CHAPTER 6

THE LAY BELIEFS ABOUT FARMING FOR HEALTH

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Abstract. This article presents the arguments and motives of farmers offering services on their farms and the arguments of those who buy such services. These are analysed from data of a research project which has revealed disagreements as well as agreements about the health potential of agricultural welfare services. The variety in interpretations is questioned in this article. The theoretical approach is social constructivism: seeing argumentation as thoughts and beliefs about health. Lay beliefs are not to be seen as opposed to scientific knowledge. Lay concepts are in common use in society and they are a mix of know-how and informal expertise, tacit knowledge and lay experiences, often based on main norms of society. Beliefs about health are rooted in wider socio-cultural contexts and they are not simply diluted versions of medical knowledge; rather they are shaped by people's wider milieu such as their structural location, cultural context, personal biography and social identity.

The most challenging result is the variance in arguments between health-care professionals of public authorities and farmers. While farmers focus on the general lay beliefs of social relations, healing by working and a well-arranged environment, the representatives of the health-care profession stress the benefit of the farm as a primary producer. This type of argument claims the farmer to be 'real' and the farm to be authentic if the services would be optimal regarding healing and salutogenic effects.
Keywords: Farming for Health: sociology of health; social constructivism; lay beliefs about health; salutogenic factors; socio-environmental model of medicine

LAY BELIEFS ABOUT FARMING FOR HEALTH

In this chapter we present the arguments and motives of the supplementary businesses within Norwegian agriculture based on welfare services. Some of the arguments of farmers for establishing such services and the arguments for buying and using such services vary. The motives may be both individual and collective. The theoretical approach is social constructivism; seeing argumentation as thoughts and beliefs about health as constituted by a mix of lay experience and scientific knowledge. This paper focuses on the *lay beliefs about Farming for Health*. Lay beliefs are not to be seen as opposed to science in a sense of 'more wrong' or 'less authorized'; they are just different. The lay concepts are in common use in society and are a mix of know-how and informal expertise, tacit knowledge and lay experiences. This will be explained in more detail.

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We are interested in the arguments and motives of offering and demanding agricultural welfare services as regards the implication and assets of the *legitimacy of the agricultural welfare services* phenomenon. Offering welfare services is a disputed practice within both the municipal departments buying the services as well as among the farmers themselves. From one point of view this phenomenon may be looked upon as a kind of supplementary business within farming, thereby shaping and altering the role of farm and farmer and of agriculture. Another perspective about Farming for Health (FH) may be considered a new way of organizing health-care services, also interacting with society, including and adopting new rural and urban groups into farming and rural life. With respect to a health-professional's point of view this may imply both a challenges and a threat.

The approach is to examine the lay beliefs about FH as salutogenic aspects. The lay beliefs among farmers themselves and the representatives of the municipal authorities demanding and buying the services are in focus.

This chapter is based on a research project that revealed fundamental disagreements as well as agreements on the health potential of agricultural welfare services; it questions the variety in interpretations.

Arguments can be systematized into either a positive or a negative category with respect to FH. In this article we focus mainly on the positive arguments. The arguments rely on symbolic categories about the life on the countryside and on farms. The lay health beliefs represent differences in knowledge and valuation of the aspects and connections between health, nature and socio-cultural conditions. Positive for instance is the notion that the countryside is 'safe and secure' (Villa 2005; 1999), whilst negative beliefs might be based on the notion of the countryside as 'a place left behind', the farm arena as a risky place (Almås 1985), or rooted in the historical organization of the former parish relief system and of modern discourse about child work.

Establishing and offering welfare services may, however, be motivated by conditions far beyond the lay beliefs of health, more inspired and stimulated through the press and pull factors of agriculture as business (Fjeldavli and Meistad 2004). Pull factors might be positive inspiration and stimulation to act whilst the push factor might be negative (Spilling 1998). Even this paper focuses on the health-belief arguments, the more structural and economic motives for offering welfare services should be kept in mind. We therefore want to explore the motives of farmers for offering welfare services.

THE RESTRUCTURING PROCESSES IN AGRICULTURE

To understand why FH is coming up as alternative health care, we have to look at both the restructuring processes within agriculture as well as in the welfare services, and the changing knowledge of health.

Norwegian agriculture has gone through massive developments since the Second World War. In particular, there has been a focus on greater efficiency (Almås 2002). This has led to changing social structures in parts of rural Norway. During the past 50 years the number of farms in Norway has decreased, the remaining farms have

increased in size and farming has been modernized (Blekesaune 1996). The structuring process involves both decline in family farming and the establishment of one-person farms (first and foremost milk producers) (op. cit.). One of the material consequences is that buildings like barns, storehouses and farm workshops are left unused without maintenance. Farmers, entrepreneurs and politicians have asked how these resources can be put to productive use, other than for the traditional production of food (Sosial- og Helsedepartementet 1994).

