

## A pre- publication text -in press with NJAS – Wageningen Journal of Life Sciences

What does Care Farming provide for Clients? The views of Care Farm Staff

Hemingway, A

Ellis-Hill.C

Norton, E

2016

### **Abstract**

Care farming in the UK can help the agricultural community to remain viable and facilitate public interaction with the natural environment. It can also be therapeutic because it can address a range of public health and service provision issues by engaging people in farming activities and improving their health, social and educational circumstances. This paper presents the findings from a UK qualitative study exploring what care farming staff feel are the aims and potential outcomes of the experience they provide with their clients. Fifteen care farming staff were interviewed, using a semi-structured interview schedule. In summary the study findings show staff perceived that the care farm offered a homely, supportive environment where people can experience nature and sustainable food production. They perceived the care farm to be a place that provides an inclusive environment conducive to clients' personal growth; it enables them to connect with themselves, others and nature and to develop autonomy. People can be themselves at the care farm where they have the opportunity to learn about themselves and nature. We consider how the issues care farm staff identified are linked with well-being theory.

## 1. Introduction

This initial exploratory study was designed to explore the beliefs and values of Care Farm staff regarding the focus of their work and of a broader concept of health, particularly focused on promoting well-being. At a strategic level more evaluation studies are required in order to validate care farming as a public health intervention and in relation to health policy (Hine et al. 2008). Although this is a qualitative study with limitations in terms of generalisation, it is the first UK, qualitative study of staff perceptions of what a care farm offers clients and it is anticipated the findings will inform a more robust exploration of the impact of Care Farming on well-being of clients and staff in the future.

Care farming is defined as: “the therapeutic use of farming practices” (Care farming UK, 2014). In the UK and other parts of Europe care farming (or social farming (Leck et al. 2014)) has been identified as having the potential to provide health, social care and educational benefits through farming activities (Hine et al.2008, Care farming UK, 2014). Care farming is used to help to improve the physical health and mental of clients (Mind 2013) and it has the capability to address a range of public health and service provision issues related to the education system, prisons and health and social care. Furthermore it may also assist the agricultural community to remain viable and facilitate public interaction with the natural environment (Hine et al.2008, Leck et al.2014). This has been acknowledged as important to the public’s health (Doran & Wallis 2014).

In the UK there appears to be an increasing awareness by health and social care providers, policy makers and the general public, of a broader concept of health, one

that includes well-being and quality of life (Department of Health 2014). Well-being has been seen as important in relation to policy and has been defined as including a positive social, physical and mental state as well as individuals feeling purposeful and able to contribute to society (UK Whitehall Well-being Working Group 2006, cited in Walker & John 2012). Hine et al.(2008) have suggested that this wider conception of health means that there is scope for green spaces (including farmland) to contribute health and social care provision.

Ecotherapy can be termed 'greencare' (Mind 2013) and the scope of such care includes care farming (Hine 2008a). A recent report by Mind (2013) has summarised evidence from a range of studies which have evaluated 'Ecotherapy'. Ecotherapy is defined by Mind (2013, p4) as: "an intervention that improves mental and physical health and well-being by supporting people to be active outdoors, doing gardening, growing food or doing environmental conservation work". Care farms can provide ecotherapy activity and the evidence shows that it can improve clients' mental and physical health, help them in the transition of gaining skills and jobs and engage people who might not access more traditional health – related services (Mind 2013).

In 2012 there were 180 care farms in the UK (Bragg 2013) and across Europe the number of care farms per country varies being most numerous in the Netherlands, followed by Norway (Hine et al. 2008b). There is also variation in how health and social care organisations link with care farms and the support structures that exist to support them. Whilst some countries' care farms have formal backing this is not the case in the UK. Here care farming is a relatively recent notion (Hine et al.2008b) possibly explaining the lack of current, formal support. UK care farms can have

affiliations with organisations, be privately run, be in cities or rural areas and be based on different forms of activity and husbandry (Bragg 2013). The range of organisations referring people to care farms is extensive and clientele include people with learning difficulties, disenfranchised youth and those with mental health problems (Hine et al.2008, Bragg 2013).

