

CHAPTER 17

FARMING FOR HEALTH IN AUSTRIA

Farms, horticultural therapy, animal-assisted therapy

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Abstract: In Austria there are many different kinds of projects in the field of horticulture, farms, gardens, hospitals, care institutions and private initiatives. It is remarkable that the last ten years have brought developments and reformatory efforts to traditional institutions. Simultaneously, associations were founded to start new projects and to work together with organizations for people with various handicaps, university institutions and farm associations.

Keywords: agricultural integration; extra-asylum care; care farms; animal-assisted pedagogics; occupational therapy; mentally disabled

INTRODUCTION

Elements of farming for health in Austria are agricultural integration schemes, horticultural therapy, and animal-assisted therapy. There are a number of agricultural integration schemes for mentally disabled people and psychiatric clients. We estimate that the total number of organizations dealing with such schemes is about 20. The number of individual units run by these organizations is probably more than 250. Farming and gardening constitute considerable components of work-therapy programmes. Animal-assisted therapy schemes and horticultural therapy projects also exist; data about number and type have not been investigated yet. Most of the institutions can be found in the northern, eastern and southern parts of Austria. The number is slightly increasing despite serious administrative and bureaucratic challenges. The problem is weak support by authorities and lack of information and cooperation.

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This chapter describes different classes of agricultural integration schemes existing in Austria, horticultural therapy and projects in horticultural therapy, and animal-assisted therapy.

FARMING FOR HEALTH – A SOCIOLOGICAL APPROACH: EXTRA-ASYLUM INTEGRATION SCHEMES FOR MENTALLY DISABLED IN AGRICULTURE AND HORTICULTURE

Over all countries, mentally disabled persons – being among the weakest members of society – were particularly subject to the economic cycle of agricultural production. The attitude towards mentally disabled changed with changing living conditions and according to the progress of economic development and industrialization. Whereas in pre-capitalist rural communities it was insignificant whether one could read or write, people with learning difficulties later failed to meet the demands of society and got stigmatized. As a matter of fact, the sovereignty of mentally disabled persons diminished gradually. The 20th century saw the transition from the extended family to the nuclear family, especially in rural districts. Whereas there used to be plenty of people to care for the disabled within the extended family, this care has become virtually impossible within the nuclear family. Due to traditional role models women were and are most likely to look after the old and disabled, which added to the physical and emotional strain of agricultural work, especially in part-time farming. Besides, the mentally disabled themselves got deprived of the security they needed since there is usually nobody they can relate to in a modern nuclear family. In many cases they were sent to mental hospitals and excluded from society.

New solutions and strategies to implement an optimal integration into society have to be developed. Starting from the assumption that for various reasons the closure of large mental hospitals and the creation of an extended extra-asylum care system is generally desirable, the implication of such a decision must nevertheless be taken into account. Traditional forms of mental sanatoriums, asylums, hospitals or psychiatric clinics with closed and occasionally open wards are still the rule. Extra-asylum care institutions are still the exception. They run a farm and/or a (nursery) garden for downright economic motives. Yet integration models for mentally disabled people in agriculture can look back on a long tradition. While agricultural work originally had the function to segregate presumably undesired persons from society, the desire to cure the diseased began to gain ground. This was the time of the revolutionary discovery of the somatic causes of mental disorder (Meyer 1973; Wiesinger 1991b; 1991a).

Classification of agricultural care institutions

Various aspects must be taken into account when classifying the contemporary agricultural care institutions in Austria: the aim of the care, organizational peculiarities, differing social therapeutic doctrines and, last but not least, the social and legal status granted to the person in need of care.

a) *Traditional-household-based schemes (at about 100 locations)*

Due to sweeping changes in traditional structures and value systems traces of this model can still be found. While in most cases the disabled are members of the farmer's family we occasionally come across disabled people who are more distant relatives or friends of the family they live with. One of the major problems the families face is the organization of social and medical care.

b) *Sheltered places of work and sheltered workshops (at about 10 locations)*

In several institutions mentally disabled persons are looked after under the legal heading of a 'sheltered workplace' or a 'sheltered workshop'. In these institutions the disabled workers are required to meet at least 50% of the performance quota laid down for the able-bodied. The provincial laws stipulate that the difference between the actual work performance and the wages guaranteed by collective agreement be paid to the sheltered institution. This opportunity to receive state supplements by creating a sheltered place of work can naturally be extended to agricultural enterprises if they register their disabled labourers with the employment office and if they guarantee to pay the wages agreed upon by the social partners. The disabled people generally feel at ease provided that a pleasant atmosphere is created. The community of people with similar fates considerably contributes to generating a spirit of solidarity and togetherness and to make the social environment less threatening.

