

Care farming in the UK: Evidence and Opportunities

Executive Summary

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Introduction

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

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

Green care in agriculture or 'care farming' offers a potential solution to address some of these issues. Care farming is defined as the use of commercial farms and agricultural landscapes as a base for promoting mental and physical health, through normal farming activity² and is a growing movement to provide health, social or



educational benefits through farming for a wide range of people.

These may include those with defined medical or social needs (e.g. psychiatric patients, those suffering from mild to moderate depression, people with learning disabilities,

those with a drug history, disaffected youth or elderly people) as well as those suffering from the effects of work-related stress or ill-health arising from obesity. Care farming is therefore a partnership between farmers, health and social care providers and participants.

Could care farming be the answer to many of these emergent health and social issues? Is it possible to combine the care of people with the care of the land?



Can care farming be a more cost-effective option in areas of social rehabilitation? Could care farming keep our farmers farming? Can our agricultural landscapes be used to provide significant health and well-being benefits for participants? Can it really be possible that there is a win-win option for farmers, participants, health and social care providers, offender management services and education bodies alike?

The Evidence

Evidence of the positive relationship between exposure to nature and an individual's health is continually growing. More and more public bodies, government departments and voluntary organisations in the UK are promoting the importance of contact with nature. The successful combination of natural landscapes, contact with animals and a meaningful workplace means that care farms can offer much variety to participants. The research seeks to look at what we know already about care farming, to scope the extent of care farming in the UK and to outline the potential for care farming.

Care farming is a growing movement and there are now over two thousand green care farms in Europe³, with the Netherlands and Norway leading the way in terms of numbers of care farms. Such green care farms are often formally tied to local social services and hospitals, and provide a new component of care in the community. Farmers are usually paid for providing a kind of 'health service' whilst continuing with agriculture, thus helping to maintain the economic viability of farms.

In the UK, the concept of care farming is relatively new although there is an increasing amount of interest from many sectors including farmers, health care professionals and social care providers; and the prison and probation services.

Number of UK care farms

An initial scoping study of the range and number of care farming initiatives currently operating in the UK was conducted and 76 care farms returned questionnaires to the University of Essex. The survey includes 19 city

¹ Department of Biological Sciences, University of Essex

² Hassink 2003, Braastad 2005, NCFI (UK) 2007

³ Hassink et al 2006a

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

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

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



Perhaps the biggest variation seen in the farms surveyed features the fees charged by care farms for green care services. These fees vary widely, both in terms of amount

and by how they are charged (i.e. per person, per day, per group, for farm facilities etc.). Some care farms are providing services for no charge at all, whilst fees on other farms range from £25–£100 per day (most frequently around £30 per day).

The total number of care farm users in the UK is around 5869 per week. However, there is much variation between the levels of usage at different types of care farm. As expected more people (230) attend each city farm per week, an average of 46 clients per week are seen at farms linked to external institutions or charities and an average of 29 users per week attend privately-run farms. There is also much variety in the client groups attending care farms in the UK (over 19 different groups) and most care farms provide services for a mix of client groups rather than for just one. Most (83%) of care farms cater for people with learning difficulties, over half (51% of farms) provide a service for disaffected young people and 49% of farms cater for people with mental health needs.

The majority of care farms have clients referred to them by a range of different sources simultaneously including

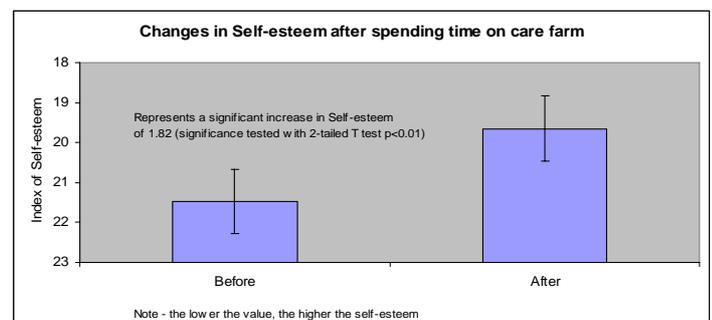
from social services, self-referral or from 'other' sources such as Connexions, private care providers, the prison service, Youth Offending Teams, PCTs, community drug teams, individuals on Direct Payments and the voluntary sector. Nearly a half of farms receive clients through education authorities or other education service providers (including Further Education colleges, Pupil Referral Units, Behavioural Support Units etc).

