

What care farming is

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Abstract: *There have already been definitions of care farming, mainly based on academic or external observation, and usually these have been rooted in continental European experience. In our paper we report the results of a study that set out to uncover a definition of care farming grounded in the perceptions and vocabulary of the community of interested parties established in the UK by the National Care Farming Initiative (NCFI). We used the UK database of the NCFI, (which includes currently practising care farmers, farmers with an interest in care farming, commissioners of care-farming services and supporters or well-wishers for care-farming), as the basis for the investigation. A postal enquiry, supplemented by email, not only posed a series of closed questions designed to clarify the extent of common understanding but also used deliberately polarised propositions to provoke extended free expression by the participants. Our paper explores the differences and similarities amongst the perceptions of key sub-groups (e.g. care-farming practitioners and service-commissioners) in terms of the balance of importance attached to the fundamental forms of engagement contributing to the therapeutic quality of the experience of attending a care farm (e.g. contact with nature, work experience and farmer involvement). A definition of care farming appropriate to the purposes of the NCFI has been developed based on the results of the study.*

Keywords: UK; Definitions; Farming; Care Farming; Practitioners; Commissioners; Perceptions

Introduction

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 (Sempik and Aldridge, 2006).

With advances in medical technologies and new drugs to treat mental illnesses and speed up convalescence many hospital farms have been closed. Similarly asylums have been phased out with the emphasis placed on those with both physical and social needs being integrated into the community. Over the last 20 years most of the prison farms and other 'green' settings have closed where land has become more valuable for housing.

Care in the UK therefore, 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.

It is now well-established that exposure to nature can lead to positive health and well-being outcomes (Hartig *et al.*, 2003; Pretty *et al.*, 2005; Hine *et al.*, 2007 Barton *et al.*, 2009, Bird 2007) and many 'green' approaches to health have emerged in recent years (for example 'Walking the way to health', 'Green Gyms', 'Green Exercise' and 'ecotherapy' to name but a few). Recent research in this area suggests that therapeutic and facilitated applications of various nature based approaches are effective at promoting health and well-being for many vulnerable groups in society (for more details of this research see <http://www.greenexercise.org>). Collectively, such therapeutic approaches have been termed 'Green Care'. We draw attention to the distinction between formal therapy (as a type of medical intervention) and the descriptive term therapeutic. In common English parlance,

therapeutic means “contributing towards or performed to improve health or general well-being” (Chambers, 1993) and it is this interpretation that should be applied to the term therapeutic whenever we use it in this paper.

In the UK there is a growing movement to include with green care social and therapeutic horticulture (STH), animal assisted interventions, ecotherapy, wilderness therapy, care farming and others. Although there is much diversity under the broader umbrella of ‘green care’, the common linking ethos is essentially to use nature to produce health, social or educational benefits.

A study undertaken by the University of Essex in 2007 (Hine et al., 2008b) suggests that ‘care farming’ has the potential to offer a solution to some of the UK’s health and social care needs while also helping to ensure the future viability of farms.

Why is a Definition of Care Farming Needed?

The advantage of the diversity within the care farming movement, highlighted above, is that it has attracted interest from a wide range of interested parties (e.g. mainstream farming, health and social care organizations, the organic movement, city farms etc). Such a broad classification, however, can create confusion. It is agreed across Europe that the time has come 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 and may lead to frustration among those keen to see more professionalism within the movement. The over-arching difficulty when any attempt is made to undertake an in depth look at the care farming sector in the UK is how to define exactly what constitutes a care farm.

This lack of an internationally recognised definition is not a problem for the UK alone, different countries include different types of farm and green interventions in their definition of care farming. This makes it extremely difficult to accurately compare the numbers of care farms’ currently operating across Europe.

In the Netherlands the definition of care farming is “*the use of commercial farms and agricultural landscapes as a base for promoting mental and physical health, through normal farming activity*” (Hassink 2003). Both the Flemish Support Centre and the Dutch Support Centre (whose statistics were taken from the National Agricultural Census), make the distinction between commercial and non commercial farms when analysing number of existing care farms, but Norway and Italy, with no central organisation to set the parameters for recording this data, do not. Although the University of Essex study (2008) into care farming in the UK adopted the Dutch definition, the study included city farms, farm-based charitable enterprises and therapeutic communities with farms as care farms. In the Netherlands there are growing numbers of care institutions which are beginning to open ‘care farms’ of their own. However, the Dutch Support Centre did not regard them as true care farms if some farming activity was merely added to an institutional setting. In other areas of Europe, hospital and children’s farms are not included in the definition and discussions as to whether farms which offer a one-off single visit are regarded as care farms continue. Debate is underway here in the UK, as it is in much of Europe, to produce a definition of limits.

