grown over seven hundred years and is firmly ingrained in the entire population, it is not all that surprising it generates interest worldwide.

History

Geel's psychiatric family care can be traced back to the legend of Saint Dimpna, an Irish royal princess supposed to have fled her father around 600 AD, fearing the latter's incestuous intentions. Dimpna ended up in Zammel, a hamlet of Geel, where she was overtaken and captured by her father who then had her beheaded. Before long, so the story goes, Dimpna was invoked in people's prayers to cure various illnesses, especially insanity,

as her father was deemed to have acted in a bout of insanity. Dimpna became the patron of an exorcising cult. The first historic traces of her rituals go back to the 13th century.

In 1349, the first stone of Saint Dimpna church was laid and about a century later a 'sick room' was built next to the church. Those seen as possessed or mad resided in the church during religious rituals which took nine days to complete (novena). Pretty soon, however, the sick room was too small to accommodate all pilgrims. Awaiting a vacancy, patients were placed in the care of local Geel families, mostly small farmers.

Originally, only people living in the immediate vicinity of the Saint Dimpna church fostered patients, but from the 17th century onwards the mentally ill were also housed in other districts in Geel.

Foster parents received financial compensation in return for their services. Clerics used to organize the pilgrimages, took care of the rituals, allocated foster homes, supervised the care in the families and had spiritual jurisdiction over all the pilgrims.

In the course of the 18th century, new ideas on the care for the insane emerged and signalled the end of the age-old religious therapeutic treatment. In spite of these developments, the family care system in Geel survived, be it without the ritual component. It was supervised by the local municipality until the Ministry of Justice took over in 1850. In 1850, Belgian Parliament decided to tackle the situation of the mentally ill and passed the 'Law on the mentally ill'. Geel became a 'colony' and was put under the supervision of the Minister of Justice. In 1851 further regulations were issued, outlining the administrative structure and medical guidelines. In 1861 an infirmary was built as temporary accommodation for the mentally ill who first arrived in Geel and for those who needed medical assistance for shorter periods of time. This countered the main criticism that severely mentally ill patients were left in the care of families without proper medical attention.

The rather sceptical appreciation of the Geel system and the way it operated prior to 1850, when medical supervision had not been put into place by the Belgian government yet, seemed widespread in those days. In the 1850s and 1860s any self-respecting scholar in the field of psychiatry visited Geel and formed his personal opinion on the system. 'The Gheel Question' was born. It basically divided the psychiatric community into scholars 'pro' and 'contra' Geel.

The Gheel Question wasn't settled until 1902, when, at the International Congress of Psychiatry in Antwerp, a large majority proclaimed Gheel as best practice to be reproduced wherever and whenever possible.

In addition, one needs to say that the Geel system has always been exceptionally cheap, too cheap possibly. Regrettably, the health care authorities do not adequately fund the programme. The OPZ currently receives about €40 a day per patient, while the bed-day price in a hospital is currently at €230. On average €18.2 is transferred to the foster parents, the OPZ retains the rest to run the program. This amount was fixed in 1991 by Royal Decree. Apart from the occasional indexation, it has not been adjusted since. In 1991 the amount represented 75% of a bed-day in an acute ward. Today it has fallen under 20%.

Geel increasingly developed into a European project between 1850 and 1940. Between 1915 and 1935 the number of foreign guests peaked: the Netherlands 255, France 47, Germany 7, other Western-European countries 13, Eastern-European countries 6. Geel even hosted a few US, Japanese and Brazilian guests. Quite a few stayed with the local upper class. Geel also inspired other countries to set up a psychiatric foster care programme. In the late 1930s the number of patients stood at about 3.700. This number plunged to 992 in 1980, 525 in 2000 and 460 on 30 June 2006. In recent years the decline has slowed down somewhat. It is hard to predict when or if the number will stabilize.

Advances in neuroleptic medicine and psychiatry in general, on the one hand, and more humanitarian and care-oriented policies on the other hand have completely changed the scene. Patients now receive support in their own communities. The assistance offered now ranges from in-patient care, sheltered accommodation and workshops to community mental health teams. People tend to stay near their families or reside in the area they grew up in.

Recruiting new families is not as easy as it used to be, but it is not insurmountable a problem either. Since 2002 the OPZ has also been recruiting families from the periphery of Geel. This may be part of the explanation why there are still rooms available.

The psychiatric foster care programme recruits the foster families. To organize family care, the territory is divided in districts. Each district groups families which are visited by the district nurse. The district nurses function as clinical case managers. When they are on leave, they are replaced by a member of the team.

