

## CHAPTER 14

# FARMING FOR HEALTH - THE SITUATION IN FLANDERS

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**Abstract.** In Flanders approximately 140 Green Care farms have sprung up spontaneously. They are mostly independent agricultural or horticultural farms that receive a limited number of people on a small scale. Institutional farms work on a larger scale. In comparison with our neighbouring countries, Flanders scores very well on the diversity of the target groups. Considering the great interest from both the care sector and the agricultural and horticultural sector, there are plenty of opportunities for growth as well. Unfortunately, at this time there is no solid legal framework yet, so Green Care in Flanders draws its strength mainly from volunteer work. The Support Centre Green Care wants to elaborate on this, in close consultation and together with all the partners involved.

**Keywords:** green care; support centre; hippotherapy; examples

### INTRODUCTION

Combining agriculture and care is an idea that is catching on in Flanders (the Dutch-speaking part of Belgium), in the agricultural and the horticultural sector as well as in the care sector. For the farming sector, it is in line with the spirit of the time to consider innovations and to play along with new demands of the market and of society. For the care sector it fits in an evolving vision on care: total care, care made to measure and a natural setting or domestic environment are brought to the fore as important anchoring principles.

In Flanders, combinations of agriculture and care are grouped under the heading of 'Green Care'.

Green Care = every possible combination of a green environment with the care for a wide range of vulnerable groups in society

### HISTORY AND DEVELOPMENT OF GREEN CARE

Green Care is not new; in fact it has existed for a very long time. Within psychiatrics we find the oldest examples. In the Kempen village of Geel, a place of pilgrimage for people with psychiatric problems, patients have been taken in by host families *Jan Hassink and Majken van Dijk (eds.), Farming for Health, 181-192.*

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ever since the fifteenth century. Other care facilities, such as the University Psychiatric Centre Sint-Kamillus in Bierbeek, started their own farm in the 1930s in order to be able to grow their own vegetables and fruit and to produce their own meat.

Here and there similar initiatives have cropped up during the last few decennia, mostly for people with a mental handicap and for the young. The last few years there has been a significant increase in the number of initiatives where there is a cooperation between care facilities and active agricultural and horticultural farms.

What is so special about Green Care? All the participants find surplus values that bring about their own benefits and strengthen each other as well. In this way the total added value is larger than the sum of the surplus values for the separate groups of interested parties.

#### *The clients, Green-Care users*

Since the target groups can be so diverse, we cannot simply speak of 'demanders of care'. As a matter of fact, not every user or demander actually needs 'care'. Therefore we call them Green Care users, a general term.

The experience in practice is that the surplus value for Green Care users lies in the area of extra quality dimensions, such as:

- Green Care usually takes place **outside the walls of the care institution** and therefore in a totally different context. Farms are often still real family enterprises, run by husband and wife, not by directors, psychologists or educators. These farms are often visited by buyers, suppliers, vets etc. In this way the clients become more integrated in the 'normal' society.
- As the number of clients in Green Care initiatives is very limited, the care is often offered 'to measure'. This gives the clients a feeling of **personal approach** and they can be dealt with in an informal manner. The environment in which the care is offered, is much more homelike and familiar as well.
- Participating in the work of a farm by definition implies that the clients are **actively involved**. The activities often need to take place as a rule and are therefore meaningful and task-oriented. An appeal is made to the potential of the clients and they often feel themselves evolve. The result of participating in a day like that usually brings with it a feeling of being 'healthily tired'.

Naturally the listed advantages are not part of an all-inn quality basket that will be applicable for everybody at all times. For demential elderly persons, for example, the surplus value of relief on a care farm will lie more in the opportunities for resting, staying in a restful environment and in some cases the link with their agrarian past. For troubled youngsters, the surplus value lies more in the domain of a growing self-confidence, learning to enter into relationships and taking on responsibilities.

### *The Green Care provisions*

Green Care workers can be individual carers such as professional domiciliary nurses and family volunteer carers. But they can also be a variety of intra- and extra-mural institutions such as rest homes, psychiatric institutions, day-care centres, home-care services etc.

The most obvious advantages found in practice ensue from the **healing aspect of working with nature**. Working in a vegetable garden, taking care of animals, being cared for outside the walls of the traditional institution, boosts the sense of well-being of the clients. This factor increases the quality of the assistance and – in this way – is a welcome bonus for the care institution and the care providers.

Here too, the surplus value is to be found in an important underlying value, namely the **socialization of care**. Important developments may be noted in the vision of care. Socialization of care fits within the view that people with a handicap, sick people, people who have gone off the rails and so on must be able to participate fully in society.

