Development, qualities and effects of care farms in the Netherlands

Jan Hassink: Wageningen University and Research Centre Netherlands and Coördinator Care Farm Hoeve Klein Mariendaal
Care Farming in America: **Sanctuary One**
https://www.youtube.com/watch?v=Xs22xPtdOv4

**Green care** on farms in the Netherland
https://www.youtube.com/watch?v=8CH2sPrOHiQ

Dr. Jan Hassink, Wageningen University, Netherlands
Content

- What is care farming
- Qualities of care farms
- Diversity across Europe
- Effects of care farms
- Understanding development of care farming sector
- Challenges
Care farm

- Combination of agriculture and providing care services to promote health/well being
- Diversity in type of activities
- Diversity of “user groups”
  - Intellectual disabilities
  - Severe mental illness
  - Youth care
  - Elderly dementia
  - Autism
  - Addiction
Typical of Care Farm

- Most times: Day activities – working or experiencing (rehabilitation)
- Generally mixed client groups
- No standard treatment
- Diversity in activities: every farm is different
- 1-5 days per week
- Initiated by farmer or spouse
Different types of care farmers

- Helping hand farm (20%): A+c: Focus on Agriculture
- Integrated Care Farm (40%): A+C
- Care Focus Farm (30%): a+C
Motives of farmers

- Many farmers’ wives with background in care
- Social motives and financial motives
- New perspective/future alternative for intensification
Care farming: Combination of agricultural production and providing care

- Example of agricultural diversification
- Mainly on existing family farms
- New practice
- New identity for farmers
- Wider social relations
Booming sector in the Netherlands:
- 1997: 75 care farms:
- 2010-2014 1100 care farms; 20,000 clients/users

Different types of initiatives:
- Care farms
- Regional organizations of care farms
- Collaboration of care institution with group of farmers
- National support centre/federation of regional organizations
Farms open for certain user groups

- L. disab
- Mental ill.
- Youth
- Elderly

Year

Percentage

2001 2002 2003 2004 2005 2006 2007 2008 2009

Year

Percentage

2001

2002

2003

2004

2005

2006

2007

2008

2009
Care farms within the typology of green care.

H Elsey et al. BMJ Open 2014;4:e006536
### Qualities and effects nature and care farm

<table>
<thead>
<tr>
<th>Quality</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tranquillity / rest</td>
<td>• Recovery of stress</td>
</tr>
<tr>
<td>• Space</td>
<td>• Exercise</td>
</tr>
<tr>
<td>• Life processes</td>
<td>• Social contacts</td>
</tr>
<tr>
<td>• Appeal to senses</td>
<td>• Personal development</td>
</tr>
<tr>
<td>• Useful work</td>
<td>• Status/ identity</td>
</tr>
<tr>
<td>• Diverse work</td>
<td>• Self esteem</td>
</tr>
<tr>
<td>• Working together</td>
<td>• Social Skills</td>
</tr>
<tr>
<td>• Caring for</td>
<td>• Responsibility</td>
</tr>
<tr>
<td>• Physical work</td>
<td>• Physical health</td>
</tr>
<tr>
<td></td>
<td>• Involvement</td>
</tr>
<tr>
<td></td>
<td>• Inclusion</td>
</tr>
</tbody>
</table>
Views/concepts

- Rehabilitation/recovery
- Community care
- Theory of presence
- Physical, social, psychological and spiritual orientation
- Focus on potentials instead of limitations
- Experiential learning
- Salutogenesis – Sense of Coherence
Care farming is: Re-connecting with Agriculture/Nature

- Connecting “client” and care giver
- Connecting “client” and society
- Connecting different user groups
- Connecting care and economy
- Connecting dimensions of health
- By providing “real life, rich environment”
- Diversity of settings
Qualities care farms

- Social community
- Less protocols
  - Informal
- Useful work
- Green environment
- Attitude farmer
Significance

- Benefits for ‘users’; empowerment, inclusion, education, employment, therapy
- Innovation in agriculture, health care, education, social sector
- New sustainable links between agriculture, health, social sector, education and society
- Strengthening urban-rural relationships; healthy cities
- Economics of farms and rural areas: jobs, income
- Preserving landscapes
Care farms/ social farms in Europe

- Diversity in terminology
- Diversity in users and their position (clients, employees)
- Diversity in goals
- Diversity in financing structures
## Number of social/care farms