The Geel tradition

Relationship between the guest and his/her family

From our 108 cases, some recurrent patterns and themes emerged, even though they were worded differently by interviewees. Together, they can be considered the foundations of the Geel psychiatric foster care system, a tradition that is handed down from one generation to the next.

Folk wisdom and science

Leading reference works like DSM-IV (1997) stipulate that diagnosing mental disorders is a complex matter. What persons with psychological problems say and manifest is often difficult to classify into clear-cut categories. Moreover, quite a number of individuals share a number of symptoms but differ substantially in other respects. This is exactly what Geelian foster parents stress when discussing the behaviour of their boarders: although all patients are mentally retarded and/or mentally ill, they are all unique. Most foster parents are quite experienced, as they have either lived with several patients in their own home, or have been in close contact with them for a substantial part of their life.

Even so, foster parents are not familiar with psychological or psychiatric categories, let alone classification systems. This was demonstrated in our research of 1971-75 and confirmed in our 1999-2000 and 2005-2006 fieldwork. Not a single foster parent in our sample had ever consulted a handbook of psychology or psychiatry, nor had one asked physicians or psychiatrists for 'learned' explanations about the 'illness' of one's patient. The average degree of formal education of the foster parents is quite basic, which partly explains this so-called lack of interest. The OPZ professionals, however, reinforce this attitude by limiting the information they provide to a strict minimum. Very little is told about the patient's origin, family history, track record and previous hospitalization(s). Until fairly recently, nothing was communicated at all. Even today, briefings by staff are kept at a minimum. This was and is a conscious decision. The main goal is to give patients a fresh start, unencumbered by the past. Both case managers and foster parents agree that it is wise not to explore the patient's personal history and not to ask too many questions. Nobody benefits from dragging up the past. The risk of surfacing memories and emotions that are very unsettling and hard to control is not worth taking. Evidently, over the years, bit by bit, elements of the patient's previous life will come to light but, by that time patients have, hopefully, settled and established a rapport with the family and its environment.

Folk classifications

This doesn't mean foster parents aren't interested in pragmatic issues. They are keen to find out how their new patient behaves, what s/he does well,

where his/her interests lie, what impact his/her disabilities have on daily life and so on. Interestingly, foster parents have their own, rudimentary folk classifications. You have 'good' patients and 'difficult' ones. A good patient is an easy-going companion in daily life, does not disturb the family's routines, reciprocates love and bonds. S/he is loyal to the foster family, behaves as 'one of them', and defends his/her relatives' reputation when necessary. Additionally, a good patient lends a helping hand in the household. S/he might take on chores like cooking, cleaning, babysitting or gardening. Alternatively, guests work in an OPZ workshop during the day. Usually, foster parents take into their stride occasional 'accidents' in the domain of personal hygiene or instances of stubborn or even slightly deviant behavior.

A 'difficult' boarder, on the other hand considerably complicates life. S/he obstructs, refuses to abide by the rules set by the family, and even challenges his/her case manager or 'the Colony'. A patient categorized as such easily lies, does not return affection, does not show attachment or gratitude, and might come across as 'cold'. A 'difficult' patient frequently throws fits, neglects personal hygiene, refuses to wash, dominates or even menaces his/her foster parents. Remarkably, foster parents in charge of a 'difficult' patient for considerable lengths of time or even for good, aren't necessarily stressed out. Joking relations and humour go a long way and turn out to be excellent coping strategies. Most foster parents do assume that their patients will mellow over the years. And indeed, their patience often pays off. But, of course, some patients degenerate instead.

Social integration

Social integration is a first rule of thumb. Every single foster parent tries to integrate the guest in his family as best he can: 'He is one of us'; 'we do not talk about Leo as a patient, he is 'our Leo'.' Inclusion must be applied to all aspects of daily life. Foster parents disapprove of any foster family that does not rigorously respect this rule of social integration.

Quality of food is a similarly important. It is absolutely unacceptable, that patients are forced to eat or sit by themselves, separated from the family; that boarders are served dishes of lower quality, or get different food.

Inclusion also pertains to sleeping patterns. To send a patient to bed at an early hour is another form of exclusion that is not considered acceptable. Watching television is another critical issue. These days, many patients have their own television in their bedroom.

Generally speaking, participation in the life of the family is far-reaching. The overwhelming majority of foster parents we visited never go on

vacation. Those who do, tend to take their patient with them, be it to the Belgian coast, to Italy or even to Portugal. They do this out of their own accord, certainly not out of necessity. If asked, the OPZ temporarily admits the patient to the hospital while the foster family is on vacation, or arranges a stay with a 'guest family', provided the patient agrees.