The first step in a renewed care policy has thus far been **going ‘extra muros’**: the necessity of social participation has led to shifts within the care institutions: from large- to small-scale living and care facilities, supervised independent living, day-activities centres, more home care...

Blown over from The Netherlands in the 1980s, this was also preached in Flanders in the 1990s, where quality of living for clients was considered to be of paramount importance.

Socialization is in fact much more than going *extra muros*. To ‘empower’ these vulnerable people as much as possible into **fully-fledged citizens**, care institutions must be supported by ‘ordinary’ civilian initiatives. Only if employers, educational institutions, distributors of social benefits, building societies and the authorities, as well as farmers support this climate, there will be a real connection and – consequently – a socialization of care.

### *The Green Care farms*

At this moment, Green Care has a social surplus value particularly for the farmers and farmers’ wives:

- Next to the mere production of crops or raising animals, agriculture is given a new social task, and consequently a broader base. This creates a larger **social surplus value** for the farms that provide Green Care. Apart from economics and ecology, a third sustainability aspect is put into practice in this way.
- There is a **natural bond between the social sector and the green sector**: taking care of people is directly related to taking care of animals and plants. As a matter of fact, it is not a coincidence that quite a lot of women farmers and horticulturists have a degree in some social science. On the agricultural and horticultural farms where Green Care is provided at this moment, both husband and wife can to a large extent use earlier relevant experiences or even degrees in the social sector.

- After all, farmers have – by their very nature – a number of personality traits that make them potentially good care providers: a healthy horse sense, down to earth, sober, simple, fixed daily routines, respect for nature and its creatures...
- Green Care brings farmer and citizen closely together again. **New social networks** will spring up for the farmer('s wife) across sector boundaries.
- Green Care can contribute valuably to creating a positive **image** of agriculture: from 'polluter' to 'healer'.

Moreover, Green Care could provide an **economic surplus value**. Within the framework of renovation of the countryside, diversification of agriculture and horticulture continuously comes up. Green Care could be an example of this. It can provide an extra income, which leads to spreading of risks and decreases dependence. At this moment, this is not yet possible because remunerations are almost inexistent.

#### CURRENT SITUATION OF GREEN CARE

##### *What is Green Care?*

Green Care can be found in varied and combined forms: day spending, relief during the day or 24 hours a day, employment as reintegration or labour care, as well as therapy in the shape of relaxation, development of the personality or learning social skills. It may involve short-term or long-term stay, in a narrow or loose cooperation with the care institution. Most often they are small-scale initiatives in which a limited number of clients are cared for.

##### *For whom?*

A broad range of vulnerable groups qualifies for Green Care:

- people with a mental and/or physical handicap
- people with psychiatric problems
- young people from youth-welfare work
- children
- (former) addicts, (former) inmates
- (demential) elderly persons
- people with depression or burn out
- underprivileged persons, the long-term unemployed
- homeless people.

At this moment the largest number of initiatives is aimed at young people, persons with a mental handicap and persons with psychiatric problems. To a lesser degree the (long-term) unemployed, elderly people, (former) addicts and children are involved.

*Possible models*

As far as the approach is concerned, in Flanders three main models are distinguished (Table 1):

- *Model 1: cooperative model, individual clients*  
Via a care institution, care demanders are received on an active agricultural or horticultural farm. Here the care demander is involved in the daily work on the farm as much as possible. The farm provides care 'to measure'. The care institution is responsible for follow-up. Most often the care institution works with one farm; some institutions are developing a network of care farms that they can call upon. In a number of cases there is cooperation with animal shelters, riding schools, nature reserves...
- *Model 2: cooperative model, groups*  
Active agricultural or horticultural farms put their infrastructure at the disposal of a care institution, but they themselves have to spend no or little time on reception. Supervisors from the care institution are responsible for the care of the care demanders. Here too, there can be cooperation with e.g. animal shelters, riding schools, nature reserves...
- *Model 3: institutional farm*  
The care farm is started within or is part of a care institution. Here we talk of an institutional farm. In Flanders they are often sheltered workplaces, labour care centres, day-care centres or other partial services within the care institutions.

*Table 1. Main models of Green Care farms*

Possible models	Number of farms
1. Cooperation, individuals	91
2. Cooperation, groups	12
3. Institutional farm	39

Combinations of these models may be found as well. They may be, for instance, a care institution that has its own institutional farm but also cooperates with an active agricultural farm. There are approximately 140 Green Care farms in Flanders. This is 0.4 % of the total amount of agricultural or horticultural farms. Most of them belong to model 1.