c) *Apprentice farms (at about 10 locations)*

Agricultural apprentice farms are special integration schemes which somewhat fall out of the legal framework. The emphasis is on teaching young mentally disabled persons skills in the fields of agriculture, horticulture or housekeeping to encourage their future reintegration into normal life. These institutions also have the explicit goal of (re)integration into the primary (or secondary) labour market. In contrast to sheltered workshops, apprentice farms are regarded to foster (re)integration into the common labour market as soon as the young disabled people will have acquired enough knowledge and skills.

d) *Nursing places and occupational therapy (at about 150 locations)*

These institutions provide accommodation and care to persons who are too severely disabled to meet the minimum requirement of sheltered work. These are mainly farms or sorts of institutions dealing with agricultural work. A prerequisite is to keep certain care standards guaranteeing that the disabled are treated and looked after properly. So persons who run agricultural nursing places need either special training or they are obliged to employ professional employees. The government is paying daily care rates for the nursing.

Psychiatric and multiply handicapped are present in all of the groups, but mentally disabled are prevailing in groups b and c. Occupational therapy and nursing places (d) are basically financed by the federal care insurance scheme, which was introduced in 1993. The sheltered places of work and sheltered workshops (b) are financed by the provincial governments (Länder). The farmers get paid a maximum of 800 - 1000 Euros a month per client.

Agricultural and horticultural integration schemes can also be classified according to ideological characteristics. Anthroposophical farming and village communities play a considerable role. Their members commit themselves to

creating close ties between 'normal' and disabled people by allowing the latter to participate in agricultural and garden work. Strong personal motives and the dedication of the nursing staff, whose unshaken ideology helps them to bear the burden of caring for the disabled, account for the undisputed social and educational success of these integration projects.

To sum up, one can say that extra-asylum systems in agriculture should undoubtedly lead to empowerment of the mentally disabled, grant them more freedom and autonomy and liberate them from the ghetto life in psychiatric clinics, which would be the precondition for a successful professional and social (re)integration. However, the danger of hospitalization and retardation within an integrated-care institution can only be counteracted if one succeeds in creating a pleasant atmosphere and close affinities with household members or workmates.

A step towards solving the predicament of the mentally disabled in Austria would be a general psychiatric reform, which could combine clinical, out-patient and extra-asylum care. This requires the creation of a network of various extra-asylum institutions as well as the development of psychiatric care. This should go hand in hand with the opening and democratization of clinics along with an increased efficiency in favour of the disabled. Governmental support for independent pilot projects should also be taken into consideration. Since the social and legal protection of incapacitated people plays a pivotal role, efforts to develop the psycho-social services and organizations providing legal guardianship should be stepped up and subsidized by the authorities in charge. In addition, temporary flats and 'training communities' should be made better use of in the future. Supporting measures for a long-term development of agricultural integration models under the auspices of 'open psychiatry' will only succeed if they coincide with a thorough reform of the general psychiatry.

ANIMAL-ASSISTED PEDAGOGICS AND THERAPY AT FARMS: RESULTS OF A RESEARCH PROJECT ON ITS RELEVANCE FOR SOCIETY AND AGRICULTURE

There is big demand for animal-assisted therapy (AAT) and pedagogics in Austria. Clients are children with development disabilities or learning difficulties, people with traumatic brain injuries, amputations, mental disorder, chronic illness, alcohol abuse or dependence, stroke survivors and socially disadvantaged people.

The use of horses, dogs, guinea pigs, rabbits and tortoises is more or less known, new in Austria is the use of cattle, goats and pigs. At the 2nd International Symposium about AAT in Vienna in October 2004, DI Silke Scholl (project leader, Oesterreichisches Kuratorium für Landtechnik und Landentwicklung) presented the project 'Animal-assisted pedagogics and therapy at farms', 2003 - 2005. It is a project of the Landwirtschaftskammer Oberoesterreich, managed by Mag. Helmut Eiselsberg, supported by the Ministry of Agriculture and Forestry, Environment and Water Supply.

