

Social Farming in the Netherlands

1. Introduction; the development of social farming in the Netherlands

The combination of agricultural work and care is not new. For a long time it was common that individuals who were 'different' and could not participate fully in society, worked on a farm. Also in health care, many institutes had a farm or a garden where patients worked (Ketelaars *et al.*, 2001). However, these people with special needs, as many other workers left agriculture due to modernisation and industrialisation (Van Schaik, 1997). Many care institutions closed their farms and creative therapies became popular (Van Weeghel & Zeelen, 1990). Despite these changes, care farms have never disappeared and in many countries there are examples of care farms that started many decades ago (Sacristan, 2003; Van Schaik, 1997). The driving forces in all these examples were idealism (often based on anthroposofic philosophy) and the positive results (Van Schaik, 1997). Since the end of 1990s, care farms are stimulated. They are considered as examples of innovation in the rural area and contributors to the desired integration of care in society (Ketelaars *et al.*, 2001).

Nowadays the combination of agriculture and social care is seen as a promising combination of functions. The combination of agriculture and social care contributes to the diversification of agricultural production, provides new sources of income and employment for farmers and the rural area, reintegrates agriculture into society and has a positive impact on the image of agriculture (Driest 1997; Van Schaik 1997; Hassink 2001; Hassink, 2003; Hassink, 2006). In addition, these sheltered farms provide concrete examples of the desired renewal of the health care and rehabilitation sector

The number of care farms is increasing rapidly. The combination of agriculture and care started as a bottom-up process, initiated by motivated farmers. Most of the so called care farms are family based enterprises, independent of health institutions. In many cases the farmers wife has an education in health care and takes the initiative to start her care business on the farm.

It is remarkable that since the Ministry of Agriculture, Nature and Food Quality and the Ministry of Health, Welfare and Sports stimulate the development and professionalisation of care farming, the number of care farms has shown a spectacular growth, from 75 in 1998 to 720 in 2006 (table 1). The increase in the number of care farms can be seen as an example of growing interest in the relationships between nature and health. This interest was stimulated by a recent report of the Health Council and the Dutch Advisory Council for Research on Spatial Planning, Nature and the Environment on the effect of nature on well being. Care farming is not only a growing sector in the Netherlands, but also in other European countries (Hassink & van Dijk, 2006).

In the 1990s, the main target groups were mentally challenged people and people with psychiatric problems. The number of other target groups has been increasing over the last few years, like elderly, people with an addiction background, people with burn-out, long-term unemployed, children etc. (Elings & Hassink, 2006).

Table 1. Number of care farms based on surveys National Support Centre Agriculture and Care.

	1998	2000	2001	2003	2004	2005	2006
Actual number of care farms	75	214	323	372	432	591	720

Motivation and barriers for starting a care farm

The main motivation for farmers to start care activities is to help people with a handicap. Farmers are enthusiastic about their work and farm life and like to share this with other persons. In the previous century all farmers that started a care farm were idealistic people. On many care farms, farmers received no compensation for the guiding of clients. During the last decade this has changed. Care farmers still consider idealistic motives as the basis for starting the care activities, however almost all of them would stop if the payment is not sufficient. This is considered as part of the professionalisation of the sector.

Lack of finances for the care activities and difficulties in collaboration with care institutions are the main barriers for care farming. Many care institutions see care farms as competitors and not as complementary to conventional care facilities.

2. Different types of social farms

Diversity in agricultural holdings among care farms

In the *National Agricultural Census* of 2003 (Anonymous, 2003), the agricultural type of holding of care farms and other extended activities were registered. Most care farms are dairy farms or another type of grassland-based farms. Approximately 0.4 % of all farms is a care farm. Care farming is most common among goat and sheep farms and least common among arable farms (Table 2).

Table 2. Care farms by main type of holding (based on National Agricultural Census, Anonymous, 2003)

Type of holding	Number > 3DSU*	Percentage of farms being care farms for different types of holdings
Arable farms	25	0.2
Horticulture	67	0.4
Dairy farms	109	0.5
Goat or sheep farms	13	1.9
Other grassland based farms	96	0.5
Intensive livestock farms	30	0.4
Mixed farms	23	0.6
Total	363	0.4

*DSU = Dutch Size Unit

Almost 70% of the care farms in 2003 had other types of extended activities (Table 3). Recreation, working up and selling products were most popular. The extended activities were most popular among other grassland-based farms and horticulture, and least popular among

intensive livestock farms. Approximately 30% of the care farms has more than one other extended activity.