## ORGANIZATION OF THE GREEN CARE SECTOR

Recently a few umbrella organizations that are concerned with Green Care have sprung up in Flanders.

*Support Centre for Green Care*

In 2003 a study was conducted that examined the viability of a Support Centre for Green Care initiatives. In the care sector as well as in the agricultural sector

enquiries were made about the surplus value and the bottlenecks of Green Care. The possible tasks for a Support Centre were put to the question as well.

The Flemish Support Centre for Green Care has officially existed since January 2004. Its primary goal is promoting Green Care in Flanders. It is certain to exist until 2006.

Care organizations, active care farms and interested farmers/horticulturists can contact the Support Centre for:

- all information on Green Care: visits, website, newsletter, training and extension
- contacts with interested care organizations and interested agricultural or horticultural farms
- support at start up of cooperation between care organizations and farms
- meeting active Green Care initiatives: information and demonstration days, study visits, consultation platforms, study groups, working groups.

Behind the scenes, the Centre also works/cooperates at:

- promotion of the Green Care concept
- appropriate conditions for Green Care
- preparation of policies, consulting public authorities
- extending national and international contacts
- research projects
- some form of quality system for Green Care initiatives.

#### *Regional partners*

The pilot project 'Green Care East Flanders' exists in the province of East Flanders. It is a Flemish organization that supports Green Care at a regional level. In its province it actively looks for interested agricultural or horticultural farms and care institutions, and brings the most suitable partners into contact with each other. It offers support in making arrangements and creates moments for encounters to exchange experiences.

### FINANCING STRUCTURES

As far as the financing of Green Care is concerned, a distinction must be made between the different models:

- cooperative farm: the remuneration that the farm receives for the reception is determined in consultation with the care institution. Approximately half of the agricultural or horticultural farms receive from the care institution a limited allowance for expenses. Usually it is insufficient as a compensation for the time that is spent on receiving care demanders.
- institutional farm: for these projects usually existing channels of financing within the social sector can be called upon, since the projects have always sprung from or are directly linked to an existing care institution or sheltered workplace.

At this moment, the different Green Care initiatives have to be extremely creative when they look for possible sources of financing. The staff of the care institution concerned often has to be deployed in a flexible way to make the

supervision possible. The existing legislation is indeed not adapted to these experimental combinations of agriculture and care.

For Green Care initiatives that work according to the cooperative model, there is light at the end of the tunnel since the Agricultural and Horticultural Administration (Ministry of the Flemish Community) is currently working out a system of remuneration. Independent agricultural and horticultural farms that cooperate with a recognized care institution, will be able to get a remuneration for the reception of care demanders. This system should be effective from the beginning of 2005. The remuneration is paid by the Ministry of Agriculture. This is part of the policy of this ministry to stimulate additional agricultural activities such as nature conservation and Green Care.

### POLICIES CONCERNING GREEN CARE

#### *Status of care demander and care farm*

The status of the care demander has not yet been unambiguously defined. Green Care has no separate status. It is classified as much as possible within existing systems. The most suitable system depends mainly on the target group:

- young people: learning–working combination, pedagogical measure, foster care
- psychiatric: volunteer work, foster care
- persons with a handicap: supervised labour, labour care
- the elderly: day care
- children: (after-school) child care.

But at the moment these systems do not provide a watertight guarantee for the legal security of the care demanders. They, for instance, run the risk of losing their social-security benefits when they work on an agricultural farm.

There is also a lack of clarity concerning the status of the care farm. Since it is not a question of employment, the agriculturist or horticulturist is not an employer. The perception of his involvement is usually more like a kind of volunteer work. In the future it must be considered whether a new status has to be developed or whether the existing systems such as day-care mothers or foster parents can be copied.

This lack of clarity concerning the varying status is causing most problems in the cooperative model. For institutional farms the problem does not arise.

#### *Labour inspection*

The lack of clarity concerning the status has also manifested itself in problems with checks from the labour inspectorate. The presence of care demanders on a farm was regarded as moonlighting, which resulted in some summons. In talks with the labour inspectorate this was put to the table and a solution was found. The labour inspectorate accepts Green Care when a number of factors is taken into account. The main limiting conditions are:

- drawing up a model agreement between care farm, client and care institution
- copy of the agreement handed to the local labour inspectorate

- copy of all agreements to be kept by the Support Centre Green Care. This working method will be evaluated annually in an evaluation conference of the Support Centre Green Care and the labour inspectorate.

Problems with labour inspection are mainly encountered in the cooperative model.

