



# FARMING OUT SOCIAL CARE

Mental health recovery through farm activity in rural communities

Mary Houston

the  
CHURCHILL  
fellowship



THE PRINCE'S  
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**Right** Locally grown tomatoes on sale at the Oakland farmers' market in California

**Cover** Volunteers in the fields at Growing Well, Cumbria





# FOREWORD

There is vast social, cultural and communal capital tied up in the many rural communities of the UK, not least at the level of our farming industry and individual farming businesses. This can often be misunderstood or overlooked. At worst, it is challenged and condemned to almost impracticable change, to keep up with the rapid advancements in our infrastructure, politics and technologies.

At the heart of traditional rural life is the community. Historically, the farm has been its social hub. In days gone by we saw the farm as a home for many generations of one family. A place where local children could come and play, and the elderly or infirm could come and convene. It was where local families came to collect and pay for food, and prepare it in the knowledge that it had been produced for them by people they knew, in a landscape they understood, in a way they respected.

Fast forward a few generations and this magnificently cohesive (although grassroots) way of being is almost lost. A swelling population, a vast volume of imported produce and a forever-changing political agenda regarding farming law and subsidy means that most rural farms can only sustain an income for one or two people. Farming families themselves are separated in order to seek sustainable incomes elsewhere; generations are split up and sent away to receive their education, training and social care. Many

wider, societal assets of the original farm concept have been lost. Not only are the majority of rural consumers just as detached from farming and food provenance as their urban counterparts, but social problems in rural communities continue to grow, with demand outstripping the supply of social care.

Today, farming and social care are understood by most to be two wildly differing sectors, requiring two very different skillsets, but once they were fundamentally interwoven. In developing countries, the farm as a hub and the concepts of community-supported farming, and communal social care, still exist. In developed countries, and ironically, perhaps, an increasing number of people are trying to reconstruct these long-lost assets.

We have some very specific social challenges in the UK that I believe farms – based on traditional principles – can be directly relevant in helping to tackle:

- Not enough people know about where their food comes from and therefore they cannot make informed buying/eating choices for the benefit of their community and their physical health
- Not enough people are empowered to understand, and work continually to sustain, their own mental health and wellbeing
- Our overburdened statutory social care system now



**‘At the heart of traditional rural life is the community. Historically, the farm has been its social hub, a home for many generations of one family, a place where local children could come and play, and the elderly or infirm could come and convene’**

Above Mary's son at their family farm in the Lake District in Cumbria  
Opposite Rural Lake District



**‘I’ve seen the changes in farms and farming over the course of my life. I’ve seen – first hand – the change in farmers’ mental health during the last decade, and I know that many of them will never go to their GP or accept talking therapies’**

Above, right and opposite  
Growing Well organic farm and  
mental health charity in Cumbria

has to fight to tackle the physical and mental health effects of societal shift, and cannot do this without the help of community third parties

- Getting people with long-term health issues [back] into work is time-consuming and costly

Therapeutic farming (commonly known as “care farming” or “social farming”) is a more recent construct based upon one of traditional farming’s huge social assets: community. It tackles all of the above challenges through a combination of activity, skills acquisition and support. Therapeutic farms and gardens exist all over the globe and are used as a vehicle for recovery from a plethora of health and social challenges, including learning disabilities, dementia, addiction issues, ex-incarceration, sensory impairment, mental health and isolation. People attend therapeutic farms (usually in the format of a day service) to participate, gain skills, integrate and socialise, and benefit from being in nature.

Just being outdoors is known to be beneficial to mental health, and there is huge evidence to underpin the benefits of physical exertion. What’s more, therapeutic horticulture has long been recognised for its significant benefits to mental health.

Again, ironically, some of the most isolated and vulnerable people in rural society today are our farmers. The suicide rate of agricultural workers in the UK has peaked at an incredible 1 person per week. This must mean that the concept of a therapeutic farm (and the community it nurtures) can be of direct relevance – and need – for our farmers too.



My motivations for exploring therapeutic farming for mental health are simple: I come from a rural area rich with farms and agricultural produce, which I am passionate about. I live on a beef and sheep farm in the South Lakes. I wish that everyone in the UK could have access to this kind of landscape and experience working on the land.

However, I’ve seen the changes in farms and farming over the course of my life. I’ve seen – first hand – the change in farmers’ mental health during the last decade, and I know that many of them will never go to their GP or accept talking therapies.

I’m also now the Chief Executive of a therapeutic (horticultural) farm just down the road that has 80 people on its register each week, all experiencing mental ill health, and it is almost full. They’re almost all GP or healthcare professional-referred – but there’s no budget to follow, so our existence is entirely dependent on grants and trusts.

People travel for up to 40 miles to get to us because there is nowhere else that can help them to manage, or distract them from, their agonising struggle. Waiting lists for talk-

ing therapies are up to nine months long. At Growing Well, we offer personalised pathways of activity (in the field or kitchen), training (horticulture, catering or Occupational Life Skills) and support (one-to-one occupationally focused goal setting). It works. In 17 years we have helped almost 1,000 people back to better mental health, and many back into work. We also grow and sell 20 tonnes of organic fruit and vegetables per year.

But many of the farmers I know don't think of my place of work as a "real" farm. Many don't like to talk about what I do – it's too uncomfortable for them.

I wish that my work – or the definition of it – could be reframed so as not to put farmers off from working with us or even coming along as participants. Mostly because I think that vocationally focused recovery intervention could be a great, practical way to engage farmers who are struggling themselves.

I'm sad because I know that until these people are empowered to acknowledge the importance of their mental health, their physical health and their livelihoods (and therefore our produce and industry) could stand to suffer too.

I'm in the camp that believes that farming needs to evolve in order to survive and I have faith that it will (and it will!). My biggest hope is that by encouraging inclusion on our farms, within our rural communities and with the production of our fantastic homegrown food, we can help so many more people to enjoy a better quality of life.

Only this way will people understand why connection to the land matters so very much, and that farmers can offer or be the solution to a societal problem – instead of being perceived as part of the problem itself.





# EXECUTIVE SUMMARY

Motivated to improve adult social care provision in rural areas of the UK and to encourage more people here to engage in farming as a means of mental health recovery, I wanted to learn about (and from) differing successful models of social farming enterprises that have developed in different localities across the world. I visited Norway and California in 2019, and also attended the **European Society for Rural Sociology** congress, supported by the **The Churchill Fellowship**.

In my view, the abundant collateral of landscape and farming in rural areas offers a huge advantage (location, location, location!) for people to recover through nature-based activity. Farms can provide the platform for meaningful, sustainable social care provision for many more people than are currently being helped. Many of whom, in the south of Cumbria for example, are stuck in a failing social care system and either waiting months or travelling for over an hour to access the help they need.

The focus of this research opportunity was to find new and creative ways of encouraging mental health recovery through farming experiences, explore different models of working farms as social care “hubs” and understand, in different cultural contexts, how success was measured (both in terms of the farm, or hub, and its positive effects on mental wellbeing). I wanted to focus on participatory, vocational farm activity (as opposed to just “being in nature”).



The broader objectives of the research were to:

- Explore evidence bases, evaluation methods and compelling narratives for the commissioning and funding of therapeutic farming, in countries where the concept is more established and widespread than it is in the UK.
- Study and try to understand reasons for the inequity of provision of adult mental health care in rural areas of the UK, and identify organisational barriers to (and opportunities for) a more consistent approach.
- Understand and experience the entrepreneurial opportunity for therapeutic farming [on existing farms]

Whilst many of the farms and gardens visited were based within urban populations, in keeping with a huge surge in

**‘Whilst many of the farms and gardens visited were within urban populations, in keeping with a huge surge in urban farming and access to green spaces, it was their entrepreneurial approach to structure, funding and evaluation that I wanted to understand’**

<sup>1</sup> The Food and Agriculture Organization of the United Nations reports that 800 million people worldwide grow vegetables or fruits or raise animals in cities, producing an astonishing 15 to 20 percent of the world’s food.

**Above** 30th Street Senior Center, San Francisco, California

**Opposite** The boot room at Forget-Me-Not Farm, Santa Rosa, California.



**‘Creating a robust and replicable business model with an incontestable evidence base to back it up is – in my opinion – the only way that social farming might be accepted into mainstream social care provision’**

Above: Beehives at El Sobrante Farm, California

urban farming and access to green spaces<sup>1</sup>, it was their entrepreneurial approach to structure, funding and evaluation that I wanted to understand. Rural projects and initiatives offered the opportunity to see how activity is sustained in smaller and much more disparate populations, and how impact is measured using socio-economic credentials that aren't just numbers/“outputs”-based.

Creating a robust and replicable business model backed up with an incontestable evidence base is – in my opinion – the only way social farming might be accepted into mainstream social care provision and become a widespread resource for mental health recovery in communities across the UK.

**I categorised the key findings from my research trips in relation to the substantiation of therapeutic farming; sustainability; organisational challenges; and entrepreneurial opportunities:**

### **Substantiation of therapeutic farming**

If therapeutic farming is to become an intervention forming part of a “social prescribing toolkit” for practitioners (or “menu” for participants) that will be recognised, commissioned and prescribed it needs to be able to:

- Clearly describe what it is and what does
- Accurately describe who is likely to benefit from it
- Identify which elements have therapeutic benefit for participants
- Provide ongoing evidence of uptake, acceptability and benefit to individual participants via robust outcome measurement

- Demonstrate value for money

I researched:

### **Service selection and evidence of need**

Therapeutic farming is still an emerging “prescription” when considered against established clinical pathways of care and its commissioning is often ad hoc in many countries. In order to move forward, it must prove that it can address, directly and effectively, a social need.

### **Efficacy and evaluation of this specific practice**

I found little evidence of continual, credible, meaningful or sustainable impact evaluation of therapeutic farming for mental health recovery, and no agreed international standard with which to evaluate. This needs to change. The only way this practice will gain enough credibility to be financially justified (by statutory or private funders) is if its impact is clearly understood and the evidence for it is unrefuted.

### **Sustainability**

#### **An effective business model**

Strong entrepreneurial attributes proved essential to the setting up and success of all therapeutic farms that I encountered – but a robust business model was crucial too. Solid business acumen such as financial understanding, fundraising ability, interpersonal and promotional skills and – of course – the ability to maintain a piece of land (or manage livestock) are also crucial to success.

#### **A clear and compelling narrative**

Being in nature and doing things in nature are both

beneficial to mental and physical health, and the breadth of “green care” across the world means that there is a potential benefit for every member of the population. However, this means that each service requires clear distinction. The distinction between services with a generic public health benefit, and those offering specific interventions, is most important, particularly when it comes to the pitching for/ commissioning of social prescriptions.

## Organisational challenge

### Terminology and use of language

Despite there being decades of work in, and global evidence of, the proliferation of social farming across the world, the global terminology for therapeutic farming is varied and confusing, from country to country and within individual countries. This feels preclusive to progress in many ways. Despite this already being concluded several times over several years, little progress has been made.

### Cohesive network

I found examples meaningful social farming networks across the world but each with different motivations and levels of intervention. The breadth of activity that “green care” encompasses is huge, and it is important that this is celebrated, but even more important that targeted, therapeutic areas of delivery (such as mental health) professionalise their approach

### Standardisation

At a very local level, in neighbourhoods and villages, the coming together of stakeholders over a shared challenge

or social issue, to create a social farming provision or experience, represented what I found to be the strongest, most futureproof models of success. Any attempts to encourage a more standardised or replicable approach to therapeutic farming in the UK must take into account the relevance of initiatives to specific areas, communities and potential funders.

## Entrepreneurial opportunities

### Prevention and cure

Along with a profound (albeit generic) evidence base underlining the benefits of building resilience through nature-based activities, “green care” is embraced as both a preventative and curative solution for many mental and physical health problems. This can be capitalised on at the level of the individual, but also the farmer or social care entrepreneur.

### Individual approach, not one-size-fits-all

Most therapeutic farms and related initiatives are conceived and driven by one very dedicated and visionary individual, with a very personalised approach. This is part of the beauty of therapeutic farming, but also a reason why formalising the approach may come up against resistance.

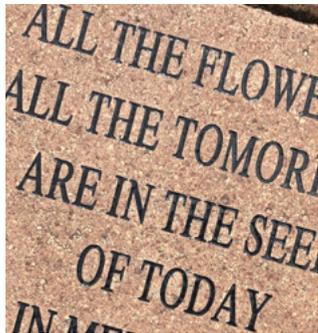
### Incentive and ownership

Promoting the possibility of a therapeutic farming network (like Inn På Tunet in Norway) to farmers in the UK requires their understanding of the issue, evidence of need, sensitive timing and guaranteed return on investment.



**‘The distinction between services with a generic public health benefit, and those offering specific interventions, is most important, particularly when it comes to the pitching for/ commissioning of social prescriptions’**

Above Hidden Villa education garden, Los Altos



**‘Develop a compelling narrative for therapeutic farming for mental health so that farmers, potential participants and the general public can understand that it is a specific intervention, not just targeted at generic public health’**

Above Picture taken at University of California Botanical Garden, Berkeley

My recommendations, as a result of this research, are:

### Substantiation

- A systematic review of all existing evidence for therapeutic farming for the benefit of mental health recovery must be performed
- Randomised Controlled Trials on large client groups must be completed
- National stakeholders must unite and agree upon the best standardised evaluation measures that therapeutic farms should use in order to assess mental health recovery as a specific result of the therapeutic farming intervention
- Therapeutic farms must be issued with the relevant information and training in order to evaluate according to the agreed standard
- Value for money and Social Return on Investment evaluation models should also be devised and disseminated.

This work must be endorsed at the highest level, either through existing, national green care stakeholders, including (but not limited to):

- Social Farms and Gardens
- Thrive
- Natural England
- NHS England

OR as an independently commissioned piece of academic work.

### Sustainability

- Embed the credibility and professionalism of therapeutic farming:
  - *A toolkit for commissioners/funders to explain the benefits of commissioning this particular service and how to embed with healthcare professionals*
  - *A toolkit for healthcare professionals and other referrers to explain the benefits of mental health recovery through social prescribing and all governance surrounding the referral to a community-based intervention*
  - *A business framework for prospective therapeutic farmers to establish all of the considerations needed when establishing such a service*
- Develop a compelling narrative for therapeutic farming for mental health, to complement these emerging structures so that farmers, potential participants and the general public can understand that it is a specific intervention, not just targeted at generic public health.

### Organisational

- Regional, national, European and international networks to scrutinise the plethora of confusing terminology that sits under the universal “green care” umbrella, and consider renaming “care/social farming” as “therapeutic farming”, which is more specific to the purpose and does not negate critical participatory, vocational benefits.