Issues that are impacting on the recognition of care farming as an effective public health intervention in the UK include lack of funding, lack of policy and lack of evidence about the benefits of care farming as a health enhancing intervention (Hine et al.2008b, Leck et al.2014). There can also be a view by authorities that care farming is 'unproven' and not conventional (Leck et al.2014).

In order to understand why care farming may be successful it is important to understand the social and psychological processes involved. Some insight has been gained through qualitative studies based in the Netherlands which have sought the perspectives of clients and care farmers about their experiences of working on a care farm, for example Elings & Hassink (2008) used focus group interviews with care farm clients to explore what working on a green care farm meant to them. The study participants had histories of mental health or addiction problems. The researchers found that although physically tiring, the care farm work was perceived by clients to be satisfying and it provided a purpose and structure for their days. Clients who had addiction history were able to focus on something other than their addiction. They also experienced feelings of self-respect and improved esteem in an environment where they could be themselves and were accepted by others. The experience enabled people with mental health issues to learn about themselves, to

accept themselves and to develop self-confidence. The care farm offered a 'safe' place to practice being part of a community, and was a place where they were not judged; instead it was one where they were respected, they belonged and felt they were accepted.

Later in 2010, Hassink, et al. identified a lack of knowledge about client perspectives on care farms in the Netherlands and they carried out a qualitative pilot study that included the views of 41 care farm clients about the qualities of care farms. In the research 33 care farmers and 27 people from care institutions linked with the care farms were interviewed. The care farmers and people from care institutions were asked about rationale for sending clients to the farm and their views about what would be valuable for them there. Findings derived from the research with the care farmers related to themes as follows: *community* (care farms seen as safe and homely places where clients are accepted and respected); *attitudes of farmers* (farmers seeing the person and developing relationships with them); *non-care context* (the farm being a 'normal life' context - not linked to client problems - a context where farmers have freedom to act independently of protocols); *work* (activities being real and useful); *the green environment* (provision of outside, spacious and quiet environs (the latter for clients to withdraw to if they wish)). The research with the clients indicated that they valued being part of the farm community through feeling valued, experiencing non-judgemental attitudes of the farmer, working at their own pace, experiencing the variety of activities and contact with nature, caring for animals and the structure participation offered them.

In the UK Hine et al. (2008a) carried out a mixed methods health benefit study that explored the impact of care farm experiences on the health and well-being of clients. Overall conclusions were that care farm work had the potential to increase clients' self-esteem, their feelings of being more active, energetic and relaxed and to reduce feelings of depression, confusion, anger and tiredness.

Whilst some of the studies cited above (Hassink et al. 2010, Elings & Hassink 2008 and Hine et al. 2008a) have sought care farmers' perspectives of the impact of care farming on their clients it appears that only one study in the Netherlands (Ferwerda-van Zonneveld et al. 2012) has solely explored the perceptions of farmers in this respect. In their qualitative study Ferwerda-van Zonneveld et al. (2012), gleaned the perspectives of 7 care farmers in order to specifically appraise what meets the needs of children with Autism Spectrum Disorders (ASD), the part the care farm animals played in meeting their needs and what the concerns of the farmers might be. Findings included that the farmers perceived their farms to offer children a safe space to play, a sense of routine and the opportunity to be quiet if they wished. Findings also included that farmers could be a link between the client, carers and care providers. Farm animals were perceived as stimulating and motivating for the children. They also provided the children with social support and enabled them to gain trust, tell stories, make contact, change their behaviours and to get over fear. Whilst farmers perceived the space, rhythm and peace their farms offered as positive, they were concerned about their personal lack of knowledge about ASD and related behavioural problems. This was because it could lead to negative experiences for the farmer and ultimately the client.

The studies above have highlighted aspects of care farming but have not linked experience to a theoretical base. This study will differ from the ones above and be the first of its kind attempting to define key areas which are felt to be influenced by attending the Care Farm which can then be linked with well-being theory.