Modules are:

1. Basic research (benefits for agriculture, requirements)
2. Pilot project
3. Education of farmers
4. Public relationship.

The project explores the use of farm animals within animal-assisted pedagogics and therapy on two places with different clients:

- youth and adult people, deaf and with different handicaps (Lebenswelt Schenkenfelden),
- children with social problems (on a farm).

Goals of the research project are to show:

- how to help this group of persons, which positive effects, developments and improvements can be pointed out;
- which kind of domestic cattle (kind, race) is suitable in particular;
- the dimension, how using farm animals for therapy contributes to the income of farmers;
- which requirements have to be met by the farm;
- which criteria have to be met by the animals;
- what would be the best way to educate animals;
- which kind of care is meaningful: short-term or long-term care

Within this concept a course of instruction for farms is developed, named 'Animal-assisted pedagogics and therapy in Austria'. Advanced training, information and advice are scheduled.

The hypothesis is that animals should help to:

- give love and safety to children who have lost their parents or whose parents are not able to care for them;
- develop social competence;
- improve the situation of difficulties caused by troubles of concentration and behaviour (aggression, seclusion ...);
- motivate to solve conflicts in a positive way;
- improve the children's capability of movement;
- attend the children on their way to gain sovereignty and self reliance;
- support to find a positive view of a meaningful life;
- experience safety, continuity and reliability in relationships;
- integrate into society.

Project progress 2003

The focal point in 2003: goats for people with disabilities.

The project 'Lebenswelt Schenkenfelden' was founded in 2003. The target group consists of 15 deaf, multiply disabled persons. Ten goats were trained for three months in preparation for the special mission. The results so far are promising.

During contact with goats the clients showed positive effects such as: increased concentration, higher attention and extensive moving activities. Most clients showed intensive fun and joyfulness – which is of great significance for people in a sad mood. The following long-term effects were observed: calming down when quarrel arises and increasing readiness for motion.

Project progress 2004

The focal point in 2004; cattle and pigs for children with social difficulties.

Since April 2004 eight children have attended animal-assisted therapy and pedagogics in 'Bioerlebnis Norbertinum'. The programme involves: feeding, fondling, caring, playing with the animals, and individual therapeutic interventions, depending on the children's needs. Cattle and pigs had to undergo intensive training to offer a high security level. Results until now indicate that aggressive children calmed down; they stopped running and talking permanently. The children began to keep an eye on the animals, to snuggle up to them, to be busy with them. As hectic behaviour drives away the animals, the children learned to move more slowly and gently.

Project progress 2005

The 'Lebenswelt Schenkenfelden' focal point for 2005 is taking over responsibility.¹

HORTICULTURAL THERAPY IN AUSTRIA

Historically, farming and gardening constituted important components of work-therapy programmes operating in mental institutions. The main orientation was on food production. Since the late 1970s there was a paradigm shift towards programmes providing more positive, value-added and reinforcing experiences. Horticultural therapy (HT) has been developed over the last ten years as a special domain in health care. Today therapeutic horticulture is mostly used in hospitals, rehabilitation centres, nursing homes, vocational training institutions, schools, day centres, farms and nursery gardens. International contacts with The Netherlands, Great Britain, Japan, USA and Germany helped to establish an Austrian interdisciplinary network. Reports on projects, workshops and annual presentations at the Vienna International Geriatric Congress led to increasing interest in HT, new projects were established and existing projects became known. In 2002, the first international congress on HT took place in Vienna, organized by the Austrian Association of Horticulture to celebrate its 175th anniversary. From then on, to support the development of HT in Austria, two conferences each year bring together a young and interested audience. Because of the rush for education in HT, an interdisciplinary working team is developing a curriculum at university level.

Occupational therapists have been trained in HT as a therapeutic medium for the last ten years. The awareness of its versatility within OT is evident in many new

projects and through increased interdisciplinary cooperation. The aim of the lectures is to make students:

1. sensitive to the place and the time of the specific therapeutic situation, when HT could especially be applied;
2. convinced and enthusiastic through their own experience and testing; and
3. prepared by gaining knowledge and information.