It is absolute routine to invite patients to all kinds of celebrations: weddings, confirmation parties, anniversaries, etc. It has also become quite common for patients to throw a party and pay for it with their own money. They may celebrate their 50th or 60th birthday; their being in Geel for 30 years; the anniversary of their arrival in the foster family; an important birthday of one of their foster parents.

In short, any reason will do to celebrate being part of a family and community. Occasionally, patients may also invite their 'sweetheart', their boyfriend or girlfriend.

Minor, fairly low-key celebrations, like birthday parties, are common in almost all families. These practices are also widespread in the workshops.

Families also attend sport happenings in which their patients participate, like fishing contests or tennis matches. In addition, they take part in the yearly barbecue where families and guests mix, eat together and dance. Every five years, foster parents, boarders and numerous other citizens of Geel march in the procession of Saint Dimpna in which all participants wear 'historical' dress. At this occasion, they all get mixed, and, except in a few cases, patients cannot be distinguished from the rest.

Maintaining an inner circle

It is widely accepted, however, that not every single piece of information is shared with the patient. Certain issues, 'family secrets' or other confidential matters are kept from him/her. In every foster family, an inner circle does exist in which the patient does not partake. This is considered sound practice. In this respect 'a patient always remains a patient' – to quote one of the nurses – inclusion is never 100%. The inner circle is even considered an essential element of the system of foster care: some social distance is required between the foster family and its patient.

Keeping distance and staying in control

This phenomenon of claiming distance is related to another rule of thumb: 'foster parents must be in charge.' It is deemed absolutely wrong to spoil the patient or to even give the impression that anything goes. The foster parent is the one in charge. In most cases, it is the foster mother who assumes this role, the system being overwhelmingly matrifocal. Anyway, someone in the

foster family must regularly make clear that he or she is in control. If not, the tradition warns, the patient will take over and dominate the household.

Normal versus abnormal

In the local subculture, the moral right to stay in command is based on what is considered the solid fact that foster parents are able to draw on all their mental resources, while the patients are not. 'They are not brought to Geel because of their sweaty feet!', was a comment we heard several times.

To be mentally handicapped, unbalanced or disturbed is not considered equivalent to being normal. In that respect, foster parents do distance themselves from their patients, especially when talking to mental-health professionals.

There is some conspiracy in the discourse between a 'normal' outsider and the foster parents, a we-feeling in which the patient does not participate. We were never confronted with the idea that the world of the so-called normal people is full of madness too. The 'philosophy' which professes that the gap between normal and abnormal is merely an arbitrary 'construct' does not go down too well. In the circles of foster care, a sharp line is drawn between 'normal' and 'abnormal'. This way of thinking doesn't seem to stand in the way of tolerance. Quite to the contrary: one is willing to take a lot because the patients are not in Geel because of 'sweaty feet'.

Re-admitting a patient to hospital

When a patient becomes very difficult and makes life impossible, the foster parent might warn the former that he is going to talk to the district nurse. A menace, that the OPZ may step in can work miracles. To be forced 'to go back to the Colony (In-patient Care)' is generally perceived of as a true punishment. If the patient remains stubborn, is unable to change his/her behaviour or loses control, the menace is carried out. In this sense, the In-patient Care Unit has become an essential part of the system. From their side, the foster parents feel reassured that they can rely on help 24 hours a day. There is always support, they are never left to their own devices.

The affective bond

Social integration and steady authority are necessary components of the system. But things are only really running smoothly when a mutual emotional bond has developed: 'It warms the bones,' as one of the foster mothers states.

Foster parents, especially foster mothers, are able to give much love and affection, but expect some response from their patient. It is striking that so many foster mothers compare patients with children, often young children. They state that they usually receive a lot in return, and that the patients' affection is true, genuine, not fake. Dozens of foster parents spontaneously

mention that they couldn't miss their guest; that the house is empty when their guest is on holiday; or that their boarder cries for joy when he embraces them upon returning home.

A foster father told us in the presence of his wife that the family would keep its two male patients, even if the OPZ were to stop paying the allowance. Very often—and this is repeatedly stated by numerous foster parents—emotional attachment and signs of loyalty are what they do it for really.

Again and again foster parents stress, that their patients care a lot about their 'mother' and 'father'. They repeatedly ask how things are going when a member of the family is ill. Of course, this concern has also to do with the fear of losing a parent and of the consequences this entails. The patients' feelings may not be entirely altruistic but are genuine, all the same. Several foster parents told us spontaneously that they clean the tomb of their deceased guest prior to All Saints and decorate it with flowers, just like they do for the rest of the family.