## **2. Methodology**

Following a literature review on the nature of care farming in the UK , the aim of this qualitative descriptive study was to explore staff`s perceptions of what they felt their care farm provided for their clients and to see if or how their thoughts linked to wellbeing theory. The methodology underpinning this study was based on a narrative approach (Quinn Patton 2002) focusing on a thematic analysis of the stories created with care farm staff regarding their role, what they felt the care farm provided for their clients, and the overall aim of the farm

One centre was approached to take part in the research as we wanted to understand the social ethos of one site - seeing it from a variety of perspectives in order to gain a deep understanding of the perceived social processes within a specific context .

These data would inform us as to if/how processes were linked to wellbeing theory and would allow a strong basis to develop research into other sites.

The care farm was situated in the South of England, a farm of around 1,000 acres, providing opportunities to many different client groups such as individuals living with autism or dementia, young people and families and school children. The farm itself is a charity and accepts clients from charities, local authorities, medical practitioner

referrals and self-referral and is funded via a variety of organisations either directly or through bids for funding which are undertaken on an on-going basis.

Following discussions with the care farm manager approval was sought and gained from the University ethics committee. Individual Centre staff were invited to a presentation about the study at the Centre and were provided with information sheets and time to consider their involvement. It was highlighted that their involvement was entirely voluntary and that if they did not want to take part there would be no repercussions for them in any way. All care farm staff were approached to be included in the study and all those who were available on the agreed dates for data collection agreed to take part and did actively participate. This included:

- Farm Manager (n=1),
- Activity Co-ordinator (n=1),
- those directly in contact with clients activity facilitators (n=6),
- those responsible for administration (n=3),
- housekeeping (n=3),
- maintaining the farm property and grounds (n=1).

At the meeting at the centre information sheets and reply slips were given out and positive replies were returned. We wanted to include the perspectives of everyone involved in creating the environment and experiences for the clients.

### *2.1. Data collection*

In depth individual qualitative interviews (May 2002) were carried out with the care farm staff (n=15). These were carried out by the researchers in a private space at the care farm at a time convenient to the participant. The interviews lasted for 30



minutes to 1 hour. Participants were asked to provide background information about themselves and were asked to talk about their role at the care farm; what they felt that the overall aim of the care farm was; how this was achieved; and what they felt clients gained from attending the centre. Staff were not asked directly about wellbeing through the interview prompts used; they brought up this issue themselves. More detailed information was sought from a senior manager about the context of the care farm.

The interviews were guided by prompts such as:

- What do you feel the overall aim of the care farm is?
- What do you feel your role is?
- What do you feel you provide for clients?

Interviewees were deliberately not asked about wellbeing in order to see whether they (unprompted) felt this was an aim or an outcome for clients engaging with the care farm. The care farm manager was asked further questions to provide more detail on the farm which is included in the next section such as:

- How big is your care farm?
- How many clients a year/month do you offer services to?
- What types of services do you offer?
- What types of clients do you accept referrals for?
- Who refers clients to you?
- Where does your funding come from?

These areas had been developed from the literature review undertaken to inform the study and were piloted through the first three interviews undertaken, these data were then analysed along with the remaining interviews.

The intention is in the future to undertake further study to consider what clients feel they get from attending the care farm and whether their experiences match the insights and hopes of care farm staff. One care farm is being studied in depth initially in order to generate propositions and theory for future study across the sector.

## *2.2 Data analysis*

The interviews were transcribed verbatim and then analysed using thematic analysis following the stages of Braun and Clarke (2006) namely familiarization with the data, generation of initial codes, searching for themes, reviewing themes, and defining and naming themes. Two researchers undertook the interviews. All three researchers were involved in the data analysis. After separately having undertaken initial coding, and generation of themes, they held discussions to share their interpretations and discuss alternative interpretations which may not have been considered by others. Mindmaps were used to highlight key points and final key themes were agreed in the group. Once the final themes were agreed, they were explored to see how/if they related to the existential theory of well-being put forward by Galvin & Todres (2013). The relevance of this as well as Ryff and Singers's (2008) wellbeing theories emerged from the iterative data analysis process and is therefore considered in more detail in the discussion section.

## **3. Findings**

When reading the findings it should be borne in mind that they come from accounts from the overall manager, staff who had primarily farming or domestic or administrative responsibilities as well as staff who worked directly with the visitors to the Care Farm. This included all staff on the care farm and they shared common perspectives about the experience of clients on the care farm which seemed to span different client groups.

