

The added value of care farms and effects on clients

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Abstract: *This paper presents results of a qualitative research study among people with a psychiatric or addiction history, who work on different green care farms. Green care farms provide an opportunity for a useful occupational activity for different kinds of client groups and are a growing phenomenon in the Netherlands. In general, participants start at green care farms without concrete expectations; most of them are looking for a useful way of spending their day. Once working on a farm they especially come to appreciate the social aspects such as belonging to a group, feeling at ease and informality. In addition, they also appreciate the space and being involved in useful activities. Undertaking farming activities helps participants feel useful and healthier and they develop more self-esteem, self-respect and responsibility. Working on a green care farm can contribute to more structure and discipline in the lives of participants, which can create the foundation for new activities or (voluntary) work elsewhere.*

Keywords: *green care farms, mental illness, psychiatry, addiction care, rehabilitation*

Introduction

The number of green care farms in the Netherlands has increased rapidly from 75 in 1998 to over more than 1.000 at present. Green care farms or 'care farming' are defined as the use of commercial farms and agricultural landscapes as a base for promoting mental and physical health, through normal farming activities (Hassink, 2006). Care farming is a growing movement that provides health, social or educational benefits through farming for a wide range of people (Hine et al., 2008). These may include a variety of client groups with defined medical or social needs, such as psychiatric patients, people with learning disabilities or people with a drug history. People suffering from the effects of work-related stress are also included (Hine et al., 2008; National Support Centre, 2008). The combination of agricultural production and social care is not new in the Netherlands. Some farmers and health institutions can be regarded as pioneers who recognised the benefits of combining agriculture and care. These pioneers were strongly motivated and many were inspired by the anthroposophical movement (Elings et al., 2006; Elings and Hassink, 2008).

The growing numbers of green care farms, and the increasing numbers of clients working on those farms, have led to a need on the part of health-care organisations and the Dutch government to evaluate the effects of care farms on clients. To gain information about this topic we held focus group interviews on eight farms, interviewing a total of 42 people with a psychiatric and/or drug-addiction history.

The present paper highlights the details of the focus group interviews. The results represent an analysis of the qualitative material collected in those interviews.

Methods

Focus group interviews

We did focus group interviews with 42 participants on eight different green care farms. On each farm we also interviewed the farmer, the farmer's wife or the occupational therapist. This qualitative research method was chosen for a number of different reasons. The main reason was to draw upon participants' attitudes, feelings, beliefs, experiences and reactions. Other methods such as

observations or questionnaire surveys would not have been able to adequately reflect the ideas of the participants. Furthermore, one-to-one interviewing would have cost too much time. Pragmatic focus group research enables the researcher to gain a large amount of information in a short period of time (Gibbs, 1997; Morgan and Kreuger, 1993). The research method of focus groups also fitted well with this primary stage of the research. Because there were no other research findings, focus groups were considered a good method to use at the preliminary or exploratory stages of a study (Kreuger, 1988). The method allowed us to explore the topic and to generate hypotheses about the effects of green care farms (Kitzinger, 1995; Morgan, 1997). The focus groups were also a way of exploring the type of questions that might be useful in a follow-up survey (Kitzinger, 1994). They are however limited in terms of their ability to generalise findings to a whole population, mainly because of the small numbers of people participating and the likelihood that participants will not be a representative sample (Gibbs, 1997). In addition, some participants on farms did not want to join the focus group, for instance because they did not feel at ease or they lacked confidence. The moderator tried to create a relaxed atmosphere at the beginning of each focus group so every member felt free to participate. One of the benefits of focus group research is that participants have the opportunity to give their opinion and be involved in research. In this way, the focus groups were an instrument of empowerment for the participants.

The focus groups were interviewed using a semi-structured topic list where the main question was: What does working on a green care farm mean to you? Derivative questions were asked on the following subjects:

- Reason for choosing a green care farm;
- expectations and degree to which the expectations are fulfilled;
- current motives for working on a green care farm;
- immediate effects on quality of life;
- most and least valued aspects on the farm;
- sustainable effects on quality of life (making a lasting impression);
- lessons learned by experience;
- the extent to which the farm contributes to recovery and empowerment;
- the degree to which the farm contributes to future plans (Elings et al., 2005).

