

## **CoP Farming for Health 2007: Thematic outline**



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'Farming for health' has two clear components: farming and welfare.

The farming and care sectors are faced with major challenges in Western Europe. The coexistence has gained fresh momentum in Europe, as underscored by the current Green Care initiatives in the various Member States and on a cross-border scale (CoP, SoFAR, COST866).

1.

1.1. During the 20th century, the Flemish agricultural and horticultural sectors underwent a major **period of transition**. There was a radical change in the farm undertaking itself and the undertaking's relationship with society. This development coincided with a relentless process of intensification, an increased level of specialisation and the arrival of high-tech, non-labour-intensive and capital-intensive production systems. Farming and horticulture have suffered badly over the last decade as a result of rising costs and declining profits and both sectors are faced with the need to reverse this trend to achieve lower costs and more efficiency, in the coming years.

1.2. The concept of **multifunctional agriculture** may help to provide a solution for a sizeable group of farmers and market gardeners. One of the options is horizontal broadening: this means developing new activities not involving the primary production of crops. Agro-tourism and nature and landscape management are the most common strategies. Green Care (GC) is also a type of horizontal broadening.

1.3. Horizontal broadening in the farming and horticultural sectors signals a **changing role for farmers** plus a **new mode of operation and culture**, where the undertaking's primary production is no longer regarded as the (only) yardstick of success. Production is no longer supply-driven but demand-driven, while the product not only has value in itself (as a 'commodity') but is also more valuable insofar as consumers gain specific experiences from the product.

The most high-level form involves **transformation**, where manifold activities help to make a contribution towards a healthier lifestyle and better welfare for the consumer/customer. GC is an example of this enhanced welfare: the help-seekers boost their well-being as a result of the paths they travel as customers.

2. The farming and horticultural sectors are not alone in facing a major challenge. The **healthcare sector** is also confronted with change.

2.1. In some ways, the healthcare sector is calling its own reductionist, biomedical model into question.

a. Described as integrated or holistic, the new **methods** propose that the help-seeker as a person is of central importance, thereby leading to '**tailor-made**' care, involving factors such as case

management, extramural care, context and system-based foster care, the relevance of natural environments, and so on.

b. The **objectives of the care** are subject to constant fine-tuning, so as to focus gradually upon integration, empowerment, individuation or independent living.

2.2. In other ways, the healthcare sector is constantly seeking to strike a right balance between effectiveness and efficiency, between quality care and practical feasibility (including financial feasibility).

2.3. A change of attitude is also noticeable in **academia**. For example, the interdisciplinary field of disability studies is firmly based on a discerning approach to the medical model and this has an impact on training.

2.4. In short, within the healthcare sector, academia and society at large there is a higher demand for new types of cooperation and networking that can deploy knowledge and expertise in a more focused and effective way.

3.

3.1. Farming for health is based on a combination of agriculture and care. The focus is both on the farming system (the undertaking, the operational management, the farmer and the farmer's social environment, ...) and the care sector (the help-seeker, the institution, the care professional, ...).

### 3.2. Conceptual framework

The literature in mainland Europe emphasises the relationship between the care and the rural or agricultural character of the environment where the care takes place. The most comprehensive terms are 'agricultural welfare services', 'welfare farming' or 'caring farms'. These all cover activities where farmers and market gardeners offer onsite services to non-farmers with a view to enhancing the health, social well-being, knowledge and assertiveness of the individuals. Contingent upon the service on offer, terms are used such as Green Care, Green Cooperation, Green Farms, Into the Courtyard, Holiday on Farms, Relief Farms, City-near Farms, the Farm as Reaching Resource and the Real School Yard.

The OECD has narrowed down the conceptual framework to '**agri-care**' or '**care farming**'. This refers to farmers providing social services for people with limited opportunities as an extra on-farm activity. Towards this end, the guests are engaged in the daily on-farm routine of the farmer (and the farmer's family). The purpose is two-fold: a) a better welfare situation for the individual and b) an economic, social or personal added value for the farm, as result of the extra manpower or a reward for the services on offer.

3.3. Without seeking to query the importance of other dimensions of Green Care, such as Animal Assisted Therapy (AAT) or Horticultural Therapy (HT), **CoP Flanders 2007 is keen to base itself** on the OECD's focus on '**agri-care**' or '**care farming**'. The plenary sessions and the illustrative excursions will therefore concentrate on standard farms offering healthcare as a service (occasional or as a developed sector), care institutions availing themselves of these services, institution farms and the impact all these services make on the stakeholders (health-seeker, care professional).