Table 3. Percentage of care farms with other extended activities (based on National Agricultural Census, Anonymous, 2003).

Type of holding	Care farms with more extended activities	Recreation	Processing or selling products	Nature conservation	Storage of caravans	Contracting
Arable farms	60%	28%	32%	12%	20%	12%
Horticulture	72%	25%	55%	6%	6%	4%
Dairy farms	68%	28%	18%	35%	6%	8%
Goat or sheep farms	62%	31%	46%	15%	15%	0%
Other grassland-based farms	79%	39%	29%	39%	36%	7%
Intensive livestock farms	37%	20%	10%	7%	7%	3%
Mixed farms	65%	30%	52%	13%	9%	4%
Total	68%	30%	31%	25%	16%	7%

Number and diversity of clients

In 2005 a survey was held that provided data on the number of clients from different target groups visiting care farms. In total almost 10 000 clients visited the 591 Dutch care farms in 2005 (Hassink e.a. 2007; Table 4). Care farms receive a great diversity of target groups of which mentally challenged people and people with psychiatric problems are the main groups. A distinction could be made between institutional care farms and non-institutional family based care farms.

The total number of clients visiting non-institutional care farms (86% of the total number of care farms) is approximately 8 000 (Table 4). Institutional farms are generally more care-oriented than the non-institutional care farms. The number of clients and the number of days care provided per week is higher on institutional care farms (Table 5). Most care farms combine different target groups. This percentage is lower on institutional care farms.

The percentage of income derived from agriculture is considerably lower on institutional care farms than on non-institutional care farms.

Gender aspects

In 2006 a survey was held among 20 care farmers to get information about gender aspects. It appears that on all care farms that participated in this survey, the majority of clients is male. The percentage of female clients varies between 0 and 49% on these care farms. The average is 20%. On 18 out of the 20 farms, the farmer or farmers' wife were responsible for taking care of the clients. On 12 farms they both participated in care giving tasks; on 3 farms only the farmer took care of the clients and on 3 other farms, it was the farmers' wife taking care of the client. On average, the farmer spend 34 hours per week on care activities and the farmers' wife 26 hours. We visited some of the farms and observed that almost all volunteers are female.

Table 4. Number of clients of different target groups that make use of a care farm.

Client group	Number of clients	Percentage of total	Number of care farms	Number of clients on non-institutional care farms
Mentally challenged	3700	37	452	2953
Physically handicapped	398	3	138	321
Psychiatric demand	1322	13	221	1029
(Ex) addicts	262	3	80	220
Autistic persons	898	9	217	760
Children	388	4	43	364
Youths	587	6	87	370
Elderly	654	7	64	587
Elderly with dementia	220	2	50	106
Long-term unemployed	230	2	50	128
Burn-out	109	1	39	95
Persons with brain injury	102	1	53	79
Special education for people with learning difficulties	493	5	157	393
(Ex) prisoners	73	1	11	7
Other	472	5	64	442
Total	9908			7954

Table 5. Some characteristics of care farms and comparison between non-institutional and institutional care farms

	Total	Non-institutional care farms	Institutional care farms
Average number of clients per week	16.8	15.6	29.1
Percentage care farms with one client group	28	27	36
Number of days care provided per week	26.9	24.0	77.9
Percentage farms where agricultural income < 20%	26	20	76

Variation in organization and financing

Care farms operate in different constructions. Most care farms are independent family businesses. The National Support Centre Agriculture and Care distinguishes six types of care farms. Many care farms make use of different financing constructions. In table 6 care farms

are classified according to the major financing construction. A relatively small minority is part of a health institution; the percentage of this type of care farm is decreasing (Table 6). Approximately one third is classified as care farm with a formal cooperation with a care institution. The health institution pays the farmer for the care activities and the farmer has to negotiate financing with the care institution. More than 40% of the farms receive mainly clients with a personal budget (PGB). This personal budget can be used by the client or the client's representatives to buy supportive or stimulating day activities on the farm. The client with a personal budget has a direct contract with a care farm, without interference of a care institution. The personal budget was introduced to diversify the supply of care and to shorten waiting lists. This budget has become popular in recent years. A growing number of care farms have an AWBZ (Exceptional Medical Expenses Act) accreditation. AWBZ is the general insurance for special medical costs and care farms with an AWBZ accreditation have the formal status of a care institution.

