

Care Farms – an overview

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Care Farms

Care farms can be described as being therapeutic use of farm practices. Care farms therefore utilise the whole or part of the farm, which can range from small holdings, commercial agricultural units or community farms. Care farms provide social, educational and health services for vulnerable groups of people. The vulnerable groups range from those with mental health problems, those suffering from depression, adults and children with learning difficulties, disaffected young people, people with addiction problems and those involved in the probation service. Care farms provide structured, supervised farming activities, including looking after animals, crops, vegetable production and woodland management. The participants are on a structured care, through rehabilitation, therapeutic or educational programme. Care farms are commissioned by referral agencies such as social services, health care trusts, community mental trust funds, educational authorities and probation services. Participants can also be self referred as a direct payment scheme or by families (NC IF 2008).

Introduction

Within recent times there has been pressure put on health and social care providers, the prison and probation service and on education providers to find a successful solution to a wide range of health and social problems. Such issues range from depression, obesity, prison overcrowding and offender rates. The agricultural sector within the UK has been through its difficulties, with problems of flooding, BSE, Foot and Mouth and treats to the economy within farming (Hine , Peacock and Pretty 2008). Care farming therefore could resolve many of these issues. Care farming adopts an alternative approach to the criminal justice system and offender management. Within public health bodies there needs to more options available in social care to tackle mental health problems which are effective and economical. They should be more measure in place that offers more medical treatments which offer more rehabilitation, therapy and work training (Hine , Peacock and Pretty 2008). Care farming would also benefit the farming community by giving them another alternative to closing an unsuccessful farm, giving them economical viability. Care farming could in turn be a ‘win win’ situation between the farming community, health and social care providers, participants, offender management services and also educational bodies.

Care farming is still seen as a new concept within the UK, however interest is growing from the success of care farming worldwide¹. Many are seen as ‘Farming for health’, ‘Care farming’, ‘Green care farming’ and ‘social farming’, all of which still use the same concepts and techniques (Hasskin 2003, Hasskin and Van Diki 2006). Many are related to some sort of social services or a hospital, adopting the same philosophy of care within the community. Farmers are usually seen as forming some sort of health and social service whilst still using agriculture generating an economy for the farm.

Worldwide

There has been great success of care farming worldwide, therefore the UK could take a lot from other countries experiences. The Farming for Health Community of Practice is an international group of researchers focussing on green care since 2004². One of practises key missions has been to look at the extent and state of care farms across Europe and the US. The Farming Health initiative have developed COST 886 in Green Care Agriculture (Cooperation in Scientific and Technical Research Scheme)³. The focus is with the individual and nature to provide a benefit to their health. This has lead to the largest framework of research across Europe⁴.

In association with the Farming for Health project is also linked the SoFar project. It seeks ‘ to support the building of a new institutional environment for “social/care farming” .It is a multi country support project funded by the EU Commission. The project wants to provide research to practitioners and to bring the European experiences closer together , allowing them to compare and exchange information.⁵

¹ There are thousands of care farms across Europe ranging from the Netherlands¹, Norway, Italy, Belgium, Germany and Ireland.

² Within the first 2 years they have organised meetings within the Netherlands by by Stichting Omslag, Steunpunt Landbouw & Zorg and the Wageningen University. In 2006 they looked into care farming Stavanger, Norway. In 2007 they organised meetings in Ghent, Belgium and their latest meeting was in Pisa, Italy in 2009. There next meeting is scheduled for 2011 in the United Kingdom2(www.farimingforhealth.org)

³This organisation comprises of physicians, psychiatrics and practitioners who look to explore therapeutic interventions that use the natural environment as a focal point. This in turn has formed a model in which the practise of green care can therefore exist and work on new topic’s relevant to green care. These range from small farms, woodlands, gardens and also animal assisted therapy

⁴ In 2006 it is operating 230 actions involving approximately 30,000 scientists from 34 European countries from more than 160 participating institutions (Sempik 2008).

⁵ The projects started in 2006 and have partners in the Netherlands, Belgium, Italy, Germany, Slovenia, France and the Republic of Ireland, all of which have contributed to the partnership by conducting their own research.

Netherlands

Within the Netherlands, care farming's potential was realised by the Ministry of Agriculture, Nature Food and Quality and the Ministry of Health, Welfare and Sports in 1998. The ministers aimed to fund it for three years despite care farming being a new and under researched concept. This led to the rapid development and growth nationally of care farms from 75 in 1998 to 818 in 2007, making up one percent of farms in Holland. This was mainly due to investment from the Support Centre for Agriculture⁶. The majority of the care farms are funded by General Medical Expenses Act (GMEA)⁷. Holland care farms are seen as being 'real farms'⁸. 60% of care farms have a personal budget through a voucher scheme which led to the growth in care farms especially non institutional, allowing independence. Landbouw and Zorg is a non profit organisation again set up by the Ministry of Agriculture and of Welfare and Health looking at information on care farming.⁹ Holland also has an accreditation system also which is run by the support centre and the HKZ (Stichting Harmonisation Quality Judgement) in which they develop a scheme for small scale farms¹⁰.