- National green care networks should review regional networks in favour of establishing thematic networks, allowing for:
  - *A fair distribution of effort across the UK, including more disparate areas*
  - *More relevant best-practice sharing*
  - *Collective work in establishing a clear evidence base and standardised evaluation tools*
  - *More opportunity to collaboratively bid for larger (e.g. UK-wide) social care contracts or sponsors*

- Do not create more institutions or networks based on therapeutic farming for mental health recovery. Establish thematic subgroups to sit within (and report to) an existing, overarching network.

## Entrepreneurial

- A green care proposition needs to be broken down for/disseminated to the farming industry so that farmers can understand all of the possibilities to diversify in this area and be inspired by its potential.
- Inspire the next generation of farmers, whose understanding of mental health is progressive, to extol the benefits of vocational farm activity as a means of building mental health resilience, or recovering from mental ill health, *even if this is all they do.*

Therapeutic farming is more than just a nice thing to do. Done right, it is occupationally focused, encourages skills development and social integration, and therefore has more profound impact than allowing the participant to just “be” in nature.

The work can have an impact at individual level but also on the structures, organisations, communities and the landscape that surround it.

I have seen and gathered anecdotal proof of this around the globe. The next step is to continue to gather and find compelling ways to communicate categorical proof.



**‘Therapeutic farming is more than just a nice thing to do. Done right, it is occupationally focused, encourages skills development and social integration, and has more profound impact than allowing the participant to just “be” in nature’**

Left Mural San Francisco city centre;  
Above Sign at Hidden Villa, Los Altos



# INTRODUCTION & APPROACH

## Background to project

### Local context: rural Cumbria

10 million (17%) of England's population live in areas that are defined as "rural"<sup>2</sup>. The Lake District, Cumbria, is one such area. Statistics on rural mental health are notoriously difficult to extrapolate or understand – rural parts of the country are so different to each other that they can't just be lumped together for analysis. The common misconception is that because rural areas generally tend to be more affluent, then poor health and social deprivation are less prevalent. However, due to a number of reasons, not least the changing population patterns, limited access to health and related services, and lack of community support, it's clear that social isolation in rural Cumbria – a vast, sparsely populated area – is an escalating problem.

The social isolation of farmers in rural areas has grown in recent decades. Younger generations have had little option but to move away from the farm to find paid work, with income becoming so uncertain that one farm is often unable to support more than one family. The years of financial and regulatory uncertainty around Brexit, coupled with the impact of severe weather, have meant that the resilience needed to overcome uncertainty has been tested for a considerable length of time. This has led to a sharp spike in mental ill health and farmer suicides. Coupled with



the challenges of work-life balance, a culture of self-reliance and situations where seeking additional labour are unfeasible or unaffordable, there are many barriers to seeking support. The Office for National Statistics reported that between 2011-2015, one agricultural worker per week, in the UK, takes their own life – twice as high as the national average<sup>3</sup>. Of course, having access to, or knowledge of, a method of suicide (as farmers do) increases risk. In the case of rural Cumbria, when agricultural workers are encouraged or finally decide to seek out mental health support, the first thing they will face is an already overburdened system.

The **Lancashire Urgent Care Mental Health Pathway Review** reported in May 2019 that the area had “experi-

**‘In the case of rural Cumbria, when agricultural workers are encouraged or finally decide to seek out mental health support, the first thing they will face is an already overburdened system’**

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/775109/01\\_Statistical\\_Digest\\_of\\_Rural\\_England\\_2019\\_January\\_edition.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/775109/01_Statistical_Digest_of_Rural_England_2019_January_edition.pdf)

<sup>3</sup> Suicide by occupation: England – 2011-2015. Analysis of deaths from suicide in different occupational groups, for people aged 20 to 64 years, based on deaths registered in England between 2011 and 2015

Left Cows at Ragnhild Liabø Fjeldstad's Farm, at More Og Romsda, Norway

Opposite Group activity at Alemany Community Farm, San Francisco



<sup>4</sup> <https://www.morecambebayccg.nhs.uk/news-and-events-2/348-new-plans-announced-for-mental-health-services-in-south-cumbria>

<sup>5</sup> Lancashire Urgent Mental Health Pathway Review: Final Report and Recommendations (May 2019)

<sup>6</sup> Torjesen, I. (2016) Social Prescribing could help alleviate pressure on GPs. *BMJ*, 352:i1436

<sup>7</sup> Polley, M. et al. (2017), A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications. London: University of Westminster

<sup>8</sup> (Hartig et al., 2003; de Vries et al., 2003; Grahn & Stigsdotter, 2003; Ottosson & Grahn, 2005; Berman et al., 2008; Maas et al., 2009; Weinstein et al., 2009 van den Berg et al., 2010; Nisbet & Zelenski, 2011; Ward-Thompson et al., 2012; White et al., 2013; Bragg, 2014; Alcock et al., 2014)

Above, right and opposite Recovery through activity at Growing Well

enced a rising tide of demand and operational pressures over the last year”. The Morecambe Bay Clinical Commissioning Group, which covers South Cumbria and North Lancashire, has a population of around 300,000, with latest figures showing 12% (or 36,000) of the GP-registered population experiencing mental health problems, and incidence of non-psychotic (depression, anxiety, etc) or organic conditions (such as dementia) in the upper quartile nationally. At the same time, the review reported a “postcode lottery” of care inequalities across Lancashire and South Cumbria. Staff revealed a culture of blame, defensive practice and “bouncing referrals back and forth between services”.

For service users, this has meant years of distressing interactions, uncertainty and unacceptable waiting times before help is received. Between April 2018 and February 2019 it reported that many people in the South Cumbria and North Lancashire area were waiting for in advance of 25 weeks for a face-to-face appointment with a professional from the Community Mental Health Team. The impact of this on local ambulance and police services, and the local voluntary and charity organisations, has been significant.

By October 2019, the Cumbria Partnership Foundation Trust transferred all adult mental health services over to the Lancashire Care Foundation Trust (LCFT). Whilst this promises “a renewed focus on improving mental health services in South Cumbria and taking the next steps towards integrated physical, mental and social care services across the Bay”<sup>4</sup>, we know that there are already “significant public and professional concerns about the resilience of the system”<sup>5</sup>.

One opportunity that has gained traction in cities and



other parts of the UK, but not yet in Cumbria, is the formal use of “social prescribing”. This is a mechanism whereby healthcare professionals refer patients to charities and voluntary groups that offer activity or support to suit their specific mental health (and other) needs, and can significantly reduce demand on stretched primary care services. It is estimated that in the UK, 20% of patients consult their GPs for what is essentially a social problem<sup>6</sup>. An evidence summary published by the University of Westminster suggests that where an individual has support through social prescribing, their GP consultations reduce by an average of 28% and A&E attendances by 24%<sup>7</sup>.

Therapeutic farming is one activity that could provide a wonderful social prescribing opportunity for people in Cumbria, for a multitude of reasons:

- Relieving some of the pressure on NHS mental health services by referring outside of the NHS to community organisations
- Presenting the farming sector with diversification





opportunities to bring in more income: providing facilities for therapeutic farming

- Engagement with “traditional” forms of mental health care, especially talking therapies, is known to be problematic, with a high level of unattended appointments, failure to follow advice, and general dissatisfaction. For some people it just “does not make sense or feel helpful”. The provision of care in a more culturally familiar and appropriate setting will facilitate engagement for some participants – although there is no expectation of a one-size-fits-all prescription.
- Tackling farmer mental health by engaging them in entrepreneurial discussion about mental health
- Capitalising on The Lake District’s World Heritage Site status for our cultural landscape, which supports an evolving system of farming and land use that has shaped (and continues to shape) our beautiful Lake District. All 2,400km<sup>2</sup> of it.
- Backing it all up with significant proof of the benefits of being in nature to mental health.<sup>8</sup>

It feels like the perfect storm...

At present in Cumbria, Growing Well, a mental health charity based on an organic farm just outside of Kendal, helps up to 80 people a week to recover from mental ill health through vocational, horticultural activity, and a mix of accredited training, activity and support. Referrals of participants into Growing Well by healthcare professionals is strong (80% are referred in by the NHS) but as yet, no personal budgets follow and the

charity has to self-fund all activity (£300k+ per year). The charity is well known and endorsed by local commissioners/NHS senior leaders, but the aforementioned challenges faced across the Trust means that NHS budgets to support the work of charities and voluntary groups are not an imminent likelihood.

At the time of writing, posts for Social Prescribing Link Workers in Cumbria and North Lancashire were being advertised. These positions have been facilitated nationally to respond to a place-based, person-centred approach to patient needs. Link workers will communicate between NHS services and community groups/charities, sparking an active dialogue between services and a bespoke approach to each patient’s pathway of care. However, this approach does not solve the financial problem faced by the local charities, who – due to an overburdened NHS mental health provision – are full themselves. For these organisations, more referrals equal more cost (for Growing Well, this is around £70 per participant per day). Moreover, the possibility of an increase in referrals as a result of the Link Worker is a concern, as many local charities and groups are almost at breaking point themselves. In the case of Growing Well, the referral mechanism is already established and the service is almost full – but the funds do not automatically follow.

So why the Fellowship, and why Norway and California?

### Norway

Norway is a wealthy country with a rural population of 17.75%, which represents a similar distribution of population to the UK (19%)<sup>9</sup>. However, compared with a UK population of almost 68 million<sup>10</sup>, Norway has just 5,378,000



**‘The possibility of an increase in referrals as a result of the Link Worker is a concern, as many local charities and groups are almost at breaking point themselves’**

<sup>9</sup> <https://tradingeconomics.com/norway/rural-population-percent-of-total-population-wb-data.html>

<sup>10</sup> <http://worldpopulationreview.com/countries/united-kingdom-population/>

Above A participant at Growing Well  
Opposite A Lake District farm



**‘The Inn På Tunet network of 400 farms in Norway offers family farms the opportunity to access municipality funding for the delivery of care farming at whatever scale they could manage’**

**Above** Ragnhild Liabø Fjeldstad, Inn På Tunet farmer with Mary Houston at Ragnhild’s Farm, More Og Romsda

**Right** The view from Ragnhild’s farmhouse

**Opposite** Volunteer with children at Øverland Andelslandbruk Community Supported Agriculture Farm, Oslo

inhabitants. Like the UK, national health care for all was developed as part of the post-war welfare state. Over 10% of the country’s GDP goes to health spending (9.6% in the UK, although per capita, this a much lower spend per head than Norway). However, in the under-49 category, suicide and drug overdose rates are the highest of any of the Nordic countries. Anxiety and depression are two of the main causes of poor health in the country.

Agriculture in Norway accounts for only 2% of GDP, and only 3% of its land is farmed, which is understandable due to its cold climate and mountainous terrain. In terms of agricultural products, there are very few meat imports but fruit, vegetables and grains are all imported. Norway is not a member of the EU but is part of the EEA (European Economic Area). As such, it was of interest to me in light of our imminent departure from the EU, to learn how a country could maintain a strong agricultural economy and free trading, and how farmers in the country found this arrangement.

One strong case study of how health and agricultural sectors in Norway convene, is **Inn På Tunet**. Translated as “In the Courtyard”, Inn På Tunet is a network of 400 farms that are quality-accredited via Matmerk (the Norwegian Agricultural Quality System and Food Branding Foundation) to deliver social care and vocational activity for the benefit of people’s mental health, amongst other challenges. Whilst other networks of “green care” exist across Europe, I was particularly interested in the level of involvement/promotion offered by the Department of Agriculture/Norges Bondelag (National Farmers Union)



in the running of this nationwide network. The scheme offers family farms the opportunity to access municipality funding for the delivery of care farming at whatever scale they could manage. It also empowers farmers to diversify and use their entrepreneurial skills to tackle local issues and receive compensation for doing so. Desk research led me to believe that this was a fairly embedded initiative, which farmers felt they had considerable ownership of/input into. It struck me that their willingness to use their farm businesses in this way, and confront the issue of mental health (amongst other health issues), was a great example of best practice for sharing with the agricultural sector in the UK.

I also attended the **European Society for Rural Sociology Congress 2019** in Trondheim, attended by over 400 rural researchers, policymakers and heads of industry. The focus of the congress was rural futures, with a key focus on innovation, social justice and rural restructuring. As part of the experience I took part in a working group entitled “Social Farming and Social Innovation as a Driver of Transformations and Changes in Rural Areas”, which brought to-







gether researchers and actors in social farming from all over Europe. In just one morning, this gave me the opportunity to hear case studies about the integration and development of therapeutic farming in many different countries, which provided a wide perspective for any approach I might recommend on my return to the UK.

### California

My trip to California was based less around the rural, and was more focused on how this liberal, inclusive and entrepreneurial state had embraced the creation of alternative structures of social provision – partly out of necessity, but also through a vibrancy of spirit and creativity symbolic of the San Francisco Bay Area in particular.

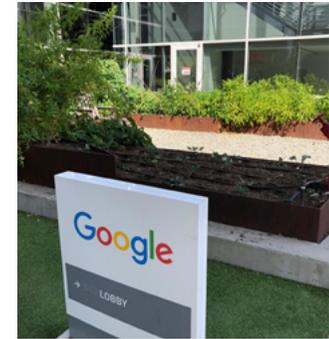
The US operates on a private healthcare system, with a federal and state-funded program called Medicaid, which was designed as a “safety net” to assist the lowest income members of society by contributing to their medical costs. In the early 1980s the Reagan administration made a whopping 25% budget cut to the Department of Health and

Human Services. Some 70% of budget savings (\$25bn) were made in programs affecting the poor. Six hundred thousand people (mostly the “working poor”) lost their right to Medicaid. Forty years later and California, the third most populous state in the US, is still suffering the effects of these cuts, which led to a huge deinstitutionalisation at the level of health and social care, and a resultant homeless crisis.

I researched many philanthropically driven mental health organisations and social farms in the area that work independently, in many cases, to tackle social issues at grassroots level. Marginal communities benefiting from these interventions included ex-incarcerated men from the notorious San Quentin State Prison; child victims of domestic and sexual abuse; homeless pregnant women; dementia sufferers; people with eating disorders, and others.

With the backdrop of a local mental health service in crisis and the increasing threat of further privatisation of the NHS in the UK, I wanted to understand the sources of (and motivations for) mental health provision in California. In the absence of a national health service, perhaps Californian therapeutic farming concepts, business models and major donor relationships would inspire a more independently sustainable approach in the UK. Furthermore, I hoped to see examples of vulnerable people receiving effective social care and farmers being paid to facilitate it, simultaneously.

