PREFACE

The utilization of agricultural farms as a basis for promoting human mental and physical health and social well-being is a relatively recent development. The health sector and social services currently appear to need alternatives to traditional medical treatment, therapy, rehabilitation, and work training. On farms, the animals, the plants, the garden, the forest and the landscape are used in recreational or work-related activities, for psychiatric patients, people with learning disabilities, people with a drug history, problem youth, burnout and elderly people and social-service clients. If not pure therapy, such activities may have therapeutic value according to extensive experience. The numbers of such multifunctional farms offering Green Care services are increasing rapidly in many countries. The positive experiences seem to be similar in different countries: working on the farm contributes to self-esteem, social skills, rehabilitation, inclusion, responsibility, physical health and sense of purpose (Lenhard et al. 1997; Ketelaars et al. 2002; Vadnal 2003).

Important recognized qualities of Green Care farms are the space, quietness, useful work, diverse activities, caring activities, working with plants and animals and the protective and caring environment of the farmer’s family and the social community.

The therapeutic use of plants and farm animals in projects involving horticulture and animal-assisted therapy and activity is well known in several countries. Most of these projects were associated with hospitals and health institutions. Nowadays an increasing number of projects are adopted by community gardens, city farms, allotment gardens and farms. Social farming appears as an evolving, dynamic scenario, which is gaining increasing attention from multiple stakeholders. In most countries social farming is not an organized system, but rather a patchwork-like reality developed from bottom-up actions.

There is much practical experience in utilization of farms, farm animals, plants, gardens and the landscape for rehabilitation and therapy for different target groups. So far, however, the exchange of knowledge and experiences between different countries is limited. Participants from twelve European countries and the US, involved in social farming or Green Care, horticultural therapy and animal-related therapies, initiated a Community of Practice ‘Farming for Health’ in 2004. The term ‘Farming for Health’ comprises a wide spectrum of different kinds of social agriculture in different countries, including social farming or Green Care and the specific use of plants, landscapes, gardens and farm animals in therapy or in a recreational setting in order to improve well-being or to reach pre-defined goals. The motive to start this Community of Practice was the observation that Farming for Health is growing across Europe and that different regions and countries can learn from each other. Participants from the different countries are highly motivated to exchange information, to develop a research agenda and a common conceptual framework in order to professionalize this new field. The participants realized that in order to professionalize this new field it is important to get a clear picture of the
state of the art concerning Farming for Health in the different countries. This book is the result of their dedication.

The first part contains scientific papers dealing with different aspects of Farming for Health. The second part describes the situation in different countries. The last chapter presents the main differences and similarities between different countries and the recommendations for a research and policy agenda that were formulated during the second meeting of the Community of Practice in March 2005.

ACKNOWLEDGEMENTS

The editors thank the participants and authors from the different countries for their contributions, and their co-organizers1 of the first and second meeting of the Community of Practice ‘Farming for Health’, both in The Netherlands (Vorden, April 2004, and Wageningen, March 2005). This book is the first product of the Community of Practice.

The editors also thank the sponsors of the meetings: The European Science Foundation (ESF), Triodosfonds, Ionstichting and Frontis – Wageningen International Nucleus for Strategic Expertise.

Thanks are also due to the Committee of Recommendation: H. Wijffels (Chairman of the Social-Economic Council of the Netherlands), W. Visscher (Council of Europe), C. Ross-van Dorp (Minister of Public Health, Welfare and Sport of The Netherlands), J. Troost (Chronic-patient and Handicapped Council of The Netherlands) and M. Glöckler, Medical section of Goetheanum.

Finally special thanks to Rob Bogers and Petra van Boetzelaar of Frontis for their continuous support in the publication of this book and the preparation of the workshops.

The editors,
Jan Hassink and Majken van Dijk

NOTES

1 Piet Driest (Netherlands Institute for Care and Welfare), Joke van der Veer and Ina Kattebroek (National Support Centre Agriculture and Care), Marjolein Elings, Gerard Kolkman and Yvon Schuler (Centre of Expertise Agriculture, Nature and Health, Wageningen University and Research Centre: Plant Research International, Alterra and Animal Sciences Group, respectively), Henk Poppenk and Truida de Raaf (Stichting OMSLAG), Bas Pedrol (Petrarca) and Wiebe Cool (Centre of Expertise Agriculture and Care Dronten)

REFERENCES

