

# Farming and Care across Europe

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A Nuffield Farming Scholarships Trust Award 2007



*“All humans are sacred, whatever their culture, race, or religion, whatever their capacities or incapacities, and whatever their weaknesses or strengths may be. Each of us has an instrument to bring to the vast orchestra of humanity, and each of us needs help to become all that we might be”*

Jean Vanier, (1998). *Becoming Human*.

## Executive Summary

Care farming is a term which is not widely recognised in the UK and, in fact, really didn't exist here until about 2005 when it was translated from the Dutch and used to describe farms that were offering social, educational, therapeutic or rehabilitative opportunities for a whole range of people.

Although, the term may be new, these sorts of services being provided on farms are not. There are numerous examples of projects all round the UK where people with physical or learning disabilities, people with mental health problems, young offenders or recovering addicts spend time on farms, smallholdings or rural projects. Some receive education or training. All benefit from the value of physical work, learning new skills and a reconnection with food, nature and rural communities. Media interest and profile has been assisted by Monty Don's work with young addicts which was televised on the BBC in 2005.

It has been suggested that the most common sort of care farm in the UK at the moment is where an independent project is simply based on a farm. They vary in the degree to which people attending might actually be directly linked into the farm and it is often youth leaders, therapists or teachers that run the project. I was interested in a more direct link between the farmers and clients, that there are examples of in the UK but that I knew existed in greater numbers in other parts of Europe. Where just one or two clients work alongside the farmer and are integrated into the farm business. The farmer is paid for time spent with the clients while continuing to farm as he had always done.

My Nuffield Scholarship gave me the opportunity to travel to Europe, in particular Holland, Norway, Italy and Belgium, where care farming is much more widely supported and recognised.

In Holland I visited the National Support Centre for Agriculture and Care and learnt about how care farming had been started and how the accreditation for the sector is managed. I visited a number of commercial care farms and saw first hand how they were being managed and run and the benefits that the clients were gaining from spending time there. Almost one per cent of the total number of farms in Holland have diversified into care farming and it was interesting to see how embedded into the broader public consciousness it is.

In Norway I spent time with two of the project coordinators employed in different regions to promote the development of care farming or "green care" as it is known there. I learnt that some of the care farmers in Norway are actually employed directly by the local authority to deliver services on their farms rather than being contracted by them. I discovered that "Innovation Norway" a large grant giving organisation had been integral to the growth in number of green care farms by recognising their contribution to the rural economy and funding capital works to assist in getting projects off the ground. There were also some very direct links with the well established schools farm movement. Norway had much less emphasis on regulating and training this growing sector, but rather concentrated on facilitating knowledge exchange between farmers and commissioners.

Italy was perhaps the hardest country for me to relate to in terms of understanding how their experiences could relate back to the UK. There are however very strong links there between care farming and social enterprise which is something that should be considered in the future development of care farming here. There is a clear regional focus on the way care farming is developing in Italy, led by the Universities and original care farm pioneers who started up as part

of the social cooperative movement in the seventies. There is also emphasis on accredited training for existing and aspiring care farmers. I saw the highest number and the most widely diverse types of care farm projects across Tuscany and Lazio and particularly memorable was my trip to the prison farm island of Gorgona, off the coast of Livorno. Of all my visits across Europe it was probably this that touched me the most and the place I really didn't want to leave.

I visited Belgium as part of the 2007 Farming for Health Conference and was impressed by the pragmatic way in which Flanders had developed care farming. They have largely learnt from their Dutch neighbours and have developed their own support centre and implemented legislation and a legal framework for farmers to operate within through the 2000 to 2006 Rural Development Plan. Subsidies exist in Flanders to compensate farmers for the time he is unable to spend farming when he is spending time with care farm clients.

Through the course of the study and in this report I have considered the difficulties in analysing the care farm sector both in the UK and rest of Europe, how care farming is defined and the accompanying problems of doing this and also the implications of accreditation. There are no easy answers to the questions that the above considerations generate but I have been left with a certainty that any developments in the UK must be done in close consultation with existing care farm practitioners and the purchasers of care farm placements, be they clients or referrers.

It is striking that across Europe care farms have sprung up in spite of policy and not because of it. They have mainly been initiated by farmers and it is their objectives (sometimes with support from wider agricultural bodies) that are the driving force for the development of care farms and not the demands of the health and social care sector. Care farms are driven by a strong personal motivation and a spirit of altruism and it is only later that the financial implications begin to have an influence on the operation. I have also noticed that one of the most oft repeated concerns when talking about the development of care farms is that of health and safety, insurance and accidents. In all the care farms I have visited in the UK and EU, from Sicily to Stavanger, none of them have ever said they have had a major accident. Nearly all existing care farmers will agree that putting in place appropriate insurance and safeguards is not easy, and rightly so when ensuring the welfare of vulnerable people, but the problems are not insurmountable.

It is also apparent that much more research needs to be done in the area of care farming. It would be very useful in the UK to have a much clearer idea about the types of social projects which already exist on commercial farms. There is no reason why this couldn't be done via a question on DEFRA's annual farm management survey which would give a better idea of the current overall scale and types of client in the UK. Without robust research into health care and cost benefits there is a danger that this type of work becomes just another youth skills project, rehabilitation programme or day care service that just happens to be based on a farm. This would be a great pity because working with farmers and true connection with the business of the food supply chain offers a unique form of experience which can only be provided by a care farm.

We have the opportunity right now in this country to really make a difference to how care farms develop which will potentially benefit farmers, a wide range of vulnerable clients and, in turn, society as a whole.

This report does not profess to have all the answers but at the very least I hope it will assist in opening further debate about the subject and raising the profile of an inspirational group of people that I endlessly admire and have the utmost respect for – the care farmers themselves.

## Foreword

The Nuffield experience and writing this report has been a testing experience. Conclusions I was certain of have been shattered. Many questions have remained unanswered and doubts that didn't exist before I undertook the study have surfaced.

Having said that, a whole new raft of conclusions backed up, I hope, by evidence based on my experiences and the experiences of pioneers in this field have been formed. Unanswered questions are being answered with every passing month as new research is published and the experiences of care farmers across Europe are shared. These are the people who came first, the pioneers and social entrepreneurs each with an unshakeable belief in the power of their farm, their animals and their land to help the most vulnerable people in society. Academics, researchers, politicians, policy makers and influencers merely follow with their questionnaires, statistics and their obsession with semantics, jargon and box ticking.

We should beware of trying to package care farming too neatly because without the dual passions for farming and for people which society brands "difficult" we will just be left with feel-good "projects" with no heart and soul.

The subject fascinates me endlessly and is too multi-dimensional to be bound by the constraints of this one report. The conclusions and recommendations are my own and are not necessarily those of the Nuffield Farming Scholarships Trust, my employer or any organisation involved with care farming either here in the UK or in Europe. Without a doubt, my Nuffield experience has given me the confidence and motivation to pursue the subject further through further studies.

Go and visit a care farm. Talk to the person running it and the people who spend time there. Visit ten in you can – they are so different you will still only have scratched the surface of what they are truly about.

Go on, it might just change your life.....

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## 1. Introduction

I was brought up on a small arable and beef farm in Shropshire that suffered badly during the BSE crisis in 1996. I was studying in Italy during this time and vividly remember the prejudice that many of my European peers felt towards eating British beef and the fear that the media whipped up about British produce. Our farm ended up diversifying into a livery yard and it has been interesting to see that many of the people who have kept their horses there over the years have gained a lot more than just a rental space for their horses.

They've gained a peaceful place to escape from the stresses of their own lives and often spend as much time pottering around the fields as they do actually riding their horses. My father often jokes that he is as much a counsellor to the girls who come to the yard as he is a farmer, stockman or yard manager. Various human waifs and strays have recuperated at the farm over the years and before I'd even come across the term "care farming" it always struck me that farm environments can be more than businesses or isolated places to bring up a family; they can be places of peace and recovery, space away from the pace of modern life which seems to make so many ill, places where we can reconnect to nature and the change of seasons.

Since 2003 I have been employed by Harper Adams University College to develop and work with rural social enterprises, mainly those based on farms. Through this work I became aware of a number of UK farms that were providing health, education or welfare services to groups ranging from young people with autism or young offenders to those recovering from addictions. The farms were providing anything from therapeutic learning environments to qualifications that could lead on to employment, but what they all had in common was a sense of isolation and a desire for the work that they were doing to gain greater recognition. They were also experiencing practical problems such as finding insurance (across the boundaries of their agricultural and social activities), appropriate risk assessments and health and safety policies. More importantly, they were all receiving varying payments.

