

## CHAPTER 10

### ‘NATURE AND HEALTH’ IN SWEDEN

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**Abstract.** During recent years, Sweden has faced an increasing number of people being out of work due to long-term sick leave. This has led to numerous investigations and official reports on behalf of the Swedish government, concerning the necessity of measures to be taken to improve the health situation in working life, and to improve the sick listing and the rehabilitation processes. It is becoming more and more common to look for activities outdoors or in nature in terms of restoration, health promotion or rehabilitation. Still there is no particular section or organization for care farms or related activities in Sweden today. The Federation of Swedish Farmers started a national project, Nature and Health, aiming at forming a network including researchers, public authorities, the private business world, the health-care sector and the green sector. There is a growing interest in working with health-promoting and rehabilitative measures with nature and farming as a basis. Several regional projects of this kind are about to start. Cooperation with researchers is very important to legitimate the work in the area of nature and health, in this case care farms and horticultural therapy. Most research in these fields is done at the Swedish University of Agricultural Sciences, Department of Landscape Planning Alnarp, where interdisciplinary research is conducted in which landscape architects dealing with design in relation to environmental psychology and researchers in other disciplines are working together. Collaborators regarding health and horticultural therapy are for example Karolinska Institutet, the Medical Faculty at Lund University and Vaxjo University Hospital in Sweden and the University of Michigan, Texas A & M University and North Carolina State University in the USA. Research by the Section for Health Care Research at Sahlgrenska, a hospital in Gothenburg, showed that a nature-based lifestyle has an improving impact on health.

At present we have no knowledge of the current number of so-called care farms in Sweden. We do not even know how many of them have agreements with the social-insurance office, the County Council, the County Labour-market Board or municipalities. What we do know is that horticultural therapy is growing in Sweden and that it often is connected to different educational programmes. The agreements that are made are written directly between buyers and producers. The interest in care farms and horticultural therapy by public authorities is also increasing but there are still very few who dare to put money into the development of this area. The Ministry of Health and Social Affairs has shown interest but the State does not provide capital for a national venture. However, there have been some initial discussions between the Social Insurance Office, municipalities, County Labour-market Board and County Council regarding a number of regional projects. The more good results and examples can be shown, including international ones, the more it facilitates future projects regarding care farms, horticultural therapy and animal-assisted therapy.

**Keywords:** care farm; healing garden; horticultural therapy; Federation of Swedish Farmers

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## BACKGROUND

A historical retrospect tells us that gardens and parks for well-being were mentioned thousands of years ago. During the first half of the twentieth century, the care-giving environments became very technocratic. In the early 1960s environmental psychology was put forth as a new academic subject (Sachs 1999). Today medical practitioners who wish to treat people not as machines but as complex wholes have started to pay attention to environmental psychology.

For the last couple of years, Sweden has faced an increasing number of people being out of work due to long-term sick leave. This has led to numerous investigations and official reports on behalf of the Swedish government, concerning the necessity of measures to be taken to improve the health situation in working life, and to improve the sick listing and rehabilitation processes. The Swedish costs for sickness benefits, rehabilitation and early retirement pensions were almost 10 million euro during 2002 (Regeringskansliet, aktuellt 2003). The goal is to reduce the costs of sickness benefits from ca 4.1 million euro in 2003 to 2.6 million euro in 2007. At the same time, the cost of early retirement is estimated to increase from 1.3 million euro to 6.4 million euro (Riksförsäkringsverket 2004).

An increasing number of the people who are out of work suffer from different kinds of stress disorders. It is a well-known fact amongst environmental psychologists that nature facilitates recovery or restoration from stress. It is therefore likely that these people would benefit from an expansion of the offered rehabilitation measures in which nature would be incorporated in one way or another.

## PRESENT SITUATION

### *Starting a network*

Currently there is no particular section or organization in Sweden for care farms or related activities. The Federation of Swedish Farmers started a national project, 'Nature and Health', with the first aim to establish a network involving researchers, public authorities, the private business world, the health-care sector and the green sector.