In Norway, as in other European countries, there is a growing interest among farmers in combining the production of primary goods with the production of different kinds of services on the farm (Landbruksdepartementet 1999). In recent years we have seen new ways of using the farm, like farm holidays, arts and crafts, and direct sales of fresh vegetables, fruit and locally processed food from farms. Green Care services are among the new farm activities in Norway, as well as in many other European countries, and a national programme has been introduced to farmers over the past 10 or 15 years to promote the services and train farmers in providing them.

Another trend is that farmers and their wives are educated through the public system giving them a second qualification in addition to their qualifications and experience within agriculture. A large number of Norwegian farmers are working as teachers, nurses, physiotherapists, social workers or as craftsmen, in addition to the work on the farm (Fjeldavli and Meistad 2004). Farmers offering welfare services have experience from working in the public health-care sector (op. cit.).

Farming for Health as a supplementary business

Welfare services have been developed over a period of 10 - 15 years in Norway and are getting quite popular in several municipalities. On some farms the provision of welfare services is not new but is part of a long tradition and history of the farm and the farm family. Historically, farms and farm working have been used for outdoor groups; the phenomenon of FH per se is not that modern. Today welfare services are offered on about 600 farms nation-wide (Fjeldavli and Meistad 2004). In some areas, and especially in the County of Sør-Trøndelag in the centre of Norway, the number has last year increased by nearly 30% (personal communication Frøseth 2005).

The agricultural welfare services are supported by a public policy for rural development (Landbruksdepartementet 1999). Such services are considered one of the strategies to diversify farm income and to encourage a new form of agricultural supplementary business in rural areas. Besides meeting the increased demand for alternative arenas and procedure for treatment, training and activities, the idea is to activate physical resources on the farm and the broad spectrum of knowledge and experience among farmers. The public aims of FH are threefold: benefit for the individual offering the services, increase the economic profit of the farm and that of the public departments.

Concepts of welfare farming

The activities launched by farmers offering supplies and services on farms for 'non-farm' people as a resource for healthy lifestyle, social coping, empowering and learning activities are named agricultural welfare services. Lots of different concepts are used for the different services. Examples are Green Care, Green Cooperation, Green Farms, Into the Courtyard, Holiday on Farms, Relief Farms, City-near Farms, The Farm as Teaching Resource, The Real School Yard. The reference to the colour green for these kinds of activities in Norway should not be mistaken for purely ecological or other 'amenity-producing' landscape activities. The more familiar European description 'Caring Farms' is more appropriate for the phenomenon in Norway, but 'Green Care' is still in common use. The most accepted saying within agricultural organizations is 'Into the Courtyard' (www.innpaatunet.no). In this chapter we name the different kinds of activities 'agricultural welfare services'; abbreviated to 'welfare services'.

The concept examples highlight a lot of problems and challenges with respect to the practices, organizations and payment for the services. We mention three main issues: 1) the challenges of care farms outside and inside the scope of health institutions, 2) the overlap and link with agro-tourism and outdoor life in general, and 3) the overlap and contrast with other tasks traditionally linked to family organization and activities like foster homes and child care.

Practices and organization

The services are organized in a variety of ways. The relevant public-sector departments pay the farmer for organizing and providing the services. The farmer may play both the roles of farming and the 'welfare role' of work: training, caring, healing or teaching. He, or in fact most often she[1], may, e.g., be educated as nurse or teacher[2]. If the farmers themselves do not have relevant education or related occupational experience, they may cooperate with a teacher or health professional on the farm. Over the last few years a lot of new courses tailored for farmers and 'welfare servants' have emerged in universities and colleges.

Within this field we find a diversity of practices[3] and combinations of welfare services and arrangements. Some farmers offer services to two or three target groups at the same time. These may be disabled, ill and mentally retarded getting work-training in livestock or animal care aiming at improving health and coping at school. It may be pre-school children participating in food production like sheep breeding, slaughtering and food preparation, together with disabled or other groups or individuals.

Every farm that offers welfare services is recommended to sign an agreement with the local authorities which mediate and finance the activities. There is difference, however, regarding the possibilities of reaching such agreements. Some farms have a contract for several years and some only for one year each time. Some farmers have been offered contracts for several years, but have hesitated because they value the 'freedom' to experiment with their services.

The activities

The activities in welfare services are related to traditional farming with modifications regarding target groups and public goals (www.bygdeforskning.no, www.innpaatunet.no). The welfare services' activities cover tasks like caring for and feeding farm animals, horse riding and horseback training, work-training connected to crop production, maintaining farmhouses, horticulture and seasonal work in the field and seasonal work with animals like shearing sheep, even slaughtering animals. They may also involve activities like cleaning barns, repairing and preparing machinery, cutting fire wood, painting houses and also housework like cooking. They may be activities of outdoor life bound to outlying fields; like picking wild berries, cleaning fields from weeds, building roads, planting young trees, etc. These outdoor activities as well as the indoor homework may be more or less bound to traditional farming. In these practices we identified an overlap with the general outdoor activities and traditional feminine 'indoor' house activities.