The perceived qualities of the care farm can be seen in Figure 1:



**Figure 1. Perceived qualities of the care farm**

Figure 1 shows that four areas of impact were all interconnected and considered to be facets of the same experience. The areas are therefore depicted as all within the

same circle which represents the holistic experience of the clients from the perspective of the staff. Each of these areas will be considered moving from the outside of the figure inward.

### *3.1. Facilitating Connections*

Staff believed that the care farm helped clients to connect. The connections that clients could experience included connection with themselves, life, others, food and nature. The care farm enabled connection in these ways via the inspiring, empowering, comfortable home-from-home environment and community it offered. Staff also perceived that by living and carrying out activities within a sense of community people developed a sense of connection with each other.

*“They enjoy seeing everybody at table ...this is really lovely, cooking for whole group .. a contribution”. (003)*

*“Being part of something bigger ....valued member ..–treated with respect as young adults not problems”. (003)*

A fundamental aspect of the farm was help visitors to make connection between themselves and nature /the world in terms of the food they were eating.

*“Important because that’s who we are ...strongly feel humans lost connection with what we are ...we’re just another species we are part of nature removing ourselves so far from that basic thing.” (002)*

*“Few years ago –child would know where food comes from ...see it all. Now ...so far removed.... supermarket meat on tray no blood”. (002)*

*“When collecting eggs they realise they come out of a chicken not a box”. (002)*

*“Show them the live animal ..how they should be kept through to the plate really”  
(008)*

This was seen to support the development of a sense of ownership, responsibility and caring.

*“Emotional connection nature, care about protecting (the) environment”. (011)*

*“Why being outside is so important ....humans are disconnected from nature, they won` t save something they don` t love”. (001)*

*“Deforestation in amazon means nothing – but what can they see here daily ....they can notice – birds , trees .....–take that noticing back.... own park, green field school.... more relevance”. (001)*

*“When they are disadvantaged...shows them what the worlds like out there”. (007)*

### *3.2 Facilitating Learning*

Staff felt that the care farm offered opportunities for visitors to learn. They recognised that there are different ways of ‘knowing’, beyond purely cognitive or intellectual knowing – to include embodied knowing (Todres, 2007) where knowledge held in the

body relating to feelings and experience could be drawn on and used as a resource for growth. Visitors had the opportunity to learn about themselves as well as nature. Learning was facilitated in an environment where visitors could safely explore, feel, question, 'have a go' and play. Play involved the following key aspects:

a) Doing

Staff perceived that all visitors were included in doing something on the farm

*"Learning by doing" (006, 001, 009)*

*"Massive difference...compared to just watching to be hands on -- often they are scared of chickens when first come, really big achievement actually feed them ... realise they won't hurt them – often breakthrough which leads to the next step". (002)*

Staff believed that involvement in an embodied way – with hands on experience allowed them to make more of an emotional connection with everything that was going on.

*"Hands on experience makes more of a connection." (001)*

b) All senses were involved

This embodied knowing perceived by staff was developed by encouraging visitors to take part in activities that offered many different sensory inputs, taste, smell, touch, sight

*“Sensory thing... barefoot walk through wood blindfolded ...guide each other in time...listen to birds, feel the ground under their feet....closer to nature squidge mud between toes...childhood experience missed out on”. (002)*

c) Memorable experiences

Staff perceived that visiting the care farm often led to memorable experiences which visitors could take away with them.

*“Most important thing is to have some sort of transformative experience ....difficult to plan differently for every person...eye opening moment, something memorable – wow- a woodpecker .... everybody be quiet Wow !” (001)*

The care farm was seen by staff to offer unexpected ‘magic’ moments which created a memorable emotional connection to nature

*“The unexpected things that come up when you’re outdoors, you couldn’t plan for them, thats the beauty of it ..A heron had an eel ,, wow ! .. awe and wonder you just can’t recreate without being there , you could read books and look on the internet.....unless your there and experience it. Through doing those things they they develop a love for it and they start to care about the natural environment and start to think how they impact on it ”. (001)*

d) Fun/enjoyment

Fun and enjoyment was seen by staff as a key part of the activities and atmosphere.