There are many arguments in favour of leaving the interpretation of the care farming sector as broad as possible at this stage in order to be as inclusive as possible. If we exclude groups and projects, a vast number of people who subscribe to the care farm movement and who consider themselves practitioners, but are not registered farms, may well end up feeling alienated. Indeed, perhaps care farming is not a concept to be tightly defined but is better suited to be left to develop and emerge in time through the growth of a recognisable, practitioner driven movement.

There are however 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.

The second problem is closely linked to the first. If individual farms or projects are uncertain as to their status, this may not only pose difficulties of self-identity for practitioners but also make it difficult 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.

Care farming – some definitions from Europe

Across Europe there are many terms used in relation to care farming – care farming, social farming, green care farming and farming for health. In the Netherlands, the Dutch care farming handbook defines care farming 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*". (Hassink, Rotmensen, Meyerink & de Smet 2001, translated into English for NCFI by Kattenbroek 2007)

The EU COST Action 866 Green Care in Agriculture describes care farming as: "the utilization of **agricultural farms** as a base for promoting human mental and physical health" (http://www.umb.no/statisk/greencare/general/costpresentation_braastadkomprimert.pdf, Braastad, accessed 2010)

The broader term of "farming for health": "*comprises a wide spectrum of different kinds of social agriculture in different countries, including social farming or Green Care and the specific use of plants, landscapes, gardens and farm animals in therapy or in a recreative setting in order to improve well-being or to reach pre-defined goals*" (Hassink and van Dijk, 2006, Preface)

In Belgium, the ILVO (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.*" (Dessein, 2008, pg 16)

The SoFar research project (Social Services in Multifunctional Farms) examining Social Farming uses a wider definition (Di Iacovo & O'Connor, 2009, pg 11):

"we may speak of social farming as those farming practices aimed at promoting disadvantaged people's rehabilitation, education and care and/or towards the integration of people with "low contractual capacity" (i.e. intellectual and physical disabilities, convicts, those with drug addictions, minors, migrants) but also practices that support services in rural areas for specific target groups such as children and the elderly".

It appears from these definitions across Europe that farming for health, care farming and social farming are interchangeable terms for essentially the same concept, many of which tend to focus on commercial farms.

The National Care Farming Initiative (UK)

The National Care Farming Initiative in the UK was inaugurated as a partnership involving Harper Adams University College (the country's largest centre for undergraduate education in agriculture and related subjects), the Arthur Rank Centre (part of the Royal Agricultural Society of England), the Federation of City Farms and Community Gardens; and the Interdisciplinary Centre for Environment and Society at the University of Essex (known for their Green Exercise research). The partners recognised the lasting and sustainable healthcare development that can be achieved through engaging with nature, the land and in particular the farming communities of the UK. They also recognised that care farm providers can feel isolated and the lack of a national network meant that

many were missing out on the benefits of collaborative action (e.g. marketing, training, service access, etc.), mutual support and political impact. (<http://www.ncfi.org.uk/uploads/Resources/First%20Conference%20Report%202005.pdf>, NCFI, accessed 2010)

Since its beginnings in 2005 the NCFI has organised two successful national conferences and given care farming a unified voice under the NCFI banner. It conducted the first scoping study concerning care farming in the UK and enabled a strong network of practitioners to evolve by launching the NCFI website. Case studies and resources to assist potential care farmers and commissioners have been developed and the NCFI has run open days, workshops and seminars all around the UK, which have led to the launch of local and regional initiatives and projects. Further to this, to consolidate understanding, the partners facilitated a consultation exercise across the membership which developed options and set priorities for further action.

The study and results presented here have been built on all that experience of facilitation as well as direct involvement in research and contact with the wider European community of practitioners, researchers and policy analysts.

The NCFI gets regular enquiries which require a handy definition of care farming in order to provide a quick response. It has also been felt for some time that it would be helpful to have a definition to offer potential donors and funding bodies. For a definition to be useful it should enjoy widespread assent amongst practitioners and supporters. To help develop such a definition, members of the NCFI were consulted about the subject and results from the consultation are presented below.