The farms vary in terms of the amount of clients they have. Most care farms welcome six to ten clients, the majority being disabled and suffering from mental illness. The care farms also cater for those that have psychiatric problems, physical disability, the elderly and those who are ex or current addicts. The Dutch system of care farming have found that different 'target groups' working together is very positive¹¹.

⁶ Which care's and runs a quality assurance policy helping to coordinate care farms, advising and setting up new business.

⁷ An compulsory insurance for every Dutch citizen. The care is finalised out of the act on a local level similar to the local authority in the UK.

⁸ meaning the farms are commercially independent and carry out agriculture in the convention way

⁹ The organisation offers support such as open days, websites and handbooks. It also helps with negotiating contracts and then subcontracting them to farms (Wilcox 2007)

¹⁰ This offers a supportive framework for the commissioner or farm. They have set up a handbook which shows the farmers clear criteria to follow throughout the year. Audits are carried out by independent quality experts which report back feedback to the support centre. Courses are also offered as part of training by agricultural colleges for farmers and people that want to work on a care farm. The colleges offer courses in health and social care and also agriculture (Wilcox 2007).

¹¹ Due to majority of the care farms being a small scale enterprise there tends to be few clients at a time allowing clients to get the individual support they need. Many clients see their role on the farm as meaningful due to their work leading to agricultural production. Examples of the work carried out in the farms are such projects Wenum Hoeve care farm where the clients help rear cattle and there is a small orchard and vegetable

The Netherlands have also 3 long term research projects in 2005 by Wageningen University (Elings and Hassink 2006), proving the success of care farms on patients mental and physical wellbeing¹².

Norway

In Norway there are between 500-600 care farms. Care farms are developed for children with special needs, psychiatric patients and the elderly. Norway's care farms continue to follow the pattern for healthcare and welfare services within the community rather than institutions. Within Norway there are several ministries¹³ which have established an inter ministry committee especially for green care chaired by the Ministry of Agriculture. Within Norway there is great awareness of the usefulness of green care through having a national office with the brand named as 'Inn Patient'¹⁴. 'Innovation in Norway' (Wilcox 2007) is a grant scheme funding projects and care farms in rural areas, funded by the Ministry of Agriculture. In 2005 the innovation Norway project set up a 'green care council' who now advises the Ministry of Agriculture, on current budgets and policies. The Ministry of Agriculture in Norway carry out courses that try to facilitate knowledge between farmers and the commissioners, creating a positive image of farming due to the decline of interest¹⁵. A study carried out to look into Norwegian care farming by the centre of Rural Research (Rye and

patch. A similar project is Erve wiegnick care farm where the clients work by milking the dairy cows (Wilcox 2007).

¹² The project's are interested in looking at the effects of care farms, older people with dementia and those that have problems with drug addiction and psychological problems. One of the studies carried out by Elings and Van Erp (Elings 2007) looking at people with a psychological/ drug addiction found there was a dramatic improvement in physical strength, appetite, tiredness and the amount of work done. There were mental improvements with self confidence, involvement and personality. Another study was carried out by the university by Louis Bolk (Baars, Hassink and Elings 2007) institute and 2 other healthcare institutions consisted of monitoring the process of patients in terms of symptoms, quality of life, health and patient satisfaction.

¹³ This is also represented within the ministries of health, social affairs, children and family affairs, education, research, local government and regional development departments.

¹⁴ They use a website to collect case studies, research, evaluations from conferences which in turn helps users, farmers and health sector to get a wider understanding of the concept

¹⁵ These courses are for the farmers to attend through a business development fund for farmers.

Storstad 2004), found that eight percent of the farming community already use care farms and care farms profitable position¹⁶.

Italy

In Italy care farming is seen as ‘social farming’, being part of ‘bottom up’ initiative. There are 350 social farms ranging from occupational therapy, training opportunities for disadvantage people and social/educational opportunities with those which have special needs. They tend to be ‘non profit’ social enterprises, private farms that use volunteer’s and agricultural businesses. There is no national institution supporting care farming. In Tuscany ARSIA (the Regional Agency for the Development and Innovation in Agriculture) have funded a small database and training courses running alongside the University of Pisa. The training courses are successful not only with new care farmers but also agricultural agencies and health and social care advisers. The ARSIA have also replicated the training in Rome due to it’s success.