*“Kids have a blast /fun – positive experience outdoors. Ok to be muddy  
Sense fun, playing informality – important”. (003)*

*“It has to be fun...be fun and then they are learning”. (007)*

Staff felt that this engaged visitors further because it was enjoyable, also it reinforced acceptance of who they were, and encouraged them to try new things.

*“Always look for (the) positive with them...never negative (they) have too much of that , if you always look for positive they will as well ...enjoyable as possible for them, ....get to know them”. (003)*

e) Adventure/challenge

The staff felt that they allowed visitors to develop a sense of adventure, exploration and challenge.

*“Feeling wind and rain...ok warm dry later, (do) riskier things, not be afraid...log, bridge, over stream, run around in woods, jump in puddles, wade in river..... before (said) no can` t do it.” (001)*

This linked directly into learning how to manage risks.

Staff had a sense that visitors previously had not been allowed to take risks and were ‘wrapped in cotton wool’.

*“Breaking down cotton wool culture” (001)*

*“Pigs – reason they are here is so that we can eat sausages.....teachers often shocked being so direct - but children take it on OK ” (002)*



Staff felt the danger of this was that people wouldn't challenge themselves and also that they would not learn how to manage what could be a dangerous situation.

*"You can pick up branches and build dens and light fires .. all they hear is fires bad; knives are bad and actually a knife is a very useful tool .. if used safely it's very productive ..... need to learn how to manage the risk,..... OK if you burn yourself what do you need to do – not a constant 'No' message." (001)*

f) Sense of achievement

Staff felt that by allowing visitors to try things for themselves, with encouragement and support they achieved much more than they had thought they were capable of. For example when talking about cooking the kitchen staff said:

*"We talk them through it instruct them and let them do it. We are there if (they) need us – talk through each step. They take the lead ..., try for themselves". (003)*

*"It's all about building their confidence....and their social skills". (008)*

*"Young teenagers ...prepare evening meal for the group...see it on the table .... something to be proud of you have done really well". (003)*

### 3.3 Facilitating Autonomy

Staff felt that the care farm offered opportunities for clients to be autonomous because they were in an environment where they can take risks in safety, experience ownership, choice, responsibility and independence. Staff felt that clients experienced a sense of freedom and a sense of security was developed further throughout the day for all visitors in that they had the freedom to be themselves. They were accepted for who they were on their own terms. They are encouraged to ask questions and explore for themselves.

*“Always start... ask them the questions, fine if they don't know, (they can) have a guess”. (002)*

*“They are not being lectured at, ..... we get them to question, question, question ....the questions come from them.” (001)*

*“There is no such thing as you can't...we never say no to them”. (008)*

*“They learn from each other, .....may say I know about tractors.... everybody has something to share.” (001)*

*They also had physical freedom to be themselves (to run, jump, shout, play).*

*“Exploring the habitats, having the freedom just to be kids in safe space... not often get time to do this”. (001)*

*“Doesn't matter if a child [who is severely disabled] shouts something out....nobody is the odd one out”. (002)*

This sense of security formed the basis which allowed exploration, and play which is the mobility aspect of well-being as proposed by Galvin & Todres (2013).

### *3.4 Facilitating Being and Belonging*

Staff felt that the care farm offered opportunities for clients to be themselves. They are accepted as people not problems, they are respected, valued, not judged and they are all included and crucially, welcomed. The core of the perceived culture of the Care Farm was the sense of welcome and acceptance of all people at the Farm.

*“Wonderful staff, who understand and care for people whoever they are  
.....delivery man, builder, all are made to feel welcome” (004)*

All staff were non-judgmental, supportive, flexible, responsive to each other as well as well as all visitors.

*“The staff look after each other, help out when can, there is  
A lot of support, if people are struggling we help out”. (004)*

*“No matter what I am doing if a client comes to ask me something I will stop...focus  
on them”. (006)*

Staff perceived there was a sense of family and being at home which was central to the care farm.