Since a few years, the University of Natural Resources and Applied Life Sciences in Vienna has offered lectures in HT for landscape architects. HT is well known at schools for agriculture, and special lectures have been planned for 2005. To compile all these developments, mental support and exchange of knowledge in HT, medical and social care and animal-assisted therapy will be of practical value in the future.

Horticulture as an intervention medium in occupational therapy

Horticulture is a unique kind of treatment medium. It entails the use of living material, thus paralleling human growth and development. Horticulture is an ongoing occupation. If used appropriately, it can be therapeutic. It creates fun and enjoyment as well as social and recreational opportunities for all ages (Gibson 1996).

Nature engages all of our senses, fully and simultaneously: combining sight, sound, textures, form, colours and patterns, fragrance and taste. It has infinite variety and complexity: the dimensions of space, perspective of time, seasons, water, light, shadow and contrast, heat and cold. Therapeutic benefits of nature can be enhanced through the design and use of gardens. Design alone is not sufficient to make a garden therapeutic. It needs goal-directed activity, based on a thorough understanding of the needs and abilities of the people who use the gardens. Therapeutic work in a stress-reducing environment helps individuals achieve a sense of personal accomplishment, productivity and self-reliance, encouraging the learning process by stimulating all senses.

According to occupational therapy (OT), being active is a profound human need. Hence it is obvious to include horticulture, because it was an important basis for developing OT. Individually adapted activities are used for therapy in completely different situations: mentally ill, patients with physical, cognitive, psychological and social problems. Therefore OT can be found in most fields of medicine.

The Australian occupational therapists Judy Ranka and Christine Chaporow have developed a model: capacity of action, subdivided into four groups: a) perception, b) recall, c) plan, d) performance – ‘arousal’ – seen to be of overriding importance. This point of view outlines horticulture as a process of working therapy. The basic arousal of a person is an important determinant. It tells us how much a person is able to perceive from his own surroundings. This also includes the individual level of being able to learn and being efficient. The effect of horticulture is twofold: a stimulating and a stabilizing one.

The terms include:

- a) perception: keeping attention, alternating parts of a task, distinguishing between a task and the surroundings, perceiving similarities and differences;
- b) recall: recognizing and adjoining impressions, acknowledgment of objects on their use, duration of actions, remembering sequences of actions;
- c) plan: defining a suitable aim, developing own ideas, realizing difficulties, changing and adopting plans, reconsidering issues; and
- d) performance: fine/gross motor skills, coordination of the whole body, adaptations and aids, social aspects of gardening.

OT assesses, together with the client, where future development and support are needed and desired. Depending on the therapeutic aims suitable tasks and duties are chosen and carried out together. It depends on the case, the difficulties and the resources, at which point (a,b,c,d) the therapy is started. Thus Horticulture within OT represents an ideal combination, together with a team of other therapists, gardeners, teachers, doctors. It is the ability to create one's own surroundings, to work with nature resulting into change, which strengthens and supports the healing process.

CASE DESCRIPTION

Mrs K., age 59

Background: MS (multiple sclerosis), worked at the revenue office until her early retirement six years ago, removal to the care unit of a geriatric centre two years ago.

Physical symptoms: paraplegia, sensory loss, cognitive and memory problems at times, dysarthria affects the ability to speak.

Psychological implications: mood swings, low self-esteem, social withdrawal.

Goals of therapy

- to improve bilateral integration of upper extremities and eye–hand coordination;
- to increase dynamic sitting balance;
- to increase self-esteem and confidence by trying new activities (cognitive and social stimulation).

Horticultural therapy programme

- meeting once per week one hour;
- smelling well-known plants to assess the personal experience and interest, learning to know each other;
- creating lavender bags (tissue techniques / put lavender into bags / tie bows);
- studying a book about lavender during the following weeks, talk about it;
- visiting the unit's garden to harvest lavender there and dry it;
- picking out and cleansing it;
- taking part in the unit's gardening group next season.

The way in which to offer each part of activity forms the heart of occupational therapy: step by step, using the material to stimulate all senses, incorporating fine

and gross motor skills, supporting motivation, the ability to make decisions, looking forward to future.

Therapy results

The therapy in the day room proves to be of good value: there are few people after dinner, their interest in the therapeutic activities does not overcharge Mrs K. but supports social integration. Mrs K. discovered new motivation and thoughts to deal with during the whole week. Mrs K. is winning recognition by residents and staff, because natural material appeals to nearly everyone's interest. The consciousness of bearing increases by using especially the upper extremities. This must be seen as very important in supporting independence in daily-life activities (hygiene, handling of the wheelchair, meals) as far as possible.

