# Care Farms: an European and Dutch perspective

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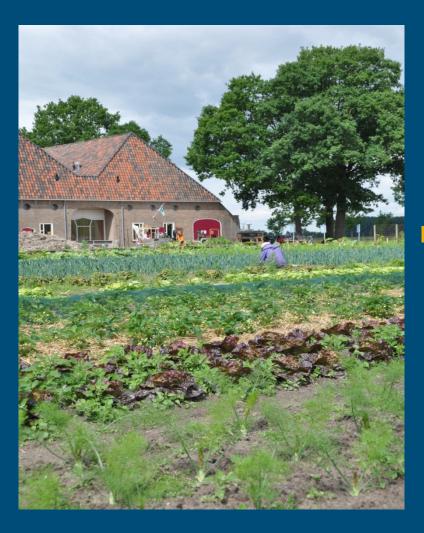


#### Introduction

- The Dutch situation
- European perspective
- Effect studies: some results
- Questions and discussion







#### http://www.projectdiana.eu/en /visuals.html?lang=en





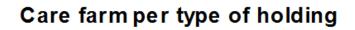
- Growing sector: 1100 care farms, more than 20.000 clients
- Different client groups
- Different forms of care

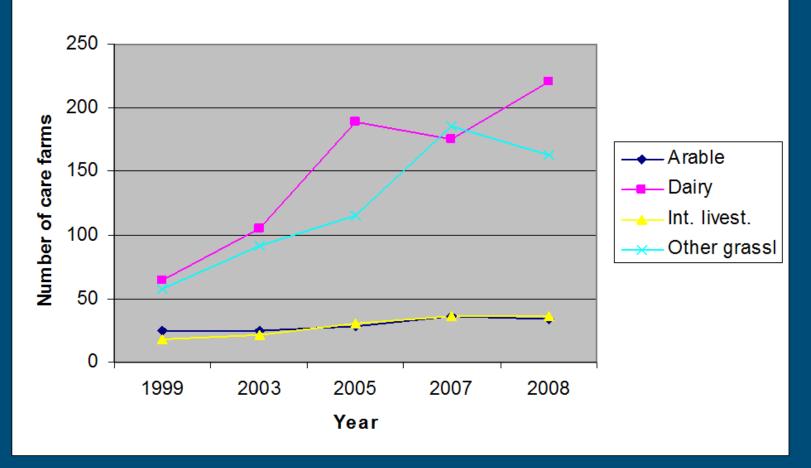




- Farmer's wife with background in health care
- Former health care workers
- Social motive
- Financial motive
- New perspective/future alternative for intensification











## Development of the social farming sector in NL

1999: Start of the National Support Centre
2003: Personal Budgets for clients
2005: Liberalization of long term health care
2010: National federation of care farmers



#### Green Care: the European perspective

#### **Overview Sectors of Green Care**

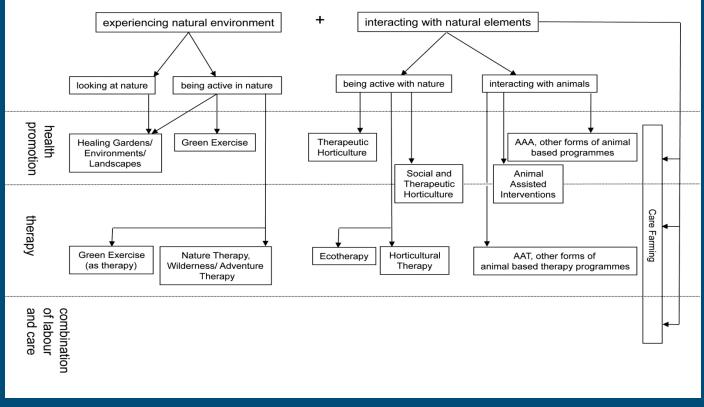


Figure: Haubenhofer, Elings & Hine, 2010





### **Orientation in different countries**

#### Social/labour sector

#### Italy, France

Germany, Ireland, Slovenia, Austria, Poland

Netherlands

Norway

Belgium

Health Care

Agriculture





#### **Financing regulations**

- Belgium: budgets of rural development funds
- Italy, France: reintegration funds; contracts with municipalities
- Netherlands: Budgets from care sector: opportunities for farmers through personal budgets. Now transition to municipalies
- Germany, Austria, Ireland: budgets from care sector: strict regulations





#### Impact regulations

- Italy: support for social co-operatives
- Flanders: support only for private commercial farms with limited number of clients
- Germany: support only for institutional farms with large number of clients
- Netherlands: regulations change: 2003: personal budgets: 2005: liberalization AWBZ (accreditation for organizations of care farmers); 2015: WMO