The focus groups interviews lasted about an hour to an hour and a half, depending on the concentration level of the participants. The interviews were recorded and fully transcribed so we could use the participants' original descriptive words and phrases in the analysis.

Participants

Of the 42 people participating in the focus group meetings, 21 had a psychiatric history and 21 had a history of drug or alcohol abuse. Some of the latter group had a double diagnosis. In the group with a drug or alcohol history the majority of the participants were male. In the other group the male-female ratio was more equal.

Conducting the research

The size of the focus groups varied from two to seven participants per session. Each session was chaired by a person who guided the interview. In general, sessions consisted of a design that followed roughly the same pattern: the reason why they came to the farm (pre-route), their stay on the farm and their future plans. In the discussion of the results later in this paper we adhere to this format. The interviewer guided the conversation among the participants and made sure that the questions were answered. The two interviewers received the same instructions. The interviews were taped and processed as soon as possible afterwards and entered in a Word database in such a way that quotations could be found quickly and easily, and grouped together thematically during the analysis.

Results

Firstly, we present the general results. How did participants get to know about the possibilities offered by a green care farm? What did they expect? And what did they appreciate during their stay on the farm? Then we show the effects of green care farms on the physical, mental and social well-being of the participants. Finally, we summarise the results and highlight the community aspects of green care farms.

What did participants expect?

The majority of the participants being treated on a green care farm were redirected from some part of the Dutch health care system. Usually their social worker, occupational therapist or (job) coach pointed out the possibility of doing various activities at a green care farm. A small number of the participants were already acquainted with the green care farm or had heard about it from fellow users. The most important motive for going to a farm is the need for a way of structuring the day and being occupied; *“to have something to do”* as. The motives of *“not being alone”* and *“contact with others”* are mentioned especially by participants with a psychiatric background. Participants with a drug or alcohol addiction history say that they were especially looking for distraction from their drug habit. In general, both groups of participants indicated that they did not have specific training or rehabilitation goals. Particularly participants with a drug or alcohol addiction indicated that no alternative activities were available when they entered the green care farm. For the participants with psychiatric problems, ‘day activity centres’ were an alternative.

The results indicate that the majority of the participants did not make a deliberate choice to go to a green care farm; it is regarded as an opportunity to fulfil some basic needs such as contact with others, distraction and a day activity; participants themselves did not have concrete expectations.

How do participants experience the work on a green care farm?

The majority of the participants highly appreciate their stay on the farm. This appreciation consists in particular of ‘the social factor’, ‘the freedom/space’ they experience and the useful activities. The most important factor, the ‘social factor’ is discussed in more detail at the end of this paper.

Participants like the space the farm offers them. This refers to a number of aspects: the physical space, being outside and not inside a day activity centre. Participants also mentioned the freedom to choose an activity they like; farms offer different activities. Freedom also concerns the pace of work, the possibilities to make mistakes and to learn from ones mistakes. Participants thought it important that there is time to think about themselves, but without the more rigid structure of fixed group sessions held in a psychiatric hospital.

The third aspect of being at a green care farm appreciated by the participants are the useful activities. Farm work has to be done: feeding and caring for the animals and plants is essential for their well-being and growth. The nature of the farm activities is valued by most of the participants.

To what extent do green care farms influence future plans of participants?

Participants’ expectations about the future differ strongly among the group. Their reactions vary from wanting to fully normalise (e.g. having a paid job, a family, etc.) to consolidation of the present situation. Nevertheless, many of the participants, especially those with an addiction history, contemplate a (paid) job in the future. These participants attach significance to the perspective of having a job in the future and the financial independence, respect, social contacts and support that an occupation can provide.

Although expectations about the future differ from person to person, a common characteristic is that almost all participants have difficulties formulating concrete future plans. Many of them do not have

a clear idea of what they would like to do in the future and how to realise their plans. Some of the participants with a psychiatric background in particular express fear of a too heavy workload, or a working environment where there is a lack of understanding, and some are afraid of disappointments based on previous experiences. According to the participants, working on a green care farm contribute to their future plans by giving them the opportunity to get used to the structure of having a job, regularity, discipline, responsibility and working in a group. For some, the farm work helps to develop new skills or interests. However, information gathered from the interviews indicates that working on a green care farm does not help participants to plan or realise their future plans.