INTERESTING INITIATIVES AND PROJECTS

Garden and therapy – new ways in a geriatric centre of Vienna

The 'Geriatric Centre Wienerwald' (GZW) is a very traditional nursing home founded about 100 years ago, the largest of Vienna's nursing homes. There is a wide green space around the houses which is planned to be used much more by all people living and working there. Therapeutic activities in the garden as well as in animal-assisted therapy were established many years ago. In 2006 a third, interdisciplinary domain will be realized: the joining of a long-term-care unit for patients with dementia with children of a kindergarten group. This will be the first attempt of such a combination in Austria.

The therapy garden

This was established in 2001 after a preparation period of three years. Raised beds and an easily accessible park offer new possibilities for patients, care givers, therapists, relatives, children and visitors. First research analysis shows the intense need to escape the care situation which is perceived as an enormous restriction. Staff have noticed the huge potential that plants have in encouraging relationship between old and young and between nursed people of different ethnic groups. With regard to therapy the new garden offers new perspectives for occupational therapy, physical therapy and psychological care.

Animal-assisted therapy

For more than 15 years animal-assisted therapy has been offered. In addition to the professional teams there are a lot of care givers who enrich the everyday life at their units by bringing in their own pets. In this way better access to patients can be achieved and necessary therapies are made possible. Animal-assisted therapy can be a link to nature and an entrance into the therapy garden. The animals may also come to the bedside or even into bed depending on the circumstances.

Children – the kindergarten

Recently, the children of the staff's kindergarten were involved more intensively – with encouraging results. These children represent the diverse nationalities and cultures as do their parents. They learn to know how to care for the patients with dementia and how to cope with them, thus closing an often talked-about 'gap between generations'.

Goals

- patients: higher quality of life
- relatives: easier integration and more confidence
- children: encouragement of social awareness
- staff: more enthusiasm in working in the care profession, better interdisciplinary collaboration
- employer: less fluctuation / lower costs / fewer complaints / better image
- society: change one's view and new esteem of very old people, social integration.

Results

- the promotion of personal meeting of different cultures and diverse groups of professions
- social integration and generation solidarity
- possibility for young and old people to meet
- reduction of stress and promotion of psychological hygiene
- encouragement of confidence and tolerance through activities of pleasure
- therapeutic use of activities appealing to all senses and emotions
- facilitation to talk about the past by doing familiar activities
- reduction of depression, negativism and apathy
- tradition of intrinsic values passing on knowledge and encouragement.

There is a working partnership with the following institutions:

- Austrian Association of Horticulture, www.oeg.or.at
- HBLA Schönbrunn (school)
- University of Natural Resources and Applied Life Sciences, www.boku.ac.at
- Community of Vienna
- OT Academy of Baden,

as well as cooperation with therapeutic institutions in Austria and abroad.

The project of Perg²

Start: 1996, opening 1998

Location: district of Perg, Upper Austria

Members: 13 farm families (association)

Each farm has set up two or three apartments, built without barriers, 40-70m². One member of the family guarantees qualified care, being educated as 'professional carer' for old people (minimum: 1000 hours). She/he is employed by the Red Cross.

The seniors enter into tenancy on agreement lease with the farm family and into a care tenancy with the Social Welfare Association. This includes the incorporation of a 'distress call' as well as periodical counsel by the regional leader of the Red Cross unit (Schober 2001; Scholl 1998).

Benefits for both farmers and seniors are:

Farmers: additional income by lease, farm-shop, services, employment, work at home, use of empty rooms, more chance for the following generation to take over the farm, preservation of the village structure.

Seniors:

- individuality: personal rhythm of the day can be kept, apartment arranged to suit personal need
- activity: motivation to be independent, distraction, meaningful occupation and use of time
- safety: care tenancy, professional education of the care giver, apartment without barriers
- contact: time to speak with each other, various generations will come together, beloved pets are welcome, garden and natural surrounding.

Emmaus City Farm³

City of St. Pölten, since 1997. The Emmaus City Farm is a social-therapeutic working team for people who have got into trouble: detention, homelessness, alcoholism, people with diverse handicaps and refugees.