The performance levels of the activities vary with the aim of the services and the composition of the target groups. The same activities may serve different aims; e.g., caring for animals and cutting fire wood may at same time be a therapeutic means, work to be done, and learning activities. An important principle is that the activities and the work performed should not be a substitute for the farmer's work.

WELFARE-STATE FAILURES AND CONSTRUCTION OF HEALTH BELIEFS

The services of the welfare state are under pressure, in Norway as well as in many other countries (Sosial- og Helsedepartementet 1994). Traditionally the welfare state has a strong position in the Nordic countries (Greve 1998). Today the situation in both health-care services and educational systems has been restructured by outsourcing and opening various public tasks to privatization. For instance, last year a lot of new private schools have been emerging.

The health sector is short of resources due to increased demand. The child care and school sectors are caught between limited resources and demands for 'better' and 'more' individual treatment and teaching. There is also the ongoing process of reorganizing public administration and services at a general level. The liberal policy trend has strengthened the search for new ways of solving public tasks and distributes responsibility through promoting partnership and cooperation between the public and private sectors (Bay et al. 2001). Agricultural welfare services can be considered a kind of partnership between the public authorities and the independent, self-employed farmer. Farms and the countryside environment with plenty of space, healthy air, meaningful tasks and natural surroundings may represent an alternative 'medicine' or 'school yard'. This is integrated into the process of procuring knowledge about health and illness. The theme of the science of health and the legitimacy of the health sectors will be the focus of the following paragraphs.

The social construction of beliefs about health and wellbeing

The source of inspiration for analysing the arguments about offering and using farms as healthy arenas for curing illness, caring, work training and learning, is the sociology of health and illness. Sociology has traditionally been of great interest in health and health-related questions, and important authors and scientists in sociology are found in the field of the sociology of medicine (or the sociology of health and illness) (White 1991).

The main and most accepted perspectives of understanding health, illness and healing processes are found in the biological and pathogenic theories of modern medicine; in sociology often referred to as the biomedical model (Freidson 1970; 1988; White 1991; Nettleton 2000). Those theories are from a sociological point of departure criticized as reductionist, meaning that the science of medicine reduced illness, and then health, to organic and biological processes, overlooking the social and psychosocial aspect of health and illness[4].

During the last two decades, the institution of medicine and the biomedical model have increasingly been challenged by critiques emerging from both popular and academic sources. These criticisms have been intensified in the context of the escalating costs of health care (Nettleton 2000), the escalating use of alternative therapy and the fact that a lot of illnesses and diseases emerge without a demonstrable underlying pathogenic or biomedical aspects. The emergence of FH may be understood from such a perspective.

A criticism of biomedicine is that it fails to locate the body within its socio-environmental context. In fact, an alternative to the biomedical model is often referred to as the 'socio-environmental model' of medicine (Freidson 1970; 1988; White 1991). Biomedicine has underestimated the links between people's material circumstances and illness. The sociology of health and illness has repeatedly demonstrated that health and illness are socially patterned (op. cit.). Taking those social patterns into account may produce alternative and new ways of organizing the services. FH is a new way of organizing services but also an original way of integrating the dimension of socio-cultural aspects of health.

Medicine has been taken to task for the way in which it treats patients as passive objects rather than 'whole' persons (Nettleton 2000). When students enter medical school, one of their first tasks is a human dissection; the object of study is the body and not the person[5]. Critiques of biomedicine have argued that it is essential to recognize that lay people have their own valid interpretations and accounts of their experiences of health and illness (op. cit.). For treatment and care to be effective these must be readily acknowledged. The sociology of health argues that socio-cultural factors influence people's perceptions and experiences of health and illness which cannot be presumed to be simply reactions to physical bodily changes. FH may be a resource for some people or groups of people, but certainly not a relevant activity for everyone.

A main challenge to biomedicine is the assumption that through its scientific method it identifies the truth about disease (White 1991) and consequently the truth about health as long as health is defined as the opposite to disease (Freidson 1970; 1988; Nettleton 2000). It is argued therefore that health is a flexible and unstable

situation depending on the individual subjective experiences of wellbeing and quality of life. “Health categories are not accurate descriptions of anatomical malfunctions, but are socially created; that is, they are created as a result of reasoning which is socially imbedded” (Nettleton 2000, p. 7). However, the apparent objectivity of medicine means that values may be transformed into apparent facts (White 1991). For example: the belief that women were unsuited to education in the nineteenth century was supported by medical evidence. The future reflections on ‘Farming for Health’ might turn into a parallel case.