Finally, I was drawn in by the progressive approach to community-supported and endorsed farming, and the many examples of people’s direct connection to food production, from **Google HQ** in Silicon Valley to the concept of the “**agri-hood**” in Davis. Farming is being used here in many ways to attract and garner the support of many dif-



**‘My trip to California was based less around the rural, and was more focused on how this liberal, inclusive and entrepreneurial state had embraced the creation of alternative structures of social provision’**

**Above** Organic veg growing outside of Google HQ, Mountain View, California

**Left** Alemany garden looking over to houses

**Opposite** An isolated hilltop farm in the Geraingerfjord area of Norway



**‘I was drawn in by the progressive approach to community-supported and endorsed farming, and many examples of people’s direct connection to food production, from Google HQ in Silicon Valley to the concept of the “agri-hood” in Davis’**

<sup>11</sup> (Hassink, 2003; Haubenhofer et al., 2010; Care Farming UK, 2015)

<sup>12</sup> NHS England (2016) General Practice Forward View

Above Gardens at Google HQ

ferent demographics – and it’s working. The wider societal benefits of this kind of activity are of value to all, not just those who are ill.

It is important to make the distinction between commissioned (or alternatively funded) interventions for specific social health challenges and public health initiatives for the general population, especially in the context of this report. However, it is clear that farms can respond to both of these needs and should do, in the UK, in order to see the greatest benefit, financially and societally.

In both countries, and at the ESRS Congress, I hoped to find new and robust methods for evaluating the impact of therapeutic farming, as this is one standard that is lacking in consistency and rigour in the UK.

### **Aims and objectives**

The aims of my Churchill Fellowship, and of this report, are clear:

- Reveal the inequity of provision of adult mental health care in rural areas of the UK, with a personal focus on Cumbria
- Ignite discussion around rural entrepreneurialism in therapeutic farming:
  - *To generate income for rural farms, either as public health initiatives for the general population OR as targeted therapeutic services*
  - *To respond to a societal need for community mental health initiatives*
- Appeal for (and collaborate on) the creation of robust evaluation methods for therapeutic farming so that its purpose is defined, its impact irrefutable and its

case compelling to commissioners, local government and private donors alike.

### **Purpose of the report**

The purpose of the report is to:

- Appeal to, unite and catalyse stakeholders across the UK in the thematic area of therapeutic farming for mental health recovery
- Petition academics to substantiate the need for robust research and evaluation of therapeutic farming
- Attract the funding of therapeutic farming research/evaluation and create information toolkits for commissioners, healthcare professionals and prospective therapeutic farmers
- Call on health and social farming stakeholders at a national level to ensure that, as social prescribing gains traction within our health service, no rural community is left behind and only proven effective services are commissioned
- Encourage agricultural leaders to consider and promote the economic (and socio-economic) benefits of social farming diversifications

### **Approach**

**Phase 1 (UK)** Desk research/interviews/service evaluation at Growing Well

**Phase 2 (Travel)** Norway: desk research/semi-structured interviews/ESRS conference attendance.

California: desk research/semi-structured interviews

**Phase 3 (UK)** Synthesis: ideas/models/findings and recommendations

## Key terminology

### **Green Care; Nature-based Interventions**

Nature-based therapy or treatment interventions – specifically designed, structured and facilitated for individuals with a defined need.

### **Social Farming; Care Farming; Therapeutic Farming**

The therapeutic use of agricultural landscapes and farming practices”<sup>11</sup> providing health, social or educational care through a supervised, structured programme of farming activities

### **Horticultural therapy**

The engagement of a person in gardening and plant-based activities, facilitated by a trained therapist, to achieve specific therapeutic treatment goals.

### **Social and therapeutic horticulture**

Using gardening or plants to help people develop their wellbeing

### **Social prescribing**

A way of expanding the range of non-medical options that could be available to healthcare professionals when a person has needs that are related to socioeconomic and psychosocial issues.

Social prescribing is listed as one of the 10 high-impact actions in the General Practice Forward View.<sup>12</sup>

Social prescribing is an opportunity to implement a sustained structural change to how a person moves between professional sectors and into their community.

### **Personal budget**

A personal budget is an amount of money allocated to an individual by their local council (and other funding sources) following an assessment of their care and support needs. It is a statement of the amount of money needed to cover their eligible social care needs.

### **Social impact**

A significant, positive change that addresses a pressing social challenge. Creating social impact is the result of a deliberate set of activities with a goal matching this definition.

### **Social return on investment**

Social return on investment (SROI) is a principles-based method for measuring extra-financial value (such as environmental or social value not currently reflected or involved in conventional financial accounts).

It can be used by any entity to evaluate impact on stakeholders, identify ways to improve performance, and enhance the performance of investments.

### **Social enterprise**

A social enterprise is an organisation that applies commercial strategies to maximise improvements in financial, social and environmental well-being—this may include maximising social impact alongside profits for co-owners.

### **Intervention; Initiative; Scheme; Project; Program(me)**

In the context of this report, these terms all refer to the different types

## Key terminology (continued)

of therapeutic farming activities that are available for people to benefit from.

### **Client; Patient; Service User; Participant; Volunteer**

For the purpose of this report, these terms all refer to the people who access the therapeutic farming (and other) activities discussed. My preference is to use the term “participant”.

### **Mental health recovery**

From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.

### **Evidence-based practice**

An evidence-based practice is any practice that relies on scientific evidence for guidance and decision-making. Practices that are not evidence-based may rely on tradition, intuition, or other unproven methods.

### **Randomised controlled trials**

A study in which a number of similar people are randomly assigned to two (or more) groups to test a specific drug, treatment or other intervention. One group (the experimental group) has the intervention being tested, the other (the comparison or control group) has an alternative intervention, a dummy intervention (placebo) or no intervention at all. The groups are followed up to see how effective the experimental inter-

vention was. Outcomes are measured at specific times and any difference in response between the groups is assessed statistically. This method is also used to reduce bias.

### **Systematic review**

Systematic reviews are a type of literature review that uses systematic methods to collect secondary data, critically appraise research studies, and synthesise findings qualitatively or quantitatively.

### **Social isolation**

Social isolation is a state of complete or near-complete lack of contact between an individual and society. It differs from loneliness, which reflects temporary and involuntary lack of contact with other humans in the world.

### **Psychosocial**

The psychosocial approach looks at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function

### **Upstream investment**

Upstream investments are interventions aimed at the root causes of a population health problem or benefit. Root causes are often identified by determining the most immediate and direct causes, and working backwards from there. In many cases, upstream action addresses social, economic and environmental conditions.





# FINDINGS

## Substantiation

Therapeutic farming, the world over, is not formally prescribed in its own right. It is part of a broad menu of community-based social care that allows people to personalise their own support and recovery, according to their needs and interests. Along with other community interventions such as art therapy, cookery classes or walking groups, therapeutic farming can be taken up – or rejected – by service users, commissioners and local municipalities alike.

In many cases, such as here in Cumbria, even if a GP or healthcare professional makes a social prescription (or recommends a non-clinical approach to a patient's mental health recovery):

- Targeted, evidence-based activities are presented alongside more generic, “nice to do” options that are not structured or evaluated, undermining the credibility of activities such as therapeutic farming
- The options (and their credibility) differ from area to area
- It is not necessarily followed with a budget to support the activity

In social prescribing schemes across the UK, it is often at the discretion of the local commissioner or local authority

to choose which community-based initiatives, charities and voluntary organisations to endorse (formally and with funding), and how/whether to evaluate their efficacy. It is this informality and inequality that I seek to address, so that:

- Evidence of need (and relevance) for specific services in specific communities can be better understood
- Legitimate and effective activities for mental health recovery are not categorised alongside generic/unevidenced options
- Only these activities are commissioned/funded
- A consistency of service (quality and presence) will be offered to patients

### Service selection and evidence of need

*Therapeutic farming is still an emerging “prescription” when considered against established clinical pathways of care and its commissioning is ad hoc in many countries. It must prove that it can address, directly and effectively, a social need.*

In Norway, I found that social farming is categorised, and social prescriptions and referrals are made, in much the same way as the UK. It is at the discretion of the municipality as to whether a particular region will consider (or fund) therapeutic farming as a service or not.

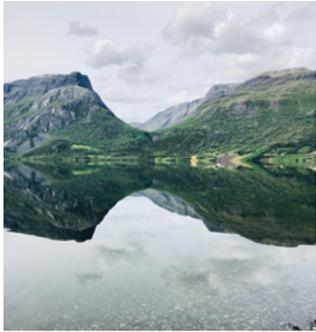


**‘Targeted, evidence-based activities are presented alongside more generic, “nice to do” options that are not structured or evaluated, undermining the credibility of activities such as therapeutic farming’**

Above Animals at Forget-Me-Not Farm, Santa Rosa

Opposite Participants at Growing Well in Cumbria

Page 27 Vegetables at Healdsburg Organic Farmer's Market, Sonoma County



**‘The qualifications of the farmer (or farm staff) to deliver social care using endorsed professional practices, plus any proof of the efficacy of its proposed service, does not appear to feature as an obligatory sign-up requirement’**

<sup>13</sup> ACEs: Adverse Childhood Experiences Study [https://en.wikipedia.org/wiki/Adverse\\_Childhood\\_Experiences\\_Study](https://en.wikipedia.org/wiki/Adverse_Childhood_Experiences_Study)

**Above** Rural Norway

**Right** Ragnhild Liabø Fjeldstad on her Inn På Tunet-accredited farm

Green care in Norway is defined by the most established network of 400 social farms, Inn På Tunet, as: “Individually adapted and quality-assured welfare services on farms”. The Inn På Tunet accredited farms have a regional (farmer-owned) network that uses the national network’s umbrella branding and marketing material to pitch its services to local municipalities. These local governments, in turn, decide if the service is relevant to their area or, put simply, needed by their communities (ahead of other community social care options).

The national network and existence of accreditation suggests a degree of professionalism and robustness, however, the quality assurance criteria for any prospective new farm entering this network is focussed primarily on its health and safety credentials.

The qualifications of the farmer (or farm staff) to deliver social care using endorsed professional practices, plus any proof of the efficacy of its proposed service, does not appear to feature as an obligatory sign-up requirement, although Inn På Tunet’s regulator, Matmerk, does acknowledge that “quality assurance is built on a clear division of roles and responsibilities” and “quality of services is documented based on criteria based in law, regulations and professional practices for the service in question”.

However, the motivating factor for endorsing the service is very clear, and is not driven by the social need for therapeutic farms, rather, the economic benefit of the farmers: [Inn På Tunet’s] goal is to “ensure the members’ economic interest, [and] get the best possible financial result from their production of welfare services”.

Nonetheless, it’s clear that this network of farms is of



high value to individuals, communities and farms alike. In Vågland, in the More og Romsdal region of Norway, I met Ragnhild Liabø Fjeldstad on her Inn På Tunet-accredited farm, to learn about her work with residents from the local mental health institution, and her earlier work as a psychiatric nurse. **[VIDEO]**

In California, evidence of rigorous service selection was highlighted to me through **UPstream Investments**, Sonoma County: “A Policy Initiative chartered by the Sonoma County Board of Supervisors to advance evidence-informed prevention-focused practices across the County”. UPstream’s work is in the areas of educational attainment, health equity and economic wellness.

**Forget-Me-Not Farm’s** work with children who were victim to, or at risk of Adverse Childhood Experiences (ACEs) was centred around the decades of research that has shown that ACEs are a root cause of disease <sup>13</sup>. Forget-Me-

Not, in Santa Rosa, had demonstrated its understanding of a key population health problem and the need to tackle its risks (and cost) by creating an early childhood intervention.

When I met Carol and Nate, the owners of Forget-Me-Not, one focus was to become endorsed by UPstream with their bid to prove that Forget-Me-Not recognises the direct cause of a major public health problem and, in response, has developed a program of understanding, support, inclusion, connection and growth that are the clinically identified<sup>14</sup> building blocks of resilience and prevention.

Furthermore, through its work in an agricultural farm setting, it has devised a program of tangible activity that mirrors all of these needs.

All UPstream-endorsed programs guarantee a solid foundation in research and continual evaluation. Not only does this ensure the efficacy of accredited services, it also attracts funders who are looking to make genuinely relevant, impactful investments. Public healthcare may not exist in the US but this degree of rigour in relation to local service selection means that (however the activities are funded) there is a guaranteed area need for them, and that they work.

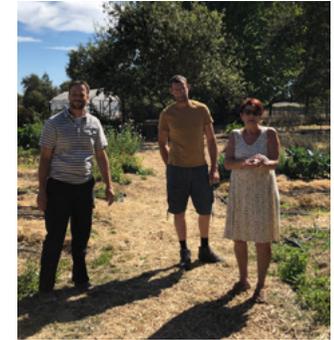
Here in Cumbria, Growing Well addresses the social need for an “overspill” of NHS patients who are struggling to gain fast access to primary and secondary care. If this were ever to change, and statutory services were no longer oversubscribed, Growing Well might have to justify why it was still needed. Whilst we (those who work there) can see the noticeable benefits to mental health that recovery through farm-based activity brings, this is where credible evidence of its efficacy is essential...

**There is little evidence of continual, credible, meaningful or sustainable impact evaluation in therapeutic farming for mental health recovery and no agreed standard with which to evaluate. This needs to change. The only way that this practice will gain enough credibility to be financially justified (by statutory or private funders) is if its impact is clearly understood and the evidence for it is unrefuted.**

A 2016 literature review<sup>15</sup> of the mixed research on the impact of therapeutic farming on mental health, has concluded the following benefits:

- Psychological restoration and increased general mental wellbeing
- Reduction in depression, anxiety and stress related symptoms
- Improvement in dementia-related symptoms
- Improved self-esteem, confidence and mood
- Increased attentional capacity and cognition
- Improved happiness, satisfaction and quality of life
- Sense of peace, calm or relaxation
- Feelings of safety and security
- Increased social contact, inclusion and sense of belonging
- Increase in work skills, meaningful activity and personal achievement

However, the credibility of therapeutic farming is bounded by a need for individuals, groups, schemes and organisations to demonstrate the impact that they have on their client groups by using standardised evaluation metrics, addressing a number of benefits, including (but not



**‘All UPstream-programs guarantee a solid foundation in research and continual evaluation, attracting funders who are looking to make genuinely relevant, impactful investments’**

<sup>14</sup> Srivastav, A., Stropolis, M., Moseley, A., & Daniels, K. (2019). The Empower Action Model: A Framework for Preventing Adverse Childhood Experiences by Promoting Health, Equity, and Well-Being Across the Life Span. Health Promotion Practice. <https://doi.org/10.1177/1524839919889355>

<sup>15</sup> Bragg, R., Atkins, G. 2016. A review of nature-based interventions for mental health care. Natural England Commissioned Reports, Number204.

