



Care farms as a space of wellbeing for people with a learning disability in the United Kingdom



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ABSTRACT

People with a learning disability in the UK are increasingly choosing to spend their time on ‘care farms’ but there is limited research examining these spaces from their perspective. A qualitative research design was used to ask eighteen of these clients how care farms contributed to their health and wellbeing.

For these participants care farms can be understood, using Fleuret and Atkinson’s (2007) framework, as a ‘space of wellbeing’ and as a positive and life-enhancing space.

Positive language was used by participants to describe the farms contrasting with negative language describing other spaces and activities. Farms were identified as contributing positively to mental and social wellbeing.

1. Introduction

People with a learning disability in the United Kingdom (UK) experience severely restricted access to education, employment, good quality housing, wealth, good healthcare, autonomy and power thereby exposing them to multiple layers of disadvantage and social exclusion in society (Department of Health, 2010; Emerson et al., 2012, 2011; Emerson and Hatton, 2008). Although the life expectancy of people with a learning disability is increasing it is still significantly lower than the general population (Emerson et al., 2012).

Over the last decade, a steady increase in the awareness of health inequalities affecting this group has led to reviews of care, services and healthcare provision in the UK (Department of Health, 2010, 2001; Disability Rights Commission, 2006; Heslop et al., 2013; Michael, 2008). However, despite work to narrow this gap, including a focus on improving social inclusion (Department of Health, 2010, 2001), the launch of annual health checks (Michael, 2008) and the introduction of personalised budgets (HM Government, 2007), these inequalities persist.

The continuation of these inequalities, despite these efforts, has led to an ongoing debate within geography as to how health should be considered in the context of people with a learning disability. Hall (2010a) has argued for a move away from a reductionist, biomedical approach to ‘health’ and towards a broader definition encompassing the emotional and social wellbeing of people with a learning disability.

Hall (2010a) suggests that defining health simply as the absence of illness has persistently failed this group. His proposal, while new to thinking around learning disability, is in line with other health geographers who have argued for the use of the World Health Organisation’s (1948) definition of health as a: ‘State of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (World Health Organisation, 1948). This central placement of wellbeing is particularly pertinent to the geography of health as it allows for an exploration of the spatial and social aspects of health rather than a focus purely on biomedicine and the presence of illness (Fleuret and Atkinson, 2007).

Wellbeing is a challenge to conceptualise and there is no universally agreed definition (Center for Disease Control and Prevention, 2016; Diener, 2009, 2000; Fleuret and Atkinson, 2007). The UK Faculty of Public Health defines wellbeing as our capacity to:

- ‘Realise our abilities, live a life with purpose and meaning, and make a positive contribution to our communities
- Form positive relationships with others, and feel connected and supported
- Experience peace of mind, contentment, happiness and joy
- Cope with life’s ups and downs and be confident and resilient
- Take responsibility for oneself and for others as appropriate.’ (Faculty of Public Health, 2010)

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In this understanding mental wellbeing is seen as inextricably linked with social wellbeing which is seen as:

- *The basis for social equality, social capital, social trust*
- *The antidote to racism, stigma, violence and crime.* (Faculty of Public Health, 2010)

A central tenet of rethinking health in terms of wellbeing is the shift in focus from a ‘healthy’ body towards the fulfilment of individual potential (Gesler and Kearns, 2002). This is particularly relevant for people with a learning disability for whom chronic conditions are often a normal part of daily life (Heslop et al., 2013).

The more recent approach of the UK government to improving health in this group has involved a shift in emphasis towards personalised care, allowing people with a learning disability more ‘choice and control’ over their lives, and a push towards inclusion in the community (Department of Health, 2010, 2001). While many of these changes have been welcomed, research has also shown that, for people with a learning disability, the community can be a place of exclusion rather than inclusion (Hall, 2005, 2004).

This personalisation of care and expansion of personalised budgets has continued alongside the UK government’s austerity policy (Duffy, 2013). Cuts in social care funding have led to raised eligibility thresholds for people with mild and moderate learning disabilities and to the closure of communal facilities such as day centres (Hall, 2011; Hall and McGarrol, 2013; Mencap, 2012; Power et al., 2016). Concerns around the loss of these collective spaces has caused health geography literature to focus on where, in an era of closing day centres, inclusion can be re-imagined in the community and where it might already be happening (Power et al., 2016). Examples include peer advocacy groups (Power et al., 2016), ‘safe havens’ like allotments (Power and Bartlett, 2015), regular shopping excursions (Wilton et al., 2017) a theatre company, art and craft group (Hall, 2013) and a walking group (Hall, 2010a).