Aims

- social training through joint responsibility, regaining quality of life and dignity
- increasing technical, social and daily-life activity competency
- stabilization and improvement of disposition and physical condition
- integration into the labour market.

Domains

- job training
- employment therapy.

Offer

- a varied extensive programme to prepare people ('guests') for working life
- competence and efficiency in a caring atmosphere.

Employees

- full-time (4), part-time (2), social worker (1).

Participants

- 24 guests.

Funding

The Employment Service Centre (AMS) supports four transitional working places, the Social Welfare Office (NÖGUS) supports seven unlimited therapeutic places, the European Social Fund, charity.

Activities

Maintenance of gardens (private, firms, communities), hibernation of potted plants, cultivation of vegetables, fruits and herbs for own use and subscribed baskets, the community kitchen (meals and preparation of own products), creative workshops, office services.

Horticulture is considered to be the heart of the therapeutic process, because it requires love, attention (plants, animals, people), sense of responsibility, motivation, determination, the ability to cope with loss, patience and confidence. Daily intensive relationship with nature and the accomplishment of tasks and problems arising in the working process: it allows development of both the individual and the team as a whole. It is the cultivation of vegetables and fruits, from seed to harvest – within a limited space of time – which is so rewarding for the guests. In turn, courage and confidence are built up which can be transferred to other areas of working and private live.

Farm integration projects: Liebenau (1998) and Gilgenberg (2000) – a possibility for life, rehabilitation and integration for people with mental health diseases⁴

These two projects in Upper Austria provide accommodation for people who – because of negative physical and/or psychological experiences – have very low self-esteem and lack of confidence in daily life. This has led to an inability of obtaining a secure social footing. Through encouraging a dialogue between clients and nature by means of a confrontation with the method of biological farming, a new quality of life is hoped to be provided and in turn a new sense of living for the clients.

Living accommodation, work, culture, education and free time are considered to be factors that can motivate – experienced within the structure of the year. The farm offers 12–15 people a new way of life with new chances in culture, jobs and education. Special characteristics are: small, individual units, versatility, reference to nature, far-reaching self-sufficiency, sense; object- and relationship-orientated, integrated in the local community.

Users

People with a chronic alcohol problem as well as those with an initial mental-health problem as cause. They can stay for a rehabilitation period or as long-time residents. Abstinent living people are professionally supported and assisted. Non-abstinent residents are also integrated and treated according to their problems.

Team

Medical care, social care, farming and handicraft. A combination of caring for cattle and biological farming merge into a balanced psychological environment for the residents. 'Master nature' shows limits and possibilities. The farm and wood workshop add another dimension to possibilities for long winter evenings. One can even be given some sort of job to create useful objects which in turn give the residents the feeling that they are needed. Their confidence is built up.

Energy supply

By means of wood. Wood delivery to the central heating oven and the actual firing itself are experienced positively by the residents, are seen as meaningful and done with pleasure.

Sewage treatment plant

Built in cooperation with the University of Natural Resources and Applied Sciences.

Farm

7 hectares of agricultural land, 2-3 cows, 5-6 ewes, 20-30 hens, wood, garden, small livestock.

Funding

The government of Upper Austria, agencies for social insurance, AMU (Upper Austrian Programme for Employment), Upper Austrian Regional Health Insurance, regional districts and communities.

Development

The consequence of the movement towards treating people locally in Upper Austria is to develop more and more decentralized, district-orientated institutions within the psycho-social sector (Felix Diesenreither, project leader). The government of Upper Austria has ordered the realization of the projects by 'Pro Mente'.

Integration with the local services: Hof Schlüsslberg⁵

Accommodation and employment for people with special needs – Hof Schlüsslberg – was founded in 1963 and reopened in 1998 after restructuring. The rehabilitation centre is a model, integrated successfully into the regional farming structure.

Users

Forty-two people with special needs, who meet all requirements for full employment when supported accordingly (after compulsory education)

Aims

- a) To acquire important working skills, education in professional fields, support and stabilization;
- b) presentation of the farm and each of the staff members being reliable to the customers (communities and private clients).