### *Quality marking*

There is a growing interest in working with health-promoting and rehabilitative measures based on nature and farming. Several local projects of this kind are about to start. In 2003 the Federation of Swedish Farmers developed a business concept for companies in the countryside dealing with health-promoting arrangements in nature. This concept includes quality criteria and active networking, and companies fulfilling the criteria are certified by a quality mark called 'Naturlig Laddning' (i.e. Natural Charging). Target group for this business concept are people living on a farm in the countryside who want to help other people to improve their health. This can be done either through their own company or in collaboration with other companies, for example health-promoting consultants. All work is carried out from a

salutogenetic perspective, i.e. focusing on what is good and healthy instead of the more common focus on what is bad and ill, and is not intended for people on the sick-list. The health-promoting activities offered to clients may be, e.g., relaxation and reflection, processes including life-style questions in combination with easy physical activities in nature, a stay at a smaller spa in a natural environment etc. Possible clients are companies, organizations, groups and private persons. At this moment there are ten certified countryside companies in southern Sweden satisfying the quality criteria. A broader launch is going on to increase the number of certified countryside companies all over Sweden. Certification is not needed to run a company, but it is a nationally registered quality mark. One hundred people have shown an interest, and a first introductory course will be held in autumn 2004. The course is meant to be inspiring, to develop new ideas and to get more countryside companies certified with the quality mark (Naturlig Laddning 2004).

#### *Care farms*

In a way, we already have care farms in Sweden today. There is a well-developed family-care system in Sweden where the Swedish Board of Health and Welfare supports the social services' work with, for example, vulnerable children. These children can, if needed, be moved to so-called family homes. Very often the family homes are located in the countryside. Information on the number of family homes and the groups that make use of them, however, is not available; these may include adults or children with psychosocial problems, drug addicts, criminals, people who have autistic problems or are mentally retarded, and people on long-term sick leave due to mental fatigue or pain. (Psykosocialt Forum 2004). In the autumn of 2004 the Swedish Federation of Farmers has begun to map the family homes.

#### *Healing gardens*

Horticultural therapy is growing in Sweden and is often connected to universities, city councils, upper secondary schools dealing with agriculture, horticulture or forestry, or foundations. Target groups include people on long-term sick leave due to mental fatigue or pain, people out of work and people in need of cognitive training, e.g., due to brain damage (Abramsson and Tenngart 2003). Also hospitals and homes for the elderly are increasingly offering some kind of horticultural therapy. Ten institutions or businesses dealing with horticultural therapy have already been identified and the above-mentioned mapping also includes horticultural therapy, especially connected to the countryside; it is hoped that more will be found.

The healing garden in Alnarp is the garden in Sweden getting most attention when it comes to horticultural therapy. The garden is linked to the Department of Landscape Planning Alnarp at the Swedish University of Agricultural Sciences. The healing garden at Alnarp has been active since spring 2002 when the staff was employed. Their experience is that every working team (staff team) ought to have one occupational therapist and one horticultural therapist in order to be able to fulfil the expectations from the National Social Insurance Service in terms of evaluations

and reports. All patients are suffering from the burnout syndrome, a kind of mental fatigue and stress disorder. During the rehabilitation programme they are not called patients but participants. There is room for one group of participants in the morning and one in the afternoon. Management of such a rehabilitation scheme requires an explicit framework consisting of time, staff, environment, horticultural therapy and activities. The participants must experience the healing garden as a safe place. The activities offered to the participants must be adjusted to them individually and for this group of patients even resting is considered a form of activity. The schedule must be simple and not distressing. Stress-coping strategies should be part of the programme but only later on in the rehabilitative process, as people in need of rehabilitation due to depression caused by exhaustion often suffer from a bad close-up memory and have difficulties with their concentration. As the participants are not to be considered as labourers there must also be a gardener who is responsible for the garden. The staff ought to have external supervision to support the best work being done. When starting a rehabilitation garden it is very important to be in good contact with the social-insurance offices, employment offices and local health-care institutions and see to it that there are written agreements, preferably in advance (Abramsson and Tengart 2003).

### *Education*

When it comes to education regarding nature and health we have identified a couple of courses offered at university level, one qualified vocational training to become an educationalist in health science, and nature and culture in particular, and one education to become a gardener with particular skills in environment, health and leadership. More education programmes, at different levels, are desirable.

