

Case Study and Discussion Paper

Care Farms and Mental Health - Day Support in Rural South Australia for Mental Health and Dementia

By
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Introduction

This article reports on the 2017 pilot program Escargot and subsequent funded programs in mid-2018, in rural Coonapyn, South Australia. The escargot projects offer day support for people living with dementia and other mental health conditions. Given that there are established models in the UK and The Netherlands, and considering the success of this pilot, this article poses the question; “What would it take to establish care farming as a networked approach to support and respite care in Australia?”

Care farms are commissioned to provide services by a range of referral agencies such as Government social services, community mental health teams, education authorities, GPs and non-government agencies/community services. Clients can also be self-referred or referred by family members. In this project (Y-cook Care Farming) the primary referral sources were Community Centres, GPs, Community Nurses and self-referrals. During an earlier pilot of this program, Farming for Health, it was more appropriate to access participants in larger numbers through Community Living Australia rather than a range of different sources. As this program was designed to replicate the model, engagement with GPs and other (health) care organisations was critical in order to demonstrate a viable long-term focus.

Care Farms are not new. They operate in Europe, and in the United Kingdom there is an organisation called the National Care Farm Initiative, or CareFarms UK. The organisations' reports indicate the following key themes and narrative.

“Benefits included:

- seeing the effects of care farming on people,
- making a difference in people's lives helping the excluded become included into society and/or work
- positive feedback from participants, families and referring bodies alike.”

‘Providing excluded members of society with the opportunity to work with others in a caring environment where they can benefit from the therapeutic environment of working with plants and animals. We have had many individual successes with clients who have had their lives changed by their involvement on our farm’ (Parker 2008)

In the Netherlands, in response to a general de-institutionalisation of care, care farms grew from 78 in 1998 to over 800 by 2008.

Data from the Dutch care farming organisation says that the majority of care farms in the Netherlands provide care for people with intellectual disability, mental health conditions and autism. Care follows this for older people (lonely) and people with dementia (Landbouwzorg)

Careship Coorong was established in 2011 but didn't start any social farming activities until 2015. It took a couple of years to set up the infrastructure. As a self-funded project, it simply took time to allocate enough resources to get to a starting point. That was achieved in 2015 by a grant from the Ian Potter Foundation and the following year Careship Coorong started running programs. Funding for the project was provided by various grant providers from private and government sector. The first Farming for Health program was funded through DCSI – Community Benefit Grant SA.

The major objective of Careship Coorong is to promote mental and physical health by giving people the opportunity to spend time working on the land. Care farms offer supervised, structured programs of farming-related activities. They provide health, social or specialist educational care services for individuals from one or a range of marginalised groups. Participants can include people with dementia, mental health problems, people suffering from mild to moderate depression, adults and children with learning disabilities, children with autism, those with a drug or alcohol addiction history and disaffected young people. Care Farms can work in

conjunction with commercial agricultural units, smallholdings or community or hobby farms. Essential is that the farmer is the instigator to provide care as opposed to a care organisation; ensuring authenticity and trust in the experience.

The project targeted adults with mental health issues, dementia, disability, those who are socially isolated, have low self-esteem or poor emotional health. Careship Coorong works with adults in rural SA to regain their socially valued role in the community while receiving social support in a safe and caring environment. Living in a rural area can present challenges around accessibility to local programs for residents.

The ESCARGO project with participants from the day support programs offered by Community Living Australia and Dementia Australia ran from February to September 2017. The program served 50 participants, with the daily attendance ranging between 8 and 17 participants.

Some metropolitan people with dementia visited (people living with young onset dementia). Due to the distance (5 hour round trip) they came out only twice. All enjoyed the visit and would have loved to come back if distance wasn't such a problem (as well as funding for transport). Two of our regular locals (participants to the intergenerational Y-Cook program are in the early stages of dementia (and have been referred to GP or moved into care) and two have recently been diagnosed with Parkinson's Disease.