Working areas

- maintenance of green spaces
- farming, stable (cows and pigs)
- disposal of biological refuse for making compost
- wood workshop and care of machines
- kitchen
- slaughterhouse
- occupational therapy
- market once a week ('Schmankerlmarkt')

Basic idea

The requirements of labour determine the contents of work; efficiency and profitability are considered. The entry into employment provides integration, juridical and social security. Integration is supported too by various possibilities to live: at the farm or in the surrounding area. Assistance at work includes the whole individual person. The workplaces and working areas are arranged organically.

FURTHER INTERESTING AND IMPORTANT PROJECTS AND ORGANIZATIONS

Psychiatric family care

140 patients are cared for in 100 host families, in close cooperation with the hospital, KAGES (organization unit of family care) and the host families.

Prim. Dr. B. Grössl

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bernhard.groessler@lsf-graz.at

www.PFP.AT

ISOB (Interessengemeinschaft für soziale Betreuung)

More than 700 people are cared for in 35 institutions in Carinthia

Oa Dr. Alexander Kronfuss

A – 9500 Villach, Nikolaigasse 43

zpsr@lkh-vil.or.at

Otto Wagner Spital / Unit for Special Rehabilitation

Two of the offered workshops relate to gardening (work training, work therapy):

- Garden maintenance (20 ha park), two groups

- Vegetable garden with flowers and herbs (700 m²), realization of creative ideas of garden design: 15 patients
- A – 1145 Wien, Baumgartner Höhe 1
www.wienkav.at/OWS

Michaeli Hof, F. Prenner
A - 8243 Pinggau, Pinktalerstr. 10

Karl Schubert Haus (with: Breitenstein am Semmering and Mönichkirchen)
2870 Aspang, Mariensee 63

WEBSITES

www.gramastetten.at/neuigkeiten/2000/004theresiengut.htm
www.himmelschluesselhof.net
www.gin.at/gaertnerhof

RESEARCH

Research on HT, AAT and integration schemes in agriculture is still scarce in Austria. In 2004 the first dissertations on horticultural therapy were completed in Vienna and Innsbruck. The need for applied research is central in gaining recognition and acceptance. It includes a significant resource for advancing the practice of horticultural therapy, animal-assisted therapy, farms and the green space within the health-care system.

COOPERATION

There is interdisciplinary cooperation within the green space field – but especially at the personal level. At the level of institutions and organizations, the increasing amount of advanced training will have positive effects in future.

ORGANIZATIONS

The following organizations and associations will contribute to the further development and cooperation:

- Austrian Association of Horticulture (OEGG): www.oegg.or.at
- Association of Horticulture and Therapy Germany/Austria (GGuT), Maria Putz
- Working Team for Therapeutic Gardens: www.therapeutische-gaerten.at
- Dipl. Ing. S. Siedler, Dipl. Ing. Th. Loewy, Mag E. Bottesch
- Association of Austrian Occupational Therapists: www.ergotherapie.at
- Federal Institute for Less Favoured and Mountainous Areas: www.berggebiete.at
- Dr. G. Wiesinger (Ministry of Agriculture and Forestry, Environment and Water Supply)

- University of Natural Resources and Applied Life Sciences: www.ifl.boku.ac.at
- Animals as Therapy / Science and Education Centre: www.vu.ac.at
- Pro mente infirmis: www.promenteooe.at
- Oesterreichischer Zivilinvalidenverband: www.oeziv.at
- Lebenshilfe: www.lebenshilfe.at
- Caritas: www.caritas.at
- Diakonie: www.diakoniewerk.at

MAIN CHALLENGES

A range of very individual and specific projects have been developed within the field of farms, horticultural therapy and animal-assisted therapy. The main challenges are to determine their results scientifically and to reinforce cooperation between projects. Farms, horticultural therapy and animal-assisted therapy should build a joint network. Public authorities should play a major role in positioning these projects in the field of public health.

NOTES

¹ More and more detailed information:

www.presseclub.at; www.tierealtherapie.org

www.vu.ac.at

Association: Animals as Therapy – Science / Education centre: TAT@vu-wien.ac.at

Österreichisches Kuratorium für Landtechnik und Landentwicklung, DI DSA S. Scholl

Ziegenzuchtverband Oberösterreich, Ing. F. Hofer

Konrad Lorenz Forschungsinstitut Grünau, Prof. Dr. K Kotrschal

Konventhospital der Barmh. Brüder Linz, Prim. Dr. J. Fellingner, Prof. Dr. Jan van Arkel

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