## ORGANIZATION

As mentioned earlier, Sweden has no organization for care farms. The Social Insurance Office is the Swedish public authority that totally or partly finances rehabilitation measures that – in the end – are aiming at getting people back to work. To be able to guarantee the quality of the rehabilitation the Social Insurance Office signs contracts with rehabilitation teams/producers. High demands are put on the producers regarding content, methodology, competence, resources and evaluation (Försäkringskassaförbundet 2003). This means that there is great need for an organization for care farms and other rehabilitation producers dealing with nature and health, not only to facilitate companies already in the field but also to ensure a good quality when, for example, writing agreements on rehabilitation assignments.

The Labour Market Board in each county is responsible for people who are unable to work or are unemployed. These Boards purchase rehabilitation, education and other services for these people. The employer is responsible for vocationally oriented rehabilitation, for example vocational training courses. It is often difficult to draw the line between public and employers' responsibilities and the costs are often shared (Arbetsförmedlingen 2003).

## FINANCING

For the time being we have no knowledge of the current number of so-called care farms in Sweden. We do not even know how many of them have agreements with the social-insurance office, the County Council, the County Labour-market Board or municipalities. The agreements that are made are written directly between buyers and producers of rehabilitation. When it comes to family homes the agreements are written between a family home and the municipality. For rehabilitation the agreement is made with the Social Insurance Office. Generally speaking, the Social Insurance Office is very restrictive regarding signing agreements with producers of rehabilitation. This is especially true for this kind of new, still relatively unknown, niche.

A governmental bill on referral in May 2003 proposes financial coordination regarding rehabilitation and voluntary cooperation between the Social Insurance Office, the County Council, the County Labour-market Board and the municipalities (Regeringskansliet 2003). This might open possibilities for care farms, horticultural therapy and animal-assisted therapy as new alternatives in rehabilitation in the future. Still there is no governmental funding of any such kind in Sweden.

## SUPPORT OR HINDER

It can be concluded from the pilot study 'Green Rehabilitation' (Abramsson and Tenngart 2003) that there is very little cooperation between the health-care sector and the green sector. This is due to several factors; first, there is a certain slowness in the traditional rehabilitation system, and second, these are two different systems with difficulties in mutual understanding. Care farms and horticultural therapy are also fairly new phenomena in Sweden. Lack of knowledge, legitimation and economic resources are some other factors. Authorities have expressed the necessity of evaluations, and this work has been started among horticultural-therapy organizations; so far the results seem to be positive (Abramsson and Tenngart 2003).

The Social Insurance Office is the authority signing most contracts with rehabilitation teams/producers. Today, the trend is that the Social Insurance Office does not pay for rehabilitative treatments of people who are out of work due to long-term sick leave but lets them get early retirement instead (Riksförsäkringsverket 2004). This means that fewer people are offered rehabilitation and that there are fewer clients for rehabilitation producers and thus fewer chances for, e.g., care farms to get written agreements with the Social Insurance Office. The attitude within the Labour-market Board regarding vocational rehabilitation is that this should decrease (Jönköpings Länsarbetsnämnd 2004).

The interest in care farms and horticultural therapy is increasing, also by public authorities, but there are still very few who dare to put money into the development of this area. The Ministry of Health and Social Affairs has shown interest but the State does not provide any capital or funding for a national venture. However, there have been some initial discussions between the Social Insurance Office, municipalities, County Labour-market Board and County Council regarding a number of regional projects.

The more good results and examples can be shown, including international ones, the more it facilitates future projects regarding care farms and horticultural therapy. It is of the greatest importance that the effects of rehabilitation by existing care farms and rehabilitation producers dealing with horticultural therapy will soon be evaluated and assessed.

## RESEARCH

At the Department of Landscape Planning in Alnarp, within the Swedish University of Agricultural Sciences, a research group named Health and Recreation deals with research in environmental psychology. The focus is on how humans are affected by contact with nature; research leader is Associate Professor Patrik Grahn. Research has shown that recreation in urban green areas affects our health in a positive way. Studies by Patrik Grahn and Johan Ottosson even show that the effects are greatest for people with a reduced general condition. This implies that gardens and other urban green areas play an important role in care institutions for the elderly, disabled and diseased (Ottosson and Grahn 1998).