**Above** Nate Rathman, Alec Smith and Carol Rathman at Forget-Me-Not Farm, Santa Rosa



**‘At Cordilleras Mental Health Center in Redwood City there was probably the most robust case study of accredited practice and record keeping that I saw during my research trips’**

<sup>16</sup> The GAD-7 is useful in primary care and mental health settings as a screening tool and symptom severity measure for the four most common anxiety disorders (Generalised Anxiety Disorder, Panic Disorder, Social Phobia and Post-Traumatic Stress Disorder)

**Above** Food production garden at Cordilleras Mental Health Center, Redwood City, California

**Opposite** Map of site and feeding tasks at Forget-Me-Not Farm, Santa Rosa

limited to):

- Health benefits to the participants (in the case of my interest, mental health recovery)
- Value for money (for example, cost of a day service versus other services, qualifications gained, number of participants)
- Social Return On Investment (locally/regionally/nationally/globally)
- Productivity ([on farms:] crop yield, volume and value)

The approach and delivery of the many projects I visited varied greatly according to their location, constitution, funding and client group and I felt that this was a great asset to green care in terms of the inclusive, broad church it had become and was able to be.

However, perhaps the most concerning, general discovery was the insufficient, inconsistent evaluation of the therapeutic farming services being delivered. Programmes of work were not guaranteed to be formally structured, even in countries such as The Netherlands, Poland and Norway, where umbrella schemes gave the impression of a particular approach. Standardised, clinical markers of health improvement (for example a mental health questionnaire) were sometimes used, sometimes not. Even across the therapeutic farms in the UK, some use basic GAD-7 <sup>16</sup> patient review surveys, others have created their own participant health reviews, some gather only anecdotal evidence and a lot of venues do not collect any evidence whatsoever.

At the **Cordilleras Mental Health Center** in Redwood City, California, I met with accredited Horticultural Ther-

apist, Suzanne Redell, and Master Gardener, Green Man, who have created a food production garden in the grounds of the facility, which provides privately funded residential mental health care. This was probably the most robust case study of accredited practice and record keeping that I saw during my research trips. The Executive Director of the Center and Suzanne’s professional regulators, The American Horticultural Therapy Association (AHTA), both require a certain level of evaluation to be performed in order to justify the efficacy (and therefore funding) of the service. Working one-to-one and in groups with inpatients, the two must submit weekly documentation to be reviewed and approved by social workers on site, and assessors at the AHTA.

It seemed, though, that these were not assessments compiled or analysed in the direct context of working together in the horticultural surroundings. The documentation suggested to me to log only a patient’s attendance, activities performed, any disclosures made and the status of their current mental health. I was not shown any evidence of impact of specific interventions, nor do I believe that this was what the regulators were requesting.

It seems impossible for therapeutic farming for mental health to gain any further credibility beyond the generic, “mental health benefits of nature” evidence base, until some serious commitment to – and investment in – a robust evaluation approach is made.

In order to do this, there would have to be at least some uniformity of practice/approach. Horticultural Therapy is a recognised and accredited practice, and in the US I saw how highly regarded and wide-reaching the AHTA network is. Still, the discipline is interpreted and practiced in many

# BARN

## A.M. MEDS

give only if asked ↓↓↓

Reno - 1 (57 mg) Previcox in A.M.  
Pre-cut quarter in bottle

Buddy - 1 mg tablet Prascend + 2 (57 mg) Previcox + 2 tablets of Isoxsuprine

Walker - In A.M.; -1 scoop VitaGuine w/

-1 large Scoop COB -1 scoop of ice grain in slow feeder

P.M. MEDS  
Buddy - 2 tablets of Isoxsuprine

Chickens  
- 6 scoops of chicken crumble in hanging feeder in coop

\*check + clean water  
- pull food into feed room at night

Ducks + Rooster  
- fresh water + a bowl of brown chicken crumble = 1 scoop

Amber - Chick  
chicken crumble & fresh water

## Alpacas

- 1 alpaca scoop of llama pellets each  
- 1 Flake of grass hay

Tickles + Ronny + Maverick (goats)  
- Flake grass hay (1 flake total)

Sheep: Sandy + Jerry  
- 1/2 flake grass hay each (1 Flake total)

Frida + Evita (Lamas)  
- 1/2 flake grass hay each  
- 1/2 scoop llama pellets each

FEED ROOM

Buddy (Horse)  
- 3 scoops sr. horse  
- 2 scoops alfalfa pellets  
- 2 scoops stable mix  
Add hot water, turn to mush

Carmen (mini Donkey)  
Starburst (mini Horse)  
- 1/4 flake grass hay each

Luna (Full size donkey)  
Walker (mammoth donkey)  
- 1/4 flake for Luna  
- 1 flake for Walker  
- separate them at night

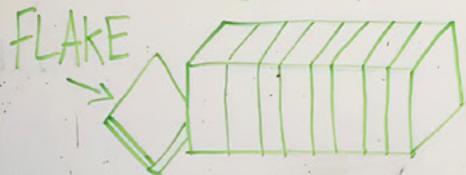
Reno (Horse)  
- 1 1/2 flake grass hay

Boots / FRIDGE

OFFICE

Y  
A  
M  
W  
A  
L  
K  
M  
A  
M

## BALE



REGULAR SCOOP



PIG SCOOP



Van Gogh (pig)  
- 1 1/2 scoop mini pig pellets  
Check Water

Wilbur (pig)  
1/2 scoop mini pig pellets  
Check Water



**‘There has to be a justified need for a service in any given area. There has to be a point’**

different settings, in many different ways. Additionally, my concern is that Horticultural Therapy in its isolation excludes the benefits of any agricultural interventions, which have proven (albeit anecdotally) to offer the same benefits to participants. In areas of the UK where the weather deems horticulture unviable, therapeutic agriculture is potentially the only offer.

In the UK, I believe that a systematic review of all of the existing evidence for the benefits to mental health of all farming (agricultural and horticultural) must be performed, and the specificity of this evidence highlighted. To further this, I think that the next step, in terms of drilling down to the specific benefits, needs to be evaluated through Randomised Controlled Trials over a significant period of time. Going forward, a standardisation of evaluation metrics for specific therapeutic farming interventions, such as mental health, needs to be achieved. This will ensure that new entrants to the sector will understand better how to introduce effective interventions and continually evaluate them.

In turn, this will improve the quality of therapeutic farming across the board, making it more commissionable, fundable and – most importantly – as effective as it can be. Value for money and Social Return On Investment are less relevant or valid evaluations to perform until a proven, effective service for participants is confirmed.

### **Sustainability**

***An effective business model for a therapeutic farm (or similar concept) is essential to its success***

A 2018 research paper in the International Journal of

Integrated Care investigated the challenges surrounding the provision of social care by farmers and social entrepreneurs.<sup>17</sup> It identified a number of general and specific challenges facing those wishing or trying to establish, or maintain, nature-based day services in [urban] locations. It studies various initiatives, settings and client groups but also analyses the motivations, commitment, experience and competencies of the stakeholders involved.

Many of the observations and findings within this research were apparent to me as I visited therapeutic farms across the world and served to crystallise my understanding of what a good, futureproof therapeutic farm might need to consider.

Of all of the findings in this research, this felt the closest to the most salient conclusion I made, as a result of mine: “all initiators, irrespective of their background, stressed that entrepreneurial behaviour is a key factor...it involved networking, being creative, having guts, taking risks, strong motivation and perseverance”.<sup>18</sup>

Other, essential factors, as explored during my trips, and in the research of Hassink et al., were apparent in many places:

### **What’s the point?**

As we’ve discussed above, there has to be a justified need for a service in any given area. There has to be a point. In the case of therapeutic farming the priority could be one – or a few – of many points, according to the initiator’s motivation(s):

- Financial underpinning of farm through diversification
- Community-based social care for mental ill health

<sup>17</sup> “Co-designing green social care services: Farmers and social entrepreneurs as new social care providers for vulnerable populations” (Hassink, J., Biust, Y., de Bruin, S., Vaandrager, L., 2018): International Journal of Integrated Care (October 2018)

<sup>18</sup> Ibid

Above Sheep on a Lake District farm

because the system is “broken”

- Effective mental health recovery through activity on farms
- Etc...

In some of the places I visited, I couldn't help but feel that the point had changed or been lost, not through the fault of the facilitators, in most cases.

At Cordilleras, The Senior Center and The Homeless Prenatal Program, as well as at the Insight Garden Program, San Quentin Prison, participants (due to federal law) were not allowed to eat the produce they had nurtured and harvested, due to risk of contamination. To me, this was the most preposterous outcome, because my understanding is that reaping the rewards of the growing and nurturing process is all part of the therapeutic journey. This was a sad but unavoidable rule that the practitioners I met at these facilities had to stand by, by law.

Similarly, it's always really important to remember what the intervention is trying to achieve. Hassink et al. discuss the dichotomy between the dementia interventions that either create a space with risk prevention in mind (usually involving professional care), or freedom (ie. making the outside environment as normal as possible) <sup>19</sup>.

Therapeutic farming for mental health is built on occupationally focused principles. Creating a beautiful space for just “being” is likely to yield very different results to going to a farm and “doing”.

Likewise, unstructured volunteering opportunities such as becoming a member of a Community Supported Agriculture (CSA) scheme can likely contribute to mental and

physical wellbeing, but farming with the addition of support from an occupational (or e.g. horticultural) therapist is likely to be more targeted and meaningful.

This doesn't negate the importance of CSAs but the target audiences and the level of their need at each individual organisation must be accounted for, made explicit and met safely.

### **Location, location, location**

Whilst establishing a need for a social farm or similar intervention, as discussed above, is one challenge, so is finding the availability and quality of space. This is, for obvious reasons, easier to do in rural areas, which is why I am so convinced that our rural landscapes hold such great potential for this work.

**Just outside of Davis, California, one entrepreneurial farming initiative I visited had fallen at the first hurdle when the land identified, purchased and developed for horticultural use turned out to be contaminated and infertile. A visionary developer had seen a plot of land being turned over to major residential development in an area notoriously difficult to achieve planning permission. The premise that sold it? An “agri-hood”.**

This amazing concept of a neighbourhood built around a six-acre farm, producing year-round organic fruit and vegetables for its residents, was one of the first of its kind. Tens of homes, valued at \$400,000 and upwards, were sold off-plan before the development even started. The city council was swayed by the business plan, which promised to deliver good health, positive environmental impact and



**‘Therapeutic farming for mental health is built on occupationally focused principles. Creating a beautiful space for just “being” is likely to yield very different results to going to a farm and “doing” ’**

<sup>19</sup> Ibid

Above Location, location, location – a fell gather at a hill farm in Cumbria



a pioneering residential opportunity, as well as abiding by state law to ensure a 300ft gap between the agricultural land next door and the developed land this would become once the houses were built.

“The Cannery” was named after what used to be there before – the largest tomato cannery in California. Sadly, after several decades under concrete, this previously flood-prone area had dried out, the soil had turned to clay and contained higher-than-average levels of boron. Developers dug out three feet of soil and replaced it, to no avail. By now, having been sold the dream, residents were moving into their new homes and could clearly see that the promised bounty of homegrown food was nowhere to be seen.

In 2016, **The Center for Land-Based Learning** was called in to assist with the farming of the land, using it as an “incubator farm” for two newly qualified students. There was some early success but by this time, the problems really started. The expectation of the farmers was to be able to carve a living from the produce grown on the farm, by selling it to the home owners. The expectation of the home owners was to harvest from the land anything that they desired, without payment.

At the time of my visit, three acres of the land had been turned over to cover crop on the recommendation of a consultant, to prepare the soil for horticultural use in three years’ time. Of the three acres left, a small plot of soft fruit was growing and both farmers had departed their posts, busy with paid work elsewhere and despondent as a result of thefts from their crops. A beautiful big barn lay empty – far bigger than the six acres would ever call for. Around the development, some large metal planters for residents

to grow vegetables in had been bought – presumably as an attempt to allay any further backlash.

Darran Joffe, an entrepreneur and consultant from the **Urban Land Institute**, was called in and made some swift conclusions: a farmer needed to be hired and paid for by the housing association and/or a CSA (Community Supported Agriculture) scheme should be set up to follow through with the concept of this farm being a community space. It remains to be seen how fruitful the land will be and this is the most valuable lesson to be remembered. Equally, six acres would never yield enough produce for 400 families, and this was never rationalised before the project was signed off.

However, one very valuable learning from this venture is the undeniable fact that 400 people didn’t just buy a home here – they rapidly and unquestioningly bought into a concept. Whilst US suburbia has long lost the food production initiative that boomed in years past, the interest generated by this concept could serve to shift a lot of developers’



**‘The expectation of the farmers was to be able to carve a living from the produce grown on the farm, by selling it to the home owners. The expectation of the home owners was to harvest from the land anything that they desired, without payment’**

**Above** Sri Sethuratnam, California Farm Academy Director, Center for Land-Based Learning, at The Cannery, Davis, California

**Left** The Cannery, Davis

**Opposite** Raised beds added at The Cannery an agri-hood in Davis



**‘I found that the principal driver of a successful therapeutic farming initiative tended to either be one entrepreneur, or one individual that was entrepreneurial enough to convince his/her current fund-holder to support such a project’**

Above Faryn-Beth Hart, horticultural lead at the 18th St Homeless Prenatal Center, San Francisco, with nursery staff

thinking. Whilst larger residential developers continue to yield a lot of power over policy and land use, this concept could be picked up, seen and used again. If it's done in areas where soil is fertile, this could be beneficial to developer, councils and home-owners alike.

### **Money, money, money**

The funding to kickstart non-standard social care models comes from a variety of sources. Sometimes, it begins with investment from a significant donor or entrepreneur, as seen in the example of The Cannery.

In Norway, Inn På TUNET was pump-primed with Department of Health and Department of Agriculture money, then the brand was rolled out for farmers to invest in and own. Also in Norway, I visited the **Øverland Andelslandbruk** CSA farm just outside of Oslo. It is sustained by over 100 investors, who tend the land for their own therapeutic (or other) enjoyment and pay into the cooperative in exchange for a share of the crops.

Some smaller interventions are funded as part of the a wider budget for a specific organisation or service, which may be made up of a mixture of income including government, grants and contributions. One such example is the rooftop garden I visited at the **Homeless Prenatal Center** in San Francisco, which is also home to a family planning clinic, housing support service, a crèche and a perinatal surgery, amongst other services.

