Understanding the development of the Care farming sector in the Netherlands

Understanding the development

Jan Hassink
Challenges for development Care Farming

- Two specialised sectors Agriculture and Healthcare disconnected: how is it possible that they started collaboration in the care farming sector
- Connecting two sectors: for farmers it is challenging to cross the agricultural sector
- Newcomer in care sector: lack of legitimacy
Characteristics Care Farming

- **Booming sector in the Netherlands:**
  - 1997: 75 care farms:
  - 2010-2014 1100 care farms; 20,000 clients/users

- **Different types of initiatives:**
  - Care farms
  - Regional organizations of care farms
  - Collaboration of care institution with group of farmers
  - National support centre/federation of regional organizations
Development

- Starting point: dedicated, idealistic pioneers: isolated initiatives lacking legitimacy
- Collective action led to support of ministries and Establishment of National Support Centre (1999)
- Increased legitimacy
- Change in financing regulations: personal budgets and openness for new suppliers (2003)
- Increased interest farmers and care organizations
- Support organizations for care farmers: less dedicated farmers can start care farm
Development care farming sector

- 1999: Start National Support Centre: start of networking, political support, legitimacy, quality system
- 2003: Broadening personal budgets cliënts: clients can make direct contracts with farmers
- 2005: Liberalization long term care: foundations of care farms accepted as formal care institutions
- 2010: National federation of care farms
- 2015: Transition from AWBZ to WMO (municipalities)
Developments at regime and landscape level

- Dominant regimes Care and Agriculture under pressure

- Landscape
  - Liberalization, socialization of care, empowerment of clients
  - Socialization of agriculture, liberalization, decreasing prices

- Changes in Regime beneficial for care farming
  - Personal budget clients
  - AWBZ accreditation for new suppliers
  - Framework of multifunctional agriculture: search for new income sources
Health care
participation
empowerment
rising costs

Agriculture
liberalization
decreasing income
not sustainable

pressures

conventional
closed systems
one dominant logic

mismatch financing structures
lack of legitimacy

pioneers opposing
conventional agriculture
conventional health care

Time

T₀

T₁

Health care
client movement
participation
liberalization

Agriculture
multifunctional
agriculture

pressures

opening

quality system
new logics
contracts
regional support org.

pgb’s
new entrants

legitimacy
connecting logics
boundary spanning

diversity
initiatives

Niches

Landscape

Regimes

support centre
Dual track governance

- Mutually reinforcing developments and actions at local, regional and national level
  - Pressures on dominant regimes created opportunities
  - Coordinated actions of dedicated actors:
    - National: Support Centre financed by ministries
    - Regional: Regional organizations of care farmers
    - Local: Innovative care farmers
Successful inter-system transition

- Connecting different sectors
  - Well equipped boundary spanners (e.g., spouses with background in care sector)
- Overcoming lack of legitimacy
  - Combining innovative and institutional actions
- Embedding and establishing collaboration with established organizations
  - Entrepreneurial behavior and blending different types of logics
- Dealing with conflicting logics
  - Identifying established actors with corresponding logics
Qualities of Care Farms

- Attitude and engagement of farmer and co-workers
- Useful and divers activities
- Social community
- Green environment

Informal non-care context
Challenges for starting care farmers

- How to work with clients as a farmer (education??)
- What kind of clients?
- What kind of activities?
- How to get financing for the care services
- How to become accepted by the health care sector
Objectives and qualities for different user groups

- **Mental illness**: personal development
  - Flexibility to adjust work to daily conditions
  - Social community

- **Intellectual disabilities**: learning a job
  - Real work
  - Learning opportunities

- **Problem youth**: building new life
  - Farmer and family as role model
  - Reflection on previous life and future

- **Elderly dementia**: staying active and unburden partner
  - Involvement in normal household processes
  - Activities that match interests and history
<table>
<thead>
<tr>
<th></th>
<th>Mental problems</th>
<th>Intellectual disabilities</th>
<th>Youth</th>
<th>Dementia</th>
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<tbody>
<tr>
<td>Guidance</td>
<td>Guidance psychic problems Empathy Stimulating</td>
<td>Real work Structure Real farmer</td>
<td>Farmer as role model Strict rules</td>
<td>Sensitivity Stimulating restcapacity</td>
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<td>Type of work</td>
<td>Experimenting Flexibility in pressure</td>
<td>Real work Learning a job</td>
<td>Real work Responsibility Physical work</td>
<td>Choice Daily activities Memories</td>
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<tr>
<td>Type of environment</td>
<td>Rest Reflection</td>
<td>Functional Work</td>
<td>Family as role model</td>
<td>Rest Stimulating senses</td>
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Care farm manager - general skills, competences

- Focus on learning, improvements
- Open mind
- Having a vision how to implement a care or learning philosophy
- Having a vision about the ‘added value’
- Collaboration, networking
- Entrepreneurial attitude – seeing opportunities
- Motivating team
Guide the learning process of participants

- Development general labour skills
  - Quality of the work
  - Collaboration

- Development specific labour skills
  - Growing crops
  - Green maintenance

- Development “Life” skills
  - Stimulating self esteem, reflection
  - Regulation of emotions, tension etc.
Fundamentals in guiding participants

- Person centred approach
- Developing empathic, personal relationship
- Focus on possibilities, motivations and interests instead of limitations - empowering
- Establish a safe, welcoming atmosphere
- Creating a community
- Make optimal use of qualities of animals, plants, green environment
Developments in financing

- Decentralisation of financing social care
- Focus on participation and re-integration to work
  - Contracts with individual municipalities
  - Budget cuts
  - Increase in bureaucracy
Developments in participants

- Increased demand citizens with dementia
  - Day activities
  - Residential care
- Acknowledgement by conventional care
- Strong interest from Asia
Developments diversification in services

• Increasing number of dropouts from schools on care farms: primary, secondary and special education

• Ambition to become accepted education provider
Developments: services in urban areas

- Increasing number of initiatives in urban areas for diverse population
- Diversity of initiators (farmers, citizens, conventional care providers)
- Use of existing green locations: gardens, urban farms,
Research

• Effect studies
  • Children
  • Youngsters with behavioural problems
  • People with mental illness
  • People with dementia
• Specific qualities of care farms
• Understanding development of new sector
• Implementation of research results
Care farms/ social farms in Europe

- Diversity in terminology
- Diversity in users and their position (clients, employees)
- Diversity in goals
- Diversity in financing structures
Types of social/care farms in different countries

- Netherlands, Norway, Belgium, Switzerland: Mainly private family farms; diversity of client groups
- Italy: Mainly social cooperatives: ‘users’ of social sector are employed
- Germany, Ireland: Institutional farms; mentally disabled
Orientation in different countries

Society and social sector

Italy, France

Germany, Ireland, Slovenia

Netherlands Belgium

Health

Agriculture
Thank you for your attention

Jan Hassink: jan.hassink@wur.nl