It follows from this introduction to the sociology of health and illness that the knowledge about it is socially constructed. Consequently, the concept of health is found to be another dimension in relation to disease and currently a social construction meaning that the content and definitions may vary; altering and changing across borders of culture, space and time. In literature there is a huge range of definitions of health (Freidson 1970; 1988; Antonovsky 1996; Nettleton 2000). The concept of quality of life is often used as synonymous with health (White 1991). Focusing on positive health factors and aspects of quality of life, or wellbeing, the literature provides three main areas or factors with impact on the self-reported health situation; 1) social support or network; 2) meaningful ‘work’ (or activities); and 3) (the experiences of) control over everyday practices.

The lay beliefs about health

The dominant lay beliefs about health and wellbeing are composed of what we define as the factors of lifestyle (Nettleton 2000). Those aspects of lifestyle are connected to the factors that are increasingly evident as promoting and shaping illness and disease. The best-known factors are inactivity, smoking, poor nutrition and addiction to alcohol. It follows from this that sport and exercise, functional food, no smoking, etc. are deemed to be healthy pursuits. There is a growing range of social activities that seem to be conceptualized in relation to health. There is an extremely strong concern in society about health and an individualistic health pursuit, resulting in body orientation and prospecting of individuals. The health-promoting and preventing attitude of ‘using’ different aspects of nature are not that new within health science; nevertheless, there is a renewed orientation of understanding the correlation between nature and health.

The sociology of health has emerged into a more holistic approach considering promotion of health and wellbeing not as necessarily the opposite of what are considered relevant effects causing illness and disease. “The concept of health itself needs to be explored, and such exploration must take lay perspective into account” (Nettleton 2000, p. 37). Beliefs about health are rooted in wider socio-cultural contexts and are not simply diluted versions of medical knowledge; rather “they are shaped by people’s wider milieu such as their structural location, cultural context, personal biography and social identity” (Nettleton 2000, p. 37). The understanding of health as being contained within a social context has pragmatic consequences (op. cit.). The pragmatic consequences concern both the way of understanding lay beliefs and the way of organizing and composing health-care services. The sociology of lay

health beliefs is of value to health-care practices in a number of ways: 1) findings contribute to an understanding of professional–patient interactions, instead of seeing the lay perspective as 'incorrect' knowledge; 2) an understanding of the ideas about health maintenance and disease prevention is crucial to the effectiveness of health education and health-promoting programmes; 3) the study of lay health beliefs may contribute to our knowledge of informal health care; and 4) such knowledge will give us more reliable data of what factors affect the quality of life from a subjective and individual perspective (op. cit.).

The salutogenic and risk lay beliefs and Farming for Health

In this article we use the concepts of salutogenic factors for health in contrast to the biomedical focus on pathogenic factors for disease (Antonovsky 1996). Salutogenic factors are those in the social and cultural environment promoting and strengthening health (op. cit.).

The arguments for the positive effect of working or training on a farm with respect to salutogenic factors are multiple. Integrated within lay thinking about the salutogenic factors of country life is that FH represents fresh air, lots of space, quiet surroundings, relaxing atmosphere, etc., as well as the manual and practical labour of farming. Healing through working (Ketelaars et al. 2001) is not only a byword within agriculture but a central social norm in society at a general level. To work is one of the most valued activities in society and thereby a central norm of social relationships and cooperation. Another lay belief about FH is based on the resource hypothesis of farm-animal relations to 'non-farming' visitors (Berget et al. 2004; Hassink 2002), or the more specific beliefs based of the therapeutic results of horse riding (Fitzpatrick and Tebay 1998). A third aspect concerns the horticultural activities affecting health and wellbeing (Relf and Lohr 2003; Sempik et al. 2003; Schmidtbauer et al. 2005).

A fourth aspect is the factor of farming being 'closer to nature', meaning closer to places of nature as opposed to urban places. Both fresh-air and space arguments, together with the images of quiet surroundings, are such nearer-nature arguments. In addition we find special projects, e.g., for using the forest as salutogenic health factor. There is, however, a need for greater knowledge about how specific aspects of nature, as well as nature on farms, can affect specific features of mental, physical and social health. There is a trend in literature towards searching for solutions that answer health problems by combining knowledge of 'life science and philosophy', for instance in modern science of medicine as 'holistic' and/or 'complementary' (see, e.g., the series of papers by Ventegodt and co-workers in ScientificWorld Journal 2003, 3). A quite fresh 'speciality' of health-promoting and wellbeing strategies is found in the cultural landscape.

The negative factors as arguments against agricultural welfare services are also set out. There are claims that the countryside is lagging behind, meaning that people living there are socially isolated and not integrated in society. Another indication is that young girls are leaving the countryside for education and work in urban areas and the boys stay behind taking over their fathers' occupation and remain unmarried

because the girls are leaving the area. Consequently the countryside is going through a process of masculinization (Brandth and Haugen 1995), which has negative effects on social relationships and the opportunities for gender-mixed friendship.