I then became alerted to a practice known as "care farming" in Holland. I discovered that the Dutch had an established system using all types of commercial farms to combine agricultural activities with care or, more specifically, mental health programmes, rehabilitation, work training or occupational therapy. High numbers of these clients were people with psychiatric problems, including stress and burn-out. The benefits and potential of this system of care farming seemed enormous.

Farmers, hit hard by years of falling prices and poor public perception of their industry, could gain a new source of income and employment by using their land and skills to engage with some of society's most vulnerable groups. In turn these groups would reap the benefits of a reconnection with the food chain and with nature that has largely been relegated to providing a picturesque background instead of being the beating heart of a thriving community.

## **2. Background**

Since early 2006 I have been involved with the National Care Farming Initiative (UK), a partnership between four organisations who have been working to raise the profile of, and find out more about, existing care farms in the UK. The original farms we worked with were very much at the heart of what we were doing and we were certain that there must be others out there currently doing this kind of work and yet more looking to start up. While there are some wonderful organisations to support city farms, horticultural projects, organic farms and so on, there was an absence of a one-stop-shop for commercial farmers who wanted to understand more about how care farms work and also to examine what the implications would be to their own family farms if they were to have vulnerable groups working alongside them.

The focus for me was always on helping farmers in the UK realise a dream by starting up care farm projects or assisting existing set-ups in overcoming practical problems.

What has surprised me since early 2006 is the level of interest from potential commissioners, that is, those who may have clients that they wish to refer to a care farm, looking for innovative day care solutions, alternatives to mainstream education or last ditch rehabilitative services when all others have failed.

## **3. Goal**

So why did I apply for a Nuffield Scholarship? I wanted to find out how widespread the involvement of commercial farms in care farming is across Europe, whether there are policies in other countries that encourage the work and if those policies could translate to the UK. I wanted to know more about the scale of income that was coming to farmers and to find out which client groups were the most common. I wanted to see if other countries had training courses and business support to assist farmers wanting to start up.

Ultimately though, I wanted to talk to the care farmers themselves and see with my own eyes how the farms truly functioned. My yardstick was always whether I could envisage such activities take place on my own family farm.

## **4. The Situation in the UK**

The UK, like many other European countries, has a long history in utilising farms and gardens in a practical, yet therapeutic, way. Hospitals, prisons and asylums in Victorian England often had farms and gardens attached to them, providing inmates and patients not only with a ready supply of fresh food but also providing them with meaningful activity to keep them busy and out of trouble and provide exercise to rehabilitate those recovering from physical injuries or illness.<sup>1</sup>

Care in the UK, like much of the rest of Europe, has moved on from institutional settings and the emphasis is very much on gaining skills and achieving integration into the community through meaningful work which can lead to greater independence.

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<sup>1</sup> J Sempik & J Aldridge, *Farming for Health*, pg 147 "Care farms and Care Gardens"  
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With advances in medical technologies and new drugs to treat mental illnesses and speed up convalescence many hospital farms have been closed.

Land has become more valuable for housing and more emphasis was placed on those with both physical and social needs being integrated into the community. There is also a recognized need for greater health prevention in an era when depression and childhood obesity seem to be ever increasing.

#### **4.1 *Increasing academic interest***

Recent work from the University of Essex suggests that being outdoors and engaging in exercise in a green environment is good for alleviating depression and encourages children to lead a less sedentary life. This, and the associated benefits of helping them understand where the food they eat comes from, does not need elaboration here.

An initial scoping study which was done by the University of Essex in 2007 suggests that green care in agriculture or “care farming” could potentially offer a solution to some of the health and social care needs in the twenty first century while also helping to ensure the future viability of farms.

The study looked at seventy six farms in the United Kingdom providing a range of health, social, rehabilitation or education benefits to over five thousand people a week from a range of client groups.

Results from this suggested that people spending time on the farms gained significant improvements in both mood and self-esteem with 88% “experiencing improvements in their overall mood”.<sup>2</sup> The farmers reported that clients also gained a number of social benefits, including greater independence, formation of a work habit, the development of social skills and personal responsibility.

Results from the survey were conclusive regarding the motivation of the farmer to get involved in this type of work. Over and above all the drive to set up a care farm is altruistic, with sharing the farm, their skills and being able to make a real difference to vulnerable people’s lives the most widely reported driver, rather than simple economic gain.

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<sup>2</sup> R Hine, J Peacock & J Pretty, Care farming in the UK: Evidence & Opportunities, University of Essex 2008

## 5. What is care farming?

In the Essex report into care farming the definition is given as:-

*“the use of **commercial** farms and **agricultural** landscapes as a base for promoting mental and physical health, through normal farming activity”*

The Dutch handbook for potential care farmers describes a care farm as:-

*“an **agricultural enterprise** that offers opportunities to those who need support, care or guidance. Agriculture and care are combined on a care farm. Care farmers make a conscious decision to take this direction”.*

Bjarne Braastad of the Norwegian University of Life Science in Norway and Chairman of COST Action 866 in Green Care & Agriculture describes “green care” as:-

*“the utilization of **agricultural farms** as a base for promoting human mental and physical health”<sup>3</sup>*

Jan Hassink from the Plant Research International, Wageningen University and Research Centre in the Netherlands discusses the broader term “farming for health” which encompasses the following categories :-

- *Green care farms represent a working environment where a diversity of target groups is performing meaningful activities*
- *Horticultural therapy, therapeutic horticulture and healing gardens and healing landscapes. Plants, horticulture, gardens and landscapes are used in therapy or in a recreative setting in order to improve well-being or to reach pre-defined goals*
- *Animal assisted therapy, education and activities. Animals are used in therapy or in a recreative or educational setting in order to improve well-being or to reach pre-defined goals.*<sup>4</sup>

Joost Dessen, Senior Researcher at the Social Sciences Unit of ILVO (the Flemish Institute for Agricultural and Fisheries Research) suggests that :-

*“Farming for Health (FFH) 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.”<sup>5</sup>*

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<sup>3</sup> [http://www.umb.no/statisk/greencare/general/costpresentation\\_braastadkomprimert.pdf](http://www.umb.no/statisk/greencare/general/costpresentation_braastadkomprimert.pdf)

<sup>4</sup> [http://www.umb.no/statisk/greencare/meetings/abstracts\\_presentations/book\\_of\\_abstracts\\_final\\_version.pdf](http://www.umb.no/statisk/greencare/meetings/abstracts_presentations/book_of_abstracts_final_version.pdf)

<sup>5</sup> Dessen, J. ed. (2008) Farming for Health, Proceedings of the Community of Practice Farming for Health, 6-9 November 2007, Ghent, Belgium pg 16

It appears that care farming tends to focus on commercial farms, green care tends to focus on the care aspect of the facility/institution/farm<sup>6</sup> and farming for health is an all encompassing definition to include care farming, social and therapeutic horticulture and animal assisted therapy.

### **5.1 The question of exploitation & the reassurance of charity**

The question of exploitation, that is, the abuse of vulnerable individuals as a labour source, is regularly raised, generally by journalists looking for a story. This is not just a modern concern – there is evidence of some disquiet concerning the use of patients as “labour”, not only on farms but in other aspects of the running of the hospitals since the 1960s.

In 1963 Bickford wrote:

*“That patients should do a little domestic work, to foster a feeling of community and to teach them how to care for their homes, is reasonable. What is unreasonable is the extent to which the hospital is dependent on their work. In fact, without it the hospital could not run and the mental hospital service would collapse”* (Bickford 1963 in Szasz 1973, p. 193-194).<sup>7</sup>

There can be similar unease or distaste exhibited by individuals when care farming is emphasised from a farmer’s perspective. There is concern that it should not be just another farm diversification aimed at propping up a failing farm with the focus being on the “human crop” being harvested simply for economic gain. Such individuals talk of care farming as a “social movement” that transcends the boundaries of financial viability and tend to focus on charitable objectives, fundraising and volunteers.

This is perhaps unsurprising given the average UK individual’s propensity towards charitable giving which amounted to 0.73% as a proportion of Gross Domestic Product in 2005, the highest in Europe<sup>8</sup>. Giving tends to represent a lower proportion of GDP in countries with higher levels of personal taxation (particularly social insurance) such as Norway or Holland.

This perhaps goes some way to explain why there is more of this sort of work being done on small, independent commercial farms in these countries than in the UK, where 49% receive some funding from charitable trusts and 22% are themselves charities<sup>9</sup> and indeed perhaps why care farming seems to have developed more quickly in other European countries.