The people from Community Living Australia were all people with one or more disabilities and/or mental health conditions. The majority of this group was below 50 and ranged from mild to profound cognitive impairment. This group had a mix of men and women and participation varied according to their impairment and interest.

The group of people coming from Dementia Australia were all men aged 45-65 and all diagnosed with a form of dementia.

The locals are mostly over 65 years of age with a median age of 75. This group has an equal

amount of men and women. The majority of this group lives on their own and indicate that they often feel lonely.

The project is led by Claudia, with the assistance of a Project officer and some volunteers and carers who accompany the visiting participants. The experience begins as a passive experience and the participants are free to engage with activities as suits them. The roles played by the participating staff are largely supervisory, monitoring safety and inclusion.

Claudia as the care farmer established the activities and encouraged participation. Snail farming is a gentle pursuit, and therefore very suited to this activity. Simple tasks such as weeding, preparing beds and working with elementary equipment, create a gentle and highly experiential environment.

Careship Coorong is a model for day care of adults living with dementia and mental health conditions, aimed especially but not exclusively at people in later years. The site is at Coonalpyn, a small community in South Australia, 160km south-east of Adelaide. It is a crossroads town with a long history of successful farming. Careship Coorong operates a small hobby farm producing escargot (snails) for the high-end restaurant market. Co-owner/farmer Claudia Ait-Touati started the initiative based on her experiences in The Netherlands.

The working farm is set up like a snail farm and caters to different interests. Participants interested in cooking assisted with the purging and processing of snails as well as assisting in the preparation of the lunches for all participants. Others assisted with small maintenance jobs or caring for the snails. All activities provided hands-on opportunities to engage. Participants attended for 3-4 hours each time. Ongoing evaluation and subsequent program refinements occurred throughout the program.

Commencement of the weekly service began in earnest in February 2017 with specific group experiences including weeding (most loved by the Community Living Australia group), snail feeding (very much enjoyed by the Dementia Australia group), harvesting snails, planting

seedlings, propagating cuttings, watering, and removing dead plant matter from fields. The working farm is set up like a snail farm and caters to different interests.

The locals visited weekly (this was a group of approx. 15-20 participants each week).

The CLA group visited every fortnight (8 persons on average).

Dementia Australia SA visited twice (first time 4 men and the second time we had a full bus –25 people living with dementia and their carers/partners).

Following funding from the Country SA Public Health Network in May 2018, further programs were conducted throughout May and June 2018. Participants again attended for 3-4 hours each time. Ongoing evaluation and subsequent program refinements occurred throughout the program.

Purging is the process in which the snail gut is cleaned out before consumption. This is an important step in getting the snail to become ‘escargot’. Snails are kept in a container with air holes and letting them fast for a few days. After their gut is empty, they are fed a mixture of herbs and flour. Then they get dried and cooled so that they go into a forced ‘aestivation’ which ensures that the snail is sealed off and ready for shipping. Participants interested in cooking assisted with the purging and processing of snails as well as assisting in the preparation of the lunches for all participants. Others assisted with small maintenance jobs or caring for the snails. All activities provided hands-on opportunities to engage.

Dementia care requires safety, privacy and respect. Many people living with dementia have high functioning faculties and are often in other ways enjoying good health, particularly in the early onset. Meaningful activity remains a critical component supporting a quality life. For many families there is recognition that there is a lack of community care and respite options available.

Careship Coorong recognizes the needs of people in rural communities to maintain a degree of esteem formed through their lives on the land. Initial reservations from farm participants when interacting with Careship staff and volunteers declined as the program continued. Farm participants progressively interacted more often and initiated conversations with Careship staff and volunteers. They engaged in activities of the day eventually wanting to participate in all

activities. With more experience and exposure, they began sharing tasks and equipment with minimal prompting.