*“We are a family, close knit, [we] make everybody as welcome as you would in your own home”. (003)*

*“On a personal note I make sure that I am not that stand offish scarey person that they cannot ask for help”. (007)*

The kitchen was seen as the hub of the farm as with many families.

*“ It’s open house .., the door’s not closed .. the main thing is .. we don’t want to exclude the children , because when they are at home they wouldn’t be excluded from the kitchen”. (003)*

*“It`s making them feel at home...making them feel comfortable”. (008)*

People who stayed developed a sense of security in that they were given time when first arrived to settle into their own space and develop a routine.

*“First things we do –tell people what to expect – go and see your bedrooms etc., so that they know they have somewhere to come back to”. (001)*

Staff felt that the set routine and expectations also created a structure, which was particularly helpful for those who were not used to this – they then knew what to expect at certain times of the day.

*“They have to be up for breakfast, .... They have a routine throughout the day its structured; they know after breakfast they are going to be doing the animals or outside working or in the kitchen, then its lunchtime, then they’ll be doing something else ”. (003)*

In terms of well-being this set the basis of the security (or ‘dwelling’ in terms put forward by Galvin & Todres 2013) from which visitors could explore and feel confident.

### 3.5. Overview

The four aspects above were seen to lead to a transformative experience for visitors.

*“Children ....can completely change their world in 4-5 days”. (002)*

*“It builds up their confidence...you can see over 3 or 4 visits they start to ask about what they want to do”. (007)*

Staff perceived that visitors had the opportunity to connect to their personal life by being allowed to be ‘themselves’ and to life systems in terms of the food they eat and the wider life systems (nature) upon which we are all dependent. Visitors had opportunities to grow. The care farm provided opportunities for clients to be involved with growing produce as a physical activity. The practical activity of growing food was made possible through the physical environment of the care farm - a natural, farming context, which incorporates sustainable practices and values contact with nature. Food production was further facilitated via the physical environment of the

kitchen, which was also the heart of the supportive, homely environment of the care farm. Opportunities to grow were not just about growing in the physical environment – the care farm was seen by staff to provide an environment for personal growth. This was through the opportunities the environment and staff offered for their visitors to make connections, learn, develop their autonomy, be themselves and experience belonging.

In summary the study findings showed staff perceived that the care farm offered a homely, supportive environment where people can experience nature and sustainable food production. It is a place that provides an inclusive environment conducive to clients' personal growth; it enables them to connect with themselves, others and nature and to develop autonomy. People can be themselves at the care farm where they have the opportunity to learn about themselves and nature.

#### **4. Discussion**

The implications of the findings and analysis are that the staff at the care farm felt the farm offered their clients the chance to experience nature and sustainable food production in a natural, farming context. This context incorporates sustainable practices and values hands-on contact with nature. It seems that the opportunities offers impact different aspects of their clients' well-being.

Findings from this study were that staff perceived the care farm to be a place where guests could be themselves and feel that they belonged. This feeling of connection and peace related to the existential theory of well-being put forward by Galvin & Todres (2013), which focuses on two dimensions of well-being, dwelling and mobility

or feelings of peace and connection and feelings of possibility or potential respectively. Both of which are articulated here in the findings from this study. In addition all of these findings can be linked to research about psychological well-being, particularly eudaimonic well-being. Eudaimonic well-being is about people being able to flourish (Deci & Ryan 2008). It is about human fulfilment (Ryan & Deci 2001) and it is underpinned by the idea that people need to be fully functioning and able to achieve their potential in life (Deci & Ryan 2008). According to Ryff & Singer (2008) being 'healthy, well and fully functioning' involves people experiencing:

- Self-acceptance (thinking about themselves positively and accepting their personal strengths and limitations).
- Personal growth, whereby the person is able to develop their potential in an on-going way.
- Positive relationships with others such as friendship, love and identification with others.
- Autonomy, whereby a person is able to experience independence and self-determination.
- Environmental mastery, where a person finds or creates a context that matches their needs and capacities;
- and, a sense of purpose.

The first five of the factors as identified by Ryff and Singer (2008) emerged from the findings of this study which would suggest that the staff believe that the experience of visiting the farm contributes to their clients' eudaimonic wellbeing.