One thing was clear: I did not come across a single therapeutic farming intervention that was not, in some way, reliant on private donors or grants. Many of these are established at a local level.

### **Commit or quit**

There was evidence, along the way, of initiatives that had started off with a huge amount of energy and drive but dwindled over time. In most cases, this was due to the primary facilitator moving on or burning out. I found that the principal driver of a successful therapeutic farming initiative tended to either be one entrepreneur, or one individual that was entrepreneurial enough to convince his/her current fund-holder to support such a project.

Green Man, in her other job at the **30th Street Senior Center** in San Francisco, maintains a third floor garden and practices horticultural therapy there, as a contractor to the Center, which is part of the wider “On Lok” group of senior care facilities. The garden is a beautiful place to be active or just be, but is absolutely unique in this area and has taken decades of care and skill to achieve. It has always been supported by the management and continues to be.

Back at **Cordilleras** there is a different story. Green and Suzanne report that a previous Chief Executive had seen much more merit in the food production garden there than their successor now does. Where once there was money, incentive and encouragement to drive the garden forward, there is still work going on here but it is very much optional for the in-patients. The supported employment opportunities have withered away over time and Suzanne and Green are not certain what the future will hold.

Likewise, at larger farms and projects, social farming is often reliant on volunteer assistance and it is not always guaranteed this assistance will be skilled, or long-term. All of the CSA schemes I visited (**Øverland Andelslandbruk**, the **Multinational Exchange for Sustainable Agriculture**

farm at El Sobrante, and the **Hidden Villa** in Los Altos) showed signs of a fluctuating input from a largely voluntary workforce.

Obviously, the level of staff commitment and progression will have a direct impact on users of the service, and its success as a whole, so this needs to be recognised and mitigated within any business planning.

### A good head for business

Fundraising to deliver social farming activities is a continual and inescapable task, as evidenced across many of the farms I visited, or their umbrella organisations. Sustainable agriculture and horticulture are one thing, sustained recovery from mental ill health is never a certainty, but sustainable income proves equally as challenging to achieve. Many services I have visited have had to adapt in order to survive, either because of cuts to statutory funding, a change in management, or evolution in market need.

Some, such as **Forget-Me-Not Farm**, evolve into a multifunctional space, which can welcome other client groups. For example, at discrete times of the week, Forget-Me-Not welcomes adults with learning disabilities to visit the animals and participate in farm tasks. Faryn at the **Homeless Prenatal Center** runs Horticultural Therapy workshops for groups of mothers living in poverty and groups of disadvantaged, nursery-aged children.

Both of these diversifications work and make sense because they fit within the same strategic frameworks of the organisations in question, but I am increasingly aware from my own experience in the UK that mission creep (especially when potential new funding is involved) is just as much of

a threat to the sustainability of an enterprise as its financial underpinning.

Perhaps one of the most robust organisations I encountered, regarding financial understanding and other matters of governance, was Forget-Me-Not Farm. Whilst all of the operational management of the farm is performed by mother-and-son duo Carol and Nate Rathman, their shrewd networking has led to the recruitment of a board of trustees who are very skilled in social care and local policy, and are also major donors themselves.

Carol noted that, as investors themselves, the board members were particularly interested in seeing robust outcome measures from the service, but she also felt confident that they could talk openly to potential new donors about the credibility of the service and the tangible impact their donation could have.

Governance is a major factor to consider in the establishment of what might otherwise be a very creative, socially entrepreneurial concept.

Perhaps less inspirational, but essential, is the framework upon which the organisation or project will sit and grow. Health and safety, risk, safeguarding, data sharing, consent, accountability and continuity are a few of a number of serious considerations that could spell the difference between being commissioned/funded, and not being.

As we saw with The Cannery, a lack of accountability set out by the developer led to a catastrophic failing of a project, which had a considerable negative impact on the farmer, the land and the home owners.

Governance should form part of the foundation of any therapeutic farming enterprise.



**‘Fundraising is a continual and inescapable task. Many services I have visited have had to adapt in order to survive, either because of cuts to statutory funding, a change in management, or evolution in market need’**

Above The entrance to the 18th St Homeless Prenatal Center, San Francisco



**‘If your farm claims to be of therapeutic benefit, you will need therapeutic expertise. Preferably accredited, if you wish to attract statutory funding or work within established regulatory frameworks’**

**Above** Horticultural Therapist Suzanne Redell in the food production garden at Cordilleras Mental Health Center

**Opposite** Faryn-Beth Hart in the balcony garden at the 18th Street Homeless Prenatal Program

### Skills before frills

We’ve already established that finance, fundraising and governance skills are key to the creation and sustainability of a social farm. But what about the actual work? As we’ve seen, above, a voluntary workforce is not a dependable one. Which other, core skills are needed to make a therapeutic farm concept work?

Before anything goes “live”, it’s really important to understand what the referral mechanism(s) for the social farm might be. As we know, in the UK, it’s largely up to the farm itself to drive awareness of its work and network to develop the support of commissioners, healthcare practitioners and other referrers.

In Norway, the national network holds the branding and marketing collateral for In På TUNET, the regional cooperatives attract the funding and sign up of the client groups and distribute these to the individual farms. The sole focus of the farmer is to deliver a relevant and safe service.

In cases such as Cordilleras, The 30th Street Senior Center and the Homeless Prenatal Program, the client group is already there. Recruitment is a big job in itself, so the ideal scenario is to get into the position where referrals are passed on to you. Even still, communications skills, including PR and marketing, are essential as part of this process and in describing the service, raising awareness, and attracting donors.

If your farm claims to be of therapeutic benefit, you (or someone, at least) will need therapeutic expertise. Preferably accredited, if you wish to attract statutory funding or work within established regulatory frameworks. The demand for the expertise of Suzanne Redell was clear to

me during my time in the Bay Area. She was a “gold dust” resource in terms of her professional Horticultural Therapy accreditation, and many Master Gardeners (and other budding horticulturalists) were keen for her endorsement and time. Further, recording and reporting on professional interventions is a great way to define the impact of a service. Most importantly, it’s more likely to ensure a long-term benefit to the participant(s).

Finally, if it’s on a farm, you need a farmer! If it’s a horticultural farm, you need a grower and preferably one that understands your chosen landscape and climate. In Norway, with the grassroots approach of using existing family farms as the conduit for social care, the connection to the land could not be stronger. This is the optimum approach. **Care-T-Farms** in Poland is rolling out the same concept presently. Some activity at **The Cannery** was sustained when incubator farmers were there but the land is now mostly fallow. Even the best ideas will fail without the right knowledge and practical skills.

### **A clear and compelling narrative**

In my experience at Growing Well, therapeutic farming is often confused with other services. “Are you a gardening club?” is one question that continues to grate on the staff, who believe our service to be so much more than this. As well as vocational activity and work experience, Growing Well offers professional support (Occupational Therapy) and accredited training (horticulture, catering and Occupational Life Skills Training).

At best, therapeutic farming is currently an option within a wider menu of vocational recovery mechanisms.





**‘Despite there being decades of work in, and global evidence of, the proliferation of green care across the world, the global terminology for therapeutic farming is varied and confusing, from country to country and within individual countries’**

<sup>20</sup> BRAGG, R., ATKINS, G. 2016. A review of nature-based interventions for mental health care. Natural England Commissioned Reports, Number204.

**Above** Participants at the 30th Street Senior Center taking a break from their task and resting in the shade of the garden

Against the sea of established, statutorily funded prescriptions, such as antidepressant medication, sedation, sick leave and talking therapies, it is still fighting to prove itself. It therefore needs to be constantly justified, financially and in terms of its efficacy.

Individual organisations and projects also need to define themselves against other interventions within the “social farming” sub-sector because some do offer more of a light touch, “just come and join in” approach, where others (such as Growing Well) offer much more specific and professional social care.

**So, as a sector, what’s the pitch? Is there one pitch that fits us all? Or should we remain a broad church, defined only by the farm (or garden) location, and focus on our individual strengths?**

In Norway, the farm location is the strongest element of the narrative in support of **Inn På Tunet**. The motivation here, however, is a clear goal to achieve more farm income. Client groups can be varied and are sometimes mixed. The same is true in The Netherlands, Poland and Finland. For others, the client group determines the narrative – gardens for ex-servicemen, a prison garden at **San Quentin**, a dementia garden at **The 30th Street Senior Center**, a farm for MESA sustainable agriculture students at El Sobrante...

The conclusion at **Social Farms and Gardens** in the UK seems to be that the breadth of the sector is its strength. Before embarking on this research trip I felt quite the opposite but as time has gone along, my findings are that this approach offers the client groups, the facilitators and our communities the best opportunities to benefit.

However, I qualify this new belief with the assertion that only the interventions with proven benefits to mental health should be commissioned for statutory funding.

## Organisational challenges

### Terminology and use of language

*Despite there being decades of work in, and global evidence of, the proliferation of green care across the world, the global terminology for therapeutic farming is varied and confusing, from country to country and within individual countries. This feels preclusive to progress in many ways. Despite this already being concluded several times over several years, little progress has been made.*

From the above, we’ve seen that green care takes many different forms. The conclusion, so far, is that this is quite a positive thing. The residual problem is the spectrum of activity and the terminology used to define it. And the resultant confusion from the very people this work is trying to help.

In the “Social Innovation and Social Farming as a Driver of Transformation and Changes in Rural Areas” working group at the ESRS conference, which brought together practitioners and researchers from across the globe, I was amazed by the number of different words or phrases used to define the practice and the user groups. The lack of agreed, global language/terminology is surely a barrier to wider understanding of the purpose of the practice and its intended impact.

Discursive spheres, as identified by a researcher from the

**Natural Resources Institute in Finland**, were categorised as follows:

1. Rural development
2. Social and health care
3. Public Health and Wellbeing services
4. Green tourism and green luxury
5. Green education
6. Green idyll / green alternative

...and were further categorised as:

- Nature-based care (1 & 2 above)
- Nature-based empowerment (1-5 above)
- Choice of service provider (6)

In the same seminar, I heard all of the same terms used, with little distinction between each:

- Green care
- Care farming
- Social farming
- Therapeutic horticulture / farming
- Nature-based therapy
- Ecotherapy

As “A Review of Nature-Based Interventions for Mental Health Care”<sup>20</sup> concludes, “there is no consistency in the language used to describe the sector.” Four years on and this is apparently still the case. Much research has brought me to a new-found understanding is that formally:

**Green care** is now defined as “nature-based therapy or treatment interventions – specifically designed, structured

and facilitated for individuals with a defined need”. Green care is also known as “Nature-Based Interventions”.

**Social and therapeutic horticulture** uses gardening or plants to help people develop their wellbeing

**Horticultural therapy** is a therapy with pre-defined clinical goals (rather like occupational therapy)

**Care farming or social farming** is “the therapeutic use of agricultural landscapes and farming practices”<sup>21</sup> providing health, social or educational care through a supervised, structured programme of farming activities

It seems that the rather broader “**green care**” terminology is the best umbrella term to describe the breadth of services and interventions explored within this report, and that perhaps a further distinction that could provide clarity when denoting the level of intervention is, in fact, the target client group.

Furthermore, in relation to the above, the kind of work that my workplace, Growing Well, performs is best categorised under “care or social farming” – but I am not keen on either of the expressions. I feel that the use of “care”, here, belittles the key value of the intervention: the participation, and can potentially sound degrading to the individuals involved. Conversely, “social farming” seems to omit the therapeutic element and concentrates only on the social exchange. This is why, through the course of this report, I have chosen to use the hybrid terminology “**therapeutic farming**”.



**‘It seems that the rather broader “green care” terminology is the best umbrella term to describe the breadth of services and interventions explored within this report’**

<sup>21</sup> (Hassink, 2003; Haubenhofer et al., 2010; Care Farming UK, 2015)

Above Raised beds at 30th Street Senior Center garden

# What can we eat in the Garden?

Bed

1. Chard  Acelga  
Lettuce  Lechuga  
Parsley Perejil  
Chervil Perifollo  
Sorrel  Acedera

2. Tree Collard  
Kale Col Rizada  
Potato  Papa  
Sweet Peas  Chicharo

3. Strawberries  Fresas

4. Lemon Verbena

Que podemos comer en el Jardín?

5. Borage Borraja  
Lavender  Lavanda  
Apple  Manzana

6. Rosemary  Romero

Stevia

Garlic  Chives  Cebollino

Oregano

Pear Pera

7. Lemon  Limón

Cilantro

Lettuce  Lechuga

Another conclusion of the review cited above was that “the majority of participants in this survey (64%) felt that it is important and necessary to make a distinction between i) specifically designed and commissioned interventions for the vulnerable, and ii) public health type initiatives for the general population.”

I could not agree more with this, especially at the level of statutory commissioning of activity, where patients are often given options of social prescriptions that cross the two camps. People have a right to know which activities stand to benefit them most and the future of social prescribing will only stand if patients, healthcare professionals, commissioners and we, the taxpayers, are confident that only interventions that genuinely work are being prescribed.

Finally, and not insignificantly, global cohesion in therapeutic farming for mental health cannot happen whilst a lot of the developing world (and, alarmingly, some of the developed world) still fails to acknowledge the importance of mental health alongside physical health. Even on a national (UK) scale, policymakers, corporations and communities have varying degrees of understanding of the issue. Education in this area needs to continue.

### **Cohesive network**

*I found examples meaningful therapeutic farming networks across the world but each with different motivations and levels of intervention. The breadth of activity that “green care” encompasses is huge – and it is important that this is celebrated – but even more important that targeted, therapeutic areas of delivery (such as farming for mental health) professionalise their approach.*

The most established, formal networks for therapeutic farming across the world are mostly based within Europe, including **Care-T-Farms, Green Care** and **Inn På Tunet**. These are branded initiatives with many sites, local and national networks, and training. The inter-regional, farmer-driven co-ordination and support for the 400 farms recognised within Inn På Tunet in Norway, in particular, was inspirational. Here, individual farm businesses provide social care for vulnerable people in their immediate communities (mostly rural). The needs are mixed and often one location (ie. one farmer) will be used to work with a variety of participants, sometimes simultaneously.

The Inn På Tunet accreditation itself only assures the commissioner or service user that these farms have been deemed safe and – as we already know – the main motivation of this work is to increase farm income, as priority. Nevertheless, we should not negate the fact that this network has drawn its strength from the farmer-owned, cooperative approach, which has led to best practice sharing, training and networking at a local (often rural) level. Inn På Tunet could just be belittled as an umbrella brand but it is making a difference to communities and individuals (and farms) at grassroots level. This is an example of regional networks generating their own activity and feeding cohesively back into a national initiative, which continues to grow in professionalism and presence.