Specific examples of behavioural change included:

- Some participants choose initially not to engage but rather aimlessly walk around the farm requiring supervision for safety. As the program developed they voluntarily engaged and minimal observation/supervision was required.
- One participant walked around with some agitation and needed close supervision for safety. As the program developed reduced observation was required and the participant would engage in singing, sitting on the ground and rubbing hands through the soil with obvious joy.
- Another participant initially chose to remain on the bus. As the program developed the participant would spend more and more time walking around the farm and less time on the bus.
- Initiating of farm tasks and locating of equipment were observed in many participants as the program continued. Initially step by step instructions were given. As the program progressed instructions only needed to be given as to what the tasks were for the day and the participants would locate the equipment needed and start work.
- Some participants were reported by carers to have issues with aggression. Minimal agitation occurred while at the farm. The only time there was observed agitation was at break times when the participant wanted to be continuing their task or preferred to be outside.
- One participant was non-verbal and generally non-participating at the day centre. Observations from the carers were that this participant engaging and doing necessary digging and weeding tasks was behaviour they had never seen that before.

Behavioural changes were assessed through observation by staff and volunteers. We also requested feedback from the care organisations and the participants. Not all participants had dementia. It is important to note that behaviours experienced were typical through the group and that there was an apparent benefit in working with a group of people with a range of challenges.

The participants with dementia were only on the farm for a short period, so no significant changes or benefits recorded other than their feedback that they enjoyed themselves and that the farm made them feel good and relaxed.

Local participants especially have indicated that they are happy when they come to the farm as the participants meet people and feel they belong. One person says that it is the highlight of their week.

Community Living Australia staff reported that clients appeared to be relaxed after having a positive day. They enjoyed the opportunity to try something new, and it gave them a conversation point extending their opportunity to contribute to increasing the breadth of conversations. Many seemed to benefit from a day out in the fresh air and physical work. They enjoyed the variety of tasks that they could do and learn and these increased as opportunities for involvement. Overall participants demonstrated increased confidence, overall wellbeing, independence and self-respect.

Benefits identified by this study indicated that participants and referrers preferred the combination of qualities a care farm offered including: personal involvement with the farmer, being a part of a community, and contributing to the environment be identified as co-dependent regarding quality outcomes.

Key focusses identified included;

- ~ Focus on community integration and involvement
- ~ Focus on strengths, self-direction, and empowerment of users
- ~ Recognition that change is possible
- ~ Individualized and person-centred
- ~ Recognition of the value of peer support and informal networks
- ~ Emphasizing that the relationship between user and helper is primary and essential
- ~ Full citizenship and non-discrimination (Hassink et al. 2010)

While the program was successful in meeting the overall aims, the following qualities indicating overall success were observed:

- ~ Rich interaction between different people from the community (not segregated on care needs).
- ~ School children successfully work alongside older people, people with intellectual disabilities and mental health conditions, and all learn from each other.
- ~ It is a relaxed and accessible environment (no high demands on work). By not following a medical model, support comes from the group, and the farmer/volunteers and outcomes are measured in social progress and behavioural success rather than clinical outcomes.

In Australia, there has been very limited response to such initiatives. If we are to challenge the medical model of care, as the only strategy available, we must construct a framework for a network of care farms to operate in this country. Supporting social health overall, and mental health as a primary motivator is beneficial in reducing the requirement for expensive medical and clinical therapies. As with many not for profit initiatives, they rely on the goodwill of property owners and farmers. There is no such network in Australia, and little effort to fund alternative strategies for day and respite.

While it is hoped that the NDIS initiative will open up options for alternative care strategies, there seems to be a role for policymakers to act to manage the formation of networks of support directly. Individually NDIS funded families with members requiring significant and supervised care are calling out for improved placement options, both concerning quality and value.

The project undertook feedback surveys among the local people, but not with the CLA group. Because it was not the subject of specific academic study, and analysis, we mostly have relied on anecdotal feedback from everyone visiting by talking to them. The Careship Coorong team would invite interested researchers to participate in future programs and offer a more definitive evaluation of the outcomes.