The public-health professional's argument is that farmers are not the adequate persons to offer welfare services because they lack relevant education and experience. Besides this, the farm represents a dangerous environment, especially for children, being exposed to risky and hazardous situations. Working on farms is, indeed, correlated with a high accident rate.

METHODS AND MATERIALS

The Farming for Health field in Norway is unexplored and needs research at several levels and through different methods. The project of this study aimed both to map the field and to estimate the dimensions and extent of the phenomenon looking at issues about the farm, the supplies, the target groups, the activities, the farmer`s role, education, performance, the economic situations and values, and the prospect for future development. On the other hand, the project was aimed at a deeper analysis of the phenomenon as a qualitative approach looking at meanings and patterns. The data material is therefore based on both qualitative and quantitative methods.

The quantitative method includes a nationwide postal survey of the population of farmers offering welfare service. The aim of the survey was rather exploratory than hypothetical with respect to the above-mentioned aspects.

The postal survey of the population of welfare farmers was held during the winter of 2003-2004 (mainly dispatched in November 2003 and the reminder sent out in February 2004). The questionnaire was sent to all welfare-services farmers registered at the County offices of agriculture in Norway.

The farmers were asked about their activities in 2003 and to report future expectations for their welfare-supporting activities. They were also asked to report on characteristics of the services they are providing, characteristics of the target groups, economy and employment parameters, their attitudes and networks, and some demographic data. By and large such variables are summing up the relevant role of the welfare-services farmer. The frequencies of the different variables are published in a report (Fjeldavli and Meistad 2004).

Of special interest in this paper are the variables of arguments and motives. The farmers were asked both about arguments for the quality of welfare services and about the motives for offering services. They were asked about the evaluation of the general social effect of offering FH. In the analyses we combine the different data. The qualitative data consisted of interviews, conversations and observations with the farmers and on the farms, as well as with representatives of the buyers, the public departments of the municipalities. We also visited a handful of farms and made observations.

FARMERS' BELIEFS ABOUT FARMING FOR HEALTH

In the survey the farmers were asked to tick their arguments about the quality of the welfare services offered on their own farm. The survey presented different statements the farmer could choose and accept with respect to the importance of the farm's value for the users. The question was formulated as follows: "From your perspective, what is important about the welfare services you are offering?". The questionnaire presented six short statements frequently mentioned in conversations both by lay people and experts. For each statement the respondent may choose between four alternatives from "of great importance" to "not important at all". In Table 1 we present the distribution of the arguments, ranging from the most important with respect to quality.

Table 1. *Farmers' ranking of qualities of the farm with respect to the welfare services*

Qualities of the farm	Of high importance
The farm as a safe and secure place	85
Social relations with adults	82
Sufficient amount of space	82
Social relations with animals	82
Practical work, physical activities	75
Fresh air and outdoor experiences	72

Source: Green Care survey 2003 (Fjeldavli and Meistad 2004)

The farmers' answers (Table 1) indicate that all above-mentioned farm qualities are considered highly relevant resources for agricultural welfare services and the different scores are not easy to tease out. The result is that statements based on the diffuse argument of 'safe and secure' are considered more important than statements like contact with adults, animals and sufficient amount of space. Practical work and physical activities were valued lower than relations with animals and adult persons.

The answers are not sufficiently different to distribute the farmers into fixed categories of arguments but we catch a glimpse of three categories of arguments, named "safety and security", "social support through relations to adults and animals" and "meaningful activities through practical work, physical outdoor experiences", and a slight glimpse of the strength between these aspects.

In interviews with the farmers, however, the statements 'safe and secure' are not that often mentioned directly but rather indirectly as illustrated by the following quotation:

> "The boys do have a great pleasure in working here; they are prevented from participating in the destructive activities downtown, and have a lot more challenges here".

One may perhaps 'read' in the quotation the unstated symbolic meaning of 'the risky urbanity'. However, confronted with this statement of 'risky urbanity' the farmers did not confirm to believe in the city and urban life as dangerous and unhealthy, not until they were asked to explain the notion of 'rural values' (see below). Some

farmers, on the other hand, were talking about the dangers, threats and risks at the farm, and told about near-accident situations. They were concerned about efforts to prevent accidents at the farm. Some other farmers were concerned about the potentially negative consequences of focusing 'too much' on risk factors, saying:

> "Society focuses too much on preventing risks, which implies that the child does not learn to handle them. You have to take risk so that you may learn and grow. It is not 'the end' to get a wounded knee" and "Nowadays parents and 'society' focus too much on preventing risks".

Some other farmers are worried about the effect of standardization of the quality systems, which might decrease the chances of the youth taking risks, explore the landscape, coping, empowering and developing an attitude of self-reliance. A third group of farmers worries more about accidents among children and groups of users than about the effect of risky behaviour. This worry was connected to the liability of the supply business at society level: "The quality of the services is of greatest importance for the future; if the public should pay for it, they (the children and youth) have to be secure and safe". In this context 'safe and secure' means physically and materially safe and secure from accidents and dangers in the external environment.