## **6. Care Farming in Europe**

There is a growing interest all across Europe in this area of work and the same questions are being asked everywhere. In each country I visited, at least one leading academic institution is engaging in research into green care or care farming and this is being disseminated via COST (Cooperation in the field of Scientific and Technical Research) Action 866 in Green Care and Agriculture.

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<sup>6</sup> Reference from notes taken at Farming for Health meeting in 2004 by Yvon Schuler  
<http://www.farmingforhealth.org/archive/Overview-Farming-for-Health.doc/view>

<sup>7</sup> J Sempik & J Aldridge, Farming for Health, pg 148 “Care farms and Care Gardens”  
© 2006 Springer

<sup>8</sup> Charities Aid Foundation briefing paper, November 2006)

<sup>9</sup> R.Hine & J Peacock, “Care Farming in the UK, Evidence & Opportunities” 2008

There is also a “Farming for Health” Community of Practice aimed at those practitioners working on the ground, which organizes conferences, study tours and has a dedicated website.

Care farming is a growing movement in Europe with an estimated two thousand green care farms in Europe, with the Netherlands and Norway reporting the highest numbers with over eight hundred and five hundred respectively recognised existing farms providing some form of care. Farmers are usually paid for health or social care related work whilst continuing with agriculture which can help to maintain the economic viability, particularly of small farms.

## **7. Holland**

### **7.1 Background**



I had come across the Dutch system of care farming back in 2004 when I heard a presentation in the UK from a representative from the Support Centre for Agriculture and Care. I was impressed with the concept and the way that the Dutch had approached it.

Following two big national conferences in the late 1990's two ministers, one from agriculture and one from health, were approached by a group of motivated academics and farmers and the request was made to form a national support centre. This was initially funded for three years and was a leap of faith as there was no existing research into care farming and no one really knew how successful it would be.

### **7.2 What are the farms like?**

The majority of care farms are “real” farms, independent, commercial farms, which combine agricultural production with care activities. The agricultural production is done in the ‘usual’ way. In 2003 most care farms were dairy farms or other types of grassland farms.<sup>10</sup>

The first farms who took on care activities were often organic, perhaps because on these farms there is more need for manual labour and, as such, there is more opportunity for physical activity. As time went on, more and more conventional farms took on care activities. Today, the majority of care farms in Holland are non-organic.

Several of the farms I visited had diversified into other activities alongside their agricultural production including a kindergarten and a caravan park.

### **7.3 The clients**

There are farms where there is one client for half a day a week, and farms where there are ten or fifteen clients every day, five days a week. Most care farms welcome six to ten clients.

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<sup>10</sup> Hassik, Zwartbol, Agricola, Elings & Thissen, “Current Status and potential of care farms in the Netherlands” 2007

The biggest group of “clients” (this is one translation, they are also called assistant-farmers or participants) are people with learning disabilities and people with mental health problems. They account for 37% of the total number of people accessing a care farm service. This figure only accounts for adults with learning disabilities that do not receive any school education. Children with learning disabilities who spend time on care farms and are also enrolled at special educational schools account for 5% of the total number attending care farms. Autism is categorised separately with 9% of the total client group being classed as autistic.

Psychiatric patients account for 13% of the client groups and, too a lesser extent, people with physical disabilities (3%), elderly people (9%), and addicts and ex-addicts (3%).<sup>11</sup>

Often there is a mixture of ‘target groups’ on the farm and the Dutch have found that this works very well, with the majority of farmers experiencing a positive effect on people with different specialist needs working together.

Most of the clients come to the farm for day-care and in most cases care consists of providing people with a worthwhile daytime occupation (90%), work training and/or a sheltered place to work (30%). Only 20% of the farms are residential<sup>12</sup> a slightly lower number than in the United Kingdom which the University of Essex report puts at 33%.<sup>13</sup>

#### **7.4 Why is a care farm a good place to be?**

I visited a number of care farms while in Holland and spoke directly with the farmers and clients and the overwhelming message is that because a working farm needs to achieve a certain amount of agricultural production, any work done is needed and important; it is meaningful. This is different from activities in a day centre, for example. It is ‘real work’ and a client can tell other people, “I work on the farm, I have a job and I matter”.

On most care farms in Holland there are only a few clients at a time so really individual support and personal care can be given. There is a lot of attention available for the individual and the farmers can adjust activities to suit the needs, capabilities or wishes of the clients. For example, if a client likes working in the garden, the garden is enlarged. This is possible because of the small-scale of the enterprise.

#### **7.5 How does the finance work?**

The large majority of care on farms in the Netherlands is financed by means of the General Medical Expenses Act (GMEA). This is a compulsory insurance for every Dutch citizen. It is meant to cover expenses for chronic diseases, costs which cannot be covered by private insurance. The care that is financed out of this Act is no longer organised and paid for at a national level, but at a local level, the equivalent of local authority level in the UK.

There are four different ways that farmers access the finance made available by this act.

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<sup>11</sup> Hassink, Zwartbol, Agricola, Elings & Thissen, “Current Status and potential of care farms in the Netherlands” 2007

<sup>12</sup> M.Elings & J.Hassink, Farming for Health pg 168, “Farming for Health in the Netherlands” © 2006 Springer

<sup>13</sup> R Hine, J Peacock & Jules Pretty, Care Farming in the UK, Evidence and Opportunities pg 57 University of Essex, 2008

1. Clients are given vouchers to “spend” (their Personal Linked Budget, i.e. the client receives his or her care package funding direct and has the freedom to choose how to spend it.) This makes clients more independent in their choice of care as they can make a direct agreement with a farmer. In 2005 37% of farms were being paid this way.
2. Funds are allocated to the organization supporting the client (i.e. the care institute). Around 32% of farms were funded this way in 2005.
3. Farmers are sub-contracted by the care institute. Around 13% of farms are funded in this way, which has dropped significantly from 32% in 1998.
4. The care farm itself becomes an official care institute by the means/regulations of the GMEA and receives money direct from the GMEA funding pot. Only about 7% of farms are set up in this way.

Only about 3% of farms in Holland receive no compensation for doing this sort of work and do it purely voluntarily.

The Support Centre has successfully negotiated with the Dutch government to make any income from care activities on farms VAT exempt, which is quite an achievement and a great advantage for the farmers.

## **7.6 Wenum Hoeve Care Farm**

Whilst in Holland I visited Gert-Jan and Hanneke Wensink on their sixteen hectare, third generation farm. Up until a few years ago, Gert-Jan was milking a hundred cows but when foot and mouth broke out at a neighbouring farm his cows had to be destroyed. At this low point in his life, he stumbled by chance across the concept of care farming at a trade stand at a county show. His father was initially very sceptical of the idea, he couldn't see how the two worlds of farming and care could mix, but Gert-Jan and his wife pursued it.

Today, eight to ten “assistant farmers” attend the farm every day apart from Wednesdays and weekends. The participants include those with minor learning difficulties to those suffering from stress or burn-out. The parlour has been converted into a dining room and small kitchen and a bathroom and quiet seating area.



The farm now rears Hereford cattle and has a small orchard and vegetable garden. There is a strong sense of everybody being part of a working farm. The participants have a strong sense of pride and ownership in the farm and a sense of community among themselves.

The farmer and participants eat together at lunch time and this is an important focus of the day. The farmer plans the work programme and everyone is clear on his or her roles or jobs for the day. Gert-Jan emphasised that the strength lies in what the farm can offer.

He has never looked at ways to “tick the boxes” for the health criteria, he has concentrated on what is right for the farm and getting the participants to tune in to its rhythm.

The participants I met at Wenum Hoeve were all physically very capable, which is perhaps why he has been able to take this approach.

### **7.7 Erve Wiegink Care Farm**

Run by Henk and Ria Wiegink, the Erve Wiegink care farm has been in business since 2001.

Set on twenty hectares, it remains a dairy farm with around forty milking cows and some arable. Ria was a social worker and was keen to utilize the farm facilities for the clients she was working with. It is very much a family run business with their daughter also involved in helping with the participants and the farm. Henk was keen to develop the care side because the farm was no longer profitable because of its small size and he was keen to work with his wife at home.

Around eight to ten clients a day attend the farm with needs including minor learning difficulties and psychiatric problems. Ria and Henk have a contract with one care organization (a supported living foundation) and they arrange for the participants to come out to the farm although Henk occasionally provides transport if needed.