The 2005 survey showed that most care farms used several sources of funding for their care activities. More than 60% had a contract with a care institution; almost 60% had one or more clients with a personal budget; 20% had clients paid by the AWBZ, and more than 20% of the care farms had one or more clients that are not financed (Table 7).

Table 6. Different connections of care farms with care institutions (absolute numbers and % of total (in brackets)) based on surveys National Support Centre Agriculture and Care.

	1998	2000	2001	2003	2004	2005	2006
Care farm is part of a care institution or day activity centre	24 (32)	64 (30)	77 (24)	82 (22)	86 (22)	78 (14)	87 (13)
Care farm with AWBZ accreditation	12 (16)	15 (7)	16 (5)	18 (5)	21 (5)	39 (7)	41 (6)
Care farm in co-operation with a care institution	14 (19)	72 (34)	145 (45)	145 (39)	145 (37)	192 (34)	206 (31)
Independent care farm with compensation through PGB	12 (16)	48 (22)	45 (14)	67 (18)	103 (26)	217 (38)	279 (42)
Care farms that receive no compensation	?	?	26 (8)	30 (8)	24 (6)	26 (5)	26 (4)
Different types of care farm	?	?	14 (4)	31 (8)	15 (4)	15 (3)	18 (3)
Unknown	?	?	?	?	38	24	63

3. Economics of care farming

The survey of 2005 showed that for approximately 50% of the care farms, the annual revenues directly related to care activities already exceed the revenues of the agricultural part of the farm. The average number of clients on a care farm paid by the AWBZ is generally higher than by other financing structures. The average income per day is higher for PGB (€ 77,- per day) than for AWBZ or contracts with care institutions (approximately € 50,- per day; Table 7). At this moment it is not possible to give a good estimation of the costs that are made due to the care activities. The height of the costs depends to a great extent of the number of

clients and the need to hire personnel. Generally the farmer or farmers' wife guides the client when the number of clients is limited (less than 6 per day). For this type of care farm, the additional costs due to care activities are low. Assuming that 5 clients are present on the farm for 4 days a week and the average income per client is € 50 per day, the additional income is € 48.000 annually. In this situation the costs are low and the contribution to family income will probably be more than € 40.000

Table 7. Percentage of care farms receiving income from different financing structures, average number of clients on a farm financed by the different financing structures, and average daily income from the different financing structures.

Financing structure	Percentage care farms using this financing structure	Average number of clients paid by this structure (in 2005)	Average revenue per client per day (€)
AWBZ	20.8	16.7	55
PGB	59.5	5.3	77
Contract with institution per client	45.8	5.9	47
Fixed contract with institution	16.7	8.6	50
Reintegration budget	6.5	4.0	57
Budget client	7.1	9.5	56
No financing	23.2	4.4	0
Other form of financing	14.3	5.6	80

The survey of 2005 showed that annual revenues of the care activities ranged from € 0.- to € 435 000.-; the average was € 73 028.-, leading to an annual revenue for all non-institutional care farms of € 37.1 million of which € 32.0 million was attributed to the supply of daytime occupation and work training and € 5.1 million to offering 24 hours services.

The annual revenue of all institutional care farms for day time occupation was calculated to be at least € 17.4 million euro (€ 221 300.- per care farm annually).

Table 8. Estimation of revenues of care services for an average care farm and the total care farm sector, distinguishing non-institutional and institutional care farms

	Average revenue per care farm (thousands € per yr)	Revenue total sector (million € per yr)
Non-institutional care farms	73.0	37.1
Institutional care farms	>221.3	> 17.4

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4. Organizations and networks in the field of agriculture and care

In the Netherlands there are lots of organizations and people involved with care farms (Ketelaars e.a., 2002). It is not only farmers, sociotherapists and clients that are working in this field but also local government, organizations for well-being, policymakers and insurers are involved. The most important organizations and people working in the field of care farms are shown in Figure 1.