In California, the **Californian Horticultural Therapy Network** (CHTN) is small but dynamic, and delivers a specific, professionally recognised practice to groups with varying social needs, but all using the same discipline. It supports the training and work experience of new prac-



**‘The most established, formal networks for therapeutic farming are mostly based within Europe, including Care-T-Farms, Green Care and Inn På Tunet. These are branded initiatives with many sites, local and national networks, and training’**

**Above** Hege Lindstrøm, Inn På Tunet; Mary Houston; Amund Johnsrud, Norges Bondelag

**Opposite** Terminology in two languages for users of the 18th Street Homeless Prenatal Program garden



**‘At Planting Justice in Oakland, one participant was very clear that he wasn’t coming here for help (although it was part of a healing transition from incarceration back into society) – he was coming here for work’**

Above Workers at Planting Justice in Oakland, California

tioners. The CHTN then feeds back into the **American Horticultural Therapy Association**, which regulates the profession and provides opportunities for nationwide best practice sharing. At the moment, there is no equivalent body in the UK and the only place to achieve an accredited Horticultural Therapy qualification is at Coventry University (a practice-focused diploma and a predominantly academically focused MSc).

As we have already seen, the different thematic branches of green care within the UK have not established formal frameworks for delivery or evaluation of their specific services. In therapeutic farming for mental health, it is at the discretion of the venue to decide how to measure success in terms of mental health recovery.

To be clear, my suggestion is not that new organisations are formed for these thematic areas. At European Society Rural Sociology (ESRS) Congress, **Polish Green Care** coordinator, Konrad Stepnik, reminded us that research “we must be careful not to create too many more institutions based on specific types of issues, and risk making what’s already a broad approach, even more fragmented and complex.”

My feeling is that if a farmer-led (ie. motivated) network such as Inn På Tunet is not on the horizon in the UK, thematic subgroups that tackle specific social challenges could be formed under the national umbrella of, for example, Social Farms and Gardens or Natural England. This would offer inclusion for the more isolated rural social farms, where little coordination and networking activity currently takes place. Geographic networks may never be relevant or possible in these areas so a national, thematic network could provide the springboard to cohesion and better prac-

tice. Thematic subgroups could also encourage the sharing and collective standardisation of evaluation measures for specific groups and act as a conduit for more relevant, specific research. This would also create a clear distinction between areas of therapeutic intervention and those with a more generic, public health focus.

Whilst the breadth of inclusion and support on offer means that a vast array of social challenges can be addressed through therapeutic farming, the range of intervention levels available can also serve to exclude or deter groups, or individuals, who may not understand it to be relevant to them.

At **Planting Justice** in Oakland, one participant was very clear that he wasn’t coming here for help (although it was part of a healing transition from incarceration back into society) – he was coming here for work. Success in attracting and encouraging marginal groups or individuals to participate depends entirely, as mentioned above in the “Narrative” section, on an ability to frame a service in a way that empowers people.

### **Standardisation**

***At a very local level, in neighbourhoods and villages, the coming together of stakeholders over a shared challenge or social issue, to create a social farming provision or experience, represented what I found to be the strongest, most future-proof models of success. Any attempts to encourage a more standardised or replicable approach to therapeutic farming in the UK must take into account the relevance of initiatives to specific areas, communities and potential funders.***



Across the world, unbound by the confines of statutory frameworks of funding, independent therapeutic farms deliver on specific (and sometimes personal) agendas with revolutionary, entrepreneurial spirit. Many have become jaded with insufficient statutory/public provision and decided to tackle surrounding social problems themselves, in their own way.

**Planting Justice** (PJ) in Oakland is one such example, set up in a disadvantaged neighbourhood with high crime rates. Ex-incarcerated men and women (some having served long jail sentences for serious, violent crimes) attend the project and staff (35% of whom were formerly incarcerated themselves), work with them to cut reoffending rates through the introduction of purposeful, horticultural work. PJ staff, in collaboration with the **Insight Garden Program**, visit inmates in nearby San Quentin prison and teach the basics of permaculture before their parole is even up. By

the time they are released, these men know that they have a job waiting that pays \$5 higher than minimum wage, plus employers who know and understand the potential hurdles of their transition to the outside world. The reoffending rate of a PJ parolee is 0%. At the time of visiting in September 2019, 40 ex-incarcerated men and women from the local area were now in paid work at PJ and over 450 permaculture gardens had been created for the benefit of low-income families in the Bay Area.

The cohesion shown here – rather than through a national or umbrella-branded measure – is the feeling of permanency, commitment and activism within a specific community, and the intense loyalty shared between the organisation and its participants. Not only is the premise solid and based on need, and the evidence of efficacy strong, the values underpin everything: Food sovereignty for low-income families, economic justice and community healing. It's absolutely relevant to this particular area and its funders, staff and beneficiaries are all the more engaged as a result.

It struck me that perhaps places like Planting Justice might never wish to be included or branded within a national therapeutic farming scheme. There would be no obvious benefit to them doing this, financially or in terms of referrals.

This was the first time my own thinking was challenged in relation to my work at Growing Well. My belief – which led me to apply for a Churchill Fellowship – has always been that a national platform or coordination of activity in therapeutic farming will galvanise the sector and benefit each organisation involved with it. This example made me really stop and think about being more locally focused;



**'It struck me that places like Planting Justice might never wish to be included or branded within a national therapeutic farming scheme. There would be no obvious benefit to them doing this, financially or in terms of referrals'**

<sup>22</sup> (Hartig et al., 2003; de Vries et al., 2003; Grahn & Stigsdotter, 2003; Ottosson & Grahn, 2005; Berman et al., 2008; Maas et al., 2009; Weinstein et al., 2009 van den Berg et al., 2010; Nisbet & Zelenski, 2011; Ward-Thompson et al., 2012; White et al., 2013; Bragg, 2014; Alcock et al., 2014)

**Above** Diane Williams from Planting Justice, Oakland, with Mary Houston  
**Left** Raised beds at Planting Justice



**‘At Øverland Andelslandbruk, just outside Oslo, I saw how the surge of urban interest in farming had brought 100+ members to give up evenings and weekends to tend the land and reap the benefits of the crops they had sown’**

**Above** Volunteer tending crops at Øverland Andelslandbruk Community Supported Agriculture Farm, Norway

**Opposite** Diane Williams, Educator, Case Manager & Leadership Council Member at Planting Justice, California

thinking globally and acting locally, especially in the current climate of political transience.

## Entrepreneurial opportunities

### Prevention and cure

*Along with a profound (albeit generic) evidence base underlining the benefits of building resilience through nature-based activities, “green care” is embraced as both a preventative and curative solution for mental ill health. This can be capitalised on at the level of the individual but also the farmer, or social care entrepreneur.*

I have already made very clear the importance of making a distinction between targeted, therapeutic farming interventions and those which are more focussed around general public health. Nevertheless, this does not mean that one is more important than the other, or that both can't exist.

The spectrum of green care available demonstrates that people across the world are using this setting for both its preventative and curative benefits. The evidence of the effects of nature in maintaining or improving mental wellbeing continues to mount<sup>22</sup> and public understanding of this is better than ever. We've also seen that “doing” in nature, versus “being” in nature, yields profound physical health improvements, teaches new skills and offers a greater depth of experience. For those fortunate to own green spaces or rural land, facilitating or providing some, any or all of these experiences is an entrepreneurial possibility.

At **Øverland Andelslandbruk**, just outside Oslo, I saw

how the surge of urban interest in farming had brought 100+ members to the CSA (Community Supported Agriculture) scheme, all of whom gave up evenings and weekends to tend the land and reap the benefits of the crops they had sown. **The Cannery** project in Davis showed how a housing developer's harnessing of farming and food-based collateral, through the creation of an “agri-hood”, had both convinced planners to approve the controversial development application and garnered huge interest from buyers, who paid huge premiums for the opportunity to live on an estate with an abundant fruit and veg-producing farm at its heart. I also visited **Google HQ**, where organic planting and harvesting around the office buildings involved employees both at the level of horticultural engagement, and through the consumption of its home-grown, healthy produce in the surrounding staff cafeterias. This is all happening because of public demand. Everything is starting to come full circle: traditional practice and skills are desired and connection to food is fashionable once more!

Landowners in rural areas need only be facilitators of such activity and can still gain rental income or reflected benefit from a service being there. The number of entrepreneurs with the ideas but not the space means that this is an attractive proposition for both parties. Those wishing to be more involved in such a diversification must not underestimate the time and investment it may need but would have the freedom to tailor the activity to fit a specific (personal) skill set, and deliver at a chosen scale. With the scope of delivery still so broad and a standardised modus operandi not established, the present situation creates a huge opportunity for all.





**‘The strongest models of therapeutic farming exist when the co-ordinator has entrepreneurial strengths, including the ability to build the right space, the right team, the right level of support (financial and other)’**

<sup>23</sup> <https://www.investopedia.com/terms/s/social-entrepreneur.asp>

Above Abby Bell, manager at Alemany Urban Farm, San Francisco  
Right Crops at Alemany Urban Farm

### **Individual approach, not one-size-fits-all**

*Most therapeutic farms and related initiatives are conceived and driven by one very dedicated and visionary individual, with a very personalised approach. This is part of the beauty of therapeutic farming but also a reason why formalising the approach may come up against resistance.*

The only constant with all of the projects and organisations visited, without exception, is the individual motivation of the principal co-ordinator(s) to keep going. The strongest models of therapeutic farming exist when such a coordinator has entrepreneurial strengths, including the ability to build the right space, the right team, the right level of support (financial and other). They also need a solid financial understanding and be willing to take on a significant workload.

These people are often trailblazers within an existing institution or organisation (such as **Green Man**, who leads the dementia Gardening Program at the 30th Street Senior Center, or **Faryn-Beth Hart**, with her therapeutic gardening space at the Homeless Prenatal Program, or **Suzanne Redell**, who has cultivated the beautiful therapeutic garden within the grounds of Cordilleras Mental Health Center). These people have to get creative with their time, their budgets and their client groups in order for their Programs to survive. This often means that these initiatives are the antithesis of “standardised” or formal.

When I visited **Alemany Farm** (the largest urban farm in San Francisco) on a Saturday, the manager (and only paid member of staff), Abby, was stewarding a community farming day across the entire 3.5 acres, on her own. She

was organising and running the tasks for the day for up to 40 visitors to the site, including the preparation of seed beds, harvesting of fruits and vegetables, teaching, training, supervising of the site, as well as hosting a site visit for me and acting as the public relations ambassador.

It was clear that without Abby’s input, just the funding from the **San Francisco Parks Alliance** would never have created the space that stands here today, which boasts such a wealth of biodiversity in the middle of a built up area, and generates such a high degree of creativity, and community engagement.

The very definition of a social entrepreneur is someone who develops, funds and implements solutions to social, cultural or environmental issues. One international investment website confirms that “these individuals are willing to take on the risk and effort to create positive changes in society through their initiatives”.<sup>23</sup>

In many cases, social farms are created as social enter-



prises, charities or voluntary organisations. Often, they are formed by one person or small group in response to a very personal or local issue, so the motivation to replicate is perhaps not strong and the cost of doing so is preclusive. Some therapeutic farms, especially those targeting a specific social challenge with a specific, professional approach, would clearly be relevant and welcome in other areas.

Once a business model for such an organisation is in place and an area of need identified, it's likely that wider or larger investment would be needed (again, probably local or sector-specific) to make the replication happen. A UK example of a successfully replicated therapeutic farming model has been created through **The Camphill Village Trust**, which offers assisted living opportunities for people with learning and other disabilities, based at venues (including farms) across the UK.

What I will conclude here is that it seems very unlikely that a standardised, statutory model of therapeutic farms will come into being because the intangible capital of the personal aspects of a therapeutic farm are what seem to make it succeed or fail. Replications of successful models backed by major donors or grant funding are more likely, with the entrepreneur (or at least their spirit and approach) still at the helm. The original vision and drive of the entrepreneur at the heart of a social farm is not something that can simply be carbon copied and rolled out.

### **Incentive and ownership**

***Promoting the possibility of a therapeutic farming network (like Inn På Tunet in Norway) to farmers in the UK requires their understanding of the issue, evidence of***

***need, sensitive timing and guaranteed return on investment.***

Currently, farmers in this country are burdened with huge compliance and productivity targets, associated administration and massive financial uncertainty as a result of the protracted Brexit process. At this time, signing up to an established “scheme” for therapeutic farming may seem peripheral at best and irrelevant at worst, unless there is a promise of significant compensation for the task. From my research, this is not something that has been invested in or developed for marketing to farmers at this current time. In my opinion, it is more plausible that right now hundreds of farmers are needing to access community mental health support rather than take on the challenge of delivering it.

Even if the political and financial climate were in a more favourable position, the example of Inn På Tunet shows that whilst the national network awards the accreditations and provides the training and marketing tools, a lot of impetus is left on the regional farmer cooperatives to generate and win contracts with local municipalities. My added concern is the mixture of client groups and professional disciplines used to work within this very broad programme of work.

An informal survey of 30 farmers from the Ambleside and District Farmers Discussion Group concluded that whilst deeper connection to the land and community integration were attractive propositions, further paperwork, concerns around site safety, funding and existing workload were preclusive to any significant interest in therapeutic farming as a possible diversification at this time.



***‘In my opinion, it is more plausible that right now hundreds of farmers are needing to access community mental health support rather than take on the challenge of delivering it’***

Above Artichokes at Alemany Urban Farm, San Francisco



# CONCLUSIONS & RECOMMENDATIONS

## Conclusions

Through my research, I wanted to explore the inequalities in adult mental health provision in the area where I live and work, and understand their effects. I also wanted to explore rural entrepreneurialism and see if any of the social or therapeutic approaches under the broad umbrella of “green care” could be exploited to address specific needs in society, and help farmers to diversify and generate more income. I was also – like many others – confused by the mixture of terminology and lack of solid evidence surrounding the many different nature-based interventions. I wanted to understand if clarity could be achieved here, for universal benefit, and if robust evaluation methods for such work could be found.

I categorised the key findings from my research trips in relation to the substantiation of therapeutic farming, sustainability, organisational challenges and entrepreneurial opportunities.

Across all four categories, in both the countries I visited and in all of the other countries I researched, the power of the individual facilitator came through. A strong, entrepreneurial approach, an understanding and substantiation of need to deliver a specific service in a specific area, and the ability to bring on board funders, staff and participants, using a clear and persuasive narrative, was the biggest key

to success. Success of the operation, success of the intervention and success in the recovery of the participants using the service.