The effects on quality of life

Here we discuss the effects of working on a green care farm on the overall quality of life of the participants. The results are divided into results concerning their physical, mental and social well-being. Where necessary, the outcome of the interviews is presented separately for the participants with a psychiatric and those with an addiction history. The results are illustrated with quotes from participants.

Physical well-being

The participants with an addiction history indicate in the interviews that the work on the farm gives them something useful to do; this helps them in overcoming their drug addiction. The useful activities provide them with a goal and therefore they do not need to hang out on the streets or at home all day, where temptation is lurking.

“You have something to do; if you don’t come, you just sit at home the whole day. The most important thing is that you have to get the minibus every morning – it gives you a daily rhythm and something to occupy your mind.”

The daily activities help to distract the participants’ thoughts from their preoccupation with drugs or alcohol. Having a structured day with something useful to do is also important for the participants with psychiatric problems. Before they came to the green care farm, most of them did not have a job and were at home all day or living in a psychiatric clinic. Participants enjoyed working on the farm and having some purpose for the day.

For both client groups, the physical work is tiring but gives them a feeling of satisfaction. Their fatigue is different than from being tired from sitting at home all day.

“My life has become much more regular. When I come home I’m starving so I eat a big meal [...] and I go to bed earlier because I’m tired, and I sleep well. That never happened before.”

According to the participants, they also get tired from being outside the whole day. They experience nature more intensely, for example the regular pattern of the seasons. Contact with nature and crops also teach them how things grow and flourish, and what to eat and how to prepare it.

“You live in harmony with the seasons here, as spring, summer and winter come around. You notice that less if you’re in a town. When I come here I notice the surroundings have an immediate effect on me.”

Furthermore, the participants indicate that their physical shape improves and that their body recovers. Some even notice that it helps them to overcome the physical effects of drugs. Most participants, especially those with mental problems, are not used to exercise; it strengthens their muscles and gives them more energy. Sometimes this led to muscular pain:

“For me physical exercise has always been important, and it still is. I’ve been suffering from depression for three years and I have to have exercise. I notice that I can do more

and I have more energy, but it was difficult as my muscles were sore. Then I realised that they were stiff because of picking beans.”

Mental well-being

The results of the focus group interviews show that working on a farm has different effects on the mental well-being of persons with an addiction history compared to persons with psychiatric problems. Therefore the results are discussed separately.

Participants with an addiction history

The participants are pleased to have some distraction from their addiction and problems. For a moment they do not need to think about their home situation, the drugs scene or the rehabilitation centre.

“I’m really glad to have this: it’s a chance to get away for a while, do something other than just wonder what’s on television. You think about something else for a bit.”

Working on the farm gives them a feeling of satisfaction and self-respect. The participants feel the work as useful and show direct results. This led to more self-esteem and self-respect. The group indicates that other people, and the public, also see the participants in a different way.

“My feelings of self-esteem and self-confidence have increased enormously. Here you have a chance to make a go of things and that helps you to grow. And I notice that people in my surroundings react differently to me than when I came out of the clinic. That comes through my own self confidence – before I felt as though there was a sign hanging round my neck with ‘junkie’ written on it.”

“You start to respect yourself more generally. My mother still thinks I’m a weak person, but John says to me, the work’s going well, so keep that in mind. I’ve still got a long way to go, but I know I’ve got something to focus on, and that keeps me off the junk.”

In addition to the results mentioned above, the participants value the opportunity to be themselves. That is because everyone is in the same boat and the farmer and co-workers know their background and accept each participant.

“We are all regarded as equals here; no one is worth more or less than the other. It doesn’t matter if you come from an institution or are mentally handicapped, everyone is the same. I really appreciate that – no one has a label here.”

Participants with psychiatric problems

The psychiatric participants emphasise ‘getting to know yourself’, in other words ‘self-acceptance’. They indicate that working on the farm has helped them gain more insight into themselves and to accept themselves. This means being better able to deal with an illness, or learning to be yourself rather than living up to the expectations of others.