The participants are on site from 9am until 3.30pm and therefore do not get involved in the milking. They do however assist with the young stock and manage the chickens and vegetable patch. The farm had already diversified into a caravan park, so the participants assist in the running of this and help with the maintenance of the site.

Interestingly, while the caravan business is set up as an independent business in its own right, the care and farm business are fully integrated. Henk’s main frustration is getting payment on time from the care organization.

### **7.8 The Support Centre for Agriculture and Care in Holland**

In early June 2007 I met with the Director from the support centre, Landbouw & Zorg. This is a non-profit organisation, subsidised by the Ministries of Agriculture and of Welfare and Health. It costs around three hundred thousand euros per annum to run and employs five staff, most of whom are part-time. Landbouw & Zorg is the hub for all looking for information on care farms and has three roles:-

- **Accreditation/certification centre**
- **Support**, e.g. through national care farm open days where the public are invited onto farms, a dedicated website and handbook etc

- **National Care Initiative**, negotiating contracts on a national basis and then sub-contracting them to regions or individual farms.

The support centre gives general information only. They do not assist in developing business plans for individual farmers. Support for this can however be found from private consultants and the national farmers' organisation.

In 1997 there were seventy five care farms in Holland. Now there are over eight hundred. It has been suggested that this rise in numbers is largely due to investment in the Support Centre for Agriculture and Care which runs a Quality Assurance scheme for care farms and that coordinates and advises new and existing businesses.

Care farming now accounts for almost one per cent of all farms in Holland and is the fastest growing diversification.

The focus of the support centre is clearly on commercial farms delivering care within a real working farm environment. The Netherlands is divided into twelve Provinces with a total of eighty Regions. There are now approximately eight hundred care farms in eighteen of these regions providing for approximately twelve thousand clients.

Farmers are certainly benefiting economically from care farming in Holland. In 2005 annual average revenue from care activities on non-institutional care farms was 73,000 Euros, which at the current exchange rate (November 2008), equates to nearly £58,000.

In 2009 the support centre will close. There has always been an issue around long term funding and the Dutch Government has always envisaged a finite period of financial support for it, feeling that the industry should be able to finance its own future.

It does raise the question of whether this closure is due to a weakness of the management team not to prioritise the sustainability of the centre or whether the industry is just too small at one per cent of total farms to warrant its own centre or if there is simply too much diversity in the farms and client group to service all requirements.

More positively, it seems likely that other organisations may be interested in acquiring the centre and its staff thus ensuring the future of some aspects of the strategic work. Perhaps longer term this is a good thing as the care farmers themselves will take more ownership of their future work and "brand" and are the people best placed to develop the industry.

## **7.9 Accreditation Scheme – current system**

There is a comprehensive accreditation scheme running in Holland. The main motivation for the development has come from the health insurance companies demanding some kind of quality assurance for their clients.

The accreditation scheme was developed by the Support Centre in consultation with HKZ (Stichting Harmonisation Qualityjudgement in the Care-sector, an organization with develops and coordinates accreditation across the care sector) who were persuaded that it was necessary to develop a scheme which was appropriate for small-scale farms. It has not been an easy path, particularly because HKZ is primarily associated with standards in institutions, whereas the Support Centre is obviously very farm oriented.

There is an ongoing dilemma about how to further develop the quality assessment scheme, because by making the accreditation scheme tighter they may not meet the needs of small farmers. They have however, tried to keep it relatively flexible to allow for the addition of specific requirements (for example from Probation or a psychiatric institution).

In this way it doesn't in itself contain details of every potential requirement from a commissioner but has the framework on which they can be added if required.

There is a comprehensive handbook which is issued with a clear set of criteria for the farmer to work with for a whole year. During this time evidence of their actual practices with clients is gathered and then audited. The farms are not accredited immediately on application unless they have been delivering care farming for a year and have kept evidence of their work.

Audits are undertaken by independent quality experts, not by the Support Centre itself, although the Centre does organize the audits. The auditors write a report and this is fed back to the Support Centre.

In June 2008, there were sixty farmers accredited with the kite mark and fifty one who have an evaluated quality system (the first step in the process). There are a number of others who are close to evaluation of the system.

The accreditation scheme is there mainly to demonstrate that the sector (if not all individual farmers) is doing what it can to ensure that any bad publicity doesn't harm the entire sector.

### ***7.10 Accreditation scheme – potential for the future?***

Interestingly, about five hundred of the approximately eight hundred care farmers in Holland have established themselves into formalized local co-operatives to better help each other to handle the bureaucracy associated with care farming and the quality assurance scheme. There can be as many as thirty or forty farmers in these co-operatives and the support centre now has the opportunity to pass on the management of parts of the certification to regional, and perhaps even local, level.

This has only become possible because a "critical mass" of care farms has now been reached in Holland, with estimates that numbers may reach two thousand in the near future. This would mean that all official records would be maintained centrally but the auditors might only inspect three or four care farms per region each year, with the co-operatives self-assessing their members annually. With the imminent closure of the support centre it remains to be seen how this bureaucracy will be handled if the farmers co-operatives are strong enough to move forward independently.

### ***7.11 Training***

Courses are available, mainly offered by agricultural colleges, for farmers and other people who work, or want to work on a care farm. There also modules available within both agricultural courses and health and social care related courses for students at higher education level.

The support centre offers “facilitation sessions” on such topics as health and safety, risk and orientation and feels that there is a viable market to further develop these although some elements would be best delivered by the regions.

## **8. Why has care-farming been so successful in Holland?**

Changes in agriculture have played a role; farmers in Holland, as they are in the UK, are looking for ways to diversify their means of income. Developments in care have also meant that the focus is more on the individual client and on integration into society. The Dutch have also been fortunate that their government has considered it a good idea and been prepared to support and fund care farming and a support centre on an experimental basis. Other governments may be less sympathetic towards using public money in this way.

Without a doubt, the introduction of personal budgets has had a huge effect on the development of care farming in Holland. This has given clients the independence to choose their own care package and make direct contracts with the farmer.

Perhaps the most important success factor though, lies in the concept itself. The combination of being in natural surroundings, working with animals and plants in a safe environment are just a few things that make a care farm a good place to be. The rapid growth of the number of care farms in the Netherlands from seventy five in 1998 to over eight hundred today is a sign in itself I would say, that the concept is working well for all concerned.

## **9. Norway**

### **9.1 Background**

Interest in care farming in Norway, or the broader area of “green care”, was originally generated by the Ministry of Agriculture who were motivated by an interest in improving income levels for farmers.

Between 2000 and 2002, at the cost of 3.85 million kroner (about 400,000 GBP), a national pilot project was implemented to run a census to ascertain what types of farms were currently involved in green care and the client groups which were benefiting. This was pushed forward by one of the County Governors who was very interested in the concept of green care and had a strong personal motivation to move it forward.



A project coordinator was employed in five out of the nineteen counties to follow up green care farms. These were initially three year posts and were generally part time, based in the Fylkesmannen (Municipal Offices). This pilot was led by the Ministry of Agriculture but also supported by the Ministry of Health and Ministry of Regions and Communities.

Evaluation took place from 2004 to 2007 and every county was contacted to get the numbers of care farms based there. The evaluation that came out of this made it clear that there was a strong economic motivation for the farmers, but also a strong sense of personal satisfaction.

The funding for these coordinators has continued and they now act as mediators between the municipality and farms, brokering and developing contacts.

## **9.2 Numbers and Types of Care Farms in Norway**

There are estimated to be around five hundred care farms (known as “green-care farms”) across the country as a whole, based on data provided by the counties.

This estimation is open to some interpretation as, in the absence of a single national database, there can be inconsistencies not only with the way each area records its data but also what it considers to be a care farm. Because the green care movement has been led by the Ministry of Agriculture in Norway, there is a great deal of enthusiasm for there to be a robust number of existing farms and, as such, there is a tendency to classify everything from a kindergarten on a farm right up to drug rehabilitation project linked to a farm as a care farm. It does, however, seem that the majority of farms are private commercial farms rather than those linked to institutions.

There is much awareness across Norway of the use and benefits of green care terms and the generally accepted brand is “Inn påtunet” (“on the farmyard”). This movement has a national office; however it doesn’t actually employ staff out in the regions. There is one person who manages the website, collects case studies, research, evaluation and overviews from different conferences and helps users, farmers and the health sector gain a greater understanding of the concept.