With respect to the formula 'safe and secure' the farmers in general talked more about risk and near-accidents than the salutogenic aspects of 'safe and secure'. They did not very often mention the formulation of 'safe and secure' directly. Nevertheless, in the interviews farmers talked more frequently about relations: social relations between user and farmer, between user and animal, and between user and other users. The quotation below illustrates both the aspect of relationship and the aspect of coping and empowering of working on farms:

> "The best thing for the youth is having an adult listening without disturbance and intermingling with a lot of other pupils. He may have instruction on his own and the chance to do the work task at his own speed. It is a great pleasure to see how they handle the challenges and grow. They get a lot more self-confidence on the farm".

This quotation implies the consciousness and skills of the care farmer with respect to the lay beliefs about the importance of experience of control and flexibility in everyday situations in promoting self-esteem and to grow.

Comparable situations are described with children gaining from caring for farm animals. The practices of FH represent some overwhelming and impressive stories of how children and youth do attain self-confidence and grow through caring for and working with farm animals.

A particular approach focuses on the question to what degree farm animals must be productive with respect to agricultural production of milk, meat and fibre. The issue concerns the role of the farm and farmer and is one of the difficult questions with regard to organize and finance welfare services. A byword of the phenomenon described here is 'therapeutic animals' or 'care animals', meaning the main function of the animal on the farm is to serve welfare services. We will discuss this implication below.

The interesting result about the different arguments is that the lay beliefs about the qualities of FH are probably just indirectly connected to farming as an

agricultural production business. They are probably more strongly connected to the general aspects of quality of life based on symbolic categories about the lay beliefs and myths of the countryside in general like opportunities for being 'safe and secure' and to having support and good relations to adults.

Neither 'safe nor secure' nor 'relations to adults' are exclusive farming characteristics. The general aspects of nature-oriented salutogenics, like fresh air, are at the bottom of the list. In the interviews the farmers never mention fresh air as an argument for the salutogenic aspect of the services at all, but they often mentioned the surroundings being close to nature as a mixed qualification of space, 'time' and coping-challenges:

> "The farm arena covers many challenges, you may walk around and discover new places and challenges and surprises every day".

The 'safe and secure' argument is one we consider as founded on a myth, or more a byword inherited and handed over by generations. This argument is rooted in a traditional way of thinking about the countryside as a place where you can be safe and secure (Villa 2005) as opposed to the urban environment and the illusion: "In the countryside no harm will hit you, people are relatives, friends and good neighbours, and therefore take care of each other". It may also be a kind of 'discourse' about FH, in-reflexively, rather than being a kind of symbolic statement of the representations handed over by generations and deep rooted in our beliefs. The on-farm resources in the form of the salutogenic effect of plants and horticultural activities are rarely mentioned but they are indirectly, like "healthy outdoor activities", "tasks of crop production etc".

BELIEFS OF PROFESSIONALS ABOUT SALUTOGENIC ASPECTS OF FARMING

In the survey we did not examine the beliefs of the health professionals about the quality of welfare services, and we are therefore unable to rank them in the same manner as the arguments of the farmers. We might rank their beliefs through analysis of the strength of the different arguments and of course through quantification of the most cited and valued arguments. The arguments claimed by the health professionals are gathered as data from personal interviews and analysed through qualitative techniques.

The different arguments used by health professionals are to a large extent identical to the list of statements presented in the survey. This is of course also due to the fact that many of the farmers are health professionals and have worked in the public-health sector for years. On the other hand, the arguments listed in the survey are not 'taken out of the air' but they are based on lay and public opinions of the arguments that are in use. The arguments are 'diffuse' and 'mixed' in the sense that they are more based on lay opinions than on scientific opinions. Still they are valid for comparing the two different groups, farmers and health professionals.

The arguments of health professionals are much like the arguments used in general and accepted as lay health beliefs about FH apart from one unique and important formulation. This lay belief, which may represent both a challenge and a

'battle' for the development of FH in the future, is used by the public-health professionals but not by the farmers. This argument is that *the farm offering welfare services ought to be a real and an authentic farm, rather than a health institution with therapeutic livestock*. This understanding is probably more a matter of course among farmers and is therefore not mentioned as important at all in the farmers' interviews.

The reasoning goes: On an authentic farm you do real work, or you participate in activities that are connected to real work. Real work is meaningful. It is meaningful for society, for the countryside and for agriculture, but most of all for the youth and the users. The user has probably never participated in real work before or has missed participating in occupational work. This means that youths are integrated into real society in a qualitative way that is different from their earlier experiences.