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
<th>% of total</th>
<th>Farm size (ESU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norway</td>
<td>550</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1100</td>
<td>1.2</td>
<td>90</td>
</tr>
<tr>
<td>Italy*</td>
<td>350</td>
<td>0.01</td>
<td>9</td>
</tr>
<tr>
<td>Austria</td>
<td>250</td>
<td>0.1</td>
<td>11</td>
</tr>
<tr>
<td>Germany*</td>
<td>170</td>
<td>0.03</td>
<td>41</td>
</tr>
<tr>
<td>Flanders</td>
<td>260</td>
<td>0.4</td>
<td>53</td>
</tr>
<tr>
<td>Ireland</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK</td>
<td>45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Networks in social/care farming

Strong national and regional network

Netherlands, Flanders, Norway

Separated networks: regions, target groups

Italy, Germany, France

Irland, Slovenia

Networks just starting
Types of social/care farms in different countries

- Netherlands, Norway, Belgium, Switzerland: Mainly private family farms; diversity of client groups
- Italy: Mainly social cooperatives: ‘users’ of social sector are employed
- Germany, Ireland: Institutional farms; mentally disabled
Orientation in different countries

- **Society and social sector**
  - Italy, France
  - Germany, Ireland, Slovenia
  - Norway
  - Belgium

- **Health**
- **Agriculture**
Effect studies in the Netherlands

- Systematic monitoring
- Elderly with dementia
- Youth with behavioral problems
- Children (autism)
- Clients with psychiatric problems and addiction background
Reported effects users (qualitative research)

- **Physical**
  - Skills, physical health, employment, day/night rhythm

- **Mental**
  - Self esteem, self value, responsibility, awareness, enthusiasm

- **Social**
  - Social skills, social interaction
## Scores on different aspects (1-5)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction activities</td>
<td>4.1</td>
</tr>
<tr>
<td>Involvement</td>
<td>4.0</td>
</tr>
<tr>
<td>Satisfaction collaboration with farmer</td>
<td>4.3</td>
</tr>
<tr>
<td>Satisfaction social contacts on the farm</td>
<td>4.2</td>
</tr>
<tr>
<td>Society view/needs and stimulation external contacts</td>
<td>3.4/3.3/2.6</td>
</tr>
</tbody>
</table>
### Main objectives that are reached (scores 1-5)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Useful day activities</td>
<td>4.4</td>
</tr>
<tr>
<td>Structure</td>
<td>4.3</td>
</tr>
<tr>
<td>Social contacts</td>
<td>3.9</td>
</tr>
<tr>
<td>More positive self image</td>
<td>3.9</td>
</tr>
<tr>
<td>Improvement physical health</td>
<td>3.8</td>
</tr>
<tr>
<td>Improvement working skills</td>
<td>3.6</td>
</tr>
<tr>
<td>Learning to deal with problems</td>
<td>3.5</td>
</tr>
</tbody>
</table>
Effect studies

- Elderly with dementia
- Comparison care farm – conventional day activity centre
Study 1 – participation in activities and physical activity

At green care farms:

● Larger variety of activities

● More possibilities to go outside, and to go to different rooms/places

● Activities required more physical effort

Further reading: De Bruin, Oosting et al. 2009, Journal of Housing for the Elderly
Study 2 – dietary intake

1159 kJ/d higher intake

414 g/d higher intake

Further reading: De Bruin, Oosting et al. 2010, The Journal of Nutrition, Health & Aging
Potential explanations?

More active and more outdoors

Involvement in growing and harvesting crops

Homelike mealtime ambiance

Involvement in food preparation
I feel useful. It contributes to my dignity. I feel appreciated, the things I do. I have something to offer; to other people, to the soil, to the fruits.

He thinks that he is really working there [at the GCF]. Even his former colleagues drop by every now and then for a cup of coffee.
Effect studies: problem youth and children

- **Problem Youth**
  - Validated instruments 0, 6, 12 months
    - Youth self report (e.g. behavioral problems)
    - Coping list
    - Locus of control
    - Self esteem (Rosenberg)
  - Interview case managers: indicators for achievement on diverse themes

- **Children**: instruments for parents
## Problem youth: Achievement scores case m.