## **9.3 “Innovation Norway”**

“Innovation Norway” is a grant giving organisation which funds projects in rural areas. These projects do not necessarily have to be agriculture related, but can include rural skills and all types of farm diversifications. It is an organisation not dissimilar to our own former Rural Development Commission whereby farmers can receive grants and funding for capital works when diversifying into care farming and is mainly funded by the Ministry of Agriculture. There are offices in every county and although it has been around for thirty years its current funding and form was set up in 2000.

In September 2005 Innovation Norway set up a “green care council” and now advises the Ministry of Agriculture on how best to develop policies for green care and also how to use their budget. The results of this are outlined on page twenty under the discussion regarding the future of green care in Norway.

The importance of Innovation Norway in the development of green care across the country cannot be underestimated.

## **9.4 Quality Assurance**

There is currently no standard, nationally recognised quality assurance system applicable to all care farms in Norway, however Innovation Norway is currently collaborating with Holland to look

into developing a standard system that all care farms can adhere to. Most of the farmers I spoke to were not keen on this happening.

They felt that the level of paperwork that they already have to complete for other parts of the farm is already too much and with the commissioners each requiring certain criteria to be fulfilled for the care aspect as well, it can be argued that the care farms are already quality assured without need for another stamp of approval.

Farms considered to be care farms in Norway cover a very broad spectrum from those which are provide nursery facilities for young children, to those providing a working environment for young people recovering from drug addiction. I got a strong sense that many of the farmers felt that each farm should be unique and a national accreditation system would be very restrictive to the development of green care nationally and that there is a danger of over-regulation.

### **9.5 *Contracts between Commissioners and Farmers***

As is other countries, including the UK, there are problems in developing these as the health and social care sector does not always know how long they have to budget for. There is evidence that the school farms in Norway are more likely to secure longer term contracts; Sidsel Sandberg (see A School Farm on page nineteen) had recently negotiated a five year contract with her local school when I visited and in conversations with others it appears that the schools have an enviable amount of autonomy and budget to offer these contracts.

This should not be interpreted as a utopian system however, as frustrations are still evident when talking to the farmers about bureaucracy and delayed payments when dealing with the schools.

There was generally a pragmatic attitude towards contracts exhibited by the farmers I spoke to. The intimation was that if they were supplying a service in response to a market demand for a certain client group then if that service was satisfactory they could expect repeat business. As one farmer pointed out: "If the clients and purchaser are happy they will continue to use me."

It was interesting to note, that commissioning agencies, for example local authorities or institutions had actually started employing the farmers rather than simply contracting a service from them. Where this was happening, both parties seemed to benefit. The organization could ensure that a farmer received appropriate training and fulfilled their criteria along as a direct employee. The farmer benefited from a wage which wasn't dependent on the attendance of individual clients (a common complaint in the UK), holiday and sick pay and pension benefits.

### **9.6 *Training***

There is less focus on the idea of "training" farmers to undertake care farming in Norway and more emphasis on facilitating knowledge exchange between farmers and potential commissioners, particularly teachers.

The courses originally came out of a schools garden project and now consist of three sessions, an introduction, the planning of a care farm and practical applications. The schools have a certain amount of autonomy to use funding to pay for teachers to attend these courses, particularly where it will benefit children with special needs, but in some instances funding is ring fenced by the municipality so that it has to be used for green care. This means that farms are not competing, for example, with swimming lessons. An example of this can be seen in

Northern Trøndelag, where a small municipality received 150,000 kroner (nearly 15,000 GBP) specifically for using five farms as a pedagogical resource.

The courses currently cost six thousand kroner for farmers to attend (just over six hundred GBP) and are subsidized by the Department of Agriculture through a business development fund for farmers. The Ministry was motivated by the public's declining interest in agriculture and is keen to market agriculture positively for the future. They view it also as a way of recruiting those not currently involved in farming into agriculture and have other income streams in place as subsidies start to reduce.

The courses were originally developed and run by staff from the University of Life Sciences in Ås, just south of Oslo, but are now slowly being devolved down to the local colleges where potential course leaders are identified and trained to take over.

They are still however, administered by University staff and the cost of this administration factored into the total running cost. Farmers and teachers receive credit points and there are about thirty people on each course.

### **9.7 Research**

Research into green care is considered difficult to do, particularly into the health care benefits to clients of projects on farms. It is not easy to separate the variables on the farms that affect the different client groups and, although there is interest into which client groups benefit most from which specific farming type, there is a significant lack of data on each group.

A team of researchers have been documenting the results of projects with school children attending farms in Northern Trøndelag (discussed above), concentrating on the development of the facilitated courses and also the effect on the schools and farms.

The reports on the projects have been positive and learning goals, extra income for the farmer and network building have all been achieved, but there are still areas for improvement with long term financing and integration with the wider curriculum being just two.

On average there are two different client groups per farm in Norway, however there are self-evident difficulties in getting information from the commissioners on what the overarching problem associated with each client is. For example, the lines between mental health issues, behavioural problems and addiction are often blurred and there is no one answer to what the best mix of solutions on the farm is.

There is also a lack of work being undertaken into the cost benefits of clients attending a care farm as there seems to be more concern with the wider benefits to health.

### **9.8 A School Farm**

When I arrived in Norway, I was kindly invited to stay with Sidsel Sandberg at her farm, not far from Oslo airport. Sidsel was a teacher in a school for many years but wanted to incorporate the farm work with her teaching. She is passionate about sustainable living and her farm is organic and includes a small dairy herd, grassland and forest. Every day up to thirty school



children ranging from ages thirteen to sixteen are given the choice to come to the farm as part of their school curriculum.

They engage in activities such as chopping wood, horticulture, animal care, cooking and fencing. Sidsel's farm is two kilometres from the village, but she insists that no vehicles are brought to the farm, so both children and teachers must walk down the long lane as part of the day's activity. The day starts at 9am and finishes with a hot meal, cooked by the students and eaten together, at 2pm.

The farm has been running this way for about ten years, although the family has been there since 1966. The children who come to the farm are from mainstream schools so the farm is not a "care farm" in the traditional sense of the word. The motto is "learning through doing" and strict rules are in place to ensure that students get the most out of the experience.

The children, however, appeared to have the freedom to engage in activities that might be considered extremely hazardous in the UK. Axes and saws were accessible and two students were tasked with chopping dead branches from a tree – taking a hacksaw and scrambling up with great gusto.

Sidsel and her two assistants are all paid by the school on a retained teacher's salary. The school then pays a small rent and stipend for the students' food to the farm. This is not a mainstream activity in Norway and the school has had the autonomy to develop this relationship with the farm. Both teachers and parents have expressed scepticism about the value of this type of activity for the students. They complain that the students are being "exploited" and that the work they are doing "props up" the farm.

As the school curriculum is starting to emphasise things like healthy eating, the food chain, food preparation and sustainable development, Sidsel argues that a farm is an ideal environment to learn about all this. This may be a salient point for the UK perhaps?

Spending time with Sidsel again reinforced my belief that for such projects to be successful, so much depends on the character of the farmer. Sidsel is emphatic that the farm comes first, its production and the needs of the animals. However, she freely admits that the farm couldn't support itself without the salary and stipend she receives from the school. It was also interesting to get her views on a national network of care farmers and potential quality assurance schemes. She was quite negative about both areas feeling that accreditation would bring too much bureaucracy with it and a national network or organisation would bring little benefit as the farms and projects are just too different. There would not be enough commonality between them to gain anything from sharing experiences.

### **9.9 *The future for green care in Norway***

Since November 2007 an inter-departmental working group within the Norwegian government has been developed to develop the concept of green care nationally. Five different departments were involved in this process, including Agriculture, Health, Region & Communities, Children and the Department of Work and Pensions. It was organised by the Ministry of Agriculture but suggested by Green Care Council that exists within Innovation Norway (see page seventeen). The outcome has been that all departments have put green care on their agendas. The only department who will not make a commitment to this working group and agenda is the Ministry of Education who are wary of committing to green care as part of the curriculum as they wish to

leave individual schools and teachers autonomous to make that decision. (For further information refer to the Ministerial Action Plan – “plan of action in green care farms”) <sup>14</sup>

The future is positive for green care in Norway. The concept is embedded into the broader public consciousness and with a cross-party working group its inclusion into national policies and agendas seems assured.

## **10. Italy**

### **10.1 Background**

My study tour in Italy predominantly focused on Tuscany, mainly because, unlike Holland, there is no national support centre in Italy. Most of the information about care farming, which is known as “social farming” in Italy, comes out of a working group, led by Francesco di Iacovo, based at the University of Pisa. This means that a lot of the data available is only from this one region.