The underlying argumentation is that the welfare state has failed on a range of tasks: It has failed in school and education sectors, shaping the circumstances for developing 'losers' and 'maladjusted'. It has failed in this sector by focusing on theoretical knowledge rather than practical skills. It has failed by focusing on abstract knowledge rather than concrete problem-solving connected to reality. It has failed in health sectors relying on the reduction model of medicine rather than a bio-social-cultural model of health science, on medicalization rather than strengthening the possibility for man to choose the right health attitude, on treatment instead of preventing illness and promoting health, etc. It has failed by focusing only on effectiveness and economic parameters rather than on social factors and including procedures for letting people into the labour market. This list may be both longer and more complex. The lay health argument about the salutogenic aspect of animals is not presented as an argument separately by health professionals, but as one of several aspects of treatment packages. An interesting outcome linked to this welfare-state-failure hypothesis is formed by the lay beliefs about farming as a solution for many of the welfare-services failures.

It is obvious that we find these positive attitudes and arguments about FH among those representing the municipal authorities that have experience of and demand for such services. Some other representatives are negative and the argumentations are focused on either economic or professional matters, bound to the fact that the municipality itself carries out the health-care services. Alternative health services are more accepted in society at a general level.

FARMERS MOTIVES FOR OFFERING HEALTH AND WELFARE SERVICES

In the survey the farmers were asked to consider a battery of statements about the motives for establishing the agricultural welfare services of their own, ticking to what extent they agreed. We find the agricultural business arguments for offering welfare services in the question "What is the importance of the following to your provision of welfare services?" (Table 2).

Table 2. *Farm business motives for offering welfare services*

Statement	Of high importance
A better income from the farm	61
Opportunity to combine farming with my training/qualification	48
Share rural values and interest with the community	40
Good for raising my own children	40
Working together with spouse or other family members	35
Want to find new enterprises to support farming	33
Combine an income on the farm with caring for my own children	31
Maintaining existing buildings	29
Obligation to the farm	18
Lack of alternative job opportunities	12

Source: Green Care survey 2003 (Fjeldavli and Meistad 2004)

There were four possible answers to statement: "High importance", "Some importance", "Little importance" and "No importance". Table 2 shows that the economic motive is the most important among welfare farmers with respect to offering services, followed by the opportunity to combine education and occupational experiences with farming. The factor registered as "share rural values with society" comes third and is an interesting result with respect to the multifunctionality of agriculture. Farmers believe farming to be a common valuable good for society at large.

For further analysis, we split the expressed motives into positive and negative factors. The negative factors are external pressure to act, while positive factors are forces or opportunities for activity. Table 2 only contains two negative factors: obligation to the farm and lack of alternative job opportunities. These are found at the bottom of the ranking list, indicating that they are of minor importance as driving forces for establishing welfare services. This means that welfare farmers are mainly being encouraged rather than forced by developments.

To follow this analysis even further, we may divide the statements in Table 2 into three groups: motives of self-realization, job-seeking motives, and contextual factors (Spilling 1998). In the welfare-service survey, we find motives of self-realization appearing as numbers 2, 3, 4, 5 and 7 in the ranking list. Job-seeking motives can be recognized as numbers 1, 6 and 10, while contextual factors are found as numbers 8 and 9. This implies that except for the motives of a better income, motives of self-realization are dominant among welfare farmers.

It is interesting that both individual (better income) and collective (rural values) motives top the list. In the interview we asked the farmer to go thoroughly through the meaning of rural values. We have sorted and added some statements of rural values, which are summed up as "empathy for: small-scale farming, multifunctional farming, countryside and rural living, nature and relaxing atmosphere, and 'alternative' and simplicity lifestyle". The contrast to "urban values or urbanity" or the more diffuse "misery of globalization" is clear. This is to some degree a paradox

of the outcome of analysing the statement of ‘safe and secure’, reminding of the complexity of lay beliefs, tacit and ‘everyday’ knowledge.

In Table 3 we present the result of analysing the arguments concerning lay beliefs of the effects of FH at societal level. The ranking in Table 3 reflects two major areas in Norwegian national policy in the last decade: priority for treatment of mental illness and for school and teaching reforms. These national policies imply new budgets, and welfare service farms have been developing ‘just in time’ to meet some of these demands. There is a long tradition in Norway of farmers taking care of children with family problems and this tradition is now included in the welfare services. The tradition also includes teaching and educational matters.