Context and Method

The 2008 University of Essex report used language derived from continental European experience. The experience of the NCFI partners suggested that, especially in the English context, the specific description ‘commercial farms’ might be misleading. There was also a feeling that in England, where there is an overwhelming preponderance of agricultural land (in contrast with the significance of lakes and mountains in the continental landscape), the phrase ‘agricultural landscape’ was linguistically clumsy (the more colloquial usage being ‘countryside’). In order to move towards a definition using the vocabulary of the UK care farming community itself, a postal enquiry (supplemented by email) was implemented by Harper Adams University College using the NCFI database. A questionnaire was sent to all 700 contacts on the database (including care farm practitioners, prospective care farmers, supporters and well wishers and potential commissioners of health and social care) in the summer of 2009 and from this broadcast enquiry 144 usable responses were received in time for inclusion in the analysis reported here.

Although the main purpose of the study was to capture the terms in which NCFI members express themselves when describing care farming, there were a number of fixed-response (closed) questions included to allow the balance of opinion amongst members to be assessed with respect to aspects of care-farming identified from literature, research and earlier enquiries. The investigation also used two polar propositions intended to provoke critical expression.

The categorical responses were analysed by tabulation (using Microsoft Excel spreadsheet software) in terms of proportions of respondents, and also by cross-tabulation according to sub-classes of the respondents. The views openly expressed by the respondents have been used to supplement the interpretation of the quantitative results in this paper.

The Respondents

Of the respondents, 49 (34%) identified themselves as practising care farmers, 35 (24%) as farmers with an interest in care farming, 14 (10%) as people who might commission the services of a care farm and 46 (32%) as supporters or well-wishers for care farming

Qualitative results of this study

As the main purpose of the enquiry was to get NCFI members to describe care farming in their own words, two polar propositions were presented with a view to encouraging critical comment.

The first proposition was: “Any farm that welcomes visitors is essentially a care farm”. It was anticipated that this vision would be regarded as unsuitable owing to its over-inclusiveness. This expectation was endorsed by 86% of the respondents.

Likewise the second proposition: “A care farm offers its clients full engagement in its farming activities (e.g. tractor-driving; livestock handling; crop cultivation or harvesting; milking cows) and pays them for their contribution to a profitable enterprise”. It was anticipated that this vision would be regarded as unsuitable owing to its over-restrictiveness. Three-quarters (77%) of respondents agreed that this vision was too restrictive; and from the comments provided it seems likely that many of the 23% who appeared not to agree that the vision was too restrictive may have been deceived by the format of the question. Many of the supplementary comments emphasised the non-commercial orientation of care farms and the limited capabilities of clients as potential employees.

As noted above, the intention behind this presentation of polarities was to generate open expression of opinions from amongst the NCFI membership. This approach seems to have been extremely successful as most of the respondents took the opportunity to pass comment.

Quantitative results of this study

Initially a series of descriptors are provided for evaluation in terms of the desirability of their incorporation into a definition of care farming. Data that can be used to indicate the strength of support for each element are shown in Table 1.

The two most important defining aspects of care farming are identified as being that “vulnerable people get involved in the work of the farm” and that “vulnerable people can encounter growing plants and animals”.

Table 1. Relevance of Descriptors (numbers are percentage of respondents in each case).

Descriptor	Essential	Quite Useful	Unimportant	Misleading
....vulnerable people get involved in the work of the farm	73	21	1	6
....vulnerable people can encounter growing plants and animals	68	27	1	4
....the farmer engages directly with vulnerable people	41	30	15	14
....a commercial environment	21	30	18	30
....a place in the countryside	18	21	20	41

Note: Totals may not sum to 100 because of rounding

Opinion was divided regarding the importance to be attached to care farms providing a commercial environment: those who thought it essential or quite useful were matched by those who thought it unimportant or misleading.

The idea that care farms are necessarily in the countryside was not supported: a clear majority thought this was unimportant (20%) or even misleading (41%).

These results suggest that references to “commercial farms and agricultural landscapes” should be omitted from a definition.

The implication that care-farming is separate from mainstream farming (farming as recognised by the general public) may be a factor that requires very careful consideration by the NCFI partners in determining the strategic presentation of care farming.

Importance of Definition

A set of statements were provided as a basis upon which to gauge the strength of respondents’ feeling about the importance of definition and sensitivity with respect to terminology. Data that can be used to assess this are reported in Table 2.

Table 2. Does definition matter? (numbers are percentage of respondents in each case).