The Italian situation with care farming, as in other areas of life, differs strongly from region to region, however it is estimated that across the whole country there are around three hundred to three hundred and fifty care farms, mainly concentrated in the central area but with growing numbers on the islands (Sardinia and Sicily).

The Departments of Mental Health (within the local health authorities) also have examples of patients accessing horticulture, agriculture and gardening activities in almost every region. Italy, like many of its neighbours, is still struggling with the classifications of its social farms. For example, there is some separation between educational farms, care farms, farms for recreational activities, public gardening and rehabilitative programmes for prisoners, but the line is often blurred.

### **10.2 The Situation in Tuscany**

In Tuscany, ARSIA (the Regional Agency for Development and Innovation in Agriculture) has recently funded the development of a small database and some training courses which are being run in conjunction, and accredited by, the University of Pisa.

A survey was organised over the course of 2003 and 2004 which showed that there are about forty five farms where twelve hundred people with special needs have benefited from attending over the course of about twenty years. Out of this initial survey small local networks between farmers, service users, health and social care professionals and supporters of social farming have been established who attend meetings and receive a newsletter. These groups are overcoming the problems of previously isolated individuals and where these networks exist, the numbers of clients on the farms tend to be smaller.

All the care farms in Tuscany are organic and all are “open” farms, that is, they run other activities or initiatives that attract the wider community. Each farm seems to have come about as a consequence of one person or strongly motivated group of people trying to link agricultural

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<sup>14</sup> <http://www.regjeringen.no/nb/dep/lmd/dok/rapporter-og-planer/Planer/2007/Plan-of-Action-in-Green-Care-Farming.html?id=478880>

practices and care. This often happens without specific skills and with little help or advice, although new practices are starting to develop.

This is mainly due to increased recognition from the University of Pisa and the Regional Development Agency into the potential of social farming and links among social care professionals and private farms are improving.

The training courses have proved popular, not only with potential care farmers but also with agricultural advisers, health and social care professionals and students. ARSIA in Rome have replicated the training course in Lazio with equal success although it is interesting to note in this, more urban, region applicants mainly came from the health and social care professions. In both cases, content focused on broad based farming, including horticultural therapy and Animal Assisted Therapy, on social care system and how social farming met its criteria and on rural development policies. The themes also included corporate social responsibility and new agricultural markets linked to the increasing ethical attitudes of consumers.

### **10.3 The Colombini Family Farm**

While in Tuscany, I visited a farm in Crespina run by Alessandro Colombini. The farm is 18 hectares and is family run, specialising in organic horticulture. In 2002, Alessandro was approached by two healthcare professionals from the local ORISS, the Joint Commissioning Organisation for Development and Health. They were keen to develop a pilot project on a farm for people with special needs and developed a “pact for health” between the local authorities, health and social care professionals and also agricultural professionals in the area. They also had a vision whereby schools and the local community were engaging with the farm, and thus the participants of the pilot, by purchasing the vegetables grown. This vision came out of the Regional Health Plan in Tuscany in 2002, which stated that,



*“health policy is seen in relation with the strategic development of other sectors like economy, employment, land use, education and agriculture”.*

Thus the “Giardino dei Semplici” project was born with an aim to start with rehabilitative horticultural therapy and education, with the potential of possible integration into the commercial aspect of the farm depending on the capabilities of some of the service users.

Seven service users (mainly suffering from psychiatric problems) spent a year on this first phase of the project, learning the basics of horticulture and receiving training.

The next step was integrate this training within the “real”, productive farm, representing a new challenge for the participants.

I met Alessandro Colombini, the young farmer running this who had inherited his hilly farm from his father. At 45 acres it may be seen as small by UK standards but is representative of this region in Italy with its hilly, dry terrain.

Alessandro is a farmer first and foremost and was initially quite sceptical about the project. He had no background of working with people with special needs and was concerned that they also had no knowledge of horticulture and they would find it difficult to find a common ground.

However, they proceeded and whilst initially it was difficult to find the right task for each person as time went on they were able to match any needs and capabilities with different farm activities. "It is clear that we are still at early stages...however, results encourage me to keep on further.." Alessandro Colombini was commenting two years ago.<sup>15</sup> Now he has received a special award as an "ethical enterprise".

Alessandro explained to me that he has gone on to employ two of the original service users and has developed wider marketing networks for his produce because of his work with this project. It has enhanced his "brand" and he is now has a healthy vegetable box scheme enterprise and sells direct to the local schools.



There is no doubt that the reason this project has been so successful is because there has been a clear agreement between the commissioner (ORISS) and the farmer. Their relationship has been based on a deep sharing of objectives as well as an open line of communication. If Alessandro had had to "sell" this pilot to the health association it is unlikely his path would have been so easy and the project so successful. It is also important to note that Regional Health Plan was a great motivator to get this pilot off the ground.

#### **10.4 Prison Farms and the Island of Gorgona**



There is a long history of the use of prison farms in Italy, and I was very privileged to be given access to the prison island of Gorgona, an hour from the coast of Livorno, the last remaining prison island in Italy.

"Home" to just thirty five offenders of all ages (although capacity is one hundred and forty), Gorgona is a prison which has been structured as a working farm and has taken over or takes responsibility for maintaining this entire island.

Prisoners work in agriculture, raise animals or learn whatever building trades are useful to the enterprise. They live in residences rather than in cells. They must be in their homes by nightfall. Interaction with outsiders is controlled or forbidden. The farm is situated on steep slopes and terraces and prisoners are involved in all aspects of running the farm.

<sup>15</sup> "Giardino dei Semplici" A pact for health, social integration and local development, Francesco di Iacovo, 2008

Animal health is managed purely by homeopathy which has the advantage that no pharmaceuticals are kept on the island as a temptation to recovering addicts.

The land, plants and animals are all used as the basis to re-educate many damaged individuals and to help them gain skills to help them reintegrate into society when they return to the mainland. Many former inhabitants go on to work on farms upon release.

Funding from the Ministry of Justice aims to extend farming activities in ten Italian prisons but also programmes that offer rehabilitative agreements with commercial farms (mainly in forestry).

Gorgona is a very special place both for the prisoners and the people who work there. There is a strong sense of community there that every creature and every person depends on each other for their well being. I have visited other prison farms in the UK and other parts of Europe, but Gorgona, perhaps because of its isolation, seems like another reality and a place where true and long-lasting rehabilitation can occur for those sentenced to spend time there.

### **10.5 *The future for social farming in Italy***

Social farming in Italy is not an organised system but mostly exists on a voluntary basis, pushed up from the bottom by enthusiastic practitioners and not supported by any specific policies and institutional framework.

The law in Italy encourages the development of “social cooperatives” that focus on labour market integration of “disadvantaged” people. Many are now large and came out of the social cooperatives which started up in the 1970s at the same time as a big reorganisation in health and social care and often these co-ops developed agricultural practices to improve job opportunities for people with special needs. In most cases these social coops end up running two different activities, social care and agricultural businesses so there is less integration of farming and care as can be seen, for example, in Holland.

Although the newly developed training courses attempt to present and discuss practical experiences of existing farmers, the themes of the training courses seemed to me rather academic and theoretical. I mentioned this to Marco Noferi one of the leading care farmers based in the Chianti region south of Florence. I asked him, given his twenty years experience of care farming, whether it was really possible to “train” someone to be a successful care farmer. He immediately understood what I was inferring, that the success of so many of the existing farms seems to be based on the unique character of the individual farmers, something a lot less tangible than certificates and credit points achieved.

His answer perhaps sums up the age in which we now live as well as how the future will be for social farming in Italy. That care farm projects will continue to succeed and numbers will undoubtedly grow but that they will do so “with less passion but more professionalism”.

## 11. Belgium

### 11.1 Background

Most care farming work in Belgium is centred on Dutch speaking Flanders. The most recent count by the Support Centre for Green Care which took place in June 2007 suggests that there are around 260 care farms in Flanders.

According to the Centre, these are commercial farms with active agricultural or horticultural businesses but providing care as a sideline to their main farming business i.e. the farming takes priority over the caring aspect.

There are smaller numbers of institutional farms and sheltered workshops i.e. care farms operating within, or part of, a care institution (where the care of the clients takes precedence over the commercial production focus).