However, client well-being may not be the only impact of the care farming experience. Another effect of the project may be an impact on the well-being of staff. Eudaimonism is about people living according to their true selves or daimon (Waterman 1993). The data from this study suggest that the staff take nature as their inspiration; they create natural and psychosocial environments to facilitate the practice of sustainable husbandry and the growth of their clients. If, (as Ryff & Singer (2008) suggest) environmental mastery is an aspect of a person's well-being, may be helping staff to live according to their true selves through being in a natural context.

Eudaimonic well-being has been the focus of this discussion so far but there is another form of well-being termed hedonistic well-being (Deci & Ryan 2008) that may relate to the findings of this study. Hedonistic well being is characterised by enjoyment and happiness, pleasure and self-interest (Ryan & Deci 2001). If clients enjoy the activities they are engaged in they may experience well-being in its hedonistic sense and it is feasible that staff experience this type of well-being when they share the process of change with their clients. A study by Leck et al. (2014) has also noted that farmers reported gaining personal satisfaction from their caring-related activities. This could be an area for further research.



Systematic evaluation of care farming in the UK and internationally is limited and has primarily used pre and post questionnaires with clients in an attempt to consider what the outcomes may be in relation to well-being, self-esteem and educational outcomes (Hine et al. 2008). To-date the existing research about health benefits of involvement of clients in care farming has mainly derived from the Netherlands. Issues studied there have included comparison of the activities of older people both with and without dementia at care farms and 'regular' day care provision (De Bruin et al. 2009), comparison of energy and fluid intake of older people with dementia in green care farm and 'regular' day care provision settings (De Bruin et al. 2010) and comparison of the functional performance of older people with dementia in green care farm and 'regular' day care environments (De Bruin et al. 2012). This study therefore offers a unique perspective in considering in detail staffs' perspectives on the perceived outcomes for clients of care farming in one UK care farm.

## **5. Study limitations**

This study was focused on one care farm which means that the results are not generalizable to the wider care farming community. However this study provides some initial findings relating to the perceived outcomes of care farming on clients albeit only from the perspective of care farming staff who are providing the service and have a vested interest in the findings. However the researchers encouraged staff to reflect on both negative and positive aspects of the clients experience on the care farm as represented in the findings. We did not gather the views of service users in this study however these could be sought in future research.

The connection between researchers and practitioners was central to the success of the study and developed through researchers actively building a relationship with the

staff in the short term prior to the commencement of the study; they were not known to the researchers before the study. Initially the research focus was presented in a staff meeting this enabled the staff to comment and discuss the study so being fully informed as a group prior to the distribution of consent forms and written information on the study. We discussed the possible outcomes which may be negative as well as positive in this discussion and found the staff were keen to explore this area further with us.

## **6. Conclusions and Recommendations**

In summary the study findings show staff perceived that the care farm offered a homely, supportive environment where people can experience nature and sustainable food production. It is a place that provides an inclusive environment conducive to clients' personal growth; enabling them to connect with themselves, others and nature and to develop autonomy. People can be themselves at the care farm where they have the opportunity to learn about themselves and nature.

It is anticipated that this study will be the pre cursor to a study focused on what different groups of clients say about their experiences of engaging with a care farm which is an essential insight required to inform care farming practice in the future.

## **Acknowledgements**

The authors would like to thank the manager of the care farm who allowed access and the staff who contributed their time as participants. The authors would also like to thank the reviewers of this paper for their useful comments.

## **Funding**

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

## References

Bragg, R. 2013. *Care farming in the UK – Key facts and figures*. Natural England.

Available at: [http://www.naturalengland.org.uk/Images/care%20farming-facts-figures\\_tcm6-35863.pdf](http://www.naturalengland.org.uk/Images/care%20farming-facts-figures_tcm6-35863.pdf)

Accessed 5<sup>th</sup> September 2014.

Braun V. & Clarke V. 2006. Using thematic analysis in Psychology. *Qualitative Research in Psychology* 3, 77-101

Care farming UK, 2014. *What is care farming?* Available at:

<http://www.carefarminguk.org/home>

Accessed 28<sup>th</sup> July 2014.