Entrepreneurial behaviour includes the need to be financially savvy and know when (and when not) to take risks. It requires a huge time commitment way beyond the working hours of a normal day job. It also needs a confidence in the intervention, grounded in integrity, a strong value system and a connection (personal or otherwise) to the cause, the land and/or the people.

Time and again I saw this tenacity in people like Diane at Planting Justice (“we get white girls like you coming here all the time to ‘help’ us natives fighting for the land that belongs to our ancestors. You’ve never seen the injustice our people have seen – you’ll never feel the loss of cultural identity these people feel”), Abby at Alemany, who has managed single-handedly to attract and welcome 17,000 volunteers to her site in 2019, and harvest 12 tonnes of fresh produce for San Franciscans to enjoy for free. Carol and Nate at Forget-Me-Not, who see, day-in and day-out, the building blocks of emotional resilience being embedded in the psyches of the children who are not even ten and have already been exposed to potentially life-limiting traumas.

Even in the more commercial approaches, such as Inn På Tunet, a strong motivation exists and considerable time and input go into building and maintaining of relationships



**‘I wanted to explore rural entrepreneurialism and see if any of the social or therapeutic approaches of “green care” could be exploited to address specific needs in society, and help farmers to diversify and generate income’**

Above Mural painted by participants at the 30th Street Senior Center

Opposite Weekend volunteers on a task at Alemany Urban Farm, San Francisco



**‘There is a real need for consistency, even just in the UK, if this alternative approach to mental health recovery is going to justify, credibly, its impact on participants’**

Above Troll painted on rock at a Norwegian therapeutic farm

within the regional cooperatives.

In the substantiation category, I used my research around the inconsistency of social prescribing schemes within the UK to question the service selection approach both here and in the countries I visited. In the UK, my understanding is that local social prescribing toolkits for health professionals are limited to:

- Activities that are available within the area
- Activities that have particular, cultural resonance in the area
- A mixture of evidenced and unevidenced activities (some with a generic, public health benefit and others with a more targeted purpose e.g. mental health recovery)

Furthermore, in many regions of the UK, current social prescribing schemes are just additional, non-clinical options to recommend, rather than funded activities or those which can be accessed by the patient using a Personal Budget.

Whilst I found a more consistently-funded and distributed mechanism at play across Norway, there appeared to be a competitive bidding process to the local municipalities, by all of the different service providers. Like the UK, the selection was not necessarily based on the evidenced benefits of a service but the local and cultural interests of the local governments.

I saw a rigorous service selection system, via UPstream investments in Sonoma County, California. Here, all approved, commissionable services had been assessed to determine:

- a) If they met a local need
- b) If they could evidence the benefits of their work
- c) If they could demonstrate value for money

The county would only endorse the commissioning of the approved services and this endorsement also led to these services attracting investment from private donors who wanted assurance of a guaranteed impact to the local community from any money that they gave.

It has become more apparent to me, through my global research of all green care commissioning activity, that even specific interventions, such as those targeted at improving mental ill health, use multiple approaches, outcome measures and evaluation metrics. There is a real need for consistency, even just in the UK, if this alternative approach to mental health recovery is going to justify, credibly, its impact on participants. If this can be achieved, through systematic reviews of evidence already in place and Randomised, Controlled Trials at current, therapeutic farms, there is much more hope that therapeutic farming can fight to be endorsed in social prescribing schemes in every area of the country.

In the sustainability category I built upon this need for strong foundations in therapeutic farming, using my visits to various settings to understand better what a strong business model for a therapeutic farm might be. First and foremost was an ability to remain true to the purpose of a therapeutic farming intervention and not forget the importance of the participation, the efficacy of the support or the unique benefits of the connection to food production.

Seeing the poor soil quality at the site of an otherwise

revolutionary idea at The Cannery, Davis, California, reminded me of the need to identify (and really understand) the perfect site to host such activity. This is where I have always seen the potential for existing farms in Cumbria and other rural areas of the UK, where the farmer already knows and understands the quality of their soil, the climate in the area and other environmental or cultural factors that might prevent a successful development.

In pockets of urban San Francisco, I was amazed by the creative shoehorning of beautiful, productive veg patches and floral gardens in the third floor of 30th Street Senior Center and on the balcony at the 18th Street Homeless Prenatal Program. Creating these areas was a logistical battle and the cost of such space in a city centre needs constant justification but connecting these marginal groups to the source of their food, and the importance of nutritious diets, was invaluable.

The luxury of space and fertile land in rural areas of the UK is surely something that can be appreciated and



capitalised on, for the benefit of far more people. This really chimed with my belief that as well as the therapeutic element of nature-based activities, the food production element of therapeutic farming represents a myriad of other wonderful benefits. Culturally, it ties local people to the land and forces them to form a connection with their landscape. It educates people to understand the source of their food and the work of farmers in our communities. And physically, it provides healthy exertion and a better understanding of a nutritious diet.

As well as entrepreneurial spirit, tangible business acumen such as financial understanding, fundraising ability, interpersonal and promotional skills and – of course – the ability to maintain a piece of land (or manage livestock) were also crucial in a therapeutic farm's success.

Whilst green care continues to be (and arguably always will and should be) so broad in its work, I found that it was also important to find the clarity of purpose of the individual organisations, so as to attract the right opportunities in terms of communities, funders and client groups. Again, the distinction between a service for the benefit of all, and for the targeted recovery of discreet groups, was the most important one to make.

When it came to organisational challenges I concluded, to further the debate around narrative, that the terminology used to describe this sector is confusing and complex. Aware that this had already been concluded several times, I attended the European Society for Rural Sciences conference in Trondheim only to hear academics researching in this area



**'The food production element of therapeutic farming represents a myriad of other wonderful benefits. Culturally, it ties local people to the land and forces them to form a connection with their landscape. It educates people to understand the source of their food and the work of farmers'**

Above Livestock Auction, Petaluma, California

Left A beautiful vegetable garden which serves the world-famous restaurant in Yountville, The French Laundry, is open for the public to view



**‘Whilst creating new institutions or networks feels counterproductive, I did learn a lot from the sector or client group-specific networks such as the American Horticultural Therapy Association and Inn På Tunet during my Fellowship travels’**

Above Cows being fed on a farm in Cumbria  
 Opposite Google HQ, Mountain View, California

a) confirming this b) using different terminology to each other. Even in a formal context, the use of language is not set or agreed. My personal preference is to categorise all nature-based therapeutic interventions under the umbrella of “green care” but refer to the work I do as “therapeutic farming”, having concluded that “care farming” excludes the participatory purpose and “social farming” negates the importance of the support it also delivers.

Green care in the UK is already established and there are over 200 therapeutic farms here at present. There are already networks by way of membership organisations (Thrive and Social Farms and Gardens) that work to unite many green care initiatives across the UK but my concern is that the regional division of work means that some rural areas are naturally more sparse in their delivery and so do not get the benefit of the best information sharing available.

Whilst creating new institutions or networks feels counterproductive, I did learn a lot from the sector or client group-specific networks such as the American Horticultural Therapy Association and Inn På Tunet during my Fellowship travels. I believe that the establishing of thematic sub-groups working within existing networks could provide real cohesion in UK therapeutic farming, and encourage stakeholders to agree on standardised practice, including evaluation metrics. It could also catalyse the UK-wide proposal, commissioning and roll out of therapeutic farming.

This approach would allow the culturally-specific work of entrepreneurs in various areas to continue with their own unique business models, in their own bespoke settings. But the standardisation and formalisation of the interventions could also be achieved. This level of support and grounding

could be enough to encourage more farmers and entrepreneurs to give therapeutic farming a go.

Finally, when I looked at the entrepreneurial opportunity, I concluded that perhaps, given the political instability surrounding the UK farming sector, now was not the best time to lobby for or seek to introduce a formal or overly-bureaucratic new therapeutic farming “opportunity”.

However, I did note, the world over, the surge in interest in sustainable, ethical food production and initiatives that encourage communities, workplaces and individuals to engage with horticulture and agriculture. This interest can be developed by farmers and entrepreneurs in a huge breath of ways, with therapeutic farming being just one of them. Access to land, as well as skills, support and even just company, are all opportunities that the general population is actively seeking out.

To be a therapeutic farming entrepreneur is to consider a number of approaches. This could be as simple as the rental of a piece of land. It might be the provision of space for others to enjoy the freedom of nature, or it could be a more targeted intervention using in-house skills or partnering with others that can offer something else/extra. Speaking to (and with) farmers is the first step in understanding the opportunities and skills that exist within our farming businesses, which may provide wonderful collateral for entrepreneurial and therapeutic progress in our communities. Mental health is increasingly understood and invested in across the agricultural sector, which certainly contributes to the idea that more farms could play host to interventions such as Growing Well, that use farming as a conduit for





**‘It is very clear that the evidence of the effectiveness of therapeutic farming for mental health still needs to be much stronger. Existing evidence needs to be shared and systematically reviewed, then gaps in this work need to be highlighted and improved upon’**

Above Therapeutic garden, Cornerstone, Sonoma County

mental health recovery.

Finally, I noted the individual dedication and determination of social entrepreneurs driving therapeutic farming initiatives and have concluded that many UK farmers, and farming businesses, display the very same skill sets. The traditional, community values of British farms make them social (and for many, therapeutic) hubs, in their own right.

This adds weight to my feeling that grassroots-level, culturally specific therapeutic farming ventures in local communities, run by people who understand the land, the community, the need and the purpose, can provide the strongest foundations for therapeutic farming in the UK.

### Recommendations

I have produced several recommendations as a result of this research:

#### Substantiation

It is very clear that the evidence of the effectiveness of therapeutic farming for mental health still needs to be much stronger. Existing evidence needs to be shared and systematically reviewed, then gaps in this work need to be highlighted and improved upon. This work must be endorsed at the highest level, either through existing, national green care stakeholders including (but not limited to):

- Social Farms and Gardens
- Thrive
- Natural England
- NHS England

OR as an independently-commissioned piece of academic work.

It is vital that this work is performed and disseminated across the national green care sector so that only effective interventions are designed, delivered and endorsed. This is also the first step in helping commissioners and other funders to understand the efficacy of therapeutic farming for mental health, plus the healthcare professionals (some of whom are already in a position to prescribe it, with or without a budget) and of course, to potential recipients of the service. Raising public awareness of therapeutic farming can only happen confidently once:

- A systematic review of all existing evidence for the service is performed
- Randomised Controlled Trials on large client groups are completed
- Changes in mental health as a result of the interventions can be proved

In addition, the same national stakeholders must agree on the best standardised evaluation measures that therapeutic farms should use in order to assess mental health recovery as a specific result of the therapeutic farming intervention.

Once this is agreed, all therapeutic farms must be issued with the relevant information and training in order to evaluate according to this standard.

Finally, after all of this work has been completed and disseminated, value for money and Social Return on Investment models should also be devised and disseminated.

#### Sustainability

In order to embed the professional practice of therapeutic farming for mental health, without quashing the entrepre-

neurial spirit that I've concluded is so desperately vital to make it work, I would suggest the creation of a series of toolkits:

### 1) For Commissioners

*(NB it's sensible that this should happen after the original systematic review recommended above)*

This would be an informative document, not dissimilar to the more generic "Making Sense of Social Prescribing" document commissioned by NHS England and produced by The University of Westminster (please see "Useful Links" section) but would be specific to therapeutic farming and its benefits. The key outline of the toolkit could consider

- What is therapeutic farming ?
- The benefits of therapeutic farming
- Commissioning therapeutic farming in your area
  - *Funding therapeutic farming through personal budgets*
  - *Embedding therapeutic farming with health-care professionals and link workers*
  - *Map/list of therapeutic farms*
- Governance

### 2) For healthcare professionals, link workers and other referrers

- What is therapeutic farming?
- The benefits of therapeutic farming
- The benefits of a person-centred approach
- Prescribing therapeutic farming in your area
  - *Funding therapeutic farming through your CCG*

- *Achieving the buy-in from your colleagues*
- *Building collaborative relationships with community organisations*
- *Achieving the buy-in from patients*
- *Map/list of therapeutic farms*
- Governance

### 3) For prospective therapeutic farmers (and as a reference for existing ones)

- Create and share a "toolkit" for budding therapeutic farmers, covering all aspects of the enterprise, to include:
  - *Constitution and governance – options*
  - *Venues, safety and compliance*
  - *Required skill sets and competencies, plus any training recommended*
  - *Start up costs and fundraising models*
  - *Working with your local GPs and link workers*
  - *Evaluation tools*
  - *Communication tools*
  - *Ongoing support networks*

NB these could also be provided (or sold) as a training course.

It's only with the creation of these toolkits that the narrative of therapeutic farming for mental health, specifically, can identify itself within the vast network of green care options that exist. If delivered using tried and tested therapeutic tools and evaluation metrics, therapeutic farming for mental health can position itself as a specific intervention



**'It's only with the creation of these toolkits that the narrative of therapeutic farming for mental health, specifically, can identify itself within the vast network of green care options that exist'**

<sup>24</sup> BRAGG, R., ATKINS, G. 2016. A review of nature-based interventions for mental health care. Natural England Commissioned Reports, Number204.

Above The French Laundry gardens, Yountville, California

Tuesday

WEDNESDAY

Thursday

Friday

WEEKEND

NEXT WEEK

Cukes ✓  
 Eggplant  
 Anaheim ✓  
 Onions ✓  
 Grapes  
 Corn ?  
 Collard's  
 Parsley

FWC  
 Summer Squash 120/16  
 Tomatoes 80/16  
 Basil ?  
 Strawbs ?  
 Red Onions 25/16

Sambra  
 Rocio 831 763  
 7517

HV 21/12 Flowers

38

PA 15/7 Flowers

1 Double

Medium Converse

10 gallon sifted  
 2.5 gallon sifted per  
 1 pint fertilizer  
 1 quart worm casting  
 1/2 cup Soft Rock Phosph  
 1/2 cup Sulfate Potash  
 1/2 cup Kelp meal

| PLANTING  | WEEDING                                    | Tractor Work                                   | Fix It Tasks  | GENERAL TO DO   | MATERIALS NEEDED |
|---|--|--|---|---|------------------|
| Beets<br>Carrots<br>Seed Lettuce<br>Spinach<br>Parsley<br>Fennel<br>Chard<br>Transplant Lettuce<br>Plug in Peppers<br>Fill in Sparkleberry<br>Summer Squash | COCK<br>TOMATOES<br>W. SQUASH<br>SA SQUASH | Turn Compost<br>Trim Willows<br>Mow<br>CATTUNE | Wormbox<br>Replace hose system in GH<br>Rebuild Flower Shelf<br>2A Take Out Sprinklers Row cover<br>Net<br>H2O Melons | Refill Worm Composter<br>Tie up ONIONS<br>Trap Squirrels<br>Fence Repair<br>Woodchip GH |                  |
|   |  | 3 FP<br>Mow/chip apples in ES<br>Weeding       |   |   |                  |

and not be confused with a more generic, public health benefit.

