

Chances for social farming due to changing paradigms in health care

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Health sector

- Medical model is dominant
 - Central focus is treatment of handicap or disease
 - People with a handicap are isolated from society
 - Treatment by experts
 - Well defined protocols



Some drawbacks of medical model

- 'Patients' are isolated from society
- Patients become passive
- It is no solution for chronic problems
- Expensive



New models for people with chronic problems

- Rehabilitation approaches
 - Individual rehabilitation approach (Boston university)
 - Liberman modules (US)
 - Community psychiatry (Bennett, Shephard, UK)
 - Strength model (Rapp US)
- Community care
- Community support
- Family group conference (youth)



Central elements of new approaches

- Citizen instead of patient or client
- Focus on possibilities and strength of clients
- Use of resources in society
- Creation of supporting network
- Care in the community
- Care by the community: non professionals
- Personal approach 'presence' instead of intervention



Contribution of farming for health

- Status of user: not a client but “a farmer”
- Supportive network
- Support of strength of user by farmer (non professional)
- Supportive environment
- Personal approach, small scale and continuity



Challenges

- Introduce Farming for health in the (scientific and policy) forums of rehabilitation and community care
- Stress how FFH matches with these approaches
- Make clear what is special about FFH and its diversity
 - Specific qualities of the farmer (non professional)
 - Dominance of agriculture or care
 - Specific qualities of social setting (family living on the farm, community etc.)
 - Specific qualities of the green environment