### RESEARCH AND EDUCATIONAL ACTIVITIES

These last few years, several organizations have conducted training sessions that deal with Green Care:

- *training course agriculture and social care*  
This is a one-year occupational training course that enters into the different steps to be taken if you want to start a care farm. The training was first organized in 2004 and is aimed at farmers as well as social workers. The different possibilities and the steps to be taken are discussed. Attention is also paid to legislation, possible forms of organization, possibilities for financing, insurance, quality care.  
Organization: Landwijzer vzw, tel. +32 3 287 37 77
- *training course hippotherapy*  
This training course is meant for care givers who want to use horses therapeutically. It goes deeper into the holistic vision, knowledge of the horse and possible target groups and objectives. The course was first organized in 2003.  
Organization: Arteveldehogeschool, Godi De Vos, tel. +32 9 269 91 17, godi.devos@arteveldehs.be
- *training course therapeutic work with assistance animals*  
This course is aimed at care givers who want to include animals in their counselling of children and young people. Care farmers (or care farmers' wives) are welcome as well. The course starts for the first time in the autumn of 2004.  
Organization: vzw 't Keerhof, Katrien Kintaert, tel. +32 9 238 15 58, keerhof.16@telenet.be

At this point in time, there is no research into Green Care in Flanders.

### DESCRIPTION OF INTERESTING INITIATIVES

#### *Foster family care in psychiatrics*

Psychiatric family care has existed in Geel for centuries. It has its roots in the mediaeval pilgrimages to the place of pilgrimage of Saint Dimpna. Yet it has never been more topical. In modern mental health care there is an increasing striving for nursing in society at large, as a human alternative for a lengthy stay in a hospital. In hospitals, indeed, the emphasis is on what the patient is **unable** to do, in family life it is on what he or she is **able** to do. Family affection is central.

Today, some 500 patients are still staying with families in Geel. Most patients are referred from psychiatric hospitals all over Flanders. Some come from Wallonia



and even from abroad. The average length of stay is more than twenty years. In the past, patients were often involved in the farms in Geel, where extra manpower was always welcome. These times have gone. Still, there are currently some 25 foster families with an active agricultural or horticultural farm.

A few years ago, the Psychiatric Hospital Geel started a labour care project. Here too the emphasis of the type of 'job' is on what the patient is able to do, on where his interests lie. This starting point makes it easier for the patient to try to develop his capacities, to learn new things. But it is primarily meant to be an enrichment for the self-esteem, the self-image of the patient. At this moment some 11 patients are 'employed' like this in local enterprises, among them a horticultural farm.

#### *Hoogveld Farm, Tongeren*

Hoogveld is a farm in Koninksem, a borough of the town of Tongeren. This is by no means an ordinary farm because some eight mentally handicapped persons live there and they run the farm. It is their farm and they feel responsible for it. On a daily basis they themselves decide the ins and outs of the farm. Guy Goffin keeps an eye on things as a farmer and an educator. For the moment Guy is living in a house next to the Hoogveld and he goes to work on the farm every day.

Apart from Guy, some more educators are active in the household. None of them sleeps in, the guests have to rely on themselves. There is however a warning system: with the push of a button one of the educators can be called in. Moreover, the educators draw up a schedule for the guests. As the guests cannot read or write themselves, the practical arrangements are dealt with via Guy. It is also not really viable to expect the guests to react independently to new situations, so supervision of the work is constantly needed.

The farm is a mixed farm with cows, pigs, chicken, rabbits, mangold and pastures. The farm supports itself; the proceeds go in full to the purchase of fodder or to the vet. As much as possible Guy involves the guests in management as well: the evolution of market prices, a visit to Agribex, the agricultural fair. That is all part of it.

This way of supervised living and working offers enormous advantages for the guests. They are happy there and they enjoy some freedom. Moreover, they have opportunities for spending their days meaningfully. According to Guy this approach is even cheaper for society than mere institutionalization.

#### *Youth care on the farm*

The non-profit organization Oranjehuis provides reception and supervision for young people in special youth care between twelve and eighteen years old. Ten years ago they started cooperating with farmers and horticulturists in their region. They found that some youngsters had to be removed from their community for a little while to prevent the tensions from rising too high. Some of these young persons could no longer function in the group and there was no ready-made solution for such crisis situations. This is why they contacted a horticulturist who didn't mind

receiving one of these boys on his farm. It turned out to be a good experience for both parties. Gradually they established a whole network of some ten agricultural and horticultural farms that they can call upon for their youngsters in crisis situations.

Most young people experience work on the farm as a punishment. They are removed from their community to go and work in a place where they don't know anyone. Once they are on the farm, they usually settle down quickly.

