

Multi-functionality needs creativity

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Case

A school for children with learning disabilities and behavioural problems has started a new project in collaboration with a farm nearby. Two groups of fifteen children (age 8-12) will visit the farm one morning and help the farmer with some work. The biggest problems this project has:

- Not enough money to pay the farmer sufficient compensation.
- Not enough sustainable budget to give this experiment a good foundation.
- Transport of the children to and from the farm.
- School inspector/authority doesn't acknowledge the effect the farm has on the development of the children and their joy to go to school without solid prove.

Fortunately the school could buy its own bus after the school board got some support from the province. The school still is looking further for grants. The farm got some financial support from an other project on educational farms to renovate a barn into a meeting room. The school project can also benefit from this rebuilt facility.

Introduction

The Dutch care farm system has developed rapidly the last ten years and will do so in the future. Although this sector isn't subsidised directly by the government, it is strong and creative enough to survive and flourish. Indirect incentives provide sufficient backing for the projects and initiatives developing in The Netherlands. We can describe the Dutch policy as a interested market following supporter focussing on activating networking and linking care farming with countryside development. Care farming is still not a hot topic on the policy agenda, but gets a warm support from most politicians. Is this enough to let this sector bloom further or do we need other actions?

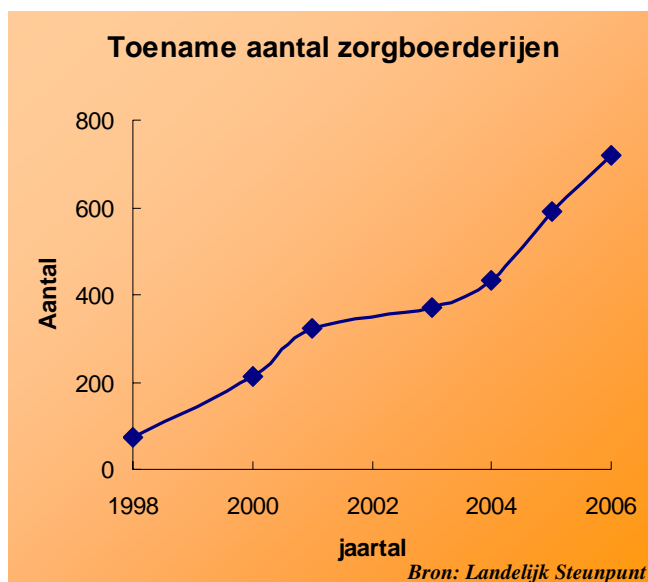
Dutch Care Farming

Farms always have been a safe haven for all people looking for help and shelter. This has changed after health care has been professionalised and well imbedded in the Dutch society. But a well maintained health care system can have flaws. The demands of patients today are also changing. The need for flexibility and personal tailored approaches are growing. The health institutions have to deliver special programmes to satisfy the patient or client wishes. Healthcare on demand is their focus for the future. Care farming is one of the options.

Since 1960 individual initiatives for care farming started by enthusiastic an ideological farmers with a social hart. These 'working/living on the farm projects' delivered the wanted personal care, flexible programmes and sometimes even special therapy (cure). They draw

the attention of other small farms who needed to broaden their work to stay in business. Most small farmers didn't want 'further intensification and opt for new activities such as landscape and nature conservation, energy production and recreation' (Elings & Hassink 2005). Care farming became a positive and alluring option. After bad years of disasters like the blue mouth disease etc. care farming as a social agricultural project also helped to upgrade the image. The multi-functional use of agriculture always is important in a small country like The Netherlands, but became more and more pinching. Care farming showed a new way of farming could also work for a lot of farmers.

In 1997 some special conventions and publications made care farming into an important topic for the broadening of agriculture and rural development. At that time there were around 70 initiatives of care farmers. Their experience, philosophy and practice showed a lot of potential. This inspired not only other farmers, but also policymakers. In 1999 the Ministry of Agriculture, Nature and Food and the Ministry of Welfare and Health decided to subsidise the start of a National Centre Agriculture and Care. This centre should support the matching of farms and clients, but also inform new care farmers on this topic. In 2000 a quality system was developed and implemented. This centre has played this role for several years until regional development centres took over the matching role. With the growing amount of care farms the regional support became imperative. Associations of care farmers and regional support groups grew up to fifteen in 2006. The role of the National Centre changed into a quality controller on the farms (quality handbook/quality mark) and a developer of nationwide actions to help care farmers to get the support they needed. Dutch care farming has grown from 570 in 2005 till 640 in 2007. It is expected to grow further to 900 in 2012 and 1000 in 2015. This is still a very small percentage of all farms, but a very solid group of farmers to extend multi-functional use of agriculture and collaboration between agriculture/nature and health/welfare.