### 11.2 Legislation & Finance

Flanders has largely learnt from its neighbours in Holland and has developed good practice from there. Legislation and a legal framework for care farmers to operate within were implemented through the Rural Development Plan 2000 – 2006. This has meant that care farms have shifted in emphasis from been considered largely voluntary enterprises to being considered as more commercially viable. The economic aspect of care farms on farmers' incomes in Flanders should not, however, be over emphasised. Results of a survey for the SoFar project<sup>16</sup> in 2006 suggest that costs and revenues are more or less balanced on most care farms. The majority have an annual revenue from care activities of 1,000 – 10,000 Euros per year with costs varying from 100 – 5,000 Euros per year.<sup>17</sup>

Since 2005, care farms in Flanders have been able to apply for official recognition and in turn a corresponding subsidy. This subsidy is to compensate for the time that a farmer (or his/her partner or staff) spends with clients attending the farm and thus limiting his ability to work full-time on commercial production.

The subsidy varies depending on the type of care farm with the farmer receiving 15 Euros per day if only the facility of the farm is made available to an institution and 40 Euros per day if the farmer, partner or staff are responsible for the clients' activities. This second subsidy is up to a maximum of three clients and is irrespective of the number of clients.

These subsidies are paid for by the Department of Agriculture and although the Departments of Welfare and Education helped to develop the legislation surrounding care farms in Flanders they, as yet, do not assist in funding them.

There are also some grants available for capital works where care farmers wish to develop facilities for their clients such as toilets or dining rooms. Farmers are able to recoup up to 40%

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<sup>16</sup> "Social Services in Multifunctional Farms" Project. See <http://sofar.unipi.it/>

<sup>17</sup> Dessen, J. ed. (2008) Farming for Health, Proceedings of the Community of Practice Farming for Health, 6-9 November 2007, Ghent, Belgium pg 86

of their investment from the VLIF (Flemish Agricultural Investment Fund), part of the Flemish Rural Development Program.

The legislation and subsequent subsidies that have come out of the Rural Development Plan in Flanders have had the huge benefit of forcing the sector to lay down the parameters for exactly what constitutes a care farm making the concept less nebulous than it can be in other countries and in turn creating greater recognition of the care farmers and their work by both government and society.

For an agricultural or horticultural business to be regarded as an official care farm they are required to :-

- cooperate with a care organisation, officially recognised by the Welfare Department or with a counselling centre for high school students,
- use the official Care Farm Contract: a standard contract between care farm, care organisation and client, drawn up and provided by the administration.
- Farming or horticultural activities must be 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).

The care organisation is ultimately responsible for:

- coordinating the relationship and process between farmer and client
- taking care of the administration involved with care farming and clients<sup>18</sup>

Interestingly, it has emerged that agricultural or horticultural businesses must have a minimum viable size to fit the above care farm criteria. This means that projects based on small agricultural holdings are not viable. The constraints of the criteria have also meant that standard contracts supplied by a commissioner cannot be easily altered to fit the way a care farm is set up and the subsidy is capped. For example, it does not take into account the level of care provided and the number of clients attending a farm and can therefore be rather inflexible.

### **11.3 The Support Centre in Flanders**

The Flemish Support Centre for Green Care (Steunpunt Groene Zorg) was set up in 2004 following a feasibility study in 2003, with the primary goal of promoting the development of green care. Since its existence numbers of non-institutional care farms have grown from around 130 to 260 in 2007. Whilst the support centre is heavily involved, as one would expect, in networking, sharing best practice, information and demonstration days and support for start-ups it also undertakes some of the brokerage between clients, care institutions and farmers i.e. helping to match a client's individual needs to the right farm.

The support centre has also been involved in developing a "quality guide" for the sector. Whilst no formal "quality assurance" exists as in Holland, this guide outlines the best practice model for the cooperation that needs to exist between a farmer, client and care institution. It also includes testimonials from clients and existing care farmers and many practical tips on starting up and running a care farm.

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<sup>18</sup> Dessein, J. ed. (2008) Farming for Health, Proceedings of the Community of Practice Farming for Health, 6-9 November 2007, Ghent, Belgium pg 88

The Support Centre has been instrumental in helping raise the profile and push through the legislation for care farming in Flanders yet it receives no central core funding which throws its future development into doubt.

## 12. Difficulties in analysing the care farm sector

The over-arching difficulty when any attempt is made to undertake an in depth look at this sector is how to define exactly what constitutes a care farm. The lack of an internationally recognised taxonomy makes it extremely difficult to compare the numbers of “care farms” currently operating across Europe. The study into care farming in the UK undertaken by the University of Essex in 2007 included city farms, charitable enterprises and therapeutic communities which, in some cases, is at odds with the definition of care farming being the, “*the use of **commercial farms and agricultural landscapes as a base for promoting mental and physical health, through normal farming activity***” The Flemish Support Centre clearly makes this distinction, as does the Dutch Support Centre (whose statistics were taken from the National Agricultural Census), when analysing number of existing farms, but Norway and Italy, with no central organisation to set the parameters for recording this data, do not.

In Holland there are growing numbers of care institutions which are beginning to open “care farms” of their own. However, the Dutch Support Centre does not regard them as true care farms if some farming activity is merely added to an institutional setting. Debate is underway, as it is in much of Europe, to produce a definition of limits (hospital and children’s farms are not included). It is still to be decided whether a farm providing some learning opportunities or a single visit will be regarded as a care farm, or will the assertion by the Director of the Support Centre when I visited in 2007 prevail; That a care farm must be regarded as one where a real working farm and the farmer provide real life farming work throughout the seasons.

It does seem that where countries have had significant funding and support from the agricultural sector the numbers of care farms are higher. This is somewhat chicken and egg; Are they higher because of the level of recognition the sector has received or because the beleaguered agricultural industry is keen to see another viable income stream and a boost in public perception for its farmers?

## 13. Defining the Sector for the UK

The lack of an encompassing definition for care farming was discussed earlier in this report and there are many arguments in favour of leaving the interpretation of this sector as broad as possible at this stage to be as inclusive as possible. Indeed, perhaps care farming is not a concept to be tightly defined but is better suited to be left to incubate and emerge in time out of shifts in political and cultural consciousness as we move into a more socially minded era.

There are two major problems with this. The first is that by leaving it so open to interpretation a significant number of farms may currently be operating as “care farms” without actually realising it. A study done on behalf of DEFRA by Exeter University<sup>19</sup> in 2002 stated that some 23% of diversified farms are involved in activities classed as “recreation and leisure”. Within this

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<sup>19</sup> “Farm Diversification Activities: Benchmarking study 2002 Final report to DEFRA”, Centre for Rural Research, University of Exeter <https://statistics.defra.gov.uk/esg/reports/farmdiv/diversfullreport0.pdf>

category is the provision of educational facilities. The University of Essex study indicated that educational provision is the predominant activity on care farms.

The DEFRA report states that 3% of diversified farms are engaged in education, equating to 1.75% of farms overall – a higher number than those which exist even in Holland.

If we add many of the city farms, school farms and therapeutic communities in the UK the figures will further increase. If we exclude these groups and projects a vast number of people who subscribe to the care farm movement, consider themselves practitioners, but are not registered farms may well end up feeling, justifiably, alienated.

The second problem is closely linked to the first. If individual farms or projects are uncertain as to their status it is impossible for researchers to gather any quality evidence regarding their effectiveness.

It is certainly no easy task to provide a precise definition of care farming, but in its absence no credible, empirically-based study can be undertaken without the risk of great confusion.

#### **14. Accreditation – help or hindrance to UK care farmers?**

Setting up a quality assurance scheme could be a way of taking the movement forward in the UK. Holland has quite an established system, and it has been talked of here as something that would provide farms with a stamp of credibility. One of the dangers of this is that it could easily end up becoming much bureaucratized, with each commissioner insisting on their own requirements being met. The UK movement faces a choice: develop its own quality assurance system or adapt an existing system to accommodate care farms.

Without an enthusiastic commitment from relevant stakeholders i.e. existing care farmers and commissioners such as social services, probation and education any quality assurance scheme is unlikely to be accepted and, indeed, is doomed to fail by causing a division of views and inconsistency in relations between referring organisations and care farming providers across the UK.

Many specialist organisations for specific client groups (e.g. National Autistic Society) already have strict registration criteria for centres that are accredited to operate with their recommendation.

As the Dutch have found, it is impossible for small family farms to be able to meet such strict standards, and indeed some commissioners may not approve of mixed client groups.

Have said this, it seems likely that some generic standards are likely to be required for care farming to become more mainstream in the UK.

The path to developing a quality assurance scheme and accreditation for this sector should be trodden with a great deal of thought and care and with wide consultation with existing practitioners and the central offices of the main referrers.