If this reciprocal emotional bond which reinforces social inclusion is not present, the relationship becomes problematic. In about 10 cases out of the 108 we studied, we noticed that the relationship was bound to fail because any form of rapport was missing. If no emotional ties develop, other inconveniences which are usually disregarded in a harmonious relationship come to the fore and turn into obstacles one is no longer willing to overcome. When, on the contrary, a mutual warm relationship evolves, foster parents are prepared to go to great lengths to accommodate their guests.

Boarders and children: an additional bond

All foster parents who have children and grandchildren – and that's basically all of them – consider the relationship between their guests and the kids of prime importance. In most cases they have an excellent relationship. Many patients occasionally join the young children or grandchildren when they are playing. If they are able to, they help them with their school work.

A cordial and open relationship between the patients and the children and grandchildren of the house constitutes an additional bond. In former days, when traffic in Geel was neither congested nor dangerous, quite a number of patients used to take the children to school and pick them up later. Even today a few patients do this.

Once the children and grandchildren have attached to the guest, it is virtually impossible to send him/her away.

Adult Geelians who have been raised by, or in the company of kind and bonding patients may be more inclined and better prepared to become foster parents than outsiders. Importantly, they may not see the presence of a patient in their house as threatening or disturbing. Many prejudices that are very much alive in the world at large are not found with Geelians who have been raised in the presence of mental patients. Remarkably, the idea that the presence of people with mental disabilities or impairments might be damaging to children hadn't occurred to anybody we met.

The families of origin

Contacts with the families of origin are diverse to say the least. Only a small minority of foster parents and patients are actively trying to keep in touch with the patient's relatives.

Lasting loyalty

It is an unspoken but highly respected ethical rule of the Geel tradition, that children, if possible, take over their parents' patient(s) when their parents are no longer in a position to provide care or pass away. A boarder who is fully integrated in the family is considered a member of the household and 'is not sent away', even though there is no contract that states as much.

Reversal of roles

During our interviews, doctors, nurses as well as foster families pointed out a rather remarkable development: quite a few boarders have reversed roles of care giver and receiver of care. Having lived in a family for a long time, some take on the care of their aging foster parents as they grow old and feeble. Because of their sense of responsibility, the elderly can stay at home and are spared living in a retirement home. The patients do household chores, keep their parents company and help them cope with their physical disabilities. The erstwhile patient thus becomes a full-fledged care giver.

Relationship between the guest and the community: Social integration in a broader social context

Co-varying with the degree of intimacy and intensity of the interaction between the guest and the Geelian(s) the following patterns emerge: On streets and public places recognition of the client is expressed through neutral, regular behaviour of the Geelian.

The normal/abnormal (or deviant) boundary and the superiority of the normal vs. abnormal only emerge when the client's behaviour noticeably deviates. In that event, the Geelian will intervene and try to control the situation, be it directly or indirectly. In cafés and restaurants, Geelians

will switch to 'joking relations' when clients deviate: they 'recognize' the boarders, listen and talk to them, but do stop taking them seriously, and show it. Joking relations are a way to preserve the boundary between normal and abnormal, and to underscore the superiority of the normal.

The degree of a guest's social integration in the larger Geel community needs to be further qualified. As agriculture and horticulture sharply declined, the OPZ started organizing work in workshops on its premises. It also introduced its own sports club and set up travel for its clients. This is a clear sign that the overwhelming majority of the boarders could not be absorbed in the local labour market. Regular sport facilities and holidays were not readily accessible either. Yet another restriction is situated at macro level: not all people with serious mental problems are admitted to the foster care programme. Aggressive persons, arsonists, etc. are excluded. Moreover, it is unclear how big the impact of the mental health team is on the level of integration.

Conclusion

This brings us to the conclusion that psychiatric foster care in Geel successfully rehabilitates. Integration is not contrived. It is natural and spontaneous. People with severe mental disabilities are welcome in Geel. They get the time to come into their own and get established in the community. Time is Geel's ally.

As for the future, one can only say that rehabilitation is in Geel's 'cultural gene pool'. It is there to stay.

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Katrien Goris together with Hilde Weckhuysen, has been responsible for the development of the Flemish Support Centre for Green Care (2002-2007). This development included contact with care farmers and welfare workers, government representatives and legal experts. Their main aim is to promote Green Care and to provide a legal framework for those involved. From 2008 onwards, Willem Rombaut has taken over this role.

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Hilde Weckhuysen together with Katrien Goris, has been responsible for the development of the Flemish Support Centre for Green Care from 2002 onwards. This development has included contact with care farmers and welfare workers, government representatives and legal experts. The main aim is to promote Green Care and to provide a legal framework for anyone involved.

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