Despite these examples of places in the UK where people with a learning disability find inclusion, there is little research exploring how a more broad understanding of wellbeing might be being experienced by people with a learning disability in different spaces. One exception is Hall’s exploration of ‘spaces of wellbeing’ examining how a theatre company and a craft organisation have created spaces where people with a learning disability are ‘valued and celebrated’ (Hall, 2013, 2010b).

This paper will follow on from that work and seeks to contribute to research within spaces of wellbeing by examining an intervention known as care farming. It will use the framework of spaces of wellbeing proposed by Fleuret and Atkinson (2007) (Fig. 1) to provide a geographical context to understand this intervention.

While the previously hidden voices of people with a learning disability in qualitative research are increasing (Beail and Williams, 2014), it is still unusual to hear the voices of people with learning disabilities themselves, with the perspectives of carers or family members more often represented. This has resulted in a gap in our knowledge of the experiences of place and wellbeing from the

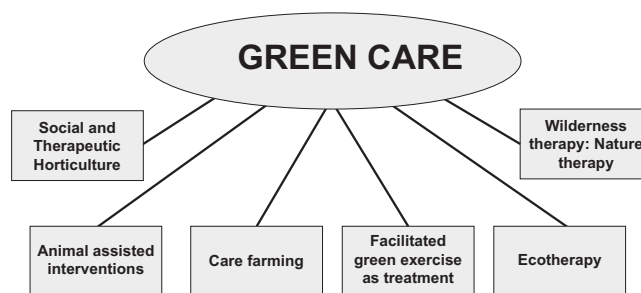


Fig. 2. Interventions in ‘green care’. Taken from Fig. 3.1 (Sempik et al., 2010).

perspective of people with a learning disability (Hall and Kearns, 2001). This research recognises the importance of hearing the perspectives of people with a learning disability and will examine the contribution of spaces known as care farms to health and wellbeing from their perspective.

1.1. Care farming and people with a learning disability

Care farming is also known as ‘green care farming’, ‘social farming’ and ‘farming for health’ (Leck et al., 2015). It is promoted as a way of using agricultural landscapes and farming practices to improve health and wellbeing (Hassink, 2003).

Care farming is described in published literature as an intervention and has been conceptualised under the umbrella of ‘green care’, linking traditional health care and the natural environment (Fig. 2). The range of interventions associated with green care is broad and may include the provision of employment opportunities, education, healthcare or rehabilitation for a variety of vulnerable groups (Fig. 3) (Sempik et al., 2010).

Those conceptualising green care are keen to stress its distinction from other activities to promote health and wellbeing taking place in a natural environment:

‘green care is an intervention i.e. an active process that is intended to improve or promote health (physical and mental) and wellbeing not purely a passive experience of nature.’ (Sempik et al., 2010)

This distinguishes this kind of care from other activities in nature such as ‘forest bathing’ (Park et al., 2010) which promote improvements in health and wellbeing through a passive interaction with nature.

Care farm numbers in the UK have seen a rapid expansion in recent years from 180 in 2012 to around 250 in 2017 with 100 more farms planning to offer care farming services in the future (Bragg, 2013; Care Farming UK, 2017a). 93% of working care farms currently cater for people with a learning disability (Bragg et al., 2014). It is therefore important to examine this intervention from the perspective of clients with a learning disability and provide some scrutiny of whether they provide good care.

1.2. Care farming in the UK

Care farms are well established in mainland Europe (Haubenhofner et al., 2010), and in the Netherlands they are an integral part of the socialisation of care for vulnerable groups (Hassink et al., 2010). This intervention is increasing in popularity in the UK (Fig. 4), with approximately 8750 people accessing these services on a weekly basis (Care Farming UK, 2017a). The majority of these farms are a re-conceptualisation of existing agricultural spaces but some have been set up in response to a specific need identified by a health, religious or educational organisation (Bragg et al., 2014). Farms receive funding through a variety of sources including Local Authority Social Services; personal budgets; charities; self-generated funds or Educational Access

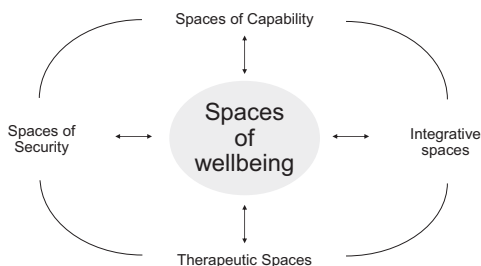


Fig. 1. Spaces of wellbeing. Adapted from Fleuret and Atkinson (2007).

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