<table>
<thead>
<tr>
<th></th>
<th>Start trajectory</th>
<th>End trajectory</th>
</tr>
</thead>
<tbody>
<tr>
<td>% school or work</td>
<td>15</td>
<td>81</td>
</tr>
<tr>
<td>% contact police</td>
<td>78</td>
<td>19</td>
</tr>
<tr>
<td>% use of spare time</td>
<td>2</td>
<td>42</td>
</tr>
<tr>
<td>% addiction</td>
<td>86</td>
<td>40</td>
</tr>
<tr>
<td>% serious behavioral problems</td>
<td>68</td>
<td>11</td>
</tr>
<tr>
<td>Score well-being</td>
<td>4.0</td>
<td>7.2</td>
</tr>
<tr>
<td>% self esteem reasonable/good</td>
<td>6</td>
<td>63</td>
</tr>
</tbody>
</table>
Change in problem behavior

z-scores under black line indicate no problems
Change in parental stress

T-scores under black line indicate no problems
Mean scores above black line indicate no problems
Understanding fast development of care farming sector

How is it possible that sector developed so fast

- Agriculture and care separated sectors
- Challenging for farmers to cross boundaries of agriculture
- Traditional farming organizations not well prepared to help farmers in boundary crossing tasks
Development care farming sector

- 1999: Start National Support Centre: start of networking, political support, legitimacy
- 2003: Broadening personal budgets cliënts: clients can make direct contracts with farmers
- 2005: Liberalization long term care: foundations of care farms accepted as formal care institutions
- 2010: National federation of care farms
- 2015: Transition from AWBZ to WMO (municipalities)
Development

- Starting point: dedicated, idealistic pioneers: isolated initiatives lacking legitimacy
- Collective action led to support of ministries and Establishment of National Support Centre
- Increased legitimacy
- Change in financing regulations: personal budgets and openness for new suppliers
- Increased interest farmers and care organizations
- Support organizations for care farmers: less dedicated farmers can start care farm
Conceptual framework

- Multi spanning system innovation: care farming new concept that has to deal with existing structures and regimes in agriculture and care

- Transition theory: Multi level perspective
  - Niche innovation - Entrepreneurship
  - Socio technical regimes – shared routines; field structure that makes change difficult
  - Socio technical landscape – exogenous environment; changes slowly
Developments at regime and landscape level

- Dominant regimes Care and Agriculture under pressure

- Landscape
  - Liberalization, socialization of care, empowerment of clients
  - Socialization of agriculture, liberalization, decreasing prices

- Changes in Regime beneficial for care farming
  - Personal budget clients
  - AWBZ accreditation for new suppliers
  - Framework of multifunctional agriculture: search for new income sources
Understanding successful agency

- **Entrepreneurship**
  - Opportunity identification and exploitation

- **Institutional entrepreneurship**
  - Combining entrepreneurial and institutional tasks (development professional organizations)

- **Collective action**
  - Identity and structure to unite initiatives
Challenges inter-system innovations

- Connecting two sectors: for farmers it is challenging to cross the agricultural sector
- Newcomer: lack of legitimacy
- Systems under pressure: different logics
At $T_0$, health care and agriculture face pressures due to participation, empowerment, rising costs, liberalization, decreasing income, and lack of sustainability. Conventional closed systems with one dominant logic mismatch financing structures and lack of legitimacy.

At $T_1$, health care experiences client movement, participation, and liberalization leading to multifunctional agriculture. Pressures include opening, support centre, legitimacy, boundary spanning, new logics, contracts, regional support, and new entrants. Niches involve diversity initiatives.

Key terms:
- Conventional agriculture and health care.
- Landscape, regimes, niches.
Successful inter-system transition

- Connecting different sectors
  - Well equipped boundary spanners

- Overcoming lack of legitimacy
  - Combining innovative and institutional actions

- Embedding and establishing collaboration with established organizations
  - Entrepreneurial behavior and blending different types of logics

- Dealing with conflicting logics
  - Identifying established actors with corresponding logics
Challenges: collaboration at international level

- Link with urban farming
- Describing and understanding developments in diverse contexts
  - Diversity in orientation; regulations; legitimacy; entrepreneurship
- Effectiveness
- Impact on users
  - Methodologies, empirical data
- Impact on society
  - Methodologies, empirical data
Proposal to continue

- Platform for exchange and collaboration of practitioners, researchers and supporting organizations
  - Discussing developments, insights
  - Joint methodologies
  - Monitoring schemes
  - Combining data
Thank you for your attention

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CARE FARMING

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