At the Department of Architecture at Lund Institute of Technology, environmental psychology research is carried out into the effects of outdoor recreation on the elderly. Professor Rickard Küller and Marianne Küller have made the following compilation on the positive health effects gained through outdoor recreation. It:

- strengthens the skeleton and prevents osteoporosis;
- improves the possibility to stay fit and keeps muscles trimmed;
- prevents obesity;
- improves quality of sleep;
- prevents depression and anxiety;
- decreases the risk of infections;
- improves stress tolerance;
- decreases the risk of cardiac failure (although not when very cold);
- benefits social life and prevents loneliness.

Furthermore, daylight helps us to assimilate vitamin D, which regulates the production of the hormones cortisol and melatonin (Küller and Küller 1994, p. 10).

Associate Professor Ingemar Norling at Sahlgrenska, a hospital in Gothenburg, has found that the quality of life and psychiatric well-being can be explained to a much higher degree by one's quality of recreation and leisure activities than from working life or material factors like economy or properties. Particularly important regarding recreation are nature-based activities like being outdoors and surroundings like gardens. The garden becomes more important with increasing age. As many as 70% of both men and women aged 45 to 65 state that gardens are of great importance to them. Norling (2001) also looked at the health effects gained from having pets, and dogs in particular; pets are assumed to have a positive effect and serve as a kind of self-care for two to three million people in Sweden.

### INTERESTING INITIATIVES

The national project, 'Nature and Health', started in 2004 by the Federation of Swedish Farmers includes the Swedish Board of Agriculture, Länsförsäkringar AB (an insurance company), the Swedish University of Agricultural Sciences, Stockholm University College of Physical Education and Sports, and the Federation of County Councils. The first aim is, as mentioned earlier, to establish a network and in the long run to create possibilities for companies with resources in forestry, agriculture or countryside environments to specialize towards nature and health. The specialization is meant to include the development of 'efficient health concepts' concerning both health-promoting activities and rehabilitative activities. These efficient health concepts result in a win-win situation for farmer or owner of the countryside company, society and individual regarding both health aspects and economic aspects.

#### *Mapping the situation in Sweden*

In autumn 2004 the project Nature and Health is mapping the different kinds of care farms in Sweden. The following categories are considered:

- Countryside companies, forestry or agricultural enterprises in the countryside that offer health-promoting measures including resources in farming and in nature. They contribute to a better health by health-promoting activities such as soothing physical activities in nature in combination with offering discussions regarding life style, group dynamics, providing time for reflection and relaxation, possibly in an own spa or a similar facility. Nature is supposed to be the basis in all arrangements.
- Forestry or agricultural enterprises or companies dealing with horticulture or animal husbandry that also offer rehabilitative activities including the resources on the farm and in nature. This includes letting the clients be part of the daily activities on the farm, like taking care of animals, plantations and social life. This can be implicit or explicit, e.g., in animal-assisted therapy or horticultural therapy.

Supervision should be offered by the farmer himself or the countryside-company owner, by the clients' own supervisor or by a health-care team that is linked to the farm. There can be either daily activities or longer programmes where clients stay on the farm.

#### *Ensuring good quality in our future work*

Safeguarding the best quality of our work is the challenge we are facing. This is the only way to get it widely accepted and spread across the nation. The Department of Landscape Planning in Alnarp is examining the possibilities for starting an educational programme that authorizes horticultural therapists. Contacts have been made with AHTA, the American Horticultural Therapy Association, to see how their members are working. The Department of Landscape Planning in Alnarp is also looking at ways to certify companies dealing with horticultural therapy.

Within the project Nature and Health contacts has been made with the Dutch Support Centre for Care Farms in The Netherlands. Parts of their criteria document for care farms have been translated and are probably going to be used when preparing a Swedish document with criteria for certifying Swedish care farms.

## CONTACTS

LRF, the Federation of Swedish Farmers (web site: <http://www.lrf.se>).

The Swedish University of Agricultural Sciences, Department of Landscape Planning Alnarp (web site: <http://www.lpal.slu.se>).

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