Statement	I agree	I’m not sure	I don’t agree
It’s important to pin down what defines a care farm	71	18	11
Care farming is a useful description because it includes so many things	64	22	14
Care farming is part of a broader Green Care movement	41	42	17
Social Farming could be another name for care farming	27	36	37

It is interesting to observe that there was not only strong agreement that “it’s important to pin down what defines a care farm” but also that “care farming is a useful description because it includes so many different things”: this illustrates a fundamental difficulty that there may be in devising the definition enjoying widespread assent amongst practitioners and supporters that is being sought. The following comment from a respondent is apposite: “It is necessary to be able to provide a clear and concise definition but it should not be restrictive in any way”.

The term ‘social farming’ which has been widely used on the continent and in Ireland, was suggested as an alternative name for care farming but the majority of respondents did not agree.

Aspects of Care Farming

Overall, treating respondents as a whole, the principal forms of engagement that contribute to the therapeutic quality attributed to attendance at a care farm are identified as:

- (a) the direct involvement of the farmer in personal contact with the subject;
- (b) the natural environment of the farm, in the form of the countryside, plants or animals;
- (c) the experience of purposeful activity contributing to the work of the farm

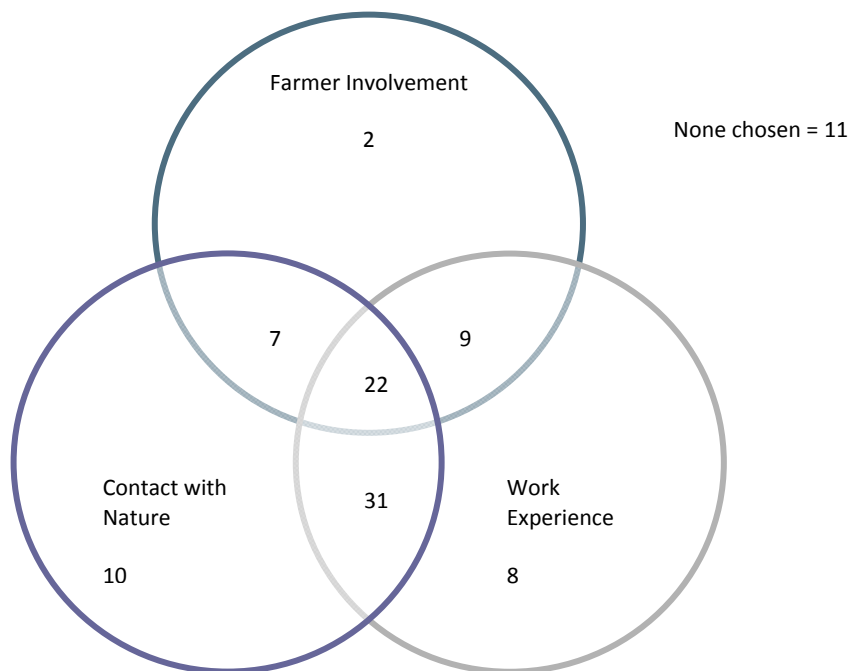


Figure 1. All respondents’ ratings of aspects as “essential” (numbers are percentage of respondents in each segment of the diagram).

Taking account of both the quantitative and the qualitative information generated by the survey, it is clear that the commercial aspect of farming activity is not regarded by NCFI activists as a dimension to be stressed in descriptions of care farming.

As can be seen in Figure 1, different people give different weight to these therapeutic aspects of care farming just as different care farms offer a different balance between these aspects.

The figure uses the results from the enquiry to illustrate the weight attached to each of these three aspects amongst the NCFI members who responded to this consultation. Only a minority of respondents indicated that care farming could be defined by a single characteristic. The numbers in each segment of the diagram give the percentage of respondents identifying aspects or combinations of aspects as “essential” defining characteristics.

A persuasive interpretation of these figures results suggests that a combination of work experience and contact with nature is the preponderant therapeutic aspect defining care farming. A summative comparison of the quantitative results, presented in terms of the whole sample and its sub-groups, is provided in Table 3. Giving separate consideration to the results relating to the different sub-groups of respondents can yield interesting insights.

For example, looking at the results for the current care farming practitioners, comparison with the overall results reveals an even greater importance attached to the combination of work experience and contact with nature; there is correspondingly less emphasis placed on direct engagement with the farmer.

Turning to the respondents who classed themselves as “farmers with an interest in care farming” (i.e. not existing practitioners), these individuals gave a higher level of emphasis to farmer-involvement and to the influence of contact with nature than the current practitioners did.