#### *A new rural home for demential elderly persons on the farm*

For people who have always lived in an agrarian environment, it is not self-evident that they will call upon assistance and services of classic care when they become infirm. The step from the green, wide countryside to a rest home, in a little room between four walls, is too big for many elderly country people. The infirm person finds himself in an environment that can scarcely be compared to the familiar rural surroundings in which the elderly feel at home.

That is why '*Landelijke Thuiszorg*' (Rural Home Care) is developing a network of farms where demential elderly persons can be received and where they will be able to spend their days in a way that is suitably oriented towards country living, contact with animals and plants and the course of the seasons.

### FUTURE CHALLENGES AND KNOWLEDGE QUESTIONS FOR GREEN CARE IN FLANDERS

#### *Future challenges*

- Professionalization: recognition of Green Care as a fully fledged care form, this means an appropriate remuneration and a decent and accepted status for the different parties involved.
- Getting the different administrations to cooperate, to break through parochialism.

#### *Knowledge questions*

- The level of necessary education for care farmers. What are the minimal requirements? How do you prevent farmers to become social workers?
- Scientific underpinning of the empirically shown effect of Green Care.

### RELEVANT ORGANIZATIONS AND PERSONS

#### *Flemish Government*

- Administratie Land- en Tuinbouw: Leuvenseplein 4, 1000 Brussel  
Contact person: Ilse Maes, tel. +32 3 224 63 87  
Koen Wellemans, tel. +32 16/21 12 95 (ad interim)

- Vlaams Fonds voor Sociale Integratie van Personen met een Handicap: Sterrekundelaan 30, 1210 Brussel (Sint-Joost-ten-Node)  
Contact person: Luc Dewilde, tel. +32 2 225 86 68

*Umbrella organizations in welfare and health*

- Vlaams Welzijnsverbond, Guimardstraat 1, 1040 Brussel, tel. +32 2 511 44 70, post@vlaamswelzijnsverbond.be  
Contact persons: Diane Serneels (care for people with handicap)  
Eddy Van den Hove (youth welfare work)
- Verbond der Verzorgingsinstellingen (VVI), Guimardstraat 1, 1040 Brussel, tel. +32 02 511 80 08, post@vvi.be  
Contact persons: Yves Wuyts (mental health care)  
Roel Van de Weygaert (care for elderly)
- Pluralistisch Platform Gehandicaptenzorg (PPG), Junostraat 32, 2600 Berchem  
Contact person: Jos Sterckx, tel. +32 3 366 49 96
- Pluralistisch Platform Jeugdzorg (PPJ), Junostraat 32, 2600 Berchem  
Contact person: Wim Van Essch, tel. +32 477 77 11 57

*Organizations with expertise in Green Care*

- Support Centre for Green Care: Remylaan 4b, 3018 Wijnmaal  
Contact persons: Hilde Weckhuysen, tel. +32 16 24 49 22  
groenezorg@groenezorg.be  
Katrien Goris, tel. +32 16 24 47 65
- Provinciaal Steunpunt Arbeidszorg Limburg vzw, Thonnissenlaan 8/1, 3500 Hasselt  
Contact person: Lut Ghaye, tel. +32 11 21 57 70
- Groene Zorg Oost-Vlaanderen p/a Landelijke Gilden Oost-Vlaanderen, Denen 157, 9080 Lochristi  
Contact person: Marleen Ovaere, tel. +32 53 84 90 27
- De Sleutel, Jozef Ghuislainstraat 43, 9000 Gent  
Contact person: Guido Maertens, tel. +32 9 232 58 08
- Platform Begeleid Werken, p/a Jobburo, Bevrijdingslaan 44, 8500 Avelgem, tel. +32 56 65 30 75
- Koepel Sociale Tewerkstelling (SST), Euterpalaan 23, 2600 Berchem  
Contact person: Katrien Van den Broucke, katrien.vandenbroucke@sst.be

*Some interesting initiatives*

- Vzw Oranjehuis, Moorseelsestraat 146, 8501 Kortrijk  
Contact person: Katrien Verhulst, tel. +32 56 35 59 57
- Openbaar psychiatrisch ziekenhuis te Geel, Pas 200, 2440 Geel

Contact person: Marc Godemont, tel. +32 14 57 90 12, marc.godemont@opzgeel.be

- Boerderij Hoogveld, Hoogveldstraat 1, 3700 Koninksem-Tongeren

Contact person: Guy Goffin

- Landelijke Thuiszorg vzw, Remylaan 4b, 3018 Wijnmaal

Contact person: Griet Robberechts, tel. +32 16 24 39 90, thuiszorg@kvlv.be