“I’m a real perfectionist; everything has to be just right. It happened with planting the onions: it took me a whole week to get them in a straight line, and when they came up they were all pointing in different directions. Then I realised that it didn’t really matter if they were an inch or two to the left or right. Literally seeing that it didn’t make any difference helped me understand that I don’t have to get so worked up about it. It’s still something I worry about, but nature goes its own way anyway.”

In addition, the participants with psychiatric problems stressed self-confidence rather than self-respect and self-esteem, in contrast to the participants with addiction problems. The participants indicate that working on the care farm has led to an increase in their self-confidence. The reason

they give for this is that they now do work that they enjoy and from which they see clear (and positive) results. As one participant put it:

“What I notice is that I see the results of what I’ve been doing. I always used to say if I had plants in my room they’d commit suicide, I’ll never be any good at anything. But then I started planting and sowing and I enjoyed it, and you see the things growing, coming alive. [...] Then I didn’t go back to where we’d planted green beans for a month, and I was amazed to see plants over six feet tall. I told everyone about it. That sort of thing helps rebuild your self-confidence. For the past three years I’ve hardly been able to do anything, and because I’ve had so little energy I didn’t start anything new. And here I see that just a little bit of energy can lead to a huge result.”

The participants like the fact that working on the care farm provides them with an immediate goal and with the realisation that they are doing something useful. These aspects led to an increase in their self-confidence and having something to do provide a distraction from their illness.

“When I’m busy I forget everything. The voices disappear and I feel nice and calm. After working I always feel calmer.”

Social well-being

The participants were also asked about the effects that working on the farm has on their social well-being. We start with a general discussion of the results, and then go into more detail for each group separately.

Both groups of participants agree that working on a care farm is good practice for making the step from their illness or addiction to perhaps undertaking voluntary work or to (re)entering the wider society. A care farm is a good place to practise because you often work together with others who have a similar background. On some care farms, people with different problems work together, and participants on these farms also indicate that they appreciate the fact that colleagues are not all ‘normal’.

“You don’t stand out here if you behave strangely. Here they tend to just think, oh she’s just having one of those days [...] but no one complains. In the outside world people would say something like, act normal or don’t make such a fuss.”

“Contact with people here is different, more relaxed. That’s because everyone is different, no one is normal.”

The participants not only valued being with fellow sufferers, but also working with people who had nothing to do with drugs, alcohol or mental illness.

“Being with others in the same boat isn’t even that important; it’s the farmer who’s so straightforward and it’s good working with Susan. It’s important to be with people who have nothing to do with all that mess, to work with normal people.”

Some participants with addiction or mental illness problems attend farms where people with learning difficulties are present as well. They indicate that they really appreciate the presence of these people, as it adds an extra dimension to working on the farm.

“Now I’m in the nativity play, and a few years ago I’d never have dared even think of doing that. [...] standing on stage in front of the outside world and together with mentally handicapped people: we just do that here and it’s great. [...] You learn how to act with these people; they help you to get rid of your social fears [...].”

Participants with an addiction history

A striking difference between participants with psychiatric problems and those with problems of addiction is that the latter more greatly value the sense of community and working for someone else.

With ‘sense of community’ they refer to the fact that they encourage each other to go to the care farm. As one participant put it:

“I’ve known him for nine years and I’d invited him a couple of times to go along to the farm. Now he’s coming regularly and I never expected him to do that. But now, if I don’t feel like going, he’s the one who calls and persuades me to go, reminding me that otherwise I’ll just get bored. Sometimes we encourage each other – you can stay in bed longer, but you’ll only regret it afterwards and go and hang out with the other guys again.”

Other participants mention that they work on the farm to show others that they are doing fine, to reassure them:

“If my mother calls at the end of the day I hate having to say I’ve done nothing. And if I say I’ve been to the farm, she says ‘well done’ and I’d rather do that than say I’ve been smoking.”

Also, the participants with addiction problems attach importance to having work as this makes them feel part of society, that they are doing the same as everyone else. Here, it is not only about earning money and therefore not being dependent on social security, but also being able to say that you have work and that you have something to talk about with others.

“When I meet other people socially I say I’m a volunteer on a farm. If you say you’re in rehab/addiction care, conversation tends to dry up. So you are still part of society, it’s not as though you’re not doing anything because of your addiction, or just claiming social security. You’re still working, but you’re earning money in a different way.”