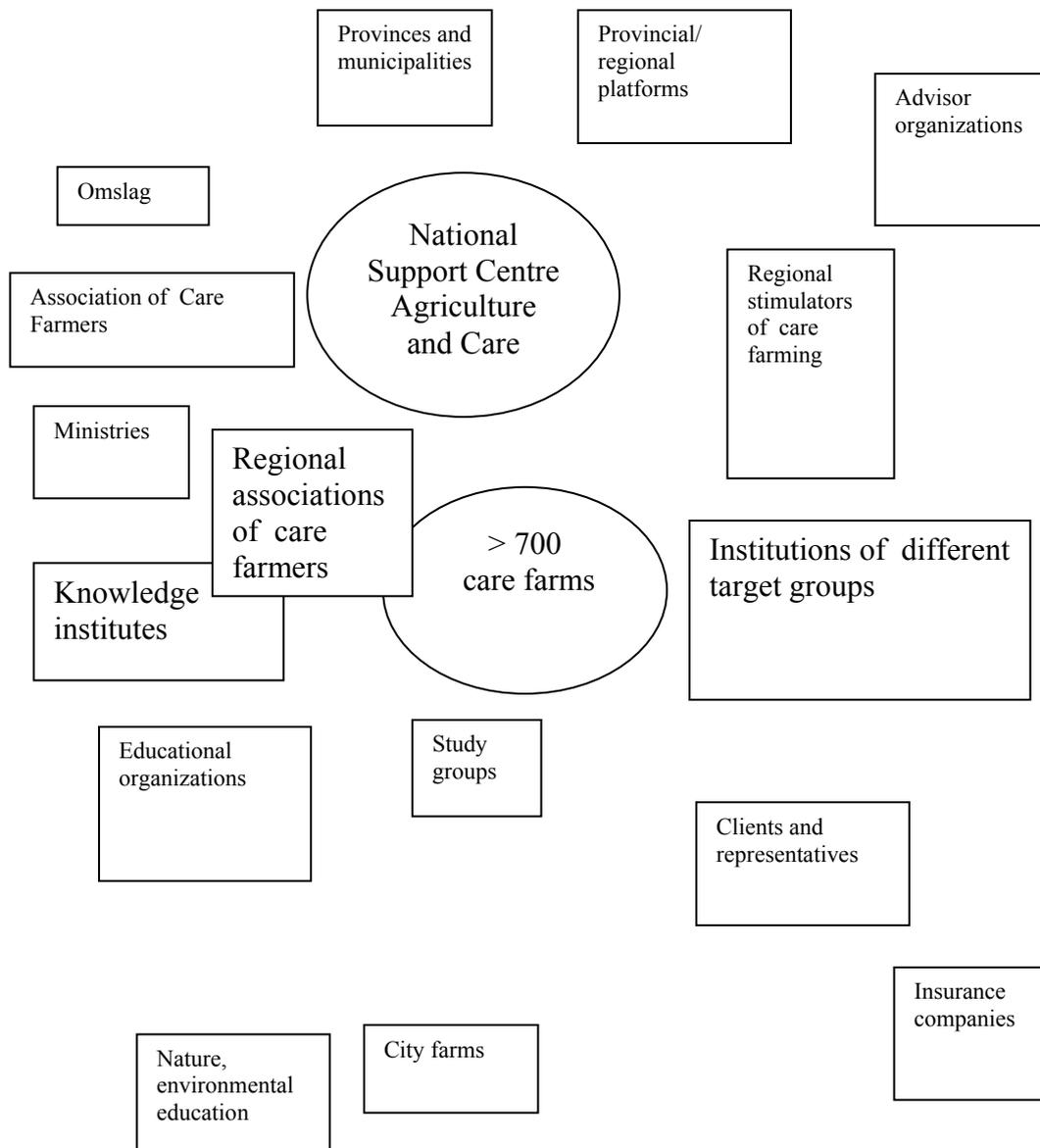


Figure 1. Overview of concerned organizations.

Care farms and care farmers

Individual farmers often have contacts with local organizations and less contact with national organizations. One can think of clients, their families or local agencies that are looking for a place to work or day activity possibilities for their clients. Farmers have most contacts with a

division of the Dutch Organization for Agriculture and Horticulture where they can get support in starting a care farm. Some farmers have direct contacts with care financiers. About 80 care farms are member of the Association of Care Farmers. An unknown number is member of one of the regional groups of care farmers.

Regional groups and associations of care farmers

In almost every province there are groups of care farmers that organize meetings. In this way they can learn from each other. Often these groups are supported by an external advisor. Nowadays there are groups of farmers that just started a care farm and groups that are more experienced.