Policy and Care Farming

Care farmers never got direct support or cash flows out of the involved Ministry of Agriculture, Nature and Food or Ministry of Welfare and Health as a special programme. The

ministries only supported a National Centre to support the farmers and set up information desks and learning groups or educational support for starting care farmers. Also a few researches have been done to look for the effects of care farming on clients, the organisation of the farms and the networking of farmers. The stirring by legislation and rules for care farms was combined by using existing demands for healthcare to include care farms. The support therefore came indirectly through the provinces or municipalities. On the agricultural site the support came from the project on broadening countryside development. On the health care side farmers could get a national health care recognition (AWBZ). In 2003 an other change in the healthcare system gave a great boost to care farming. The individual health budget (PGB) was introduced. With this budget patients/clients could search for their own preferred organisation to help them. This was specially for care or nursing and lodging. There is also a possibility to get a budget out of the new legislation (since 2007) on social support (WMO) for household support and transport. Transport always has been a hot topic in the development of care farming. Although The Netherlands is small, the transport of clients to and from the farm always could be a breaking point. A lot of child projects benefited from the PGB because parents wanted special individual help for their kids. This was the possibility to help.

Back to the case mentioned before

PGB only didn't help this project, because this is still education and not enough care. If a project doesn't fit in the right box it can't get support. For instance it should have been possible to help the school on their transport problems. If this problem has been seen in the light of broadening care and not only as special needs within education, it possibly could have been organized sooner. Now this school almost had to stop with this activity, because they couldn't keep organising all this and keeping their way off educating these children in this way.

You have to find the right buttons to push and the most innovative thinkers to help to link new questions in this developing market to the existing policy, legislation and rules.

There is no national policy on farming for health or care farming in the Netherlands. The policy is derived from other policies on care, welfare, multi-functional use of agriculture, countryside or nature development. Decentralisation and market will influence the development of care farms even more in the future. Care farms already struggle with the growing rules and bureaucracy. The best way to cope with that seems to be organising farmers in the region and setting up cooperative organisations of care farmers. In some regions strong organisations developed and became strong partners for health and care organisations. These farmer driven cooperations will be the strength of this sector and needs the support of legislation in a creative way.

On local, regional and national level all kinds of departments are involved in combining agriculture, nature initiatives to social, care and welfare projects within the existing legislation and regulations. Most provinces make their own interventions to help social or care farming. For example the province of Gelderland gives permission to divide farmhouses into several living spaces. This is still one of the biggest obstacles in further growing of this sector. Other ways of support are on:

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| | Support on |
| National level | Networking, standardising and quality systems, information and education, professionalisation. Linking legislation of several departments with this sector. Research on the effects and results of projects on farms. |
| Province level | Advice and support (POP finance), helping with building adaptations and other facilities. |
| Regional level | Subsidised by Leader + on country development and on health care recognition by Health Care Authority (AWBZ). Supporting regional Farmer cooperation's and interest groups to exchange information and to become professional. |
| Local or municipality level | Legislation on social support (WMO) and other incentives that can help farmers in multi-functional use of their farm. |

Will policy help in the future

Two ministries have supported the growing sector of agriculture and health by financing the National Support Centre (this will end in 2009) and indirectly by the implementation of health care legislation on the care farms. Care farms could benefit from support out of the usual budgets, if they had the approval of the health board (AWBZ). So they could be on the list of health organisations.

Policy focussed on quality of the work on care farms and the link to countryside development. Until now the quality system is a voluntary action nationwide supported by the National Support system, but in the future will become a trademark needed to call your farm a care farm. Since the sector is becoming a specialised sector between agriculture and care/welfare the support for the future will also change. It is not a baby anymore and doesn't need pampering.

| Policy level | What kind of support is needed |
|--------------------|---|
| National | Keeping the National Support Centre alive after 2009 by granting them a small basic support. They can stay the national information and quality controlling organisation with four regional offices for implementation. They will stay the central negotiating and information centre for policy. |
| Regional | Combining legislation and rules for farmers who want to broaden their perspective and work focus on care farming. |
| Province and local | Supporting from existing agricultural, nature, care and health regulations. Combining rules and regulations |

What else can we do?

To be creative and flexible. Help care farmers networks to relate to the other sectors who want to work together (healthcare, youth care, special education, nature care, social care) and help these sectors to bridge the differences and sometimes the pressing rules and regulations. Consider the projects worth supporting because they all work over the borders of many ministries, departments and rules and regulations. They have to cope with many demands and are worthwhile to look for creative ways of support.

Information

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