Participants with psychiatric problems

Participants from psychiatric care attach great value to care farms as communities. A tight group is formed by people coming from different directions, like the farmer, farmer’s wife, co-workers and colleagues. Being part of the farming family is also valued.

“It helps you with getting a life and a feeling of belonging is very important; I don’t want to stay behind alone.”

“The drugs scene gets to be a way of life, and if you give that up you have nothing, especially if you’re in a depression, with no one around. Your family gave up ages ago so you can’t rely on them. Now there are people who need your help, are glad that you’ve come to work here, and you’ve got good workmates. You build up social contacts. And the respect you feel that people are expecting you and ask whether you’re coming back to work. You’ve got a circle again.”

“They organise things here like a Christmas celebration. It’s like having a big family, or being in a small village. It’s a warm and close group.”

People with psychiatric problems also indicate that working on the care farm has taught them how to make contact socially. This is particularly the case for participants who have built up a particular social fear as a result of their illness; the care farm is a safe place to learn how to build up contact with people.

Community

The results of this research indicate that the social aspects of green care farms are the ones appreciated most by the participants. The results show two important elements:

Firstly, the fact that there are people with all sorts of backgrounds on the farm, but they all have some kind of ‘problem’ or ‘issue’. These are dealt with in an atmosphere of mutual acceptance and respect. People are not judged on their past or problems. They can be themselves, as there is no

pressure to behave differently from how they are. In their appreciation of this aspect, many participants also include the way they are treated by the farmer and his wife. Receiving respect from 'normal' people is a positive experience. At the same time, several participants who were initially wary in the presence of people with learning difficulties now indicate that they really appreciate their presence.

In addition to being accepted and respected (and accepting and respecting others), many participants regard being part of a social group and the feeling of 'belonging somewhere' as a positive experience. Many participants mention the way that the farmer and the farmer's wife create a good atmosphere and the positive experience of being part of a farm household. Many feel that the atmosphere – which they describe by using words like 'sociable', 'feeling of community' 'working together' 'spontaneity/lack of rules' – is unique to care farms and that it is unlikely to encounter it elsewhere. Some mention this in reference to a different atmosphere such as the work ethic or therapeutic climate they have experienced elsewhere. Some participants also mention the organised social activities in addition to the work they carry out. This atmosphere was also mentioned by clients in a Dutch study of therapeutic communities. There they spoke of an equal relationship between clients and co-workers, a respectful approach and the way co-workers emphasised the potential and qualities of the clients (Ketelaars et al., 2001). A similar experience was described for Geel (Belgium), one of Europe's first therapeutic communities. Roosens and Van de Walle (2007) mentioned that the relationship between guests and family in Geel was of prime importance. If the reciprocal emotional bond which reinforced social inclusion was not present, the relationship became problematic.

The social aspect – the feeling of belonging, and being accepted and respected – is clearly at the top of the list of aspects of care farms that the participants value. But the combination of this with other aspects seems also to appeal.

Conclusion

That working on a farm is good for participants is confirmed by the literature and interviews with the participants, farmers and co-workers on the farms in this study (Hassink et al., 2010). Although this paper mainly presents the results gained by the interviews with the participants, the input of the farmers and co-workers was evaluated as well.

The atmosphere on the care farms is pleasant and convivial. The farms offer space (both literally and figuratively) and a possibility to do enjoyable and useful work. It is this combination of factors that makes the farms different from other opportunities for work or occupational activities. Participants feel well both mentally and physically as a result of time spent on the farms: they mention to feel fitter, more useful and regain self-confidence and self-respect.

While the value of the farm starts to be perceived during a stay, the participants' specific wishes and ideas for the future remain unclear, also to themselves. Possibilities to move on to an occupation in the same field, or for further development, seem to be (very) limited. Nevertheless, most participants (some more than others) are either considering the possibility of social activities elsewhere or are dealing with their fears related to this.

In conclusion it seems that for many participants care farms are valued as a pleasant resting place in an existence that fluctuates between undefined hope and fear that is rooted in past experience. They are a resting place that some prefer not to leave (for the time being), but also one that others do not (or could not) regard as the last stop.

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