In an increasing number of regions care farmers have formed regional associations of care farmers. The aim of these regional associations is to match supply and demand, to introduce the quality system, to provide information about green care, and to negotiate with health institutions and insurance companies to get a reasonable price for the care activities. In several regions these regional organisations of care farmers have received an AWBZ (Exceptional Medical Expenses Act) accreditation. This gives them the formal status of a care institution. One of the leading regions in the Netherlands is North Holland. Here the care farmers are organised under the umbrella of foundation 'Landzijde'. Landzijde has an AWBZ accreditation. It has a provincial office and subregional contact persons that are responsible for the placement of clients on the care farm. In addition Landzijde organises the financial administration for care farmers and several courses e.g. development of skills how to deal with problem behaviour, risk inventories,

Involvement of care farmers in regional networks

Some care farmers are active in regional networks and organisations of social farming. Other are only focussed on their own care farm. The degree of participation in regional networks and activities depends on the region. In the province of North Holland, more than 80% of the farmers that were interviewed are active in the foundation Landzijde and go to the meetings organised by Landzijde. Almost 50% of them also participates in courses organised by Landzijde. In the provinces of Gelderland and South Holland, non of the interviewed care farmers participated in courses and only a few of them visited the meetings of their regional networks. This is probably do the fact that in these provinces the regional organisations of care farmers are not so strictly organised as in North Holland.

National Support Centre

The National Support Centre is a non-profit organization that aims at all the care farms in the Netherlands. Founded in 1999, the National Support Centre aims to stimulate, support and promote care farms and initiatives on farming for health. The Centre gets subsidies from the Ministries of Agriculture, and of Health, Sports and Welfare. The Centre is a focal point for government, client organizations, clients, or social workers that are looking for a place on a care farm. The Centre is also the place for farmers who are considering care farming. More information can be found at www.landbouwzorg.nl.

Association of Care Farmers

The Association of Care Farmers was founded in 1999 and aims to protect the interests of care farmers in the Netherlands. The association has about 80 members; members need to combine farming and health on a regular farm. The association is a part of LTO (the Dutch Organization for Agriculture and Horticulture). More information can be found at www.zorgboeren.nl. At this moment the association of care farmers is not very active.

Omslag

Omslag is a foundation that promotes the encounter of agriculture, care and craft. Omslag supports socially innovative projects and is stimulating the public debate about work and recovery. Over recent years Omslag organized different conferences and initiated various research projects on farming for health. More information can be found at www.omslag.org. The care farmers of Omslag meet at least twice a year and discuss relevant topics.

5. Local, regional and national policies affecting care farms

At the moment there is no national policy regarding farming for health. But care farms fit the policy of different national departments. For instance the policy of the Ministry of Welfare and Health is to enlarge the opportunities for people that need care. There is a shift from the medical care model to the sociological care model where the goal for quality of care is broadened to quality of life (Schols 2004). The Ministry of Welfare and Health wishes care to be more embedded in society. Farms are part of society where participants have contact with people outside the medical context. The concept of community care is generally accepted nowadays for persons with different kinds of handicaps. It means that care is provided in the society and that not only care institutions are responsible for providing care, but also other stakeholders, such as companies, local communities, schools etc. As such care farms can be an excellent example of community care. The care farm is a new and additional option for different target groups that need care. Farming for health also fits the policy of the Ministry of Agriculture, Nature and Food Quality. This Ministry opts for increased contacts between society and agriculture as well as new financial opportunities for farmers. Care farms are good examples of such policies.

At regional level, provinces develop general policies affecting farmers that combine farming with care, such as health care, agricultural, and spatial planning policies. Most provinces also have specific stimulation policies for green care farming. An inventory clearly showed that not all provinces started care farming policies at the same time. Also the contents and implementation of policies differs per province (Elings et al. 2003) resulting in more advanced health care policies in some provinces than in others.

Policy development

Initially, regional policies are in particular directed towards increasing the number of care farms by subsidizing investments in canteens, sanitary facilities or adaptations to the farm. Often provinces also supported a Point of Support for farmers. After this stage, provinces concentrate more on quality than on the number of green care farms. This means that the sector needs professionalisation, for instance by working with the quality system for care farms developed by the National Support Centre. In this case provinces make it possible for farmers to get coaching to obtain this quality certificate.