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

Health benefit analysis

A more in-depth analysis involving clients of different types of care farm was also conducted to provide some empirical data addressing psychological health and well-being effects. Seventy two participants from 7 care farms around the country took part in a snapshot health benefit survey.

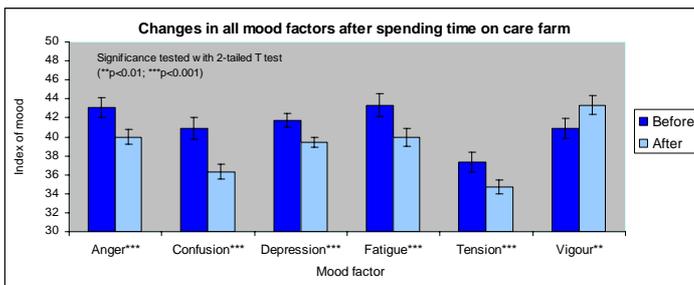
Participants included people with mental health needs, those who were unemployed, homeless or vulnerably housed, disaffected young people, those recovering from drug and alcohol misuse, older people, offenders, ex-



offenders and people recovering from accident or illness.

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

Results from the Rosenberg Self-esteem tests showed there was an increase⁴ in participants' self-esteem after spending time on the care farm with 64% of participants experiencing an improvement in their self-esteem. The Profile of Mood States results indicated that there were statistically significant⁵ improvements in all 6 mood factors. The Total Mood Disturbance (TMD) scores (which provide an indicator of overall mood) also revealed a highly significant⁶ improvement, with the majority of participants (88%) experiencing improvements in their overall mood.



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

Conclusions

Sharing the farm, their farming skills and knowledge with others, and being able to make a real difference to vulnerable people's lives has been the primary motivation for UK care farmers.

Evidence from both Europe and the UK has demonstrated that care farming is a win-win situation for farmers and rural communities, allowing the farm to stay



economically viable, the farmer to continue in agriculture and a chance to provide a health, social rehabilitation or education service for the wider society. Care

farming represents an example of multifunctional agriculture and offers a way to recognise the variety of different public goods and services our farms provide rather than simply focusing on food production, thus deriving extra value from the land.

⁴ ($p < 0.01$)

⁵ (range between $p < 0.01$ and $p < 0.001$)

⁶ ($p < 0.001$)

There are at least 76 care farms in the UK at the current time, providing a range of health, social rehabilitation or educational benefits to over five thousand people a week from a range of 'client' groups. These care farms exist largely in spite of government policy rather than because of it and increasing support for and access to a wide range of green care and care farming activities for vulnerable and excluded groups in society should produce substantial economic and public health benefits as well as reducing individual human suffering. However, for this promotion to be successful several key issues which could be ameliorated by policy support in future, such as funding structures, recognition of legitimacy and a recognised referral procedure, need to be addressed.

Recommendations:

Care farming has important policy implications for a wide range of sectors and is relevant for a range of different government departments, NGOs and the private and voluntary sectors. To move the agenda forwards it is important to identify recommendations for the relevant sectors:

Agriculture

1. Farmers need a scientific basis for green care services, and they need development of health policies, funding streams and economical systems that make such services a predictable income.
2. Agricultural policy makers should promote the concept of farmland as a multifunctional resource which can provide not only food, environment and landscape features but also opportunities for health, social rehabilitation and education services through care farming.
3. Agencies with responsibility for supporting farming such as DEFRA, Natural England and farmers' organisations such as the NFU and CLA should be encouraged to take a lead role in promoting care farming.