Table 3. *Arguments regarding community implications of Farming for Health*

Statement	Of high importance
Variation in types of services offered to the user groups	61
Easier to combine other types of education with farming	39
Farming may be combined with caring for own children	35
Easier for the next generation to take over farming	26
Increased recruitment to farming	22
Increased privatization of public services	21
More women will take over farms	19
Reduction in economic compensation to agriculture	16
A second-rate type of business strategy	5

Source: Green Care survey 2003 (Fjeldavli and Meistad 2004)

Welfare farmers see a variety of reasons for providing the new types of services (Table 3). First and foremost, welfare farmers have identified a market in need for variation of services and a market for different types of services to be offered on farms as supplements to existing services at public and private institutions and schools. Next, they recognize the opportunities to improve their total work situation and everyday life of their family. Third, they see possibilities for better recruitment to farming in general. Potential negative implications of the agricultural policy are considered of less importance. Farmers’ lay beliefs about the existing health-care services are partly a criticism of that sector. The economic and individual motives are nevertheless more important and cover the salutogenic aspects of the motives.

RECOURSES OF COMBINING CARE, AGRICULTURE AND PLACES CLOSE TO NATURE

The categories that are relevant for sorting the different arguments are referred to as 1) social support and social relation; 2) meaningful activities; and 3) experience of control of (everyday) life. The lay beliefs about the salutogenic factors of FH are closely linked to general lay and scientific beliefs about healthy, salubrious and healing in modern societies. The general lay beliefs are composed of former and

aggregated knowledge, social and personal scientific and everyday experiences of health, illness and salutogenic aspects. The lay beliefs about working and occupation activities as healthy and empowering are but key assumptions of the policy of the welfare state based in central norms systems of modern societies.

The lay beliefs about working as healing and salubrious are founded on central and deep-rooted norms of society. Practical outdoor work has been valued even higher within the arenas of mental treatment and medical knowledge over a long run in medical history. The beliefs are based on former but abandoned scientific knowledge of mental diseases and on modern social norms. By developing the agricultural welfare services this knowledge might be 'dusted' and implicate the organization of welfare services. The general lay beliefs about health as affected by outdoor activities, exercise and sporting in surroundings close to nature are well accepted norms. Much of the activities and organization on farms are founded on such beliefs. These beliefs are based on valid healthy norms of society like doing exercise, sports and participate in activities. Today this norm is revitalized through the curriculum in school and kindergarten. There is a growing interest in outdoor activities for healing, relaxing, learning, experiences, risk taking, growing, etc.

Some arguments about the social relations to farm animals are original with respect to farming as healthy but studies of individuals caring for pet animals (non-farm animals) have, however, found a positive effect as well. The animal-relations argument only indirectly explains the farming aspect of such lay beliefs.

The social-relationship treatments are accepted within medical science of mental illness, although this statement may be disputed. At a theoretical level, the school medical science supports the social-relation hypothesis. However, theoretical acceptance does not automatically provide practical reorganizations of care systems, nor a preferred public policy. Farming for Health is a quite new, fresh and exciting effort, of which many representatives of health-care departments have not yet heard.

The most challenging outcome is the variance in arguments between the health-care professionals of the public authorities and the farmers. While farmers focus on the general lay beliefs of social relations, healing by working and a well-arranged environment, health-care professionals stress the benefit of the farm as an occupation of primary production. This type of arguments claims the farmer to be 'real' and the farm to be authentic in order to optimize the services as salubrious.

Compared to traditional farming, offering and selling welfare services implies that the role of the farmer and of the farm is transformed or extended. These roles vary within the concepts in use and the welfare-service practices. The central question concerning the lay beliefs is about the farmers' skills and qualifications and the opportunities for combining the skills of farming and the skills of caring, healing, training or teaching. These concern one of the negative arguments, namely those of the farmers as unprofessional health-care providers. To figure out this dilemma studies of the effects on and the outcomes for people using the services must be carried out.

Implications of agricultural welfare services may affect the degree of sympathy for agriculture and farmers, and in the longer term recruitment into agriculture and increase the legitimacy of agriculture. The farms are producers of potentially common goods that will be demanded in the future. In this perspective the farms are

'unused/untouched' areas laying there as a 'natural' resource inviting society and rural community to take part in the agricultural atmosphere and work. Borrowing the concept of the process of 'bio-prospecting' from a discourse analyse (Svarstad 2003) of seeking medicinal plants, we formulate the phenomenon of welfare services as a kind of 'agro-socio-prospecting'; meaning that farms and farming are in a given social perspective caught sight of as a *common good*. Agricultural welfare services are indeed among the multi-functions of farming. The challenge is to secure the services by reaching the political goals of better quality of life and health.

NOTES

[1.] About 2/3 of the welfare farmers are female (Fjeldavli and Meistad 2004)
[2] The welfare farmers score higher on variety of education than farmers in general (Fjeldavli and Meistad 2004)
[3] A great variety of services is provided on Green Care farms; 301 of 327 units are in education, 261 in training people with illness or disabilities, and 184 for supportive childcare. There are services for adults in need of employment, old people with diagnosis of senile dementia, even a few ones accommodate for criminals.
[4] The literature also presents a huge range of splendid histories of medicine (White 1991)
[5] In order to try to address this problem more attention is now given to communication skills and the behavioural sciences within the medical curriculum. However, there is still some way to go

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