Currently, most provinces are in the stage of pushing the sector towards emancipation and self-support. In an increasing number of provinces regional associations of care farmers have started.

The current general trend in policy is decentralization. This means that in the future more policies will move from provinces to municipalities. The WMO (the law on social support) is one example with consequences for green care farmers. Another trend is the reduction of

collective costs and the increase of market mechanisms and personal responsibility in health care (Schols 2004).

Quality system and hallmark

The last decades quality systems and hallmarks have been introduced in the care sector. In line with this, The National Support Centre of green care farms has started a process of quality security for care farms. This process is supported by the majority of the care farmers, the association of care farmers, ministries and client organizations. A quality system for care farms has been developed. A care farmer that has applied under this quality system can be registered by the National Support Centre. In a next phase, the quality of the care farm can be judged by an independent person. This reviewer checks whether the quality system is effective. A hallmark is provided after a positive review. The first hallmarks have been awarded in November 2004.

6. Research and Education in the field of social farming

Research

Several research projects focussing on the relationships between nature and health, and the significance and development of green care farms have been started over the last decade. The most active researchers in this field have decided to combine their efforts in a centre of expertise 'Agriculture, Nature and Health'. Researchers from Wageningen University and Research Centre (Wageningen UR) collaborate with researchers from Trimbos Institute (Netherlands Institute of Mental Health and Addiction), Louis Bolk Institute (Institute for Biological Agriculture, Food and Health) and the universities of Utrecht (psychology) and Tilburg (chronic care).

A new development is the transformation of a classic research farm of Wageningen UR into a care farm which will be the national centre of research and practice on green care (www.dehogeboorn.nl). It is a collaboration between Wageningen UR, the Louis Bolk Institute and two health institutions. On this farm the development of patient with psychiatric problems and mental challenges will be investigated.

In previous years, several research reports on care farming have been published, of which the most relevant are summarized below.

Research on therapeutic communities for people with psychiatric problems (Ketelaars et al. 2001)

This research was initiated by Omslag and describes the working methods of three anthroposophical therapeutic communities with farm activities. Clients experience different ways of recovery. They experience physical and mental rest; they develop new skills especially in psychic and social emotional functioning, and they learn how to cope with their vulnerable sides. Clients experience a real change, feel more authentic and have more contact with their own feelings.

The value of farm animals for clients on a green care or a city farm

Hassink (2002) interviewed care farmers to explore the value of farm animals for the development of clients with a mental or psychiatric disability. This study showed that animals have a strong appeal to clients. They can provide safety (they can offer warmth, they have no hidden agenda) and appeal to caring; they can offer challenges (they can be huge and can do unexpected things), it is easy to get a bond with them (they behave like human beings) and

make elements of life visible (birth and death, order in the group). It became also clear that cows, goats, chickens, pigs and horses have very different characteristics. A cow is a large, calm and warm animal; a goat is smaller, less predictable; a pig is a cheerful, roguish animal, focussed on food; a horse is a large versatile animal that can form a close bond with a client and a chicken is part of a group and keeps distance to the clients

Agriculture unites! Agriculture an answer for trouble? (Cool 2002)

This study is an evaluation of a three-year project of clients with an addiction history on care farms. This study showed that a care farm can be a healthy working environment for this target group. The physical work on the farm brings clients back to themselves, they feel their own body and get in contact with their direct environment. The clients learn to work with other participants and produce a quality product that will be used by others. It was observed that working with animals can be helpful to learn to build up relationships with other persons.

The value of a farm with real agricultural production

In this study, Elings (2004) looked at the specific value of working on a care farm with true agricultural production in comparison with working on a care farm that produces agricultural products more or less as a hobby or for the mentally- challenged participants on the farm. This study shows that the presence of a farmer is very important for the participants. The farmer is a role model; he is the boss, he is not a therapist or social worker. The farmer is the expert in farming and has a strong bond with his farm which gives participants safety and clarity. They can always count on the knowledge and expertise of the farmer. A farmer is also an entrepreneur, this attitude is helpful in finding creative adaptations in the work process for the participants. The farmer makes the participant use the farming environment as a challenge for development.

Knowledge about farming and agriculture seems to be an important condition in supporting participants on the farm. Social workers on farms without real agricultural production often do not have this knowledge. These social workers could follow agricultural training. Based on the results of this study care institutions are recommended not to build their own social care farm but to cooperate with existing farmers.