### Organisational

A strong recommendation emerging from my experience is a call for regional, national, European and global networks to agree upon the correct terminology and use of language in relation to therapeutic farming. As highlighted already, Natural England in 2016 commissioned a green care language survey<sup>24</sup> and concluded the consensus for consistency in the language used to describe the sector.

Whilst it is apparent that “green care” is almost universally understood to be the collective term for a host of nature-based interventions targeted at defined needs, I would recommend that the use of “care farming” and “social farming” are reconsidered, and replaced with “therapeutic farming”, which covers both the care and the social aspects of the practice, which is both participatory (therefore empowering) and supported.

My research findings led me to the conclusion that a lot of strength for therapeutic farming for mental health could be found in uniting and galvanising thematic groups under a wider national network of green care. To establish a therapeutic farming for mental health sub-group would allow disparate, rural initiatives to engage with their urban counterparts and quality (and quantity) of standardised evidence of efficacy to grow. These stakeholders could, for example, work on the development of evidence-based proposals for large scale social care contracts or sponsorships. My recommendation is, therefore, that an existing national green care network such as Thrive or Social Farms

and Gardens, should put less effort into regional networks, which are unfairly distributed and resourced, and follow a thematic categorisation instead.

Whilst saying this, I am also keen to emphasise that the creation of more networks or offshoots may only cause confusion for external or potential stakeholders in this process. Hence my recommendation to keep this work under an existing, national umbrella.

### Entrepreneurial

It is really important that this framing of green care is appealing to funders, healthcare professionals, potential facilitators (including farmers) and potential participants, alike. The first step, in line with my goal to expand the possibility for green care delivery (both as a mechanism for farm income and recovery from mental ill health) on farms, is to create a narrative that inspires farmers to learn more.

A broad explanation of green care, including all of the possibilities for farmers, through the whole spectrum of land rental to direct delivery, would:

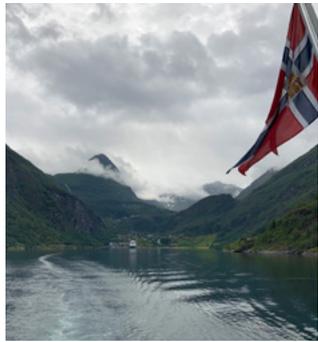
- Provide clarity for farming businesses of all interventions and whether they are a) a generic public health benefit, or, b) a specific intervention for a target client group
- Outline the societal need and the positive benefits of the farming industry uniting to address it (relieve burden on NHS, connect more people to the land, more cohesive communities, better understanding of modern farming practice, directly improving local health etc.)

Outline the entrepreneurial possibilities for farmers



**‘Green care is almost universally understood to be the term for a host of nature-based interventions targeted at defined needs. I would recommend the use of care farming and social farming are replaced with therapeutic farming’**

Above Freshly picked crops, UK  
 Opposite Tasks for the volunteers at Hidden Villa Community Supported Agriculture Farm, Los Altos



**‘Fortuitously, the success of green care and therapeutic farming, as I have seen during this research, lies in the land itself and the fierce, entrepreneurial spirit the farmers already have’**

Above Geraingerfjord, Norway

Whilst there are an increasing number of articles in the national farming press, my feeling is that this “opportunity” is not universally understood as such. In fact, from my research, I don’t think green care is universally understood at all.

My recommendation here would be for farming bodies and stakeholders (such as the NFU, Farmer Networks, CLA, Natural England, National Trust, National Parks etc.) should provide a platform for green care to be better understood in a more formal and comprehensive way. This could be done via a publication but better still through a more interactive approach, such as a film with case studies. This could act as a precursor to the hand out of the aforementioned toolkit, should farmers decide that therapeutic farming for mental health was a particular area of interest.

In the specific arena of therapeutic farming for mental health, the time is ripe to harness the energy of the next generation of farmers, whose understanding of mental health is more progressive than the last. Again, films, presentations, social media campaigns and literature can be used to extol the benefits of vocational farm activity as a means of building mental health resilience, or recovering from mental ill health, even if this is all that happens right now.

With the utmost respect for the huge volatility that farming in the UK (and across the world) is facing, this needs to be prioritised and approached in a timely, sensitive manner. Fortuitously, the success of green care and therapeutic farming, as I have seen during this research, lies in the land itself and the fierce, entrepreneurial spirit that the farmers already have.

## Next steps

The next steps, as a result of this project, will be:

- **Disseminate research to high level, national therapeutic farming, healthcare and agriculture stakeholders with a proposal to take forward my recommendations, particularly in regard to research and evaluation of therapeutic farming**
- **Meet with Social Farms and Gardens / Thrive to understand the resource available to establish a thematic subgroup for therapeutic farming for mental health.**
- **Develop a toolkit for potential therapeutic farmers, either under a national umbrella or through Growing Well**
- **Plan, develop, achieve sponsorship for and deliver a national therapeutic farming for mental health congress in 2020/21, featuring speakers met during my Churchill Fellowship. This congress will be aimed at therapeutic farming, commissioning, healthcare and agricultural professionals.**

**Mary Houston**  
**December 2019**

# COVID AFTERWORD: DECEMBER 2021

When draft one of this report was completed in January 2020, I was unaware a pandemic was about to sweep through our world and our lives.

Throughout the past two years, my work has been focused on the immediate and urgent mental health effects of the pandemic on our local population. Growing Well, the therapeutic farming charity that I head up, has faced two periods of closure, major staff redeployment to our growing operation to keep funds coming in from sales of produce, and intense, remote working with our existing beneficiaries to ensure their safety during this very isolating experience.

Adult mental health care provision in my rural area, as a result of the pandemic, now faces a greater challenge than ever before. Engagement with services that was suppressed during the most acute periods of the pandemic is now facing a sharp rise. Adults who have never experienced mental ill health before the pandemic are coming forward, seeking help to tackle feelings of intense anxiety. Those who were already poorly have been forced to face and live through some of their greatest fears and now need extra support to keep going.

The pandemic has also created a spike in interest in locally grown food in our area. Our veg box scheme subscriptions grew by almost 50%. Whilst in some weeks, supermarket shelves were bare, Growing Well was still producing delicious, fresh produce, and this was celebrated and supported by our local community.

The purpose of my Fellowship is still clear and – in my experience – the needs raised within it are greater than ever.



So, too, are the potential benefits of therapeutic farming; being in nature, staying active, eating healthily, socialising and participating, are all habits that our population is increasingly encouraged to try in order to counteract the negative effects of the pandemic.

Farming continues to face huge challenges, through Brexit and the pandemic. The debates over food supply, public access to land, land management and “public money for public goods” are heated but each provides the prospect of introducing the need for therapeutic farming in rural communities.

In 2020, I was fortunate enough to be a recipient of The Churchill Fellowship’s COVID-19 Action fund. This was to identify and create opportunities for more Growing Well sites in other communities. I am delighted to say that the feasibility stage of this piece of work was completed early in 2021, a pilot project was completed in Barrow-in-Fur-

**‘Engagement with services that was suppressed during the most acute periods of the pandemic is now facing a sharp rise. Adults who have never experienced mental ill health before the pandemic are coming forward, seeking help to tackle feelings of intense anxiety’**

Above Subscriptions to Growing Well’s veg box scheme grew by 50% as the pandemic drove interest in locally grown food

**‘Our replication project is attracting interest from others who wish to learn about growing in a mental health context and our next aim is to create a training programme that will “home grow” therapeutic farmers for mental health interventions’**

ness (home to England’s third most deprived area) and a new community garden opened, offering mental health interventions for various groups. This month, a significant, private sector organisation has approved the funding for another Growing Well therapeutic farming site on their land.

This report, my work and that of my team has been successful in appealing to, uniting and catalysing stakeholders in the thematic area of therapeutic farming for mental health recovery. We continue to appeal to academics and statutory bodies to support the need for robust research and evaluation of therapeutic farming. In the meantime, Growing Well has launched its own evaluation frameworks as a means to providing hard evidence for the benefits of our work.

Our replication project is attracting interest from others who wish to learn about growing in a mental health context and our next aim is to create a training programme that will “home grow” therapeutic farmers for mental health interventions.

We have collaborated with other Churchill Fellows and their work, to include the introduction of Col. Sally Coulthard (CF) Defence Gardens Scheme at Growing Well, engaging and connecting ex-service personnel in our area.

Whilst there is still no funding available for our work via the statutory sector, social prescribing in our area gains traction and more people are finding a route to our door.

Despite the delay in submitting this report, its December 2021 submission is still timely and perhaps even more pertinent. The experience gained as part of The Churchill Fellowship I undertook in 2019 is still invaluable in carving the way for therapeutic farming in rural areas of the UK.

**Mary Smith, December 2021**



Right Mary at Growing Well, Cumbria, February 2019

# APPENDICES

## About the author

Mary Houston lives on a beef and sheep farm in the South Lakes with her husband, Alec, and their three children, Elsie (6), George (5) and Cameron (3).

After graduating with a BA Hons in French from the University of Leeds, Mary has enjoyed a varied career in the food and farming industry, mostly in the North West of England.

Job highlights include marketing for the famous Cartmel Sticky Toffee Pudding Company, being the North West Food Tourism Coordinator at the Northwest Regional Development Agency, delivering a Prince's Countryside Fund Herdwick project (creating premium-paying supply contracts for hill farmers), and being the Group Head of Catering Development for The Westmorland Family (Tebay, Gloucester and Cairn Lodge Services).

As well as being the appointed food and farming consultant for Cumbria Tourism, Mary is now the Chief Executive of Growing Well, a mental health charity set on 6 acres of organic, horticultural land just outside Kendal, in South Cumbria.

Having previously been a trustee for the charity, Mary took up the CEO position in October 2018, around the time she learned that she had been shortlisted for a Churchill Fellowship.



Above Found in Trondheim, Norway, June 2019

## Acknowledgements

I would like to thank my husband, without whose support and encouragement, the take up of this Churchill Fellowship would definitely not have been realised. His decision to join me on my trip to California was the catalyst for a long-awaited marriage proposal, so I began the Fellowship as a Houston and ended it as a Smith (December 2019).

I would also like to thank my family and friends, who have provided the childcare (and other) resources so that I could make the absolute most of this opportunity.

Heartfelt thanks to my referees, Sarah Dunning OBE and David Hunter, whose endorsement of my research project is much appreciated.

I am grateful to all of my colleagues and the trustees at Growing Well, who gave me their blessing to embark on this adventure during 2019. Thanks especially to Dr Marion Cheesbrough and Richard Eccles, who have been mentors for me throughout this project. Marion also assisted in proofing of the manuscript, with Richard designing and editing this final report.

Everyone I visited and interviewed as part of this Fellowship has been inspirational, without exception, and I thank you for your input and generosity. I hope we can stay in touch.

Finally, a huge thank you to the staff and board members of The Churchill Fellowship for selecting my project and guiding me throughout.

## RECOMMENDED LINKS

### PEOPLE & PLACES VISITED

#### NORWAY

**Norwegian University of Life Sciences**

<https://www.nmbu.no/en>

**Norges Bondelag**

<https://www.bondelaget.no/>

**In På Tunet**

<https://www.innpatunet.no/>

**Matmerk**

<https://www.matmerk.no/no>

**Øverland Andelslandbruk**

<https://overlandel.no/>

**ESRS Conference Ruralis**

<https://ruralis.no/en/>

**European Society for Rural Sociology**

<http://www.ruralsociology.eu/>

**Care-T-Farms**

<http://www.care-t-farms.eu/index.php/en/>

**University of Life Sciences, Wageningen**

<https://www.wur.nl/en/wageningen-university.htm>

#### CALIFORNIA

**Cordilleras Mental Health Center**

<https://www.telecarecorp.com/cordilleras-mental-health-services>

**Telecare**

<https://www.telecarecorp.com/>

**18th Street Homeless Prenatal Program**

<http://www.homelessprenatal.org/>

**California Horticultural Therapy Network**

<https://www.facebook.com/californiahtnetwork>

**American Horticultural Therapy Association**

<https://www.ahta.org/>

**Insight Garden Program**

<http://insightgardenprogram.org/>

**Forget-Me-Not Farm**

<https://forgetmenotfarm.org/>

**First 5 California**

<http://www.cfc.ca.gov/whatwedo/index.html>

**Community Action Partnership  
Sonoma County**

<https://www.capsonoma.org/>

**UPstream Investments**

<http://upstreaminvestments.org/>

**Planting Justice**

<https://plantingjustice.org/>

**Alemany Farm**

<http://www.alemanyfarm.org/>

**On Lok**

<https://www.onlok.org/>

**30th Street Senior Center**

<https://30thstreetseniorcenter.org/>

**Hidden Villa**

<https://www.hiddenvilla.org/>

### GREEN CARE AND THERAPEUTIC FARMING

**Growing Well**

For more information about the work and impact of Growing Well, please refer to this recent BBC newspiece <http://bit.ly/GrowingWellFilm>

[www.growingwell.co.uk](http://www.growingwell.co.uk)

**Social Farms and Gardens**

<https://www.farmgarden.org.uk/>

**Thrive**

<https://www.thrive.org.uk/>

**Camphill Village Trust**

<https://www.camphillvillagetrust.org.uk/>

**“A review of nature-based interventions for social care” (2016)**

<http://publications.naturalengland.org.uk/publication/4513819616346112>

**“Good practice in social prescribing for mental health – the role of nature-based interventions” (2017)**

<http://publications.naturalengland.org.uk/publication/5134438692814848>

### SOCIAL PRESCRIBING

**“Making Sense of Social Prescribing” (2017)**

<https://westminsterresearch.westminster.ac.uk/download/f3cf4b949511304f762bdec137844251031072697ae-511a462eac9150d6ba8e0/1340196/Making-sense-of-social-prescribing%202017.pdf>

**“Social prescribing at a glance – a scoping report of activity for the North West” (2016)**

<https://www.hee.nhs.uk/sites/default/files/documents/Social%20Prescribing%20at%20a%20glance.pdf>

### MENTAL HEALTH

**“Health and Wellbeing in Rural Areas” (2017)**

<https://www.local.gov.uk/health-and-wellbeing-rural-areas>

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# FARMING OUT SOCIAL CARE

Mental health recovery through farm activity in rural communities

Mary Houston

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CHURCHILL  
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