The project highlighted many challenges and lessons learned. It was essential to be able to have a consistent group to attend in order to maximise the benefits of care farming. Ensuring enough participants attended proved to be an issue due to a range of factors and not all participants attended every week. Firstly, distance, something which is always an issue in rural areas and is particularly difficult for people living with dementia. Careship Coorong provided social support

at no cost and contributed financially towards the cost of transporting people to the farm. Secondly, there is a stigma associated with dementia and mental health issues in particular, especially in rural areas. This circumstance was compounded by the program presenting a new concept within Australia, and hence people are mostly unaware of the benefits. Careship Coorong does not wish to compete with these existing services but instead cooperate with them in order to meet the clients' best interests through providing a choice of care.

Whilst the target group focus was on those with mental health issues, dementia, disability, those who are socially isolated, have low self-esteem or poor emotional health, Careship Coorong believe there is potential to explore this further perhaps including other groups with social needs such as students who are struggling at school and the long-term unemployed.

The focus of this program was to provide people with a socially valued role which they might have lost through disability, mental health, age and other factors. It is therefore vital that the program is run by a farmer, not by a care organisation. Social support from such organisations as Careship Coorong is critical however to ensure the work is credible and real, it must be a working farm or hobby farm run by a farmer.

There is no co-ordinated approach to care-farming in Australia and sustainability is a factor due to the lack of available funding. The move to the new NDIS model while offering many benefits to families regarding choice, further reduces the funding to create sustainable community-driven infrastructure, such as a care farm.

In some countries, care farming is a well-coordinated response to the need for community-based initiatives to add variety and interest to the options available for day care and respite care for anyone with social care needs including people with dementia. In other nations, including Australia, there is limited funding and expertise to coordinate such networks. Such well-being and social health initiatives suffer perhaps for lack of quantitative and evidence-based analysis. Most studies have emphasised the qualitative benefits and aspects of the farm and offer little quantitative data on beneficial outcomes. Evidence of the benefits through a reduction in the use of "medical model" based therapeutic approaches is limited.

It is understood that there are a range of outdoor and nature-based activities that can support health and wellbeing for individuals and the community (Sempik & Bragg 2013)

For an introduction to, and a comprehensive overview of a national approach to care farming is provided by Care Farming (UK) <https://www.carefarminguk.org/> (Care Farming UK accessed 22.6.2018)

Although there were some challenges due to the innovative nature of the program, it has proved to be an essential and accessible service for people in the local community and surrounding areas. The processes and referral systems that have been refined during this project will ensure that the program can be improved and replicated with a sustainable funding source. Careship Coorong hopes that this project enabled by the Country SA PHN grant will provide the evidence base to grow and fund the program. Ultimately, the farmers believe independent income from farming activities and care activities through NDIS / client contribution of approximately \$5 per day, will sustain the Careship Coorong program. The aim is to have care farming accepted in Australia as a genuine choice of care. With more people and farms involved the model can be replicated across the state and nationally with Careship Coorong providing training and support to ensure success.

After significant community and participant consultation refinement of the original farm helper program commenced. Evaluation included initial surveys planned to evaluate the program on an ongoing basis and alteration of information and welcome pack for clients. "Snail Mail", a newsletter for interested parties, local community groups, farm helpers, families and friends of farm helpers and other stakeholders, kept everyone informed of happenings at the farm.

At this time there is no new funding to support any plans. We have continued our intergenerational program on donations and with volunteer hours. ESCARGO relied on funding for the transport of participants, but our volunteers continue to be there for the local participants. At the moment snail sale is nearly non-existent, so the operating costs are not yet recovered. We hope this will be the case in the future.

The team have established a revenue model that uses the proceeds of the farm to sustain future programs, but broader success is dependent on funding. It will be interesting to see if the user

choice model associated with the NDIS offers an opportunity for a user pays model. Without service coordination, it is likely that insufficient funds will be available on a consistent basis to sustain the model.

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Rachid, Val and Kath 1



Ian befriending snail 1



Planting together 1



Making friendships