Current research

In 2005 three long-term research projects were started to determine the effects of care farms for elderly people, clients with psychiatric disabilities and clients with an addiction history (Elings e.a. 2005). In addition, the specific role of farm animals, plants and other working fields on the farm will be investigated.

In another project care farming is stimulated around the city of Amsterdam. Together with the regional organisation of care farmers, professionalisation, development of a solid organisational structure is stimulated.

Education

The fast growth of care farms in the Netherlands was supported by different courses for farmers in the late 1990s. The Expertise Centre for Agriculture and Care in Dronten has developed a curriculum that was approved by the government. In September 2004 the first education programme for care farm managers was started.

Clients of care farms were also found to have educational demands. The first professional education for clients of care farms was started in Dronten in September 2004. The enthusiasm

of the pupils is great. In addition to these education programmes, a module 'agriculture and care' was developed as part of the study 'rural development'.

7. General beliefs about the benefits of care farms for clients

The general experience is that working and living on a green care farm is healthy for a diversity of groups (Van Schaik 1997; Hassink 1999; Ketelaars et al. 2001; Hassink, 2006). Green care farmers and clients mention the necessity of activities with a high appeal. The farm provides structure, space, variation in activities. According to clients and farmers, working with animals and plants has a special quality because they are living creatures. Clients also mention that they appreciate green care farms because the atmosphere differs from a health institution. A green care farm provides a working environment and is part of society. Clients express that they are a co-worker and part of a social working community instead of a client with limitations.

In 2006 a discussion was held with stakeholders in the field of agriculture and care to discuss the benefits of care farms for clients in more detail. The general opinion was that care farms not only contribute to the quality of life of clients, but also increase their options and participation in society. Interviews with clients confirmed that care farms have unique qualities that are important for clients. These qualities are connected with the attitude of the farmer and the green environment (see above). Especially the background and attitude of the farmer is a crucial factor for the empowerment of clients. The farmer is skilled in agriculture and enthusiastic about his work and farm. This is the basis for a good working relationship. Clients see him as a colleague and a role model and not as a representative of the care sector. This stimulates involvement and responsibility to take care of the animals, plants and the farm. They experience success. This improves self-esteem and confidence. Involvement in the life of the farmers' family also results in more contacts in society.

Based on a review of psychological, pedagogic and rehabilitation theories, Hassink and Ketelaars (2003) conclude that health can only be stimulated under the condition that a person experiences sufficient safety, sufficient challenges, and sufficient involvement with the activities and social environment. Safety is a basic need and a starting point to become active. There is an inherent need to develop, to experience challenges, and to remove boundaries. Involvement makes it worthwhile to devote one's energy to something and to experience meaning. The environment of a green care farm offers many possibilities for clients to experience sufficient safety as well as sufficient challenges and involvement. As stated above, the presence of a farmer and the work with plants and animals are key elements in this (Hassink and Ketelaars 2003).

8. Benefits of care farms for society

In the discussion with stakeholders in 2006, the broader benefits for society were also discussed. In a subsequent study we found that care farming contributes to the well-being of farmers and their family and the economic and social vitality of rural areas. The quality of life of care farmers increases due to the care activities. It gives them a good feeling that clients respond so well to farm life and that their health is improving. They feel more respect from society, they develop new skills and they build new networks. In addition it is easier for a farmer or a farmer's wife to combine care activities on the farm with the care for their own children, than a job in town or in the city.

Care activities on farms generate additional income (see above) and jobs. The care activities on farms resulted in almost 600 additional jobs in rural areas in 2006 (Hassink e.a. 2007). In addition the percentage of farmers that has a successor is much higher among care farmers than conventional farmers (79 % vs 60 %; Hassink e.a. 2007). A survey among 20 care

farmers in 2006 made clear that 35% of the care farmers would not be able to continue farming without the care activities due to financial reasons.

Contribution to landscape quality

Care farmers also contribute more to landscape quality than conventional farmers. In a national agricultural survey of 2003, 25% of the care farmers and only 11% of the conventional farmers indicated that they received additional income for nature conservation and landscape management.

The survey among 20 care farmers in 2006 made clear that 90% of the care farms performs one or more activities in landscape management. They indicate that these activities fit well with the goals of client. The most popular activities were planting and maintenance of hedges, protection of meadow birds, maintenance of ditch-sides, breeding of endangered species, care for orchards and the creation of specific biotopes such as ponds.