De Bruin, S. R. D., Oosting, S. J., Kuin, Y., Hoefnagels, E. C. M., Blauw, Y. H., Groot, L. C. P. G. M. D. & Schols, J. M. G. A. 2009. Green Care Farms Promote Activity Among Elderly People With Dementia. *Journal of Housing for the Elderly*, 23 (4), 368-389.

De Bruin, S. R., Oosting, S. J., Tobi, H., Blauw, Y. H., De Groot, C. P. G. M. & Schols, J. M. G. A. 2010. Day care at green care farms: A novel way to stimulate dietary intake of community-dwelling older people with dementia? *Journal of Nutrition, Health and Aging*, 14 (5), 352-357.

De Bruin, S., Oosting, S., Tobi, H., Enders-Slegers, M.J., van der Zijpp, A. & Schols, J. 2012. Comparing day care at green care farms and at regular day care facilities

with regard to their effects on functional performance of community-dwelling older people with dementia. *Dementia (14713012)*, 11 (4), 503-519.

Deci, E.L. & Ryan, R.M. 2008. Hedonia, eudaimonia, and well-being: an introduction. *Journal of Happiness Studies*, 9 (1), 1-11.

Department of Health (UK) 2014. *Wellbeing and why it matters to health*, Department of Health: London.

Doran, N. & Wallis, E. 2014. *Pride of place: land, community and a popular environmentalism*. London: The Fabian Society. Available at:  
<http://www.fabians.org.uk/publications/pride-of-place/>

Accessed 10<sup>th</sup> July 2014.

Elings, M. & Hassink, J. 2008. Green care farms, a safe community between illness or addiction and the wider society. *Therapeutic Communities*, 29 (3), 310-322.

Ferwerda-van Zonneveld, R. T., Oosting, S. J. & Kijlstra, A. 2012. Care farms as a short-break service for children with Autism Spectrum Disorders. *NJAS-Wageningen Journal of Life Sciences*, 59 (1-2), 35-40.

Galvin K. & Todres L. 2013. *Caring and Well-being: A Lifeworld Approach*. Oxford: Routledge.

Hassink, J., Elings, M., van den Nieuwenhuizen, N., Zweekhorst, M. & Smit, A. 2010. Care farms in the Netherlands: Attractive empowerment-oriented and strengths-based practices in the community. *Health and Place*, 16 (3), 423-430.

Hine, R., Peacock, J. & Pretty, J. 2008a. Care farming in the UK: Contexts, benefits and links with therapeutic communities. *Therapeutic Communities*, 29 (3), 245-260.

Hine R., Peacock J. & Pretty J. 2008. *Care farming in the UK: evidence and opportunities*. Executive Summary. University of Essex: Colchester, UK.

Hine R., Peacock J. & Pretty J. 2008b. *Care farming in the UK: evidence and opportunities*. University of Essex: Colchester, UK.

Leck, C., Evans, N. & Upton, D. 2014. Agriculture – who cares? An investigation of ‘care farming’ in the UK. *Journal of Rural Studies*, 34, 313-325.

May T. 2002. *Qualitative Research in Action*. London: Sage.

Mind 2013. *Feel better outside: Feel better inside: Ecotherapy for mental wellbeing, resilience and recovery*. London: Mind.

Ryan, R.M. & Deci, E.L. 2001. On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52 (1), 141-166.

Ryff, C.D & Singer, B.H. 2008. Know thyself and become what you are: A Eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9 (1), 13-39.

Quinn Patton M. 2002 *Qualitative Research and Evaluation Methods*. London: Sage.

Todres, L. 2007. *Embodied enquiry: phenomenological touchstones for research, psychotherapy, and spirituality*. Basingstoke: Palgrave Macmillan.

Walker, P. 2012. *Wellbeing, meaning, definition, measurement and application*. In: Walker, P. & John, M. eds. *From Public Health to Wellbeing the New Driver for Policy in Action*. Palgrave Macmillan: Basingstoke.

Waterman, A. S. 1993. Two conceptions of happiness: contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology*, 64 (4), 678-691.