## 15. Summary of Findings

- It is striking that in all countries initiatives for care farms have mainly been initiated by farmers and not by health institutions. Care farming started as a bottom-up process. Apparently, farmers' objectives form the main driving force for the development of care farms and not the demands of the health sector. It is also striking however, how little consultation seems to be taking place with participants attending care farms.
- Nearly all the care farms I visited are run by people who are driven by a strong personal motivation, in a spirit of altruism. This is also apparent in the UK, according to an investigation of care farming published by the University of Essex in early 2008. Very often it is only after the care farm is established that the financial implications begin to have an influence on the operation.
- Some people question and do not like the 'care' in care farming. 'Care' has negative connotations and for them care farming is more about training people, and developing their skills. I think care farming is a two-way process: it's about people's care for and involvement with the land, as well as caring for people.
- There is greater acceptance of care farms and more structured support for it on the continent. For example, in Holland there is a government funded support centre, in Tuscany care farming is mentioned in the Regional Development Plan and in Norway there is a cross-departmental government action plan for green care. Norway also has an organisation not dissimilar to our own former Rural Development Commission whereby farmers can receive grants and funding for capital works when diversifying into care farming. In Flanders, farmers are subsidised for not farming, rather than being rewarded for providing care.
- Some people equate care farming, organic farming and sustainable living. All are 'alternative' types of employment, are socially minded, and are sometimes run by similar types of people. But while some care farms are organic and some are about sustainable living or all three, not all of them are, and we should beware of putting them all in the same category.
- The differences between care farms are mainly related to the balance between care and agricultural production. A distinction can be made between the more care oriented farms and the more agricultural production oriented farms
- It is a myth that care farmers are isolated individuals, and that they may not have the skills for care farming (persuading commissioners, caring for clients etc.) Many of them have jobs elsewhere, are used to caring for the land, and are keen to pursue the idea of care farming.
- Outsiders often cite health & safety as a potential stumbling block in the development of care farms. But in all the care farms I have visited in the UK and EU, none of them has *ever* said they have had a major accident. People who get involved in care farming are not doing it for economic gain; they are sensible people, who would not cut corners and put people at risk.

## 16. Conclusions

- Holland is generally considered to be the model of good practice for the rest of Europe. The most formal research has been done there, monitoring growth, looking at types of clients attending and impact on farmers' incomes etc. This is due, in part, to the existence of its support centre.
- Care-type activities are a growing area of work and significant income stream on all the farms I visited. The outlook for this type of activity all across Europe is very positive.
- Although care farming is widely recognized, the term green care is more commonly used to encompass the breadth of activities taking place on farms. Italy is the exception with its use of the term "social farming".
- It is widely agreed that not enough work is being done exploring the economic savings that can be made in the long term by utilizing care farms benefiting different client groups.
- Care farming across Europe currently encompasses a wide variety of enterprises – everything from large, commercially-minded farms to individuals working off a third of an acre which could never be viable for commercial production.
- Given the diversity of social, rehabilitative and educational work taking place on farms, it is very difficult to define precisely what care farming is. While academics seem content with a broad all-encompassing definition, for the citizen on the street (or the farmer in the field) it can be a rather nebulous concept. While it is generally agreed that working on the land, with animals or in nature, is a good thing (particularly for more marginalised groups in our society), funders, policy makers and others can struggle to understand what exactly a care farm is.
- The advantage of such diversity is that it has attracted interest from a wide range of media (e.g. the organic movement, health sector, mainstream farming etc) but such a broad classification can create confusion. It may well be time to develop a more precise definition of what constitutes care farming. Unless this is done, any money that gets allocated to support the movement will inevitably get spread very thinly, as is happening in Italy, and may lead to frustration among commercial farmers who are keen to see more professionalism within the movement.
- Without research into healthcare and cost benefits there is a danger that this type of work becomes just another youth skills project, rehabilitation programme or day care service that just happens to be based on a farm.
- It will limit the impact of the care farm movement if only the undoubted benefits of being part of nature are emphasised without the benefits of being linked into the market realities of a small business. Working with farmers and true connection with the business of the food supply chain offers a unique form of experience which can only be provided by a care farm.

## 17. Recommendations

- It would be useful to know more about the types of social projects which already exist on commercial farms. Perhaps this could be done via a question on DEFRA's annual farm management survey. This would give a better idea of current overall scale and types of client in the UK.
- The single farm payment mechanism could be adjusted to accommodate farms that want to support social objectives such as care farming. It would be a lot easier to fit care farming into existing framework, such as this, rather than trying to create something a new support mechanism.
- Further research into the cost and healthcare benefits to commissioners who utilize care farms for particular client groups needs to be undertaken.
- A scoping study into the development of an accreditation scheme for this sector. This needs to look into establishing scheme objectives, setting standards and ensuring compliance. This could be funded in its entirety by one agency (e.g. Natural England as a mechanism for delivering rural employment and farm diversification), or by drawing together several government departments or their agencies (e.g. Home Office/Criminal Justice, DfES, DH, DEFRA).
- Facilitated workshops involving potential commissioners and prospective care farmers should be developed in this country, as in Norway, rather than accredited training.
- Small, local networks for farmers, health and social care professionals and service users should be developed to provide mutual support. These have emerged in all the countries I visited.
- Potential purchasers of a care farm service need to see and understand the benefits rather than having policies put in place to force them to use farms. Let market forces – the benefits to the clients and the long term cost saving – be the ultimate marketing tool. This, and the three previous points, will help overcome suspicion that farmers could be exploiting vulnerable people.
- Explicit links need to be made with the expanding social enterprise movement here in the UK as this has been very successful in Italy.
- A less ambiguous definition of what exactly care farming is, and which farms fit into the criteria, needs to be agreed or we may risk alienating commercial farmers. Without addressing this issue of definition, there is the danger that tensions will develop as the UK movement gathers the strength and gains profile. Although initially certain projects may lose out due to the adoption of a narrower definition it is likely that there are already organizations in place to support them.
- To date, much of our efforts in the UK have focused on persuading individual farmers to come forward, see the benefits of care farming, and to support them in that process. One problem with that is that it involves convincing large numbers of farmers, and commissioners, that care farming is worth doing, and finding the budgets to go with the clients. An alternative approach might be to lobby particular government departments

or local authorities to fund a certain number of places/hours per year. Companies might also do it, as part of their corporate social responsibility. Either way, it might be easier to convince one organisation to provide significant funding, than for lots of farmers to convince several organisations to provide individual amounts for each client.

- A small national pilot support centre would assist in achieving all the above. The Dutch and Belgian models could provide examples of best practice.

## 18. Acknowledgements

There are so many people who have played a part in helping me with my travels and the writing of this report and that to attempt to acknowledge them all individually runs the risk of a report three times as long or missing someone out. I am eternally grateful to all the care farmers across Europe who gave up precious time to talk to me and to all the care farm “clients” who were unfailingly friendly and interested in me during my visits.

Huge thanks go to both Ina Kattenbroek and Machteld Tempelman for letting me stay with them, acting as translators and organizing visits. To Jan Hassink and Marjolein Elings from Wageningen University for clarifying questions about research and taking the time to help me not only in Holland but at COST meetings in other parts of Europe. Thanks also to Jaap Meier who was Director of the support centre at the time of my first visit for his time.

In Italy my heartfelt thanks go to Francesco di Iacovo for organizing the most incredible itinerary and sharing his huge amount of knowledge and experience with me. Also to Andrea d’Angelo who accompanied me on a lot of the visits, shared the driving and patiently pointed out many subtleties I would otherwise have missed. A special mention also goes to Roberto Finuola who organized a lot of my visits around Rome.

In Norway special thanks must go to Hilde Hauge to helping to organize my itinerary and for letting me stay with her. Also to Bjarne Braastad and Bente Berge from the University of Ås for taking the time to talk to me and Siv Merete Arnesen who drove me all round Kristiansand and introduced me to many wonderful care farmers. In Stavanger, I must mention Bjørn Berg who kindly let me stay with his family and arranged some fascinating visits around care farms on the fjords.

Everyone involved with the National Care Farming Initiative has been a continued source of help and support but in particular I would like to acknowledge and whole heartedly thank Ian Egginton-Metters from the Federation of City Farms and Community Gardens for all his assistance in the sections on quality assurance and accreditation and Stephen Parsons for his eagle-eyed proof-reading and assistance with any of the economics and statistics in this report.

I am extremely grateful to my employer, Harper Adams University College, and in particular to its Principal, Professor Wynne Jones, for his unwavering support throughout my Nuffield experience.

Mostly though, I’d like to thank Ed for all his patience and support through this whole experience and who, in the midst of it all, married me.