When the data from respondents who considered themselves as commissioners of care farming services are treated in isolation a strikingly greater expectation with regard to the combination of all three identified aspects is observable as well as a stronger focus on farmer involvement in conjunction with the work experience.

When supporters and well-wishers are considered there is probably only a slightly enhanced importance attached to work experience alone that merits comment.

Table 3. Comparative assessment of essential characteristics (numbers are % of respondents in each group in each case).

	All	Current Practitioners	Farmers Interested	Commissioners	Well-wishers & Supporters
Farmer involvement (F)	40	38	44	57	33
Contact with nature (N)	70	75	72	64	64
Work Experience (W)	70	73	55	85	70
FUN	81	87	81	85	73
FUW	79	83	67	85	79
NUW	87	91	81	92	84
F-(F∩(NUW))	2	2	3	0	2
N-(N∩(FUW))	10	10	17	7	7
W-(W∩(FUN))	8	6	3	7	13
F∩N	29	26	35	36	24
F∩W	31	28	32	57	24
N∩W	53	58	46	57	50
F∩N∩W	22	18	26	36	17
None	11	6	17	7	15
(Commercial)	(19)	(14)	(29)	(29)	(15)

Note: **U** indicates all the elements that are in **any** of the sets of respondents (F, N, W) linked by this symbol; **∩** indicates any elements that are in **all** of the sets of respondents linked by this symbol.

It is clear that, according to the NCFI activists who responded to the survey, the defining character of care farming is the therapeutic benefit resulting from the combination of essential characteristics identified and not from any one characteristic in isolation.

The direct involvement of the farmer, whether in conjunction with contact with nature or in conjunction with work experience, is not generally viewed as essential (except to some extent by commissioners, which may yet be important).

The combination of work experience and contact with nature seems to be the crucial defining characteristic of care farming.

Taken in conjunction with the substantial qualitative evidence of the freely-expressed opinions accumulated from the survey, these results suggest that it is the engagement with farming practices that is more important than the (commercial) farm environment itself in characterising care farming.

Conclusions

There is widespread agreement that a definition of care farming for use by the NCFI would be helpful. The difficulty of being specific whilst remaining inclusive has to be recognised.

It seems that care farming is an activity carried on outside or apart from the context of mainstream farming in the UK: the commercial aspect of farming is not viewed as helpful; contact with plants and animals is seen as more important than being in an agricultural landscape; there is greater emphasis on farm work as therapy than on therapeutic contact with a farmer. This observation will require judicious consideration by the NCFI partners in determining the strategic presentation of care farming. Following reflection on the analysis reported above and the views expressed directly by the NCFI membership through this consultation, a definition of care farming appropriate for the purposes of the NCFI partnership has been developed, supported by some supplementary remarks.

“Care farming is the therapeutic use of farming practices”

Care farms:

- **Utilise the whole or part of a farm**, be they commercial agricultural units, smallholdings or community farms;
- **Provide health, social or educational care services for one or a range of vulnerable groups of people** (including people with mental health problems, people suffering from mild to moderate depression, adults and children with learning disabilities, children with autism, those with a drug or alcohol addiction history, disaffected young people and offenders).
- **Provide a supervised, structured programme of farming-related activities**, including animal husbandry (livestock, small animals, poultry), crop and vegetable production, woodland management etc.;
- **Provide services on a regular basis for participants** (where clients/participants attend the farm regularly as part of a structured care, rehabilitation, formal therapy or educational programme);
- **Are commissioned to provide care farming services by referral agencies** such as social services, health care trusts, community mental health teams, education authorities, probation services, Connexions etc.; clients can also be self-referred as part of the direct payments scheme, or be referred by family members.

Whilst it should be recognised that the number of respondents who identified themselves as commissioners of care farming services on behalf of third parties was limited (14), the divergences of perception with regard to essential defining characteristics of care farms between these people and the rest of the interested parties (especially the existing care farming practitioners) has implications for the NCFI in developing a common understanding of care farming amongst the population as a whole: **either** by requiring a campaign of education to persuade commissioners (a very important group in terms of the commercial viability of social enterprises such as care farms) to adopt a view of care-farming less dependent upon significant direct farmer-involvement; **or** by requiring a campaign

to persuade care farming practitioners to be less modest about the importance that should be attached to the effectiveness of their own personal contribution; **or both these things!**

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