Belgium

Belgium most care farming work is centred around Flanders, where there is about 250 care farms, the majority are private care farms. The farms are usually managed by family run commercial farms and horticultural enterprises helping those with disabilities, mental health issues, troubled youths, people suffering from drug and alcohol problems and older people suffering from dementia. Again like the Netherlands, Belgium has national support for green care. This is subsidised by the Flemish Department of Agriculture and Fisheries and the Cera Bank. The care farms are only funded in commercial agricultural production recognised by the Flemish Department of Welfare and not charities or ‘non profit’ organisations.

UK

Care farming is still in its early stages within the UK. Farmers are often felt isolated and the need for a national network. The NCIF, promotes and support’s care farming throughout the UK. The NCIF (UK) therefore raises awareness, creates marketing through the website, gives health and safety

¹⁶ In 2002 60% of care farms had a net income of below 23,800 Euros and a profit of 11,900 Euros. 66% of farmers believe care farms are more profitable than traditional farming methods.

advice, creates networking events, helps with increasing government development, creates training opportunities, builds evidence for research and provides a service where care commissioners can contact farming practitioners.

Care farm study

Looking at the great success care farming has been in Europe it is clearly evident that the UK would benefit from care farming. There is clear evidence that there is an established positive relationship between nature and health. There is a growing interest within the UK through public bodies, government departments and voluntary organisations in promoting the importance of nature. Care farms therefore seem a viable option through being a valuable workplace for clients.

As the idea of care farming within the UK is relatively new, the University of Essex conducted a questionnaire and forwarded the results to the NCIF network. The questionnaire was sent to city farms, therapeutic communities, prison, school farms and any other interested parties to reach as many care farms as possible. It was clearly a hard task as there is no recognised network of green care within the UK. Out of the possible 400 surveys which were sent, 76 care farms responded. The outcome was that majority of the care farms were focussed around the centre of the UK ranging from Gloucestershire through to the west Midlands up to North Yorkshire. Almost half of the care farms within the UK have funding from the charitable trust, although this does vary. 64% of the care farms are farms, 24% are city farms and the remainder are linked to field enterprises and livestock. 38% of care farms receive funding from other sources and 33% receive client fees from the Local Authority. The other funding arrangements for care farms within the UK come from LSC, Health care trusts, Social services, Community fund, Big Lottery fund, Public donations, European Social Fund and the Local Housing Authorities (Hine, Peacock and Pretty 2008).

In total from the 76 care farms, they employ 355 full time workers and 302 part time staff as well as 741 which are volunteers. The city farms, farms and other organisations which are linked to charities tend to employ more staff than privately run farms which are mainly run by volunteers. The majority of staff have teaching or farming qualifications as well as health and social care qualifications. Care farms within the UK offer a wide variety of skills from basic development, work skills, social skills and some farms focus on

education and training. There is a big variation between farms charging for green care. Some care farms provide the service free where as others can charge from £25-£100 per day.

The clients come from numerous sources, ranging from Connexions, Job Centre Plus, private care providers, Prison service, Youth offending team, Primary Care trusts and community drug teams. Almost half the farms receive clients from educational services and authorities. The care farms split into categories with clients that are lacking in physical health, mental health and social skills. The physical benefits are improvements in the client's health and skills. Within mental health, clients have improved self esteem, confidence, trust, well being, moods and calmness. Client's form social skills including being part of a routine, independence, and responsibility.

The final outcome from the survey was three main themes of success (Hine, Peacock and Pretty 2008). Majority of participants, family and other bodies stated that care farms are positive experiences. Care farming allowed those that are excluded in society to now be included. 80% of care farmers said that the biggest challenge faced by the care farming system is lack of funding. This includes sourcing funding and getting long term funding.

Implications for the UK

From the success of care farming worldwide and in the UK, it is evident that care farming has important policy implications from benefitting the farmer, clients and other bodies. The benefits also spread into local communities and public health. There has been a grown in interest with the link between 'nature' and 'health' for people's well being. Government departments and non-government organisations have noticed the positive link of green spaces for public health. Such organisations include, MIND, DTLR, National Urban Forestry Unit, Scottish wildlife trust, National Trust, Groundwork and RSPB. Farmland, provides health and social services by food production, bio diversity and recreation showing that agriculture is multifunctional (Hine, Peacock and Pretty 2008).