Health and Social Care

4. There is still limited acceptance of the role that care farming can play in health, from healthcare and social service providers.
5. Healthcare professionals generally should be encouraged to take the idea of care farming more seriously and policy-makers in health and social care should recognise the benefits of a UK wide network of care farms delivering health and social care options
6. Referral to care farming projects should be incorporated into health and social care referral systems.
7. Allocation of health and social care budgets should be informed by cost-benefit analysis of care farming initiatives.
8. Local authorities and other agencies responsible for providing social care services would also benefit

from recognising the potential of care farming activities to increasing the health and mental well-being of patients and clients.

Education, Training and Employment

9. Education policy-makers should support and promote the work of care farms and investigate funding regimes for participants referred by the education sector.
10. The benefits of meaningful work on care farms should be highlighted, supported with resources and actively promoted by all those involved in the education and employment sectors (including DfES, DWP, LSC, LEAs, DCLG and the private and voluntary sectors for example).

Police, Probation and Offender Management Services

11. The Home Office, the Ministry of Justice, Police, offender management services and Probation Services should recognise the potential of care farming to deliver both mental health and employment dividends to for offenders and ex-offenders and support the growth of care farms across the UK.
12. Evidence suggests the economic advantages of care farming in the management of ex-offenders, policy makers are urged to examine cost benefit analyses of care farming projects.
13. Crime and social service agencies of all types should consider the therapeutic value of care farming as part of strategies to address anti-social behaviour amongst adolescents.

Rural Development and Social Inclusion

14. Agencies responsible for economies and communities in rural areas should welcome the concept of care farming, and actively promote care farming as an option for farmers and rural communities.
15. RDAs should take a lead role in the promotion of care farming for the benefit of rural areas and contribute to supporting the development of care farming initiatives.
16. All agencies with responsibility for the reduction of social exclusion should recognize the potential for care farming and support the growth of care farming in the UK.

Partnership working

17. Good partnership working between the care provider, the farmer and the client in order to match the client to the right farm and to tailor-make the care farm experience is necessary. Engagement of all stakeholders will therefore be of crucial importance in the development of care farming initiatives across the UK.
18. Care farming has implications for many sectors, suggesting the need for cross-disciplinary and

sectoral strategies and action. The importance of partnership working between government departments including Defra and the Department of Health with input from DfES, DWP, The Home Office and the Ministry of Justice is therefore paramount.

19. Care farming in the UK needs a lead department and requires the identification of a champion department charged with promotion and support. This champion should facilitate farmers, referral agencies and clients to initiate innovative care farming projects.

Funding

20. The funding of care farming has been highlighted by care farmers, potential care farmers, referral agencies and the NCFI(UK) alike as the biggest challenge facing the existence and spread of care farming in the UK. Recognised and sustainable funding structures and systems are crucial for farmers to continue to offer health, social rehabilitation and educational opportunities to participants on care farms. Therefore the development of funding regimes for care farms should be considered a priority.



Future research needs

- There is a need for more robust, scientific evidence of the benefits of care farming for policy makers and service providers alike in order to validate care farms and to secure future funding.
- Sound research should also provide the basis for health policies and economic systems that make it possible for such services to earn a predictable income.
- Once again, this highlights the need for collaboration between academic research institutions and health and social care professionals. A cross-sectoral joined up approach to research is desirable
- Enhanced monitoring and evaluation of care farming and other green care programmes is needed to assess changes in health and social outcomes and economic measures. A universal, standardised tool could be developed to improve monitoring and evaluation methods for a range of care farming activities, and to allow comparisons to be made both nationally and internationally.

Taken from report for the National Care Farming Initiative (UK) - January 2008. Full report is available online from NCFI(UK) at:

<http://www.ncfi.org.uk/documents/Care%20farming%20in%20the%20UK%20FINAL%20Report%20Jan%202008.pdf>