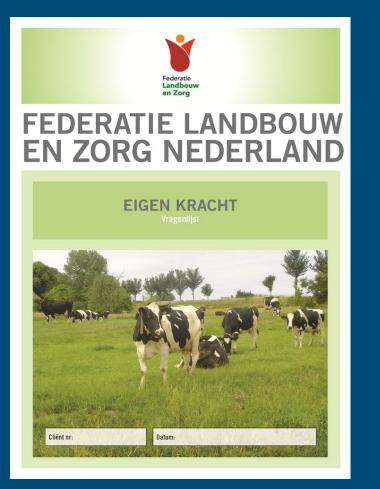
### Type of green care farm

- Netherlands, Flanders: Family farms
- Germany, Austria: Institutional farms
- Italy: Cooperatives









1	lk vind mezelf de moeite waard	C	J	0			
	lk zet negatieve gedachten om in positieve gedachten	C			С	C	
	lk overzie hoe mijn leven mij gevormd heeft tot wie ik ben	C					
-	lk ervaar rust en veiligheid in mijn woning	C		0	C		
	Ik heb elke dag voldoende te doen	C					
Ville S	In onze samenleving worden mensen met een psychische handicap niet gediscrimineerd	C			C		
	lk doe dingen die ik belangrijk vind	C					
Contraction of	lk kan omgaan met mijn kwetsbaarheden	C			C		
	lk kan terugvallen op de mensen om mij heen	C					
1	lk durf op mezelf te vertrouwen	C					



#### What do we monitor?

- Needs and objectives of clients
- Satisfaction with activities
- Involvement and responsibility
- Satisfaction with guidance of farmer
- Satisfaction with social contacts on the farm
- Social contacts outside the farm
- Reaching of identified objectives
- Reaching of broader objectives
- Empowerment



## Scores on different aspects (1-5)

Satisfaction activities	4.1
Involvement	4.0
Satisfaction collaboration with farmer	4.3
Satisfaction social contacts on the farm	4.2
Society view/needs and stimulation external contacts	3.4/3.3/ 2.6
Reaching goals	4.0





#### Main objectives that are reached (scores 1-5)

Useful day activities	4.4
Structure	4.3
Social contacts	3.9
More positive self image	3.9
Improvement physical health	3.8
Improvement working skills	3.6
Learning to deal with problems	3.5



#### Future direction



- Introduction of monitoring system on all care farms
- Questionnaire as part of annual evaluation with client
- Feedback to improve quality of care (study groups)
- Development of large database



#### Research: Effect studies

- Youngsters with behavioural problems
- People with mental ill health and/or addiction history
- Elderly with dementia







#### Youngsters with behavioural problems

Performance-Indicator	Start	Finish	Follow up	
			programme	
	%	%	%	
Good contact with father	12	58	73	
Good contact with mother	33	83	81	
Daytime activity	14	88	87	
Good use of leisure time	5	51	58	
Wellbeing	16	80	81	
Self-confidence	9	83	81	
No police contact	22	95	81	
No drugs	12	80	50	
No behavioural problems	3	50	46	



#### People with mental ill health/addiction

- Quasi-experimental setting
- Follow-up T=0, T= 1 (half year) T=2 (one year)
- N=149
- No significant change on quantitative data
- No negative change in QoL, mental health or social functioning
- Decrease of use in medicine
- Highly satisfied with care on farm (8.2 and 8.3)



#### **Elderly with dementia**

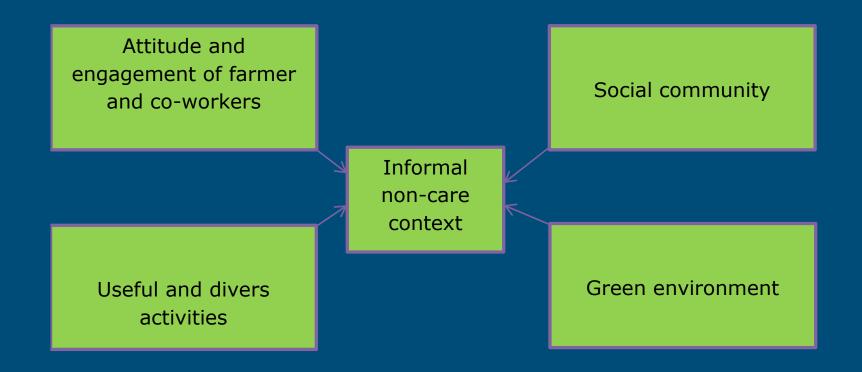


- Quasi-experimental
- Care farms regular day care
- Positive significant change in dietary intake
- Relief of informal care takers





#### **Research results: Qualities of Care Farms**







## Engagement of the farmer (f/m)



- Continuity of treatment
- Role model
- Involvement and responsibility
- Emphasis on what people can do



#### Social community

- More social contacts
- Demonstrating more social behaviour
- Increase of perseverance





## Useful and diverse activities



- Distraction
- Structure and routine
- Different environment
- Learning new competences



#### Green environment



- A better mood
- Improved concentration
- Recovery from stress
- Stimulates physical activity
- Different environment than used to



# Thank you for your attention.

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