Care farming can benefit the agricultural community by creating incomes and multi functionality for an alternative business option. Many farms are struggling due to BSE, foot and mouth, flooding, late subsidy payments and changes in market prices. This has lead to job losses and next generation farmers forced to take jobs in other sectors. This in turn has created remote and

marginalised conditions. Care farming offers an alternative solution to farms by generating a different economy from agricultural production. Care farming offers a positive image of farming as it reconnects farmers with their local community, by welcoming people to the farm. Farmers have an increase in self esteem by noticing the changes in the clients working on their farm. The success of small privately run care farming in the Netherlands and Belgium, is a good model for the UK to follow. This shows that care farms do not massively change the infrastructure of production and there is potential for growth. However, care farming within the UK needs to have more policy support with the funding arrangements, organisation and health and social insurance. Care farming needs to be promoted as being health and social rehabilitation and an education as well as the traditional use of farm land. The multi functionality of farms therefore needs to be recognised by agencies such as DEFRA, Natural England and farmers association to take a lead role in promoting care farming. A typical example of the funding in the Netherlands and Belgium from the government has led to the rapid growth of care farming therefore a similar approach needs to happen within the UK.

Developing care farming would have major implications within rural development. Care farming will create an additional income for the farmer and create additional rural jobs. Care farming meets 3 out of 5 requirements from the Rural Development Agencies (England RDA 2008). This is to create economic development and regeneration by creating employment, to develop skills and to create a sustainable environment. The Rural development Agency should take a role in promoting care farming to strengthen the economical viability to local communities.

Care farming also benefits from the health and social care option. Evidence from Europe again shows the link between benefits of well being from care farming activities. Care farming would offer an alternative option of healthcare for the local community. Evidence has shown that people with defined medical and social needs have benefitted from care farming. However, the effects of this still need to be more recognised by healthcare professionals, such as GP's. The NHS is becoming increasingly concerned with 'personalised medicine' rather than the idea of a medicine that fits all. Within the Department of Health there is a growing interest of personalised budgets for adult social services. This would allow participants to choose care farming. This would ideally benefit those that are venerable and excluded, an idea which is not suitable for

everyone. A major hurdle for health and social care services to overcome is patient's perceptions of 'green care prescriptions' as an effective method of treatment, rather than the instant response of taking a pill.

Care farming also offers services in education, training and employment. Care farming has meaningful consequences due to agricultural production being the outcome. This has had an effect on disaffected youths that have been excluded from school and people with substance abuse. Many of these participants have been referred by their local education authorities, the LSC and pupil referral units. There should be recognition within LEA's and the Department for Education and Skills to support and promote work on care farms. Care farming has increased vulnerable youths 'work ethic' by gaining skills, qualifications and increased their employability. Many either go back to education or seek employment. Care farming is relevant to the work of the Social Exclusion Task Force from the cabinet office with particular interest to PSA Delivery agreement 16 (Cabinet 2007). This seeks to increase socially excluded adults into settled accommodation and education. Therefore agencies responsible for the reduction in social exclusion should seek care farming as a viable method. Care farming could also solve the problem of the lack of children accessing outdoor spaces. Through setting up projects like care farming, forest schools and open farms, it would help encourage children to become reconnected with the natural (Hine, Peacock and Pretty 2008).

The police, probation and offender management services have already recognised the potential for care farming to help the mental health and employment opportunities of ex offenders. Evidence from West Merica from the prolific and priority initiatives, have shown the success of care farming. From 2 PPO's took part in care farming initiative whereby their combined offences and imprisonment had an approximate cost of £268,512. By comparing the reduction of offending before and after joining the PPO scheme suggests a saving of £47,741. This therefore shows that care farming stops reoffending and offers individuals an improved quality of life and skills gained. In recent times there has been an increase concern in the rising prison populations, the amount of offenders having mental health issues and the failure of some probation services. There needs to be more recognition of this from the Home Office, the Ministry of Justice, Police Offender Management Services and the Probation services to recognise this, leading to the growth of care farms. Offender management agencies need to recognise care farming as being an effective in

offender and probation management. Care farming holds a therapeutic value which can help reduce anti social behaviour.

In conclusion, one can see the benefits of care farming due to the success worldwide and currently within the UK. Care Farming has benefited those in agriculture, health and social bodies, the police and probation service and providing educational benefits. However for care farming to grow and develop there needs to be more government support and the government departments to work together. The departments include DEFRA, the Department of Health, DfES, DWP, Home Office and the ministry of Justice is key. Care farming needs to be placed within cross departmental government policy to create a lasting and a successful outcome. This will hopefully create a national care farming infrastructure. Care farming in the UK needs a leading body/ department in charge of support and the promotion of care farming. This will help farmers, referral agencies and clients in establishing care farming. The lack of funding highlighted by farmers, potential farmers, referral agencies and the NCFI (UK), is a great challenge in expanding care farming. Care farming needs recognised and sustainable funding systems which are crucial for farmers to continue health, social rehabilitation and education for participants. Funding therefore should be a priority due to many clients having serious health, social, law and order and educational problems. Care farming would be a missed opportunity if these issues cannot be resolved.

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