Agriculture and Care compared to other examples of multifunctional agriculture

Care farming is by far the fastest growing multifunctional agricultural sector (Table 9). Although the number of farms with care activities is still relatively low in comparison with nature conservation, recreation or storage of caravans, the contribution of care activities to the annual revenue of extended agriculture is considerable. This is due to the high additional revenue per farm for care, much higher than for other activities. Unlike nature conservation, care is a private extended activity that generates additional revenues for farmers which is not coming from subsidies from the Ministry of Agriculture, Nature and Food Quality.

Table 9. Description of agriculture with extended activities. Based on Voskuilen *et al.* 2006. Data on care farms based on this paper.

Extended activity	Number of farms in 2005	Relative change in number of farms between 2003-2005 (%)	Average additional annual revenue per farm (thousands €)	Annual revenue total sector (million €) and percentage of total
Nature conservation	9311	-3	5.2	49 (32)
Recreation	2857	+16	12.4	33 (22)
Storage of caravans	2933	-24	3.2	11 (7)
Energy	464	-4	48.6	23 (15)
Care (non institutional care farms)	488	+73	73.0	37 (24)

9. Challenges and future for social farming in the Netherlands

Although the number of care farms has increased rapidly over the last decade and the positive effect of nature on health is generally accepted, social farming in the Netherlands faces many challenges. The main challenges are:

- Bridge the gap between rural and urban areas.
- Extend networks of social farming.

- Develop sustainable financing structures for social farming.
- Develop scientific evidence for the positive effects of care farms and nature on health and well-being, and determine the health-promoting aspects for different target groups.
- To use farms and nature not only curatively, but also for prevention.
- To develop new systems that combine agriculture, care, recreation and education.

The general expectation is that the number of care farms will increase. Most care farms are located in the rural parts of the country. The new target groups that may benefit from the green environment, such as clients with an addiction, long-term unemployed, and people with burn-out are concentrated in urban areas. The challenge is to build links between those urban clients and farmers around the cities. It is clear that for many urban clients the distance to farm life is much larger than for clients from the countryside. This means that more effort will be needed to bridge the gap.

Another challenge is to connect the green spaces in urban areas (city farms, community and allotment gardens) and the green areas around cities (green care farms and nature areas) where clients can find a suitable day activity or place to live. The first experiences of different target groups working in community gardens and on city farms are positive. These urban farming for health locations can be a first step for urban clients to discover the care farms around the city.

In the near future, the sector needs to prove the effects of working on a farm or in nature for different kinds of people. Some farmers think that there is enough practical information to prove the effect but it is generally accepted now that more scientific evidence is essential. This is crucial to become a generally accepted provision in health care and to develop sustainable financing structures. Evaluations and research on the satisfaction of clients could give more inside information about the significance of different elements of working on the farm on clients and their quality of life.

The development of social farming is part of a greater development of renewing the countryside and keeping cities healthy. Within this framework, the countryside will move from a production function towards a more recreational function. Combinations of regional food production, care, nature and landscape conservation, recreation and education can be building stones of new sustainable farming systems. A specific point of concern is the preservation of the specific quality of a real farm as this is important for the development of clients.

One of the questions is whether enough farmers are interested in the combination of agriculture and care to enable further growth of the sector. De Lauwere (2005) distinguishes five types of farmers. The personal characteristics of social farmers and their farming system seem to fit best with care activities. More than 18% of the farmers are classified as social farmers, indicating there still are many farmers that may be interested to start care activities. According to economic theories these social farmers also seem to meet the demands of real entrepreneurship better than most other farmers because they can be called movers of the market, innovators and/or discoverers of profit opportunities (De Lauwere, 2005).

Crucial for the further development of care farming are the policy and legislation developments as regards health care. The current general trend is decentralisation, reduction of collective costs, and increase of market mechanisms and personal responsibility in health care (Schols, 2004). The Social Support Act (WMO) is a clear example of decentralisation that will have consequences for care farmers. Under the WMO, municipalities will become responsible for most of the services provided by care farms. Care farms can conclude contracts with a municipality without interference of care institutions. This will make care farms less dependent of care institutions. Care farms should develop good relationships with

municipalities and describe their additional value for client groups under the responsibility of the municipality.

We conclude that care farming is potentially a relevant sector, both in health care and in agriculture.

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